



Awards Conference  
28<sup>th</sup> September 2022

The background of the central section is a dark blue field with numerous light blue lines radiating from a central point, creating a sunburst or starburst effect. In the upper left corner, three purple four-pointed stars are arranged in a small cluster. In the lower right corner, three light blue four-pointed stars are arranged in a small cluster.

**PATIENT EXPERIENCE  
NETWORK  
NATIONAL AWARDS 2022**

**#PENNA22**



# PEN National Awards 2022

*Re:thinking the experience*

## Introduction



Welcome to PENNA 2022 - our 12th year of celebrating the great work being done to improve the experience of care for both patients and staff.

We are delighted to be back face to face after two years of being on-line. We have been pleased to be able to continue through the pandemic and thank everyone for joining us over the last two challenging years. We are though truly delighted to be back together for our wonderful day of celebration. With the ever present uncertainty and challenges in the workplace, and indeed the world, 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 before 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. You continue to demonstrate this to be true and this year sees so many fabulous examples, some of which are show cased here . PEN will continue to support you by doing our best to share and celebrate these superb examples of best practice.

As we celebrate the amazing work today I did want to pause and reflect on the momentous and historic events of the last few weeks. We are deeply sadden at the passing of our Queen. We have been privileged to have seen her reign and indeed PEN was recognised by the Queen back in 2018 for our contribution to patient experience. Although it is the end of a remarkable era, I feel today we should reflect on our heritage with pride and be joyful in the example and role model she provided.

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



**NHS England** - 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, carers and the public – through complaints, 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 people using services, staff working within them and many other partners. In an era of continued pressure on NHS services, it is encouraging to see the focus on ensuring the quality of patient care being maintained and, the fruits of your work being celebrated and shared. In some cases, still improving. Enjoy this richly deserved in-person celebration of all that you do.

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



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**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! I'm very much looking forward to meeting you all 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 once again 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 work within a service providing organisation please take time to think about how you might involve students in your work to improve patient and service user experience. They could be source of new ideas and enthusiasm and a worthwhile investment for the future. You may have Practice Educators in your organisation you could collaborate with to help you do this, or perhaps you could have a chat with a colleague from an appropriate school or faculty in your local university. 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 and Laura Kinsey, School of Nursing and Allied Health - Liverpool John Moores University**



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**Macmillan Cancer Support** is here to do whatever it takes to support people living with cancer. By providing physical, financial and emotional support we'll help everyone with cancer live life as fully as they can.

No matter what a person's needs are, we will listen and support them however they need us to — big or small.

For information, support or just someone to talk to, call 0808 808 00 00 or visit [macmillan.org.uk](https://macmillan.org.uk)

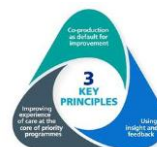
We'll do whatever it takes to support healthcare professionals and their patients. That's why we are proud to be a partner in the Cancer Experience of Care Award, which showcases and celebrates the brilliant work being done every day by teams across the cancer workforce to deliver great care, and improve the experience of people with cancer. Many of the teams featured in the awards include Macmillan professionals.

You can find out more about how we support healthcare professionals by visiting: [www.macmillan.org.uk/healthcare-professionals](https://www.macmillan.org.uk/healthcare-professionals)

**Holly Swinckels**, *Macmillan Cancer Support*

**NHS England – Cancer Experience of Care Team** - We're really proud to support the Cancer Experience of Care Award which provides us with a fantastic opportunity to celebrate projects focused on improving experience of care for cancer patients and carers. Once again being able to come together and meet in person gives us a chance to meet with others who are also focused on improving patient experience across the different categories.

This year we changed the name of the award from the Cancer Patient Experience Survey (CPES) Award to the Cancer Experience of Care Award, acknowledging the value and impact of other types of feedback and insight in addition to CPES. Brilliantly, this also helped increase the number of applications for this award category, to a new high of sixteen applications. This year's record number of entries mean there are now even more improvement projects to gain inspiration from.



The Cancer Experience of Care Team looks forward to celebrating this category with you on the day and learning from more examples of good practice. Thanking lived experience partners, Bonnie and Andrew who worked with PEN, Macmillan Cancer Support and NHS England on co-producing this Award category and those who volunteered their time to judge the category!

**Anna Rarity**, *Cancer Experience of Care Team - NHS England*





# PEN National Awards 2022

*Re:thinking the experience*

## PENNA – 12 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**

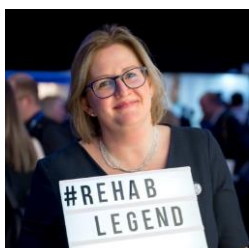
**2017 – Walsall Healthcare NHS Trust - Informed and Empowered**

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

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

**2020/21 – Calderdale and Huddersfield NHS Foundation Trust - Bereavement Support Service**

**2022 – To be announced**





# PEN National Awards 2022

*Re:thinking the experience*

## Best Practice - Re:Thinking the Experience Conference 2022 Programme

8.30	<b>Attendees Registration Opens</b> Networking, Exhibition, and Refreshments
9.30	<b>Event Starts</b> Introduction to the Day
9.40	<b>Keynote – Michael Young, Patient Representative</b>
10.10	<b>Announcement of the Winners – Part 1</b>
10.50	<b>Break</b> Networking, Exhibition, and Refreshments
11.20	<b>Morning Category Winners Presentations and Q &amp; A</b> Category Winners present in two streams
12.20	<b>Lunch</b> Networking, Exhibition, and Refreshments
13.20	<b>Event Continues</b> Welcome Back
14.00	<b>Announcement of the Winners – Part 2</b>
14.45	<b>Afternoon Category Presentations and Q &amp; A</b> Category Winners present in two streams
15.45	<b>Final Voting Opportunity</b> Networking, Exhibition, and Refreshments
16.15	<b>Announcement of the Winners - Part 3</b>
17.00	<b>Chair Closing Remarks</b> End of formal proceedings
17.15	<b>Drinks Reception</b> All welcome
18.00	<b>Event Close</b>

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

**Voting:** Delegates will be able to cast their individual vote contributing towards the overall winner of the PEN National Awards 2022 during the voting opportunity at 15:45.



# PEN National Awards 2022

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## 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.



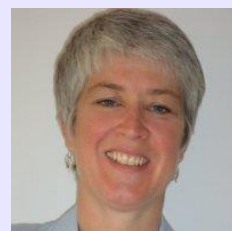
### David McNally – NHS England and NHS Improvement

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.



### Michael Young – Patient Representative

## Our New Venue

We are delighted to be working with the University of Birmingham to make this wonderful venue our new home.



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& EVENTS

MANY VENUES. ONE TEAM





# PEN National Awards 2022

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## Award Categories and Partners

### Categories

Commissioning for Patient Experience

Communicating Effectively with Patients & Families

Cancer Experience of Care Award

Engaging and Championing the Public

Environment of Care

Fiona Littleddale Award

Innovative Use of Technology, Social and Digital Media

Integration & Continuity of Care

Measuring, Reporting & Acting incl Turning it Around

Partnership Working to Improve the Experience

Patient Experience Advocate of the Future

Patient Experience Professional/Manager of the Year

Personalisation of Care

Staff Engagement / Improving Staff Experience incl Medical Education for Healthcare Professionals

Strengthening the Foundation

Support for Caregivers, Friends & Family

Team of the Year (including PALS)

Using Insight for Improvement (5 Sub-Categories)

Outstanding Contribution 2022

Overall Winners



## The Finalists

### CATEGORY: Cancer Experience of Care Award

Kent and Medway Cancer Alliance	I have been referred for tests to investigate possible cancer - what does this mean for me?
Kingston Hospital NHS Trust	Nurse led pulmonary nodule service
North East and Cumbria Learning Disability Network	Be Cancer Aware
Northern Cancer Voices	Patient Network for North East and North Cumbria – aligned to new Integrated Care Structure
Nottingham University Hospitals NHS Trust	Building a Robust Hair Loss Service for Cancer Patients
Nottingham University Hospitals NHS Trust	Improving our Colorectal Cancer Pathway Patient Experience
Royal Free London NHS Foundation Trust	Let's Talk Cancer!
The Shrewsbury & Telford Hospitals NHS Trust	Cancer Information, Support & Wellbeing App

### CATEGORY: Commissioning for Patient Experience

Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group	Improving Emergency Access for Autistic People
Cheshire & Wirral Partnership NHS Foundation Trust Lead Provider Collaborative Commissioning Team	Lead Provider Collaboratives - Level Up - Young people, EmpowerED and Carers/families Provider Collaboratives
Medirest – part of Compass Group UK & Ireland	Positive Impressions
NHS Kent and Medway	Co-producing a Long Covid Assessment and Support Service for Kent and Medway
Public Health Agency	Valuing Feedback through an Online User Feedback Service
University Hospitals of North Midlands NHS Trust	Patient Experience Network Awards Penna 2022

### CATEGORY: Communicating Effectively with Patients and Families

CardMedic	Using CardMedic to improve patient confidence in and access to care services
Kent and Medway Cancer Alliance	I have been referred for tests to investigate possible cancer - what does this mean for me?
North East Ambulance Service NHS Foundation Trust	Online Engagement
Nottingham University Hospitals NHS Trust	Improving our Colorectal Cancer Pathway Patient Experience
The Walton Centre NHS Foundation Trust	Patient Support Assistants – An innovative and pro-active approach to Patient Experience

## CATEGORY: Engaging and Championing the Public

Frimley Health & Care Integrated Care Service	Empowering our Communities
Kettering General Hospital NHS Foundation Trust	The Parent Journal
NHS Kent and Medway	Co-producing a Long Covid assessment and support service for Kent and Medway
North East and Cumbria Learning Disability Network	Be Cancer Aware
North West Ambulance Service NHS Trust	Developing our Patient and Public Panel
Royal Berkshire NHS Foundation Trust	Patient Experience Engagement Team
United Lincolnshire Hospitals NHS Trust	Redesigning our communication and engagement approaches to broaden and maximise involvement with patients and carers

## CATEGORY: Environment of Care

Ashford and St Peter's NHS Foundation Trust	The Eternal Garden
Nottingham University Hospitals NHS Trust	Arts at Nottingham University Hospitals NHS Trust (NUH)

## CATEGORY: Fiona Littledale Award

Chesterfield Royal Hospitals NHS Foundation Trust	Holistic Needs Assessment clinic
Chesterfield Royal Hospital NHS Foundation Trust	Lung Cancer Team Smoking cessation clinic
Kingston Hospital NHS Trust	Nurse led pulmonary nodule service
Princess Alexandra Hospital NHS Trust	Living well with cancer
Princess Alexandra Hospital NHS Trust	Cancer Nurse
The London Clinic	Spin Box Art in Oncology

## CATEGORY: Innovative Use of Technology

Bedfordshire, Luton and Milton Keynes Integrated Care Partnership	'Patients Know Best' Childhood Epilepsy Pilot Project
HCI Limited	CONNECTPlus Multiple Conditions App
North East Ambulance Service NHS Foundation Trust	Using technology in patient experience and feedback
Nottingham University Hospitals NHS Trust	Improving our colorectal cancer pathway patient experience.
The Shrewsbury & Telford Hospitals NHS Trust	Cancer Information, Support & Wellbeing App

## CATEGORY: Integration and Continuity of Care

Bedfordshire, Luton and Milton Keynes Integrated Care Partnership	'Patients Know Best' Childhood Epilepsy Pilot Project
Cheshire & Wirral Partnership NHS Foundation Trust Lead Provider Collaborative Commissioning Team	Lead Provider Collaboratives - Level Up - Young people, EmpowerED and Carers/families Provider Collaboratives
NHS England Improvement	Busting Cancer Myths in Our Communities
The Hospital and Community Navigation Service	The Hospital & Community Navigation Service
University Hospitals Dorset	Outpatient Assessment Clinics @ Dorset Health Village - Dorset's 'Think Big' Initiative
University Hospitals of North Midlands NHS Trust	Patient Experience Network Awards Penna 2022

## CATEGORY: Measuring, Reporting and Acting incl Turning It Around

Barts Health NHS Trust	Connecting the Dots
North East Ambulance Service NHS Foundation Trust	Measuring patient experience
Nottingham University Hospitals NHS Trust	Revised Popper Gown Project
Shrewsbury and Telford Hospitals NHS Trust	The UX Initiative
Sodexo	Measuring, Reporting and Acting: Personal touch. Deeper insight. Better outcomes.

## CATEGORY: Partnership Working to Improve the Experience

Barking, Havering and Redbridge University Hospitals NHS Trust	Daisy Volunteer Project
Barts Health NHS Trust	Barts Health and North East London Partnership – working together to get the vaccine where it's most needed by developing an innovative COVID-19 outreach vaccination programme
Betsi Cadwaladr Health Board	Long Covid Partnership Group
Birmingham Women's and Children's NHS Foundation Trust	Cultural Competencies Project
Nottingham University Hospitals NHS Trust	Improving our colorectal cancer pathway patient experience.
Oxford Health NHS Foundation Trust	Long COVID Rehabilitation - a collaborative approach to development of service delivery
University Hospitals Dorset	Outpatient Assessment Clinics @ Dorset Health Village - Dorset's 'Think Big' Initiative

## CATEGORY: Patient Experience Advocate of Tomorrow

Faculty of Health, Liverpool John Moores University	Advocating for service-users who are hearing impaired
Faculty of Health, Liverpool John Moores University	Advocating for Mental Health Service Users with Live Music Now
Liverpool John Moores University	LJMU student's fundraising achievements for sustainable sanitation in Kenya



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

Cardiff and Vale University Health Board	Angela Hughes
Medirest – part of Compass Group UK & Ireland	Positive Impressions
Nottingham University Hospitals NHS Trust	Improving our colorectal cancer pathway patient experience
University Hospitals of Leicester NHS Trust	Taste the Difference Challenge

## CATEGORY: Personalisation of Care

Barking, Havering and Redbridge University Hospitals NHS Trust	Daisy Volunteer Project
Nottingham University Hospitals NHS Trust	Maintaining patient dignity – The BAME wig project
The Shrewsbury & Telford Hospitals NHS Trust	Cancer Information, Support & Wellbeing App
United Lincolnshire Hospitals NHS Trust	Swan Scheme Wedding Boxes for Patients Receiving End of Life Care
University Hospital of North Midlands NHS Trust	Therapy Enhanced Discharge (TED)

## CATEGORY: Staff Engagement / Improving Staff Experience incl Medical Education for Healthcare Professionals

Air Arts, University Hospitals of Derby and Burton	Air Arts Staff wellbeing clubs
Birmingham Women's and Children's NHS Foundation Trust	Cultural Competencies Project
East London NHS Foundation Trust	Academy of Lived Experience
Liverpool John Moores University	Making Liverpool John Moores a 'Breastfeeding friendly' University
Medirest – part of Compass Group UK&I	Positive Impressions
Nottingham University Hospitals NHS Trust	External Ventricular Drains- D10 Shared Governance Council
Nottingham University Hospitals NHS Trust	Revised Popper Gown Project

## CATEGORY: Strengthening the Foundation

Ashford and St Peter's NHS Foundation Trust	Healthcare Plays
Barking, Havering and Redbridge University Hospitals NHS Trust	Daisy Volunteer Project
King's College Hospital NHS Foundation Trust	Improving Cancer Patient Experience Programme
Nottingham University Hospitals NHS Trust	Co-Producing Our Patient & Public Involvement Quality Improvement (PPI QI) Strategy and Plan
Nottingham University Hospitals NHS Trust	External Ventricular Drains- D10 Shared Governance Council
Nottingham University Hospitals NHS Trust	Revised Popper Gown Project
Oxford Health NHS Foundation Trust	Long COVID Rehabilitation - a collaborative approach to development of service delivery

## CATEGORY: Support for Caregivers, Friends and Family

Barking, Havering and Redbridge University Hospitals NHS Trust	Daisy Volunteers – Supporting Our Imminently Dying Patients and their Families/Carers
Dementia UK	Closer to Home Virtual Clinic Project
Derbyshire Community Health Services NHS Foundation Trust	Carer Support
Liverpool University Hospitals NHS Foundation Trust and St Helens and Knowsley Teaching Hospital	The Coproduction of a Regional Carer Passport
Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust	Finding Cards – improving the experience for friends and family on arrival at the Emergency Department

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

Colorectal Cancer Service, Nottingham University Hospitals NHS Trust	Improving our Colorectal Cancer Pathway Patient Experience
Fresenius Kabi	Fresenius Kabi Ireland Nursing Team
Lancashire and South Cumbria NHS Trust	Experience and Engagement Team
Leeds Teaching Hospitals NHS Trust	Cracking complaints!
University Hospitals Coventry and Warwickshire NHS Trust	Patient Experience Team

## CATEGORY: Using Insight for Improvement (5 subcategories)

### Using Insight for Improvement – Equality / Access

Nottingham University Hospitals NHS Trust	Maintaining patient dignity – The BAME wig project
Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust	Finding Cards – improving the experience for friends and family on arrival at the Emergency Department
Horsham Central Primary Care Network (PCN) with Sussex Community Healthcare Trust	Access to Healthcare Video Project for People with Learning Disabilities and Autism (LDA) - Having an Annual Health Check, Breast, Bowel and Cervical Cancer Screening.

### Using Insight for Improvement - Innovation

Birmingham Community Healthcare NHS Foundation Trust	Attend Anywhere – Bringing patient feedback to life through digital technology
Sodexo	Sodexo Experiencia: Personal touch. Deeper insight. Better outcomes.
United Lincolnshire Hospitals NHS Trust	SUPERB – Single Unified Patient Experience Reporting Board

### Using Insight for Improvement – Integrated Care

Frimley Health & Care Integrated Care Service	Empowering our Communities
The Hospital & Community Navigation Service	The Hospital & Community Navigation Service
University Hospitals Dorset	Outpatient Assessment Clinics @ Dorset Health Village - Dorset's 'Think Big' Initiative



# PEN National Awards 2022

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## Using Insight for Improvement – Other NHS Funded

Gloucestershire NHS Foundation Trust	Improving patient experience on the front line
North East Ambulance Service NHS Foundation Trust	Measuring patient experience
Nottingham University Hospitals NHS Trust	Revised Popper Gown Project
The Walton Centre NHS Foundation Trust	Patient Support Assistants – An innovative and pro-active approach to Patient Experience

## Using Insight for Improvement – Staff

Ashford and St Peter's NHS Foundation Trust	Healthcare Plays
Birmingham Women's and Children's NHS Foundation Trust	Cultural Competencies Project
Nutricia	People matter, implementing local solutions for local teams

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



## Air Arts, University Hospitals of Derby and Burton

### Air Arts Staff Wellbeing Clubs



#### Category

Staff Engagement & Improving Staff Experience incl. Medical Education for Healthcare Professionals

#### Organisation

Air Arts is the arts charity for the University Hospitals of Derby and Burton. We are part of the wider Derby and Burton Hospital charity and we aim to improve the hospital experience for everyone who visits our five sites, whether patients, visitors or staff. We do this by providing as wide a range of artistic and cultural experiences as possible. We offer both receptive and participative arts experiences to reach everyone who comes through the doors recognising that no-one chooses to be at our hospitals as an audience member or gallery visitor and everyone is under a heightened level of stress. We offer art to soothe, distract, inspire and uplift. Our programme is designed to support wellbeing and aid recovery. All of our projects are co-designed and co-created.

#### Summary

Five staff art clubs were set up to support our hospital staff to recover following the pandemic. We consulted with wider trust teams to encourage colleagues to share "their covid-story" early in the pandemic. Their overwhelming response demonstrated the need for this offer, and helped to shape the activities. It was clear that staff needed to work through their experiences at their own speed and in their own way. They needed to be able to come together in a non-stressful way to share moments of joy and achievements, as well as the sadness and shock. We wanted to enable staff to share their voices and express their feelings through the arts. We also wanted to provide opportunities for our staff to exhibit their creative work and perform as a group. The project aims to enable staff to process emotions and feelings through the arts, to boost morale, improve wellbeing and support recovery. We recognised that many staff would require additional support beyond our remit, so by embedding our offer within the wider wellbeing team we ensured best practice methodology of creating safe spaces for colleague to talk, and access to further clinical mental health support if required.

#### Impact

Our clubs have given staff a space and medium through which to express themselves and take a much-needed break from the daily routine. A chance to meet each other in a non-stressful environment, and to talk about other things apart from the pandemic has shown to be transformative. We have seen changed move setion attitudes towards using the arts to support wellbeing, evidence of a greater sense of wellbeing, resilience and hope for the future, a belief that there is a way to cope and to eventually recover, a delight in learning new skills even within the most stressful times of their lives, increased morale in the workplace, a more positive attitude towards the hospital as a workplace and way to cope with the stress they are facing. Evidence is being gathered through both qualitative and quantitative measures; conversation, observation give us a real sense of impact, alongside national benchmarking metrics - the short Warwick Edinburgh Mental Wellbeing Scale, and NPS scores and customer satisfactions surveys through our wellbeing team. It is always a delicate balance to administer questionnaires and gather feedback without reducing the positive impact of the session itself and adding to already high levels of stress, so we chose 2 smaller staff groups; Made in the NHS and the visual literacy groups as the groups most able to accommodate additional, more formal, evaluation measures without disruption.

#### What Makes Us Special

By supporting our staff, we help them to help our patients towards better health. Staff feel better about themselves; they are happier to be in the hospital building and feel more supported by the Trust. The programme also gives staff an understanding of the benefits of arts in health, so they are better equipped to engage with patients on the art programme, able to support programmes for their patients on their wards, and happy to talk to patients about arts and culture, as well as the necessary discussions about illness and medication.

*"Front-line staff, too, have needed additional support to sustain their mental health. At many hospitals around the country, arts teams have been supporting staff under immense strain during the pandemic. ...University Hospitals of Derby and Burton, for example, have offered art clubs and choirs to keep people going. At UCLH, 86% of staff who took part said it had provided them with respite, and 97% said it was important that the sessions should continue."* Lord Howarth, Health and Care Bill - House of Lords 11th January 2022

**Contact Details:** Laura Waters - [laura@airarts.net](mailto:laura@airarts.net)





## Ashford and St Peter's NHS Foundation Trust

### The Eternal Garden



Ashford and  
St. Peter's Hospitals  
NHS Foundation Trust

#### Category

Environment of Care

#### Organisation

Ashford and St Peter's NHS FT were established in 1998 from the merger of Ashford and St. Peter's Hospitals, the Trust has been on a long journey of development and improvement to its current position as the largest provider of acute hospital services to Surrey residents. It became a Foundation Trust in December 2010. ASPHFT serves a population of more than 410,000 people living in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow, Surrey Heath and beyond. The Trust employs around 4,400 individual members of staff. Our turnover was £387.3 million in 2020/21. The Trust provides a whole range of services across its hospital sites. The majority of planned care, like day case and orthopaedic surgery and rehabilitation services, is provided at Ashford Hospital, with more complex medical and surgical care and emergency services at St. Peter's Hospital.

#### Summary

'Creative Health: The Arts for Health and Wellbeing', recommended NHS Trusts pursue a policy for arts, health and wellbeing and to have a non-executive champion the policy. We recognised the huge value of a non-clinical space where patients and loved ones could spend time in a tranquil space away from the noise and distraction of a clinical area. This dedicated space for our end-of-life patients, our NICU families who have lost a baby and our Maternity teams, enabling them to meet with families and those who are grieving, to be together with family and close friends, and also for colleagues to share difficult news with our patients away from the clinical environment and surrounded by the comfort and healing power of nature. We know the importance of providing space for those who are receiving palliative care or going through a challenging time, to have the opportunity to spend private moments with their loved ones away from the wards and clinical spaces, and instead be surrounded by the sound of trickling water, greenery and flora. The team visited a neighbouring hospital that had created a similar space and then partnered with The Friends of St Peter's Hospital who are a small and dedicated group who have worked within the Trust for many years and supported projects that have had a great benefit for both patients and staff.

#### Impact

The impact of this space is being measured with feedback being left by visitors writing in the guest book and leaving really helpful comments about how the space has benefitted them at often very difficult times. Some families have spoken with staff about how the space has really changed the last few days and hours of their time with loved ones. It is evident that both staff and patients are feeling the effects of having a space away from the clinical areas to debrief and be in a home from home setting. The Bereavement team is working with the Palliative Care Team to send out a bereavement survey a few months after the death of a loved one to understand the value of the space. There have been comments that in the absence of being able to take a loved one home or to a hospice this space has made a huge difference to the families. The chaplaincy team have also used this private and tranquil space to meet with families in their time of loss and this has been very valuable. In light of the great success of the Eternal Garden the Healing Arts Committee have an ambition to go on and improve all these hospital courtyard spaces. Ashford and St Peter's are committed in making the organisation a beacon within the Health Service that is recognised as a Trust that puts the healing power of nature at the centre of its Healing Arts Programme so that both patients and staff benefit from this initiative giving staff from all areas around the two sites places to spend time in and also enjoy as they pass by or work in a space that borders these areas. The Committee believes that this approach to improving the environment of the hospitals will have a far reaching impact of patients which will aid recovery and help to reduce their length of stay.

#### What Makes Us Special

This project involved significant investment and the collaboration with the Friends enabled this project to be of a very high quality with everything considered to the benefit of those that use it. The design is very creative, and it does not feel that you are in a hospital courtyard. The key elements being including natural planting, sympathetic design resulting in a very creative indoor/outdoor space.

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## Ashford and St Peter's NHS Foundation Trust

### Healthcare Plays

#### Category

Strengthening the Foundation; Using Insight for Improvement – Staff Subcategory

#### Organisation

Ashford and St Peter's (ASPH) NHS Foundation Trust was established in 1998 from the merger of the two hospitals. It became a Foundation Trust in December 2010 and has been on a long journey of development and improvement to its current position as the largest provider of acute hospital services to Surrey residents. ASPH NHS FT serves a population of more than 410,000 people living in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow, Surrey Heath and beyond. The Trust employs around 4,400 individual members of staff. Our turnover was £387.3 million in 2020/21. The Trust provides a whole range of services across its hospital sites. The majority of planned care, like day case and orthopaedic surgery and rehabilitation services, is provided at Ashford Hospital, with more complex medical and surgical care and emergency services at St. Peter's Hospital.

#### Summary

**New Thinking** – 'Creative Health: The Arts for Health and Wellbeing', which recommended NHS Trusts pursue a policy for arts, health and wellbeing and to have a non-executive champion the policy. The report shares evidence of the positive impact creative and cultural activities can have on health and wellbeing. **Leadership** – The Committee saw an opportunity to develop Team ASPH through the use of health care plays for educational and training purposes and recognised the value of lived patient stories being brought to life by actors. Outcomes and Sustainability – Pluto Play Productions was commissioned to write two plays to educate staff on the holistic treatment of older patients with a dementia and ways in which the escalation of hospital complaints may be minimised. **Involvement** – The play write wrote two plays 'Where or When' and 'You Killed My Husband'. The former looking at both the outpatient and inpatient care of dementia patients and the latter looking at a fictitious complaint to the hospital where the widow of a man blamed the Trust for his demise. **Transferability & Dissemination** – The plays were performed on Teams during the pandemic and returned to in person in 2022 giving staff access to reflective learning through the medium of theatre with the ambition that through learning the experience of the patients in our care will improve.

#### Impact

The team saw the value of writing up these experiences to share with the wider organisation. It was a very impactful way to share how it felt for a patient and their family to be on the receiving end of care at the Trust which at times lacked understanding, saw a breakdown in communication and the impact on the patient and their loved ones. This innovative method of reflective learning proved very helpful with the wider team with high numbers of staff attending the events and very positive feedback via the SurveyMonkey afterwards.

This use of theatre was part of the learning process that the Patient Experience team and clinical teams went on. The subjects that these plays covered include improved end of life care, rapport building, bereavement and resilience and the improvements that can be made around integrated health and social care for older members of the community.

#### What Makes Us Special

This project stands out as an approach to reflective practice that is creative and used theatre and drama to convey the impact our interactions with patients can have and offers staff a safe place away from the clinical area to consider the impact our interactions with patients and their loved ones can have. The plays looked at both the outpatient and inpatient care of dementia patients and the latter at a fictitious complaint to the hospital where the widow of a man blamed the Trust for his demise. This learning approach enabled staff and teams to step away from the clinical setting and reflect on what it feels like to be on the receiving end of a care experience that is lacking. During the pandemic this approach to reflective practice coupled with the plays being performed on Microsoft Teams enabled ASPH NHS FT to continue to be a learning organisation invested in understanding how we can continue to aspire to patient experience underpinned by teams who want to learn from a patient's journey so that this is not the experience of another patient and their family.

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## Barking, Havering and Redbridge University Hospitals NHS Trust

### Daisy Volunteer Project

Barking, Havering and Redbridge  
University Hospitals



NHS Trust

#### Category

Strengthening the Foundation; Partnership Working to Improve the Experience; Personalisation of Care

#### Organisation

North East London has a population of over 2.0 million people and is a highly diverse and deprived part of London. London has one of the highest rates of hospital deaths across the UK. At 56%, North East London has the highest percentage in London and England. Hospital deaths across Barking, Dagenham, Havering and Redbridge average 53%, which is heavily above the national average of 45%. Hospital is still the default for many people who struggle to navigate the complexity of the health and social care system and a safe place for many people who live on their own or have no family/ support network when they are acutely unwell or at end of life. The Trust has two sites King George Hospital in Goodmayes and Queen's Hospital in Romford. We employ 7,500 staff and over 250 volunteers care for a diverse community with a growing population of 750,000 people.

#### Summary

This project, in partnership with Marie Curie, was launched in May 2021 with the aim of providing additional companionship and support for our imminently dying patients, their relatives and carers. During the first six months our Daisy Volunteers provided support to 149 patients delivering 736 support sessions including companionship for our dying patients, emotional and bereavement support, and respite for their relatives/carers. Our aim of starting with 5 volunteers exceeded expectation and we grew to 14 active volunteers within six months. 1. New Thinking – Project based on volunteers providing a service co-ordinated by one full-time member of staff. 2. Planning and clearly communicated aims of the project aided the success and its subsequent growth. 3. The Key Performance Indicators (KPI) used to monitor success are: •Emotional support session for a person who is end of life; •Emotional and bereavement support sessions for relatives/carers; •Respite support sessions; •Number of active volunteers. 4. Staff and relatives/carers helped us design, develop and continuously seek ways of improving the service. 5. The model is simple to establish and work cross sites. We would be able to support other organisations seeking to implement a similar project.

#### Impact

The Initial expectation for us was to have the project focus on our Care of the Elderly wards (4 wards) as these were identified as the wards with a regular/higher mortality rate within the hospital allowing volunteers to build experience and relationships on these wards. The project exceeded our expectations in many ways. We had a high response rate from the public of those wanting to be involved with volunteering. We had a high demand from staff asking why the service was limited to the wards as they had patients they wanted to refer. The positive feedback from families who were receiving the support was also instant. They were grateful for a listening ear and support as they sat with their loved one. Patients with limited visitors or none were given support.

May 2021 – Apr 2022 Patients Supported by Daisy Volunteers = 287; Emotional and Bereavement Support Sessions for Relatives = 290; Respite Support Sessions for Families = 60; Ave Monthly Total of Daisy Volunteer Hours = 180 hours per month. Relatives/carers found peace of mind knowing the patient was not alone and had companionship when they are not present. When Relatives/carers tell us their loved ones favourite music our volunteers play the song and often get a significant response from the patient who previously may not have been responding. Brings departments together and provides support/care to patients and their relatives/carers.

#### What Makes Us Special

What makes this project different from other projects is its success in such a short space of time. The success of the project in terms of the number of patients visited and the demand for the service shows it has truly made a difference; Having a Daisy Volunteer present for a loved one at such a significant time has proven to be valued particularly as our volunteers have less time constraints. This allows them to hear more of the family needs and give relevant information and support; Enabling families to get respite, knowing the person who is with their loved one has been helpful; Giving the patient an opportunity to talk to someone in their last days when there is no-one else present has been invaluable; Facilitating the needs of the family and working with staff to support their needs has benefitted families and enhanced their experience of imminently dying care.

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## Barking, Havering and Redbridge University Hospitals NHS Trust

### Daisy Volunteers – Supporting Our Imminently Dying Patients and their Families/Carers

#### Category

Support for Caregivers, Friends & Family

Barking, Havering and Redbridge   
University Hospitals  
NHS Trust

#### Organisation

North East London has a population of over 2.0 million people and is a highly diverse and deprived part of London. London has one of the highest rates of hospital deaths across the UK. At 56%, North East London has the highest percentage in London and England. Hospital deaths across Barking, Dagenham, Havering and Redbridge average 53%, which is heavily above the national average of 45%. Hospital is still the default for many people who struggle to navigate the complexity of the health and social care system and a safe place for many people who live on their own or have no family/ support network when they are acutely unwell or at end of life. The Trust has two sites King George Hospital in Goodmayes and Queen's Hospital in Romford. We employ 7,500 staff and over 250 volunteers care for a diverse community with a growing population of 750,000 people.

#### Summary

This project, in partnership with Marie Curie, was launched in May 2021 with the aim of providing additional companionship and support for our imminently dying patients, their relatives and carers. During the first six months our Daisy Volunteers provided support to 149 patients delivering 736 support sessions including companionship for our dying patients, emotional and bereavement support, and respite for their relatives/carers. Our aim of starting with 5 volunteers exceeded expectation and we grew to 14 active volunteers within six months. New Thinking – Project based on volunteers providing a service co-ordinated by one full-time member of staff. Leadership – Planning and clearly communicated aims of the project aided the success and its subsequent growth. Outcomes and Sustainability – The Key Performance Indicators (KPI) used to monitor success are: •Emotional support session for a person who is end of life; •Emotional and bereavement support sessions for relatives/carers; •Respite support sessions; •Number of active volunteers. Involvement – Staff and relatives/carers helped us design, develop and continuously seek ways of improving the service. Transferability & Dissemination – The model is simple to establish and work cross sites. We would be able to support other organisations seeking to implement a similar project.

#### Impact

The project exceeded our expectations in many ways. We had a high response rate from the public of those wanting to be involved with volunteering. We had a high demand from staff asking why the service was limited to the wards as they had patients they wanted to refer. The positive feedback from families who were receiving the support was also instant. They were grateful for a listening ear and support as they sat with their loved one. Patients with limited visitors or none were given support. **May 2021 – Apr 2022** Patients Supported by Daisy Volunteers = 287; Emotional and Bereavement Support Sessions for Relatives = 290; Respite Support Sessions for Families = 60; Ave Monthly Total of Daisy Volunteer Hours = 180 hours per month. Relatives/carers found peace of mind knowing the patient was not alone and had companionship when they are not present. When Relatives/carers tell us their loved ones favourite music our volunteers play the song and often get a significant response from the patient who previously may not have been responding. For a patient who likes their hand held. There is someone there to bring them that comfort of knowing they are not alone. This initiative brings departments together and provides the much-needed support and care to patients and their relatives/carers.

#### What Makes Us Special

- What makes this project different from other projects is its success in such a short space of time. The success of the project in terms of the number of patients visited and the demand for the service shows it has truly made a difference;
- Having a Daisy Volunteer present for a loved one at such a significant time has proven to be valued particularly as our volunteers have less time constraints. This allows them to hear more of the family needs and give relevant information and support;
- Enabling families to get respite, knowing the person who is with their loved one has been helpful;
- Giving the patient an opportunity to talk to someone in their last days when there is no-one else present has been invaluable;
- Facilitating the needs of the family and working with staff to support their needs has benefitted families and enhanced their experience of imminently dying care.

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## Barts Health NHS Trust

### Connecting the Dots



**Barts Health**  
NHS Trust

#### Category

Measuring, Reporting & Acting incl Turning it Around

#### Organisation

Barts Health NHS Trust provides a huge range of clinical services to people in east London and beyond. As well as district general hospital facilities for three of the London boroughs (Tower Hamlets, Waltham Forest and Newham), we have the largest cardiovascular centre in the UK, the second largest cancer centre in London, an internationally-renowned trauma team, and the home of the London Air Ambulance. The Royal London also houses one of the largest children's hospitals in the UK, a major dental hospital, and leading stroke and renal units. Our staff team of over 17,000 is the biggest of any acute trust in the country and care for 2.5 million patients coming from all walks of life and speaking more than 60 languages.

#### Summary

When I joined the NHS just under 2 years ago, I noticed that Barts Health was DRIP – Data Rich, Insight Poor. We were drowning in data that wasn't being used properly, and yet everyone complained about lack of data. The Trust had historically focussed on data gathering rather than analysis. Part of it seems to be driven by an NHS-wide obligation to "feed the beast" – producing and submitting data for the sake of it, with very little follow through on what the data was telling us and how it could be used for improvement. Coming from large, insight-driven commercial organisations like Cisco and GSK this was a big disappointment. It was clear that the challenge was not just lack of insight expertise but also cultural inertia. The Trust needed to change its vocabulary so it could better articulate what insights (not data!) it needed; how they would be used to improve the patient experience; and get some early wins to create a positive spiral. "Connecting the Dots" was born to address this. "Our Insight vision "Connecting the Dots" is aimed at making the Trust more patient centric and our plans grounded in solid, actionable insights into Patient Experience.

The project is addressing every stage of the Insight process:

- making the data more representative and statistically robust;
- creating user-friendly, interactive tools that put insights into the hands of frontline staff;
- engaging everyone up to the Board level to get them curious and enthusiastic;
- using a Quality Improvement methodology to engage staff, patients, and communities so Patient Experience is everyone's business, not just that of the Patient Experience leads

#### Impact

One of the measures for success was the increase in survey response numbers. In the most recent quarter (Q4) the Trust received 20,370 responses to the FFT survey, which is a significant increase of 7% points over the previous quarter (18,995). Its not just the volumes, but also important to note the mode of data collection. Paper forms are still the dominant source accounting for 45.7% of responses, with SMS close behind at 43.3%. The reintroduction of paper (which had been suspended during the pandemic) and our push for online means that the proportion of SMS surveys has dropped from 60% to 43%. This is a very notable development as unlike SMS, Paper and Online surveys allow the capture of important demographic data so for Q4 we know the Ethnicity and Gender of 54% respondents (compared to 50.6% in Q3). Where it's possible to record demographics (paper and online), we know the Ethnicity and Gender of 90% and 95% of the respondents respectively. This is a major achievement as knowing these demographics has allowed us to compare the experience of different patient groups (e.g. BAME vs White, or Male vs Female).

#### What Makes Us Special

Improving patient experience is not a one-off event or a project with a defined start and end, so the plan was to create the conditions for continuous improvement. This became the catalyst for a Trust-wide drive to improve data literacy and get everyone talking about the connection between better quality data, actionable insights, and improved patient experience. It grew much larger than we had anticipated, and the patients will reap the benefits of improved patient experience for years to come.

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**Barts Health NHS Trust****Barts Health and North East London Partnership – working together to get the vaccine where it's most needed.....****Barts Health**  
NHS Trust**Category**

Partnership Working to Improve the Experience

**Organisation**

Barts Health NHS Trust provides healthcare to approximately 2.5 million people living in east London. We employ over 17,000 staff and operate from four major hospital sites (The Royal London, St Bartholomew's, Whipps Cross and Newham) and a number of community locations. We have the largest cardiovascular centre in the UK, the second largest cancer centre in London, an internationally-renowned trauma team, and the home of the London Air Ambulance. The Royal London also houses one of the largest children's hospitals in the UK, a major dental hospital, and leading stroke and renal units.

**Summary**

Our Vaccination Programme developed an ambitious outreach clinic programme to target a large number of North East London citizens who are often missed by conventional programme rollout methods. Our approach combined standard static methods with new flexible approaches to improve engagement with unvaccinated citizens, including those typically excluded from public health initiatives. The evolution of the programme utilised shared commitment and leadership between partners, using continuous involvement and feedback from citizens in the rapid development of the model. The growth of the partnership was successful because of the active and thoughtful engagement of community groups, churches, mosques, other faith organisations and the voluntary organisations which care for those most in need in our community. We delivered 55,824 vaccinations at over 450 outreach clinics within NEL ICS. It is transferable. The learning from our model has been adopted by NEL ICS to design local childhood immunisation programmes and monkey pox vaccination.

**Impact**

We adapted our approach during rollout based on evidence and feedback. We measured our success and impact by adopting quality improvement methods, particularly when designing and testing the concept. We collected feedback from those who attended outreach clinics to learn about their experience and concerns (EP 14-16) and used media and citizens' personal experience as a way to raise awareness and increase uptake among unvaccinated citizens (EP 25-31). Flexible clinic hours offered convenience, reflected demand and met citizens' needs. For example, during Ramadan, we ran our vaccination clinics from 3pm-7pm, reflecting when the Mosques were busiest. We also had GPs on hand at clinics to register unregistered patients. We drove demand for these clinics in different ways, including: •Holding specific clinics, including closed clinics, for the homeless, undocumented and sex worker communities; •Offering food, haircuts and mental health advice to vulnerable groups; •Having Youth Champions talk to peers and offer support. Barts had capability, supply and staffing to deliver vaccinations, and local authority and public health partners had the intelligence and contacts to ensure those most in need were not left behind. The partnership developed a shared view of mission and objectives leading to the strengthening of trust between ourselves and our communities, enabling closer working and faster delivery. Central to the success of these clinics has been the trust and confidence members of the public have developed - feeling safe receiving a vaccine in a local, familiar environment.

**What Makes Us Special**

This innovative model was unique as it enabled us to: •Address population health and inequality: very successful delivery at scale to hard-to-reach clients, making a sustainable difference to the health of communities; •Bringing together our community: successful integration and involvement across health, local authority and multiple community groups; •Model for future challenges: our model of integrating with multiple small groups built huge trust and a transferable model for future population health community engagement; The success of this programme was a result of the following key factors: •All partners worked collaboratively with shared objectives and integrated leadership; •Modelling innovative approaches with community engagement and vaccine delivery across the ICS; •We engaged in co-design of communication, education, and delivery approach with over 20 community organisations; •Our approach involved new thinking removing conventional barriers present between health and social care groups and found by those in the community and voluntary sectors.

## Bedfordshire, Luton and Milton Keynes Integrated Care Partnership

## 'Patients Know Best' Childhood Epilepsy Pilot Project

## Category

Innovative Use of Technology, Social &amp; Digital Media; Integration &amp; Continuity of Care

## Organisation



This pilot project began in 2020 as a joint initiative between Luton Clinical Commissioning Group, Luton & Dunstable Hospital, Cambridgeshire Community Services NHS Trust (which provides children's community nursing in Luton) and the parents and carers of children with complex epilepsy in Luton. We are now part of Bedfordshire Luton, and Milton Keynes Integrated Care Partnership (BLMK ICP). ICPs are a partnership of local Councils, NHS organisations and voluntary and community organisations, working with and for residents to support and improve the health and wellbeing of everyone in the local area-improving access to local services, eliminating gaps in services, and helping local people stay healthy at home. We cover an area of 1million people.

## Summary

This pioneering pilot project in Luton aims to by-pass NHS digital bureaucracy and make life easier for children with complex epilepsy. A passionate paediatric team of hospital consultants, nurses, CCG staff and parents of children with epilepsy has partnered with 'Patients Know Best' (PKB) to co-produce a digital epilepsy health record. The record will provide the one thing parents and clinicians have asked for: all the child's information in one secure place. It's the first time PKB has been used for children with epilepsy and the first patient-held record to be offered to children in Luton. The PKB record empowers parents and clinicians to work in equal partnership. It also reduces the burden of responsibility parents carry by ensuring all the child's up-to-date health and care information can be shared with anyone who needs to see it. Results are already positive, with clinicians experiencing better communication and parents reporting their lives have been transformed. If this platform can work for children with complex epilepsy, it can work for a child or adult with any complex condition in the UK.

## Impact

Since onboarding began in late 2021, we now have 89 children onboarded out of a cohort of 233. PKB analytics show the platform is used regularly, with 4491 messages sent since June 2021 and 400 of those messages sent in the last 28 days. Patients are benefitting from this project already: • When a child with status epilepticus was admitted to St Mary's Hospital London, clinicians could access her medical history on PKB. Because St Mary's is also integrated with PKB, the child's discharge letter, MRI scan and tests were all available in real time for clinicians back in Luton to see; • One mum uploaded a video of her daughter playing happily in the sand so that clinicians could see her as a content and loving child, rather than only when she was unwell; • A mum with limited English feels reassured knowing her son's entire record is on PKB, so she does not have to recall complex information in a second language upon arrival at A&E. *"I can message the consultant who can message me back and it saves a lot of time. I find it easy to use and now I've got into the swing of using long-term I think I'd be lost without it"* (parent). We are shaping our evaluation strategy with parents and stakeholders. Quantitatively, efficiencies are already being seen and financial impact is being tracked. We are also measuring against Secondary Uses Service (SUS) data and PKB provides us with statistics e.g., frequency of use and number of care plans edited. Qualitatively, we are developing questionnaires for families and clinicians. We will use ratings from 1 -10 or a Likert scale but will also give families and clinicians free text boxes to capture much richer data and patient stories. We will also hold interviews and focus-groups to give better insight.

## What Makes Us Special

Nationally, it's the first time PKB has been used for children with epilepsy. Locally, it's the first time a patient-held record has been offered to Luton children. The unique democracy and transparency this platform offers should hugely increase shared decision-making between parents and clinicians. It should also reduce parental strain. Our work with Inspire FM and plans with local faith leaders should help break taboos about epilepsy which exist in our communities. This was something one of our parents asked for. Not many health projects tackle this situation. Enabling parents to feel comfortable talking about epilepsy and to use the platform to ask clinicians for the support they need. Happier parents = happier children! Using the platform in Adult Epilepsy Services will create an entire cradle-to-grave pathway – something not seen in before.

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## Betsi Cadwaladr Health Board

### Long Covid Partnership Group

#### Category

Partnership Working to Improve the Experience

#### Organisation

Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, providing a full range of primary, community, mental health, acute and elective hospital services for a population of around 700,000, across North Wales with a workforce of 17,000 staff. We provide a full range of primary, community, mental health and acute hospital services across 3 district hospitals, 22 community hospitals and a network of over 90 health centres, clinics, community health team bases and mental health units. BCUHB also coordinate the work of 113 GP practices and NHS services provided by dentists, opticians and pharmacists across the region.

#### Summary

BCHB wanted to establish a Long-COVID Recovery Programme in response to people who are experiencing Long Covid symptoms. We wanted this work to be in collaboration with regional partners and patients. Our vision was to provide the required levels of care and support for our patients and staff to address the longer-term effects of COVID-19. These objectives were defined for the initial 18 months of the programme: · To work with all stakeholders to co-design community pathways as required supporting the local population to manage the long-term health conditions resulting from Long-COVID and to improve their outcomes. · To develop and evaluate value-based outcome measures, working with partners to improve knowledge base around recovery. · To deliver sustainable service improvements for similar longer-term post-viral conditions e.g. chronic fatigue.

#### Impact

From the outset, we adopted a strong principal of co-design working closely with patients, stakeholders and clinical practitioners to design a pathway that meets the needs and expectations of people experiencing Long Covid. We had to continually adapt to the groups health needs for example meeting virtually, having shorter meetings, sending information in advance and making sure they are not overloaded to ensure their active participation. Patients have influenced the development of a Long Covid-19 clinical pathway with the following outcomes achieved: • The inclusion of mental health support services as part of the service offer; • Patients re-shaped the content and delivery of the EPP Long Covid self-management course to meet their needs. They were involved in agreeing clinic locations ensuring an equal geographical spread across North Wales; • The development on an online self-referral option to help reduce any barriers people may be experiencing in contacting their GP. We were the first in the UK to develop this. Demand for the service is extremely high in particular the self-referral process by the patient. Since December 2021, we have received 1,000 referral with 80% of them being self-referrals. The self-referral process gives patients easier access to services, empowering patients to be responsible for the management of their own care; • Online group clinic sessions were developed which are more accessible for patients if they struggle to travel to a clinical setting for their appointment. Patients can also benefit from peer support by attending group clinic sessions. There is a clear, defined service for patients who want to participate in sharing their experiences. Initially patients reported that they felt “very frustrated” “lost and confused”- feedback from the group to date has been far more positive, patients now actively participate in the design, delivery and evaluation of services.

#### What Makes Us Special

Working in partnership with patients and key partners, we have developed a service to support patients and Improve their experiences of accessing health care. The Long Covid service model has been developed around person centred care. For some people, advice, information and reassurance about the actions they should take themselves to recover will be all they need. People may also be signposted to self- help, online or community support. Others however, may need referral to appropriate professionals or specialties specifically relevant to their symptoms. This was a key consideration, taking into account the pressure on existing services with rising waiting lists and staffing challenges. We recognised the need for a service, which could dedicate the time and skills to understand how long COVID was affecting each individual, and that a one-size fits all approach would not be appropriate.

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## Birmingham Community Healthcare NHS Foundation Trust

### Attend Anywhere – Bringing patient feedback to life through digital technology



**Birmingham  
Community Healthcare**  
NHS Foundation Trust

#### Category

Using Insight for Improvement – Innovation subcategory

#### Organisation

Community Healthcare NHS Trust who support families from birth through to end of life. We also provide learning disability services, the Birmingham Dental Hospital, opened by HRH The Queen in 2015, the West Midlands Rehabilitation Centre, services for children, young people and families, community hospitals and adult community services.

#### Summary

As the pandemic took hold, Birmingham Community Healthcare NHS Foundation Trust (BCHC) was faced with stepping down over 50% of its outpatient and community-based appointments.

Within a few weeks, BCHC had adopted Attend Anywhere as its remote consultation platform. The Trust Public Engagement Lead supported the Chief Clinical Information Officer alongside a team of patient representatives, Governors, front line clinicians, and research and innovation professionals on a mixed methods approach of involving patients and public in the rollout of remote consultations.

The first project they completed was the co-design of a digital feedback questionnaire capturing the views of patients, carers and clinicians following each remote consultation appointment.

As the project evolved, the Trust demonstrated a truly co-produced project lifespan, full of patient forums with different communities, co-design workshops, online surveys, numerous interpreted appointments and recognition across the NHS as being a trail blazer in the use of digital technology to enable virtual consultations.

#### Impact

The group worked hard to make improvements to our patient feedback survey. The original survey had a single list of services for patients to select from. Patients fed back that this was too long and that they didn't know which service to select. We built new bespoke surveys for each of our divisions including Children and Families and Adults and Specialist Rehabilitation services. These survey links were integrated into the Attend Anywhere system so that as appointments came to an end, patients would see the survey link pop up on their browser. Our feedback platform has seen hundreds of responses each month from a wide demographic giving feedback about their care.

To improve the accessibility of our service for patients within our Learning Disability Services, an Easy Read version was co-produced by our Service User Group (SUG) which is held monthly.

In the past two years, we've had thousands of pieces of feedback which 50+ teams and services have used to monitor quality and drive improvements. We have developed SOPs with our interpreting service to ensure that any video consultation can be completed with a live interpreter; enhanced questions in the survey to reflect the evolving nature of the pandemic; included protected characteristics questions to gauge the breadth of our patient cohort and to highlight challenges faced by different communities; used feedback to support clinical research studies into the use of digital technology.

#### What Makes Us Special

The insights and the delivery of the project will contribute towards reducing health inequalities and championing digital inclusion for our communities. We are also participating in other key networks and forums across the region to share learning and improve citizen facing digital services.

Our experience has forged a commitment to use digital technology as a vehicle for connecting communities and enhance the quality of community-based NHS services for all patients and communities within our region and more widely across the NHS.

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

### Cultural Competencies Project



Birmingham Women's  
and Children's  
NHS Foundation Trust

#### Category

Partnership Working to Improve the Experience; Staff Engagement & Improving Staff Experience; Using Insight for Improvement – Staff Subcategory

#### Organisation

Birmingham Women's and Children's NHS Foundation Trust is a combined Trust covering services for Birmingham Women's Hospital, Birmingham Children's Hospital and Forward Thinking Birmingham. Birmingham Women's Hospital - Located on the University Campus in Edgbaston, Birmingham Women's provides a range of specialist health care services to more than 50,000 women, men and families each year. Birmingham Children's Hospital - City centre-based children's hospital is a leading UK specialist paediatric centre, offering expert care to more than 90,000 children and young people from across the country every year. Forward Thinking Birmingham - A new, modern mental health service offers support, care and treatment for all 0-25s through one organisation

#### Summary

Originally funded by a grant from the BWC Charities Team the Cultural Competencies project is a new, Trust-wide project which aims to make training about Equality, Diversity and Inclusion from a patient's perspective accessible to all staff. Working with patient groups, Experts by Experience and local and national organisations to deliver a set of training sessions about inclusion and diversity to all staff. Following feedback from staff and patient groups, the project focused training around five key topics; Disabilities, LGBTQ and Transgender specific awareness, Cultural Awareness, Refugee and Asylum Seekers and Mental Health. The project team worked with the following organisations to develop and deliver bespoke webinars to staff to breakdown barriers to healthcare and improve patient experience; •Ambitious about Autism – Autism awareness; •Communication Plus – Deaf awareness; •Birmingham LGBTQ centre - Trans-specific and LGBTQ Awareness Training; •Trans-parent – Inclusive maternity care for all genders; •Friends and Families of Travellers - Gypsy, Roma and Traveller communities and barriers to healthcare; •United Nations High Commission for Refugees and Refugee Women Connect – Refugee and Asylum Seeker awareness; •Mind – Mental Health from a patient's perspective; •ACACIA – Perinatal mental health with a focus on young people accessing maternity services

#### Impact

To gain feedback about the training sessions, we developed a participant survey and emailed this out to all attendees after the session. This gave us valuable information about how successful the training had been and any areas we needed to make improvements in if we were to offer the session again. We used the feedback to shape future sessions and inform presenters. By asking attendees to book on to the training, we had a clear idea about the number of people attending each session and this helped us understand the interest in that topic. Recent feedback highlights from session by UNHCR; •*'The session was very good, the knowledge was excellent, and really assisted in widening our knowledge for supporting going forward'*; •*'This training should be mandatory for all NHS staff'*; •*'I was already aware of much of what was shared from past experience and the CMF Refugee and Asylum Seeker Health course. However, this webinar gave me more confidence to advocate for refugees and asylum seekers within BWC.'* The Awareness project is now widely acknowledged as key part of the Trusts offering of inclusion and diversity training, we are proud of the impact the project has had across the Trust. *"As someone with lived experience of anxiety related issues, I think it's great that the mental health aspect of patient experience is being seen as an important part of this work."* Mike Jeffries Training Manager - Birmingham Mind

#### What Makes Us Special

There are several key elements that have made this project as success too numerous to include in this summary. They include: Using patient feedback and data from PALS and Complaints to focus training on specific themes; Collaborating with external organisations; Spending time with external trainers to personalise the webinars and provide local context and working with Experts by Experience to give real life examples to the topics discussed; Advertising the Training regularly through different channels; Working with staff networks; Creating screen savers; Accessing staff social media channels; Using surveys to gather feedback from staff about the training Following up with staff that attended training to provide on-going support about the topics.....and more!

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## Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group

### Improving Emergency Access for Autistic People

#### Category

Commissioning for Patient Experience

#### Organisation

BNSSG is a clinical commissioning group responsible for shaping healthcare services for the more than one million people who live in Bristol, North Somerset and South Gloucestershire. We're a membership organisation formed by GPs, supported by NHS managers, working at the front line of our community, so we hear the healthcare needs of our local communities every day. We have approximately 400 staff.

Overall, our vision is to:

- improve the health of the whole population
- reduce health inequalities
- ensure NHS services are fit for the long term.

#### Summary

Ensuring autistic people have voice and influence is a key ambition in our system strategy. This required commitment to build foundations for autistic people to be equal partners in this project. We wanted to demonstrate the positive impact of co-producing improvements with people with lived experience to address health inequalities in the context of learning disabilities and autism. The focus of this project was to address the journey autistic people experience when attending one of the four emergency departments in our hospitals. How we have conducted this project could be replicated in every in every NHS hospital in the country.

From day one we have involved autistic people in every meeting, every decision, every discussion about how this project has developed. We have been innovative and ambitious making sure each element of the project has accommodated the diverse and differing views of the autistic people involved. Everything has been up for grabs, and we have included every issue autistic people identified from their experience of using ED departments.

"I just wanted to say it's been a genuine pleasure working with someone so open and inclusive on this project".

Quote from Ruth autistic service user

#### Impact

The autism audit identified many recommendations for changes to practice to better respond to autistic people when they arrive in the ED department. We identified many adaptations needed e.g., noise cancelling headphones, quiet waiting room space, dimming lights, calming resources, posters on reception desks prompting autistic people to ask for help, augmented communication tools. The most important issue identified from talking to staff was the lack of awareness of autism, staff had set perceptions of what an autistic person was like and were not aware of how very different individuals would be. Or the need to treat people differently

We have identified a range of reasonable adjustments and funded 25k to purchase recommended resources for each of the 4 ED departments. We have met with ED staff and managers in each hospital who have completely embraced the recommendations and are implementing these across the 4 hospitals, not just in ED but all departments. Service users involved have already tested out hospital appointments from an autistic perspective and have found a dramatically improved patient experience, with advance preparation in place and reasonable adjustments on the day.

#### What Makes Us Special

From day one we have involved autistic people in every meeting, every decision, every discussion about how this project has developed. We have been innovative and ambitious making sure each element of the project has accommodated the diverse and differing views of the autistic people involved. Everything has been up for grabs, and we have included every issue autistic people identified from their experience of using ED departments.

"I have never been involved in a project where I was treated as an equal"

Quote from Ben autistic service user

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Bristol, North Somerset  
and South Gloucestershire  
Clinical Commissioning Group



## Cardiff and Vale University Health Board

### Angela Hughes



GIG  
CYMRU  
NHS  
WALES

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

#### Category

Patient Experience Manager / Professional of the Year

#### About Nominee

Angela Hughes is the Assistant Director of Patient Experience at Cardiff and Vale University Health Board. This nomination is from the staff she manages in the Patient Experience team. Angela's dedication to patient experience stems from her background as a Critical Care Nurse and wanting to do the best for patients and their families and the communities we serve, including hard to reach groups. Angela started her nursing career in 1986 as a Student Nurse. On a day-to-day basis Angela is responsible for the management of the Patient Experience team which includes the corporate responsibility of supporting all Clinical Boards within Cardiff and Vale University Health Board. Manages Bereavement Services, Patient Feedback, Chaplaincy, Information & Support Centres, Unpaid Carer Support, Voluntary Services, Claims, Concerns, Compliments, Complaints & Redress.

#### At Work

Following her appointment in 2015 as Assistant Director of Patient Experience, one of Angela's main priorities was to bring the Patient Experience and Concerns teams together, under the Patient Experience umbrella, ensuring a streamlined approach in delivering services. This ensured that the patient and their voice are always at the heart of the organisation and service development. Angela is a highly-effective communicator and actively listens to patients and talks with them in a manner that is appropriate to their individual needs. Angela is a strong leader, she encourages team members to own their individual roles and responsibilities but also to work together as a team, creating a supportive environment which ensures consistent shared learning and cross-team working. Examples of this can be evidenced through the cross-team approach to deliver many of the projects that were developed and implemented during the Covid-19 pandemic. Angela's new approach to working was adopted by all and resulted in Cardiff and Vale winning PENNA Team of the Year 2021. Angela was key in the development of The Quality, Safety and Experience Framework through extensive engagement with the Health Board, community and external partners to define priorities for the next 5 years and has bred a culture shift from the traditional way of thinking where "as few things as possible going wrong" to ensuring "as many things as possible go right" to bring forth a whole system change. What makes Angela stand out from her peers is, despite having an extremely busy team to manage during unprecedented times, she stepped up and became involved in the Mass Vaccination Programme. As well as becoming a volunteer vaccinator, she helped establish a framework with Welsh Government where a fortnightly call was held with PX leads across all health boards and NHS Trusts in Wales. The purpose of the call was to find out, first hand, the impact Covid-19 was having on Patient Experience, Concerns reporting etc. Angela led on a number of initiatives with Welsh Govt during the pandemic, sharing examples of good practice developed by her and the team which were eagerly adopted by other Health Boards across Wales. E.g. Angela was key in the development of the Unpaid Carers Vaccination Process and set up a dedicated enquiry hub ensuring that all Unpaid Carers who were entitled to a vaccination were not missed.

#### Summary

Angela's contribution is not confined to Cardiff and the Vale of Glamorgan. She makes an extraordinary contribution to the development of national policy and practical innovations on patient experience matters and we are sure the work that she has done has contributed greatly to a much more positive experience for patients and their families who use NHS services across Wales. Angela has grown and developed the team into a valued and well-respected service which is trusted by colleagues both internally and externally. Angela ensures that patient, visitor and staff experience is central to all that we do as a team. This leadership style and ethos towards good experience has motivated the team to ensure everyone who comes into the hospital has the best experience. Through Angela's enthusiasm and passion to ensure that community voices are heard, whether that be through involvement with patients in new initiatives or developments or via the learning gained from our complaints process. Angela is always available to support and advise the team with an open-door policy. She supports us personally and professionally, nothing is ever too much, recognising the importance of work life balance and supports her team by offering a flexible approach to working.

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**CardMedic****Using CardMedic to Improve Patient Confidence in and access to Care Services****Category**

Communicating Effectively with Patients &amp; Families

**Organisation**

Launched in 2020 during the height of the pandemic, CardMedic is an Oxford based, pioneering digital health communications app that makes healthcare communication more accessible. It provides digital flashcards that guide patients through common clinical interactions who otherwise would struggle to communicate due to language and other communication barriers. It is available in over 20 languages, including British Sign Language. It is also available in multiple formats, such as Easy Read and Read Aloud. The content is curated by clinicians and is being progressively translated by humans, to ensure an authentic tone. Alongside their team of translators and content curators, CardMedic has six members of full time staff, an advisory board of clinical professionals and healthcare influencers, as well as an incredible team of volunteer translators and speech therapists. CardMedic has been embedded at NHS trusts, Integrated Care Systems (ICS), and Ambulatory Services in the UK & in the US

**Summary**

Since CardMedic was first introduced at University Hospitals Sussex NHS Foundation Trust (UHS), patient confidence in care teams has increased by almost a third, based on an independent evaluation conducted by the University of Brighton. CardMedic has improved communication between clinicians and patients, enabling them to play an active role in decision making processes about their care. Prior to CardMedic's implementation, patients with additional communication needs were often left feeling confused or anxious as they did not understand what was happening to them. In other situations, patients' family members were put under intense pressure as they would be asked to translate on clinicians' behalf – a process that is unethical. CardMedic provides digital flashcards in multiple languages and formats, meaning clinicians were able to communicate more effectively with their patients and their families, improving their confidence in their care teams. Developed collaboratively with patients, clinicians, and charities. UHS has become one of the first trusts nationally to offer Alternative Language Antenatal Classes (ALAC) in its maternity department.

**Impact**

Since 2020 there have been a number of impressive use cases, but most notably is the increase in patient confidence in their care teams. One patient described CardMedic as 'better than Santa', as it has transformed their experience of care. Previously underserved patient populations are able to play active roles in their care, making decisions in the care planning process alongside their care teams. This has helped to reduce health inequality. CardMedic is also in use at ICS level, which has helped to reduce health inequality further by reducing the postcode lottery of care. The introduction of CardMedic at UHS was observed by University of Brighton, who undertook an independent service evaluation, assessing patient confidence before the solution was in use, and after it was embedded. The significant improvements of confidence to 95% demonstrated a transformation of the patient experience by equipping clinicians and patients to effectively communicate with each other.

**What Makes Us Special**

CardMedic was conceptualised and built to break down communication barriers, and it does so in an affordable, sustainable, and ethical way, that benefits patients and clinicians alike. Much of the success of CardMedic can be attributed to its founders, husband and wife duo, Rachael and Tim. Rachael being a practicing clinician means that she has a perspective on what challenges are facing the healthcare sector. Tim has a background in running successful technology and communication businesses, so had the vision that CardMedic could be scaled in to a sustainable organisation. Their mission to improve access to healthcare is shared by many people, clinical and non-clinical, and CardMedic has provided a space for these people to come together and work on projects they're passionate about, while doing some much-needed work to make healthcare more equitable for more people. Additionally, content created for the CardMedic library is curated by clinicians, and translated by people, to ensure it is authentic and clinically compliant. For this first of its kind work, CardMedic has been able to secure multiple funding competitions, accelerators and awards, including the International MassChallenge Accelerator, She Loves Tech, Texas Medical Center Innovation Programme and Pitchfest at Digital Health Rewired.

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## Cheshire & Wirral Partnership NHS Foundation Trust Lead Provider Collaborative Commissioning Team

### Lead Provider Collaboratives - Level Up - Young people, EmpowerED and Carers/families Provider Collaboratives



#### Category

Commissioning for Patient Experience; Integration & Continuity of Care

#### Organisation

NHS England (NHSE/I) have responded to the challenges facing specialised mental health services with a national programme of Provider Collaboratives (PCs). The commissioning of care for people with more complex mental health needs has been delegated from NHSE/I to Lead Mental Health Providers who are mandated to work with a wide range of partners (statutory and third sector) in delivering more care closer to people's homes, ideally out of hospital and with greater integration across pathways of care. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) was successful in becoming the Lead Provider for 2 PCs – 1 in Young People's specialised Tier 4) Mental Health, Learning Disability and Autism services across Cheshire and Merseyside, serving a population of circa 2.8 million and 1 across the North West of England in specialised (inpatient) adult eating disorder services (AED) serving a population of circa 7 million.

#### Summary

We are at the early stages of this project. CWP places people with lived experience at the heart of both its PCs. We recognise that listening to people who have experienced services and carers is essential if we are to develop services that are truly person centred. Our experts by experience were involved from the very outset with the naming and identity of both PCs. Focus groups were established and they proposed the names and logos that they felt best captured the ambition for both service areas. Our Young People and Families PC is called LevelUp. We work closely with all our partners to ensure there is smooth transition between different care sectors across the patient pathway. Our adult eating disorder Provider Collaborative is called EmpowerED and engages with multiple partners across the North West including community eating disorder providers. We recognise the expertise of our third sector partners in helping us to engage with different communities and have formally commissioned their support for our Experts by Experience Programme. Our work will ensure that people with lived experience work alongside our clinicians and managers as equal partners in shaping the future of mental health care, both in our area and nationally as we share our learning with other PCs.

#### Impact

- We have developed a detailed programme for each of our third sector partners with specific objectives and deliverables in order to measure the impact of our work in this area. We have established some baseline measures which are both quantitative in terms of numbers of events held or people recruited but also qualitative in terms of how people feel things have changed as a result of our actions. We are developing patient stories as a powerful way to demonstrate the impact services can have on both the patient and their wider family;
- To empower and enable our EbE to fully participate in each PC, they will require support and training. EbE will have the opportunity to meet some of their peers and have fun. The second part of the training will consist of Co-production and Lived Experience training;
- One EbE AED mentioned during the recruitment process that they would like to engage with the communications lead to support social media and have input into the newsletter which will be co-designed by the EbE forum members and online participants.

#### What Makes Us Special

We want to shape a new future of care provision that is radically different to traditional care delivery and for this to be a success we need the voices of our experts by experience alongside our clinicians. Our project will support EbE to enable them to grow as a forum and as individual people. It's time to listen, to support and improve services for all. Our ambition is to provide person centred care, close to home with seamless transition between care settings. Our experts by experience will be the judge as to whether we have achieved this or not. •Hearts and minds are crucial to behavioural and organisational change. The power of collaboration – with a shared will for change and action, many barriers can be overcome. Provider Collaboratives need to effect change through consensus, influence and partnership working. The voices of those with lived experience will be central.

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## Chesterfield Royal Hospital NHS Foundation Trust

## Holistic Needs Assessment Clinic

Chesterfield  
Royal Hospital  
NHS Foundation Trust**Category**

Fiona Littledale Award

**About Nominee**

As a team 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 this was evidenced with verbal conversations with people affected by cancer during the pandemic, as one of the CNS highlighted *"It is so frustrating not having time to talk to people when this is the time, they are really needing it the most"*. This was due to half the team having to be relocated to support inpatient COVID areas. This experience led to the team getting together to develop a holistic needs assessment clinic so the staff could focus on the personalised care and support planning of people affected by cancer. The team have developed a Holistic Needs assessment telephone clinic for all colorectal cancer patients. The clinic has been developed to ensure that all colorectal patients are contacted at around diagnosis and end of treatment, this allows for patients needs and concerns to be addressed and identified. The calls take place in a room within the NGS Macmillan Unit and patients can request a face-to-face appointment if they prefer.

**At Work**

- The colorectal team work closely together to provide support, advice and information to anyone diagnosed with colorectal cancer;
- The team support patients at all stages from diagnosis, investigations, treatment and follow up, to ensure patients understand their care pathway and to co-ordinate involvement with other specialities. This includes support for people on oncological interventions and will then ensure a seamless transition to palliative care services;
- The team play a vital role to help patients to adapt to life in the weeks, months and years following their surgery and treatment. One example of this is adjusting to life with a stoma and the nursing team lead on this support, teaching, and education;
- The Colorectal nursing team are an integral part of the MDT and are essential in the patient's journey ensuring that everyone is treated with care and compassion;
- Holistic Needs assessments are covered at diagnosis. As a team we felt that patients needed an allocated time and date to discuss their concerns and worries and to allow for this to be recorded accurately within their care plan. As highlighted, this was evidenced during the pandemic;
- The team are flexing this clinic to meet the needs of patients and although it is still early days, they have had positive feedback but also an increase in the amount of Holistic needs assessments completed;
- Over the last 5 years the team has grown to 1 lead CNS and 4 CNS and 1 Cancer support worker. This has enabled the team to drive forward many initiatives such as treatment summaries, wider presence in oncology clinics including review of oncology patients no longer suitable for active treatments and the holistic needs clinics;
- The passion and innovation of the team has evidenced the impact a more robust workforce can have and has led to investment into the team as described.

**Summary**

- The colorectal nursing team are passionate about their roles and involvement with caring and supporting colorectal cancer patients;
- The team ensure that the colorectal patients receive care to the highest possible standard and strive to ensure that patients are treated with respect and dignity, and they have evidenced this work along with patient involvement such as the video I highlighted earlier;
- The colorectal nursing team deserves recognition for all the hard work and dedication over the last 2 years working through a Pandemic as half the team were reallocated, but they still maintained a high-quality service;
- Developing the Holistic needs telephone clinic has been a team effort and we are all extremely proud of how this has been developed so successfully. Especially that we have been able to respond to patient feedback about needing further support and then develop and refine the clinic based on this;
- We have increased the amount of people who are offered the opportunity to have a Holistic needs assessment;
- As we have more data, we are hoping to use these results to look at unmet need to see if there are any other innovations we need to develop or any simple changes to our service to better meet the needs of patients. They are the first team at the trust to have developed a clinic in this format specifically looking at the holistic needs of people under their care.

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## Chesterfield Royal Hospital NHS Foundation Trust

### Lung Cancer Team Smoking Cessation Clinic



#### Category

Fiona Littledale Award

#### About Nominee

As a team we offer support to patients with a diagnosis of lung cancer through the pathway, supporting them from diagnosis to end of life care. We have a pivotal role during investigations, diagnosis and treatment to ensure all patients are supported throughout their cancer journey. It was identified on the Getting It Right First Time- Lung Cancer meeting that there was little support for tobacco addiction for patients diagnosed with lung cancer. It was recommended that all members of the team to do 'very brief advice' training and to meet with community smoking cessation services to understand referral pathways and try to enhance them for this group of patients. This gave us the incentive to set up our own smoking cessation support to offer all our patients with a diagnosis of lung cancer the opportunity to stop smoking supported by the lung cancer CNS team. We felt that patients may engage more with stopping smoking due to knowing the team and building strong relationships with them. We offer a 4 week support programme contacting the patients on a weekly basis either by telephone or face to face depending on the patient's preference. At this appointment an initial assessment is completed, also engaging with the patient about the benefits of stopping smoking and starting them on nicotine replacement therapy depending on their level of addiction. We also monitor patient's carbon monoxide levels as appropriate. After the 4 week time period we then refer the patient to Live Life Better Derbyshire who then follow the patient up for a further 12 weeks, supplying them with nicotine replacement therapy via post and offering support.

#### At Work

To enable us to set up the smoking cessation service effectively and safely, a standard operational procedure was created for nicotine replacement support for all newly diagnosed lung cancer patients. Meetings were set up with pharmacy and it was agreed that the nicotine replacement therapy was going to be stored in the NGS Macmillan unit in a locked cupboard allowing us to distribute safely as per trust policy and allow accurate stock control and audit purposes. 7 days of Nicotine Replacement Therapy is supplied to the patient, taking into account the patient's medical needs, this is documented on an appropriate log and audited and replenished as required. A proforma has been devised to document outcomes of each meeting with the patient and at the end of the initial 4 weeks and a copy will be entered in to the patient's medical note which enables us to be consistent with documentation and provide high quality care for our patients. This is still a new service that we are developing within our team and have had 2 success stories where patients have stopped smoking before starting radical treatment for their lung cancer. We aim to improve patients experience and support them through their cancer journey, encouraging them to improve their health to optimise the best treatment where possible.

#### Summary

Smoking is an addictive and difficult habit to overcome and even a diagnosis of lung cancer alone may not be able to stop someone smoking. This may come with certain feelings about themselves and prejudice from others around their diagnosis and the cause of it. Our team provide a service to those who are going through a very specific situation. We know that even for patients who have been heavy smokers or those with an early cancer the diagnosis can be shocking. Our team allow any of our patients to come for support to stop, and return at any time should they feel the time is not right. We use a conscientious approach as we understand that there could not be a more stressful time to make changes to your life than just after a cancer diagnosis. We understand that asking someone to stop smoking can often be more than the nicotine addiction but part of their social life and enjoyment for some, and it may take alternative approaches to address how a person may feel about this. We are present at diagnosis to offer ongoing support, but also to offer our smoking cessation service to those who may undergo curative treatment. Stopping smoking as soon as this decision has been made, it can allow a reduced amount of time in hospital, quicker recovery, less complications but also a reduced chance of cancer returning, overall hopefully extending that person's life. For as long as someone would like support from us re their smoking, we're available with a telephone call or face to face appointment to providing ongoing help.

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## Colorectal Cancer Service, Nottingham University Hospitals NHS Trust

### Improving our Colorectal Cancer Pathway Patient Experience

#### Category

Team of the Year

#### About Nominee



We have a national and international reputation for many of our specialist services, including cancer services and we are the tertiary referral centre for colorectal cancer in the region. We operate upon approximately 250 patients with colorectal cancer per year, with many more patients having contact with our department via diagnostic, treatment or surveillance pathways. A pathway wide audit of our colorectal cancer service (externally commissioned via Johnson & Johnson) highlighted areas of excellence but also areas for improvement. The overall patient experience was highlighted as needing improvement. Concerningly, there were fundamental questions within the National Cancer Patient Experience survey where we fell below not only the national average but also standards we would want our patients or family to experience during contact with our service. We also saw opportunity to develop truly personalised stratified care, particularly during the period before treatment starts. In medicine this term is known as prehabilitation (like rehabilitation but before treatment). We wanted to develop an individualised risk assessment, targeting modifiable chronic health parameters, with measurable outcomes to target surgical risk factors. We wanted to empower our patients to engage with their healthcare journeys and improve the patients' perception of continuity despite the huge number clinical/non-clinical staff involved in a patients' care. We are confident that our service now delivers gold standard clinical care which is reflected in the patient experience for both personal and professional pride across our workforce.

#### At Work

We aimed for an over-arching intervention which connected many smaller elements, creating a seamless patient journey to enhance patients' continuity of care, striving to deliver individualised stratified care with the patient at the centre. Thorough consultation process which included canvassing opinion, agreeing the common goal and designing interventions/solutions that worked for all. The sheer number of stakeholders makes this project stand out from others. The overall professionalism and design quality of our resources has received high praise as this is not always experienced with the NHS. Clear objectives with the patient experience at the centre has allowed us to make impactful resources which are engaging and informative to patients. Bridging the gap between clinical knowledge and patient facing information is key to patients understanding their conditions and treatment options. An unexpected impact of this project has been upon staff groups not directly involved in clinical care (i.e. administrative support staff). They report greater understanding of the patient pathway and clinical terms used in patient correspondence. Staff report being proud to present patients with the booklet and believe it is a realistic representation of the care delivered. Forty-three patients have received the booklet to date (22 patients having completed treatment and follow-up). We report a 23% increase in positive response rate (agree/strongly agree) to the ten key questions, which would have correlated to a mean of 17% higher than national average.

Patient quote: *"After hearing 'cancer' I glazed over. The booklet and videos helped me understand what was happening to me and helped me cope with the whole experience."* Patient quote after using booklet: *"I did find it really useful that I could input into it as well as the clinical stuff. Doing the activity diary, saying I needed to be as fit as possible for the operation gave me the green light to get back running and boosting my fitness level up so I could be ready for the operation."* Staff quote: *"Patients have been able to show family members, 'this is my diagnosis and this is my treatment plan going forward'. This have helped everyone's understanding".*

#### Summary

Our team have created bespoke, innovative and high-quality patient resources (booklet and animations) to guide and support patients through their treatment journeys. Individual risk assessment and risk factor modification (prehabilitation) is new within our department. Clear objectives, multilevel leadership and overall teamwork have been key. Governance groups meet regularly and receive feedback from clinical champions within stakeholder working groups. We report a 23% increased positive response rate (agree/strongly agree) to patient experience surveys. Our resources are now in full clinical use and can be updated in response to patient feedback/changes to clinical practice.

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**Dementia UK****Closer to Home Virtual Clinic Project****Category**

Support for Caregivers, Friends & Family

**Organisation**

We're Dementia UK – the specialist dementia nurse charity. Dementia is a huge and growing health crisis. Almost all of us will know someone with dementia – whether it's a family member or a friend. There is no cure for dementia. But there is care. And care can change lives. Our nurses, called Admiral Nurses, who we continually support and develop, provide life-changing care for families affected by all forms of dementia – including Alzheimer's disease. For families affected by dementia, they can be a lifeline. When people are struggling, our nurses help them take back control. When family and friends are worried about a loved one, they give them confidence to manage their future with dementia. We help people living with dementia stay independent for longer and support the people caring for them. We help to give them the strength to cope with the bad days, and the energy to enjoy the good days.

**Summary**

A new virtual clinic launched during lockdown offering free, confidential, easily accessible appointments with an Admiral Nurse by phone or video call which quickly expanded to meet the increasing demand for support. The development of a bespoke booking platform with user-friendly technology to facilitate sessions, achieved by sharing clear objectives, use of common language and a strong leadership presence driving the project forward. Collaborative working between Dementia UK, an external software consultancy company and the Lived Experience Advisory Panel (a panel of people living with dementia and family carers) led to a highly valued service that continues to grow and receives consistently high feedback. 6-monthly evaluation of appointments booked and reasons for making appointments demonstrate both the complexity of support given and benefits gained by families. In just over a year, it's helped over 1,900 families and continues to grow. The model is being replicated for other areas of the charity and a business model for other agencies is being developed-already being trialled.

**Impact**

Since launch over 1,900 families and allied professionals have accessed the clinic for support. Admiral Nurses have assisted families throughout the world. The use of video enabled family members to share concerns and information from Admiral Nurses at a time when government guidelines meant many families were separated. The first 6-monthly evaluation, compiled from the charity's clinical database and user feedback, shows both the high number of people accessing the service and the reasons for their contact. Along with high levels of satisfaction with the service, it also shows the range of support and complex situations Admiral Nurses were able to advise on when other services were either reduced or withdrawn. The use of quality measurement tools to measure concerns and their underlying causes led to areas for improvement being identified and actioned. Tracking the effectiveness of changes made has shown decreases in missed appointments and administration time needed. This has enabled service expansion from three to five days/week, with an increase of 150% in appointments offered since service launch (see FNF presentation poster).

**What Makes Us Special**

This project identifies the needs of families affected by dementia and recognises difficulties they face in getting support and attending appointments when they have numerous other commitments. It was developed very quickly in a pandemic when other services were reduced or even withdrawn. Despite the obstacles government guidelines and restriction of movement created, Closer to Home has supported hundreds of families, minimised the risk of carer breakdown and offered a much-needed lifeline. The system is adaptable and can be tailored to the needs of any potential host. Using virtual platforms reduces costs such as travel, office space and related costs. The booking system is simple to use and easy to amend to offer timings of appointment timings. The strong leadership and supportive team of Admiral Nurses, plus input from other Dementia UK departments, means the service tackles challenges with speed and efficiency. The mix of clinical skills, experience and ongoing training from Dementia UK means Admiral Nurses offer the latest evidence-based advice to families affected by dementia. The Closer to Home service is also completely free and can be used by anyone in the UK.

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## Derbyshire Community Health Services NHS Foundation Trust

### Carer Support



**Derbyshire Community  
Health Services**  
NHS Foundation Trust

#### Category

Support for Caregivers, Friends & Family

#### Organisation

Derbyshire Community Health Services NHS Foundation Trust, a NHS trust that cares for patients across a wide range of services, increasingly delivering care in patients' own homes as well as 11 community hospitals and more than 30 health centres across Derbyshire. The Walton hospital is part of the Planned Care and Specialist Services Division within the trust and the hospital is based in Chesterfield, Derbyshire. The hospital has 18 beds, and employs around 120 members of staff in total. It is an assessment and treatment unit for individuals over the age of 65 with organaic mental health difficulties.

#### Summary

The service provides support for caregivers, friends and family by inviting them to meetings including an initial family meeting, wards rounds and discharge planning meetings. Family members are given an opportunity to contribute weekly to ward round. Family members are offered carer support sessions by the psychology team using the ambiguous loss framework and are involved in the development of the patient's behaviour support (PBS) plans. Carers are given a carers pack upon admission and future plans include developing a carer support group and a service development group for carers. Plans around the service development group is a new initiative, and since the appointment of a psychologist the service has offered carer support sessions for the first time. Involving the carers in the behaviour support plans is also new and clarity and rationale for this involvement has been explained to staff and carers. There is now a robust system to ensure every patient's family members are involvement in the development of the plan. Feedback on carer support sessions have evidenced the positive impact such sessions have made, and benefits from such sessions appear to be long standing. Most initiatives could easily be replicated in other areas of the organisation.

#### Impact

All the new family and carer initiatives have made a big impact and only positive comments have been made. No formal quantitative measures have been used; however qualitative feedback has been collected in some of the carer support sessions. I have attached a copy of one of the feedback forms as supporting evidence.

Family members and carers have also voiced due to their involvement and meetings that they have felt much more involved in their family members care and have felt up to date with all information including the progress their family member has made and when discharge has been appropriate.

#### What Makes Us Special

I think the carer support sessions are special and are a unique part of the overall support the service offers. Most carers when attending sessions will say how they have never been offered such support and are often forgot about. Carers and family members are often incredibly surprised when I offer the sessions and are then incredibly grateful. They will describe how much they have needed such support and how invaluable it has been to them. Also, having routine sessions they are also kept more routinely up to date with their family members progress and again they describe how invaluable they find this.

Involving carers in the PBS plans is also unique. Even though it is referenced in lots of guidelines and legislations that this should be routinely done, I have often worked in services where carers are not consulted, and the plan is written with just the clinical team's input.

I think the key elements that have made it such a success is the amount of time we have given to carers, and how much they have felt listened too. In addition, their input has been so valuable especially when it comes to writing the PBS plans and this has often provided the carer with a sense of purpose and involvement. Often carers can feel lost when their loved one has been admitted to hospital and can often feel a sense that they have lost their purpose/role and can't help their loved one in anyway. By involving them in such initiatives can provide them with a purpose and helps them to think they are continuing to support and love their family member and care for them just in a different way.

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## East London NHS Foundation Trust

### Academy of Lived Experience



East London  
NHS Foundation Trust

#### Category

Staff Engagement and Improving Staff Experience incl. Medical Education for Healthcare Professionals

#### Organisation

East London foundation trust (ELFT) provides a wide range of mental health, community health, primary care, wellbeing and inpatient services to young people, working age adults and older adults with a population of around a 1.8 million people across the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. Our services operate from 100 community and inpatient sites and we have over 735 general and specialist inpatient beds. We also deliver numerous services to many other people further afield. They include specialist services in north east London, Hertfordshire and Essex; psychological therapies in Richmond and a specialist mother and baby psychiatric unit in Homerton that receives referrals from all across the south east. The initiative that we are sharing has been named by our service users, carers and staff as Academy of Lived Experience – (ALE)

#### Summary

At ELFT Co-production has become a key factor in service production and policy, but we felt it was still limited within the medical education. The aspect of learning from lived experience was not explicitly included in a systematic or adequately resourced way in teaching programmes. ALE builds and expands on ELFT's innovative work with People Participation and Medical Education. We have demonstrated the impact of having people with lived experience in the training and education of ELFT staff and external organisations. We are building an Academy of Lived Experience, utilising the skills and knowledge of our service users/carers to train and develop staff in best practices. Service users playing an active role in teaching are seen to challenge traditional hierarchies with the doctor-patient relationship and modelling a more person-centred approach, focusing on the 'whole person'. Academy of Lived Experience is led and run by people with lived experience and this initiative can be summarised in 4 words – Empowerment, Excellence, Engagement and Enjoyment.

#### Impact

Evolved through a methodology of Co-production within People Participation. We are all human, experiences are subjective-this was a learning journey for all. We gathered feedback at every debrief, from Lived Experience Experts and Medical Education team, plus responses from students during the sessions and post session surveys. This was used to improve/inform further work, and to gauge the value of the project for service users/carers who were involved. These sessions help bring the student focus back, away from their academic grades and the clinical diagnostic process, back to the Service User experience at the heart of care. We aim to improve empathy and ultimately improve more effective clinical practice of future doctors. Service users offer a unique viewpoint from experiencing symptoms and the healthcare system first-hand. This equips them to help students understand how theory fits into real practice and provide feedback to students on key skills, like communication. Hearing from lived experience experts themselves was particularly memorable and powerful, meaning that students were more likely to remember key messages. Outcomes summary: • Outcomes measured through surveys, comments and verbal feedback from students as well as our lived experience experts. The doctors stated that they want more and more of these sessions! • Enhanced staff/student training and development reported throughout; • Improved staff/student/LE expert satisfaction and experience; • Multiple benefits for service users including confidence building, better recovery prospects, new skills, employment opportunities as well as enhanced care.

#### What Makes Us Special

Our aim was, and is, to dismantle barriers between professionals and service users/carers through shared experiences. For the first time our lived experience experts were involved in coproducing and running teaching sessions and workshops for healthcare professionals covering a range of topics. When students found that some of their educators had mental health issues of their own, it broke down boundaries and opened up conversations. The sessions provided a safe space for professionals to share their experiences too. It has helped to dispel common mental health myths, and reinforced the fact that people with lived experience can live fulfilling lives, and can and do get better. The number of lived experience educators coming forward to participate have increased with the available roles. Five of the original contributors are now in full or part time employment.

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## Faculty of Health, Liverpool John Moores University

## Advocating for Mental Health Service Users with Live Music Now

**Category**

Patient Experience Advocate of Tomorrow

**About Nominee**

Craig Sinclair is a Pre-Registration Nursing Student at Liverpool John Moores University. He has been nominated by Pam Donaghy (Senior Lecturer) who should be first point of contact regarding this nomination. Craig was on placement with Live Music Now which is a charity using music to improve people's wellbeing. The charity works in schools and residential care settings using music to engage, communicate, and give voice to vulnerable groups.

**At Work**

Craig used his mental health, well-being and learning disability related knowledge and skills to develop learning materials for the musicians working with the organisation. The presentations were very clear and well referenced, providing relevant background to complement the practical training of the musicians receive to lead inclusive music sessions.

They covered

- An introduction to Autism
- An introduction to Mental Health and Young People
- An introduction to Dementia "

Having reflected on the various Live Music Now sessions he had attended, Craig wrote a comprehensive set of notes with observations and recommendations, including ideas for how the musicians can further enhance participants' mental wellbeing through their workshops. This was the first time the work of the organisation has been viewed through the lens of a mental health professional. Staff reported that had been a very valuable process, bringing a new perspective to their work at a time when mental health is high on the Live Music Now agenda.

This clearly shows Craig's commitment to process improvement and evidence-based practice. He left legacy materials which the charity can use to enhance service delivery. Craig produced professional quality learning materials and his contribution was highly appreciated by all the staff he worked with.

**Summary**

Feedback from placement

*"It's been a pleasure to have Craig on placement with us over the past 2 weeks – he has been very well organised, professional and proactive in his approach to the placement. I arranged for him to observe weekly sessions in two special schools, plus visit an after-school ensemble for young disabled musicians from across the City and a music session on the Dewi Jones Residential Unit at Alder Hey Hospital. We discussed beforehand that it would be very helpful to us if he could provide feedback and suggestions as to how we can further support young people's mental health during our music sessions. He has taken this on board and already come up with materials and suggestions for us to use. For example, he has created a set of resources using AAC (Augmentative and Alternative Communication) to get the views of students with severe learning difficulties about the music sessions (pupil voice). He has also made some very useful suggestions to our musicians working in the Dewi Jones Unit to help young people recognise and express their emotions during music sessions.*

*The musicians and staff have welcomed his feedback and contributions warmly, and it has already led to further reflection and discussion within the musician team. It's been particularly helpful for us that Craig's knowledge of young people's mental health is enhanced by his previous experience of teaching young people with autism – a perfect combination for this placement which has involved visiting special schools."*

Here is a quote from an email sent by a musician:

*"Really grateful for Craig's feedback which highlights the importance for us musicians to develop more awareness and skills to cope with our participants feelings and the ways in which they may express them during the music sessions. Will keep you updated on the development of our email exchange and recommendations. Karen, thanks for sending him my way."*

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## Faculty of Health, Liverpool John Moores University

### Advocating for service-users who are hearing impaired

#### Category

Patient Experience Advocate of Tomorrow



#### About Nominee

Kirsty Ross is a Pre-Registration Adult Nursing Student at Liverpool John Moores University. She has been nominated by Pam Donaghy (Senior Lecturer) who should be first point of contact regarding this nomination.

Kirsty was on a placement with Merseyside society for deaf People. This is an organisation which supports deaf people and their families whilst also campaigning for their rights. Kirsty embraced this learning experience despite the challenges as many staff and her key worker are deaf and most communication was via an interpreter.

#### At Work

Kirsty learned basic sign and developed a keen interest in the work of the society. Her reflection went beyond what would be expected of a third-year student; identifying many areas of health care where deaf people suffer from potential disadvantage.

Kirsty showed a clear understanding of the needs of the deaf community and the inequalities which the community faces, specifically in relation to access to health and social care. She raised her concerns with the patient experience manager and the community liaison officer of the local hospital.

Whilst Kirsty was on placement there was an incident when she assisted a very distraught deaf mother of a hearing child, who presented at the charity for support as her daughter was being bullied at school. Kirsty managed to offer support to the woman and signpost her to the school nursing service despite working through an interpreter.

She showed outstanding team working and communications skill in a challenging environment, actively participating in service delivery.

She was appreciated for her empathy and reactivity by staff and service users.

#### Summary

I think all the above shows an exceptional commitment to learning for a 4 week placement experience. Kirsty received glowing reports from the charity and is discussing how she can develop a role as a champion for the needs of deaf people when qualified.

Kirsty showed initiative in problem-solving and assessing needs whilst sharing knowledge and supporting multi-agency working.

In the meetings I had with Kirsty and her key worker in the presence of an interpreter, there was a lot of emotion expressed in the exchange about how the placement experience had impacted both the key worker and the student, the mutual respect was obvious. There was also a clear understanding of how working with the health sector could impact the experience of deaf people going forward.

The Charity has asked Kirsty to contact them once she is qualified to work with them on how to reduce health inequalities in the deaf community.

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## Fresenius Kabi

### Fresenius Kabi Ireland Nursing Team

#### Category

Team of the Year

#### About Nominee

I have been the manager of the Fresenius Kabi (FK) Ireland Nursing Team since October 2021. I have seen first-hand how patient focused the team are and how self-sufficient they are. The team comprises of three full time Nursing & Midwifery Board of Ireland registered nurses covering the whole of the Republic & Northern Ireland. One of the nurses is also registered with the Nursing & Midwifery Council in the UK. They provide nursing for patients being discharged home on parental nutrition (PN) and they also support enteral nutrition (EN) patients in the community. The nursing team started approximately 15 years ago with one nurse and due to increasing need for the service the team increased in size and workload. Currently the team are managed remotely from the UK, which means they must manage themselves and the work between them on a daily basis. During the COVID pandemic there were only 2 nurses working across the whole country trying to continue providing the best service under very strict restrictions. Due to the nature of the Ireland Health System, we do not provide a full nursing service to patients but provide a training & support service for discharge. This involves assessing the patient for suitability to manage at home on PN, training the patient or family to administer the treatment, caring for the patient's central venous catheter, and then supporting the patient on the first night & morning at home supervising practice to ensure they will be safe at home. They also complete training for Healthcare Professionals along with providing support for patients on enteral nutrition across Ireland. Patients requiring PN either must be trained to be self-caring or have a family member trained otherwise they are not able to be discharged home to manage their own care. Our nurses act as a liaison between the patient, company, and hospital.

#### At Work

Fresenius Kabi & Calea have a UK nursing service under which the Ireland team sits. Although the service provision in Ireland is completely different to service provided in the UK. The team cover a 5-day service (Mon-Fri) covering Northern & the Republic of Ireland plus an on-call service for patients covering calls in the evenings, nights & weekends. The majority of the workload is for our PN patients but the nurses are required to support EN patients at home including training on pumps & helping with clinical queries. The hospitals refer a patient to the company for our nurses to train the patient/carers to facilitate them managing the PN in the community, they then carry out an assessment to ensure that the patient is going to manage at home. As there is limited support in the community, our nurses will also become involved with issues around safety in the home, occupational therapy, to shopping and helping with washing. They come across struggles such as limited physio, GP, community nurse input which has an impact on the discharge planning. Should a patient not be suitable for training and have no family support, our nurses will then start to try and help source some community support from agency nurses, district nurses & health insurance teams. The team are very reactive & patient focused; they have 48 hours to assess a patient following the referral & then 14 days to complete training. The team face pressures from many sources. We cover an on-call service, the nursing team support patients 24/7 365 day a year, helping patients feel reassured at home.

#### Summary

The team face difficulties every day from geographical, problem discharges, remote management, limited community support & pressures in healthcare. They worked tirelessly through COVID continuing to provide the same level of support for patients despite being reduced in capacity. They really will do anything possible to keep a patient from being readmitted to hospital. Our nurses are solely responsible for assessment of the patients for training, completing the training & supervising. I have seen them spend a whole day on one clinical issue making up to 20 phone calls to resolve the issues. They will never leave a patient without support & first and for most their passion for patient care show in everything they do. It has really opened my eyes to the difference in health care between the UK & Ireland and I fully understand the challenges they face daily. They are extremely knowledgeable & provide excellent clinical support for all involved along with emotional support for patients/families. For a very small team they make an outstanding difference to patients & our company.

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## Frimley Health & Care Integrated Care System

### Empowering our Communities



#### Category

Engaging & Championing the Public; Using Insight for Improvement – Integrated Care Subcategory

#### Organisation

Frimley Clinical Commissioning Group (CCG) became Frimley Health and Care Integrated Care System (ICS) as of 1.7.22 which is a partnership of local authorities, NHS organisations, and voluntary and community sector organisations. Approximately 800,000 people live across five Places that make up Frimley ICS: Bracknell Forest, Northeast Hampshire and Farnham, Royal Borough of Windsor and Maidenhead, Slough, Surrey Heath. Our initiative focuses on 'place' level of the Royal Borough of Windsor and Maidenhead which has a population of approximately 150,000 residents and 18 wards. This is a joint initiative with the RBWM local authority.

#### Summary

This is an RBWM live, bespoke and structured community engagement and empowerment programme to ensure residents voices are heard and strengthened. Our initiative brings together 3 methods of community engagement to provide self-sustainable change generated by residents. This is an ambitious and unique project due to its depth, breadth and wide reach to include every ward. Projected timings are 18 months. This initiative offers a blueprint for other organisations, a true collaborative initiative between the local authority, health and the community sector. Objectives: \*Utilise world café concept to engage communities and provide a listening process to identify what matters to them. Implement and support residents' self-sustainable solutions and outcomes utilising an asset-based community development (ABCD) and bottom-up approach; \*Provide seed funding to encourage, kick start and support community initiatives; \*Capacity building of community champions as ambassadors of support and engagement; \*Provide clear frameworks of evidence, evaluation and impact.

#### Impact

This is a live and iterative initiative. Through discussions at the world café's (central to the ward evaluation reports), project ideas emerge that can be led by residents with the support from us and wider organisations. Individual evaluation reports identify ward level community ideas for practical and realistic solutions to be implemented/supported at grass root level. Focus groups will provide progress providing qualitative/quantitative data. UWE University have been commissioned to complete a detailed overarching report that will provide a blueprint of best practice and evidence co-production, community engagement and sustainability. A bottom-up approach is effective as it enables community participation. From an organisational and community perspective, co-production mitigates power imbalances by creating and implementing services in a representative and balanced fashion and through reciprocal connections between professionals and communities. Outcomes are self-made community initiatives including: \*Food Network Group developed through conversations within the community engagement sessions; \*Community Garden developed from conversations and empowers communities to take care of their health and wellbeing and grow their own produce; \*Budgeting courses being developed with our adult learning provider through conversations around the cost-of-living.

#### What Makes Us Special

Our initiative is highly bespoke as it targets each ward across the RBWM therefore, data will be richer and deeper and relevant to each ward rather than holding a single world café expecting residents across the RBWM to attend. Our initiative is indicative of a tailored and innovative way of engaging communities. An ABCD approach will help address social determinants of health, decrease inequalities, and further identify communities' priorities whilst utilising resident's assets as a main driving force. Rather than provide a deficit approach which focuses on problems, the ABCD approach concentrates on community assets whilst providing a framework for understanding community's concerns, how to utilise their capacities, enhance independence, autonomy and self-sustainability. This is innovative, ambitious and community front facing leadership. Its focus is to listen and build community led solutions that are established by the VCS with sometimes very little or no funding at all. The solutions are bottom up and for some projects has a long-life span. An example is the Boundary Walk which is now being revived to address health and wellbeing concerns raised. Supported by a small injection of seed funding, led by over 10 community individuals and will have a 5-year lifeline with no other funding required.

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## Gloucestershire Hospitals NHS Foundation Trust

### Improving Patient Experience on the Front Line



**Gloucestershire Hospitals**  
NHS Foundation Trust

#### Category

Using Insight for Improvement – NHS Funded Subcategory

#### Organisation

Gloucestershire Hospitals NHS Foundation Trust consists of Gloucestershire Royal (GRH) and Cheltenham General Hospitals (CGH). Our Trust employs more than 7,500 members of staff and sees in excess of 700,000 patients every year. These specialist hospitals provide emergency care, specialist inpatient care and outpatient appointments to our urban and rural communities within Gloucestershire and further afield.

#### Summary

This project was innovative in that it was started from fresh with no foundations to build on. Concerns that our FFT scores fell during covid but failed to pick up significantly post covid as our emergency department continued to work under extreme pressure, we recognised the need for rethink what we could offer patients in this front line environment. The Leadership style initially started as democratic in nature, with improving patient experience as a focus. As the momentum around the project grew it turned to a more transformational collective leadership. The project was effective as the experience of the patients during a v stressful time in their lives has improved and the staff are better able to treat the whole person holistically paying equal attention to their medical and personal needs. The success of this project has been measured by the increase in positive FFT scores, a reduction in concerns to PALS as well as letters complimenting the department. Our teams have seen a real improvement in the morale of patients and loved ones because of the improved communication that this role has enabled.

#### Impact

This new role had an immediate impact on the service. Being led by comments via feedback regarding the department, and using the Small Steps methodology, the priority was to improve immediate communication with relatives. The new full time Patient Experience Lead, Joel, made contact with the next of kin of every patient admitted to the unit to update them - on a daily basis if necessary. His mobile number was given to relatives to call him if they were concerned. *‘...I was given a mobile number of a young gentleman who I was in touch with at various times during the day. He was most helpful and updated me with messages such as - drip fitted - catheter making him more comfortable - later told that blood tests had been taken and I could ring in about 2 hours for results - and then at that time being told that he would be staying in to have a kidney scan early the next morning.’* Following this, other small steps of improvement were put in place incl: •Joel ensured that all patients who had been in the unit for some time were offered something to eat and drink as appropriate. He also sourced, costed and arranged for a water machine to be installed; •Joel ensured that all patients, who had a mobile phone with them also had the means to keep the phone charged so they could stay in contact with their loved ones; •Working with others in the unit, he was also able to obtain recliner chairs for patients who were waiting but who did not need a bed. Joel liaised with members of outside support groups such as Carers UK so that they had a point of contact in the department and to work with them in the continuation of their work. Working with an ED consultant, Joel is actively involved in a project to inform patients of their journey through the department. This will take the form of a ‘road map’ illustrating all the different processes from triage through tests to diagnosis and treatment. A QR code will take the patient to a web page. This will help manage the patients’ expectations and helps to explain why sometimes there is a long wait. The FFT result quickly recovered with the % of positive scores increasing from 61% prior to the appointment, in October to 74.8% in December and 76.5% in January.

#### What Makes Us Special

This role does not remove the need for other clinicians in the department to be aware of and looking to always deliver good patient experience but recognises that at times when the department is under pressure, quick resolutions to concerns are needed and communication with families is so important. The role of a non clinical patient experience lead could stand away from the sometimes, extremely busy, clinical work of the department and take the time to ensure that loved ones are kept up to date with information so that the family’s anxiety is a little less, a little sooner. So many of these opportunities to make small changes to benefit a patient in this fast paced department would be lost if we did not have the PX Lead working from the department itself.

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## HCI Limited

## CONNECTPlus Multiple Conditions App

**Category**

Innovative Use of Technology, Social & Digital Media

**Organisation**

HCI have been working closely with healthcare professionals since 2016. Over this time period, the business has grown to now employ 17 members of staff. Together with healthcare professionals and their patients, they have co-designed the national Health and Care Video Library and produced over 1300 patient information videos and developed CONNECTPlus multiple conditions app, which all make a real difference to the way people manage chronic illness and holistic health. The CONNECTPlus app provides quality condition specific information and remote monitoring tools across multiple care pathways, tailored for local needs, all in one place. It enables and empowers people to manage and monitor their multiple conditions or procedures closer to home. It is also helping healthcare professionals tackle some of the huge, growing challenges currently faced by the health system by removing unnecessary appointments and freeing up staff time for more important patients and issues.

**Summary**

CONNECTPlus is an informative and interactive whole health management platform prescribed to patients as a mobile app by their acute physician. This innovative approach to the digitisation of the healthcare system first debuted in 2018 as a collaboration between HCI and Torbay & South Devon NHS Foundation Trust and was initially used as a patient education tool in rheumatology. As well as improving self-management, reducing appointment times and improving workflow, it provides a customisable solution for digitally supporting patients in limitless care pathways, together and in one place. Since the launch of CONNECTPlus, we've held numerous patient focus groups and beta testing programmes to elicit suggestions and feedback for improvement in functionality, content and user experience, which we have used in order to continue to improve the platform ever since its initial launch. The app has proven a quick and easy implementation to clinical teams and depts, seeing results such as a reduction in long waiting lists, fewer calls to helplines, and better-informed patients.

**Impact**

CONNECTPlus gives patients 24/7 access (from any location) to a trusted and valuable resource developed by their own doctors. Those using the app find they less often need face-to-face appointments and make fewer phone calls to their clinical team for advice. They also comply better with treatment regimens and therefore enjoy better clinical outcomes. All this means clinicians can make more effective use of clinic time, as patients are better-informed and appointments are shorter. Patients who had accessed the CONNECTPlus app reported a 9/10 satisfaction rate and provided extremely positive comments, including 'I believe this app is a tool for empowerment. It gives you the tools to work with, to notice some progress and think 'yeah, I can do this, I can cope.' In addition, clinical teams who have implemented CONNECTPlus have reported: - A reduction in education-related appointments (up to 62% of patients were able to be educated remotely with no hospital visits in rheumatology); - A reduction in waiting times (for the MS clinic from a 90 day wait to a 20 day wait.); - Better structure and flow to clinics (NHS staff report that they are better able to manage the structure and flow of clinics because they know that the patients coming into the clinic are better-informed and really do need to be there); - 12 hour saving in nurse time each week due to patients being educated through app content and group education clinics. The team previously ran 4 x 4 hours clinics which are now reduced to one 4 hour clinic; - 40% reduction in daily calls to the helpline (calls reduced from 70+ calls a day to around 40 calls a day) as patients can find the information they need

**What Makes Us Special**

In CONNECTPlus we are providing a vital tool that can host as many conditions as required by a hospital or ICS, providing information and guidance to patients alongside tools to help monitor their conditions, at home and in one place. It was also built to be flexible and adaptive for individual hospitals with localised content. As well as this, it provided a unique view of the 'whole patient' - not just a single condition so enables clinical teams to review the whole person. CONNECTPlus has the ability to integrate with EPR systems, other digital health providers and medical devices making it the one-stop, patient-facing 'digital front door' for any health system.

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## Horsham Central Primary Care Network (PCN) & Sussex Community Healthcare Trust

### Access to Healthcare Video Project for People with Learning Disabilities and Autism (LDA) - Having an Annual Health Check, Breast, Bowel and Cervical Cancer Screening

#### Category

Using Insight for Improvement – Access Subcategory

#### Organisation

Lead organisation for this application is Sussex Health and Care Partnership (SHCP) - Integrated Care System (ICS). SHCP is a collaboration of Sussex health and care organisations, working in partnership, including Brighton and Hove, East Sussex and West Sussex (all hospitals, community healthcare organisations, Local Authorities in Sussex, Public Health, community healthcare organisations, Voluntary and Community Sector (VCS) organisations, charities and other health and care partners. The organisation's aim is to improve the health of the populations served, ensuring that organisations are working in the most effective and joined-up way.

#### Summary

The project is an innovative way of engaging people with Learning Disability and Autism (LDA) with their annual repeat wellbeing and early health checks, using co-design as the main approach. The project was co-produced with Horsham Central Primary Care Network, the Learning Disability Health Facilitation Team and Dimensions a drama LDA group in Crawley. The aim is to raise awareness and support people with LDA to access healthcare effectively, given the known health inequalities and barriers faced by this patient group. The SSCA held focus groups with people with LDA, identifying clear gaps in patient facing information provision. The project fits into the Sussex ICS screening workstreams, the national cancer screening programmes, the national Enhanced Service which provides an Annual Health Check for people with LDA, SSCA Early Diagnosis workstream and engagement work on health inequalities. All partners and people with LDA agreed that four videos would be produced: breast, bowel and cervical cancer screening and one about Annual Health Checks. The videos provide detailed explanations about each step of each processes involved, covering the gaps identified. The videos will be accessible and produced using Makaton. They will also include scripts and subtitles that use simple language.

#### Impact

We hope that the videos will enable people with LDA to feel more confident, safe and well informed when they attend their health appointments. We also hope the videos will increase uptake of health checks and cancer screening within this group of patients to reduce the number of DNA appointments and promote life expectancy. The videos will be shared widely across Sussex and Surrey in different settings and locations. The impact of the development of the videos has been significant with an increase in interest from care providers, as well as health and social care professionals who would like to understand what adjustments are required to support people with LDA. Four information sessions have been delivered to Sussex providers since the project commenced gaining commitment to use the videos for staff education and induction. The impact of the project will be measured through reports, local and national cancer screening uptake, follow up discussions and focus groups/meetings with people with LDA. We will also review national and local patient experience surveys (i.e. National Cancer Patient Experience Survey-(NCPES) and reports related to the patient experience. Both videos and evaluations will be shared through social media channels, websites, meetings, events, newsletters and bulletins.

#### What Makes Us Special

This initiative stands out because people with LDA have been involved from the very start of the project. They helped to develop scripts for the videos. They also participated in the narration and filming of the videos, as well as evaluation and implementation. The project is based on their own experiences of accessing health care and they expressed great interest to get involved. Dimensions, Park surgery and Sussex Breast Screening Team have also provided locations for the filming. The project team consists of six different organisations in Sussex which brings richness to the project. The commitment of everyone involved has helped to make this project a real success. The project has also been led by the LD Health Facilitation Team, who's aim is to improve access to healthcare services for people with LD. The project was supported by Autek video production company a social enterprise that employs autistic and disabled film makers whose advice and expertise was essential.

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**Kent and Medway Cancer Alliance****I have been referred for tests to investigate possible cancer  
- what does this mean for me?****Category**

Cancer Experience of Care Award; Communicating Effectively with Patients &amp; Families

**Kent and Medway  
Cancer Alliance****Organisation**

The Kent and Medway Cancer Alliance brings together clinicians and managers from health, social care and other services to transform the diagnosis, treatment and care for cancer patients. By working in partnership through listening and responding to patients' needs. These partnerships enable care to be more effectively planned across local cancer pathways. The alliance is made up of multiple stakeholders including healthcare providers from across Kent and Medway, commissioners, hospices, patient representatives, voluntary and charitable organisations and the National Institute for Health Research. It also has strong links with neighbouring Cancer Alliances in South East London and Surrey and Sussex.

**Summary**

This document is designed by patients for patients, by friends and families for friends and families, ensuring that the information is right for them, what they need when they need it, all on one page. It was created after hearing that patients who had been referred by their GP to rule out cancer weren't clear on what to expect next from secondary care. It is on one page and complements the CRUK comprehensive leaflet, in a patient friendly and easy to read format, without corporate/NHS jargon. It is clear and easy to understand, emphasising the importance of attending an appointment, giving contact details if they have not heard anything, giving timeframes on when an outcome should be known. Addressing anxieties, giving trusted websites to visit if more information is wanted and includes hints from past patients. Many groups were involved in the co-design, cancer patients, carers/supporters, non-cancer patients, providers, commissioners and third sector organisations showing system wide co-production at its best. Because it is a "snapshot" the information is unlikely to change, the referral and appointment will be made, the outcome will be given, making it a very sustainable document.

**Impact**

This document has supported and helped with encouraging patients to attend appointments during the pandemic. It has also supported the Faster Diagnosis Service by setting out expectations for a patient at the start of their pathway. Whilst sharing this with groups for feedback it was said that many GPs do not know the pathway after referral to diagnosis. As a result, this document is now: •used as part of GP training; •part of cancer awareness training for primary care admin and receptionists; •used in practise nurse training. It was decided that the document would translate well into an infographic version. A visual prompt where English is not their first language, for those with learning disabilities and those with a lower level of literacy, remembering that the average reading age in the country is nine. The feedback from patients was really positive throughout the design, with the majority wishing they had had this information available to them. We have heard from some providers that some patients are not aware of the importance of attending appointments. This has led us to believe that there are patients that are not receiving this document so we are working with our Macmillan GP and CCG colleagues on continuing to raise awareness of these documents, along with providers to send them with the patients first appointment letter, to ensure that they have received a copy. This will complement and enhance what is already in place.

**What Makes Us Special**

This document is designed by patients for patients, by friends and families for friends and families, ensuring that the information is right for them, what they need when they need it, all on one page. A reference point for them to go to, to find trusted information and support. The patient can cross off each stage once they had passed it, like counting down days on a calendar. This project started to help patients know next steps after referral, giving them the information to share with their loved ones, carers and supporters to help with everyone's anxieties and fears. It started as an information document for patients and their families but has evolved into being a training aid for GPs and care staff as well. It has grown beyond all expectations, something that is so simple can have a positive impact on so many. The easy read version makes this important and reassuring information accessible to all, including those groups that are shown to have health inequalities.

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## Kettering General Hospital NHS Foundation Trust

### The Parent Journal



**Kettering General Hospital**  
NHS Foundation Trust

#### Category

Engaging & Championing the Public

#### Organisation

Kettering General Hospital is a District General Hospital based in Kettering, North Northamptonshire, serving the surrounding towns and rural community. It has approximately 600 beds and provides a full range of acute services to a population of roughly 350,000 people. The hospital employs approximately 4,500 staff and provides a range of specialist services.

#### Summary

The idea for the journal came from a local Corby family, whose daughter tragically died in October 2016 after spending six days on Skylark Ward at Kettering hospital. The patient, aged 23 months, had a medical condition which meant she had needed hospital care many times during her life. The hospital has made many changes to its processes to prevent such mistakes happening again. It has also worked with the patient's family to do something positive to further improve understanding between families and hospital staff.

The family came up with the idea of the Parents Journal because they felt that this is something which would have helped them. The idea of the journal is it helps parents to keep a note of all the important advice they receive, a record of key decisions, medication changes and test results, so that they feel they are up-to-date on everything that is being done to support their child. It also enables them to note down, and then later reflect on, what is happening and may prompt questions to ask, to help them to get a better understanding of their child's treatment.

It is very stressful when parents have a child in hospital, and they may have to juggle many different things in the rest of their life. Having the Parents Journal helps them to feel in more control of the care of their child at what can be a very worrying time for them.

The Parent Journal enables parents to have shared responsibility for communications and decision making on the care provided to their child. Following learning from a serious incident, the Parent Journal was coproduced following engagement with the family affected and other families using the service, clinical leaders and input from key stakeholders, ranging from Healthwatch to carers' organisation. Together we were able to bring the family's initiative to fruition, turning a tragic experience into a quality improvement project, completing the project in December 2021. The Parent journal is now available to all parents within the paediatric inpatient services.

This principle is being implemented by 3 other trusts and KGH are exploring creating a digital version and expanding this to create a carers journal and make accessible for wider inpatient services.

#### Impact

The feedback we have received from families accessing the Journal has been incredibly positive. They have told us how they used to note down key information on scraps of paper and now they have this dedicated space that belongs to them. To measure success, we looked to see if there is a reduction in complaints and calls contacts, a shift in the theme of communication which has seen an impact. Measure the Friends and family test response rate and an improvement in the satisfaction score which again has both improved.

#### What Makes Us Special

What makes this stand out is where it has come from and the story underpinning it. The idea, design, development, launch and planning have been done in a collaborative way, every step of the way. This is coproduction in its purest form. Something that is supporting families and making a positive impact has come from something so tragic.

The commitment of both staff involved and the family to produce a video to help publicise the Journal and also to train new staff into the service. To ensure all staff know about the journal, this has become part of the staff induction process to the area.

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## King's College Hospital NHS Foundation Trust

### Improving Cancer Patient Experience Programme

#### Category

Strengthening the Foundation

#### 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. King's 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. This project was delivered in partnership with Macmillan Cancer Support, one of the UK's largest cancer charities, which provides specialist health care, information, and financial support to people affected by cancer.

#### Summary

NCPES results in the past have shown that cancer patient experience at King's has consistently been below the national benchmark. Back in 2017 the Trust started on a journey and programme of work to better understand and address this. The following year the 'King's Macmillan Improving Cancer Patient Experience Programme' was launched and the resulting new ways of working are now embedded within our Cancer Services. The overarching aims were to listen, understand and address the unmet needs of our local populations and look at how we could develop and tailor care to meet the needs and expectations of patients throughout their cancer pathway.

With an ambition to change and improve how we work and taking a unique patient-led and collaborative-working approach, by listening and responding to our patients with cancer the programme has improved patient safety and experience of cancer care across King's.

#### Impact

The aim of the programme was to see improvements in reported experience of care. Programme workstreams had patient representatives embedded in them from the outset. In 2019, for the first time, King's moved out of the bottom 10 trusts to 107 (out of 143). We saw a significant reduction in the number of questions scoring outside the expected range, improving from 19 to 5. One example of change from patient involvement saw the creation of 'Live Through This', LGBTQ+ cancer support. Unable to provide adequate LGBT support, we meet with the patient 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.

The co-production of services has changed the dynamic of patient experiences and outcomes, as demonstrated by improved 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. The KCPV provides a pool of diverse patients, from various tumour groups, is able to offer advisory support to the cancer management team, inputs into cancer initiatives, is a forum to raise and identify issues from service users, and holds cancer services to account, ensuring patient safety and experience are at the forefront of our agenda.

The programme has also resulted in a new substantive Cancer Quality Improvement role at King's and further investment in a growing team of Cancer Support Workers who help deliver personalised care.

#### What Makes Us Special

The involvement of our patients. They have worked passionately and relentlessly as part of our team. They have provided us the motivation to keep going, help challenge issues which otherwise would not be well understood. Continuing this collaborative working is imperative and strengthening the patient voice is at the centre of our quality improvement and sustainability programme.

#### C

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## Kingston Hospital NHS Trust

### Nurse led pulmonary nodule service



**Kingston Hospital**  
NHS Foundation Trust

#### Category

Cancer Experience of Care Award

#### Organisation

Kingston Hospital is a district general hospital serving a population of around 350,000 people in Southwest London. We have approximately 2,800 staff. Our cancer services are run in partnership with the Royal Marsden Hospital, a world-leading provider of cancer care and St George's Hospital, a fellow NHS Southwest London Trust. The Sir William Rous Unit, opened in 2008, is for people with cancer, or concerned they have cancer. We offer surgery for specific tumours and systemic therapy for blood cancers and solid tumours.

Pulmonary nodules are found incidentally on CT scans. Patients can be asymptomatic. Although often benign, pulmonary nodules can be an early lung cancer, and data collected at Kingston Hospital suggest a 7% conversion to lung cancers

#### Summary

The British Thoracic Society guidance states patients with pulmonary nodules must be monitored with CT scans and follow up appointments. Before this service was implemented at Kingston Hospital, patients with a pulmonary nodule were occupying many face to face consultant appointments with many appointments "wasted" as CT scans had not been done pre-appointment, patients did not attend the appointment or attended without an up-to-date scan. There was no formal tracking system to monitor for missed scans/appointments.

The innovative pulmonary nodule service was started as a project funded by RM partners cancer alliance in November 2019. The pulmonary nodule service is led by an experienced CNS and has been part of an award-winning poster (attached) and featured in a pulmonary nodule video used for education across London. The British Thoracic Society guidance states patients with pulmonary nodules must be monitored with CT scans and follow up appointments. Before this service was implemented at Kingston Hospital, patients with a pulmonary nodule were occupying many face to face consultant appointments with many appointments "wasted" as CT scans had not been done pre-appointment, patients did not attend the appointment or attended without an up-to-date scan. There was no formal tracking system to monitor for missed scans/appointments. Under leadership of Candice Stephenson, CNS, face to face out patient appointments were changed to virtual nurse led telephone clinics, increasing consultant capacity in respiratory clinics. Patient experience was improved by reducing visits to hospital, especially in the context of the pandemic. Efficient patient tracking was implemented to ensure patients do not 'slip through the net'. Patients have a point of contact to call/ more time to discuss their worries or concerns. Waiting times for CT scans/results/ appointments have been reduced (as CNS tracking all appointments and imaging) and a dedicated nodule MDT has been introduced to increase capacity in lung MDT and respiratory MDT.

#### Impact

In a 2-year period (Nov 2019- Nov 2021) Candice (CNS) has had 778 referrals. She has 390 patients under surveillance with 388 patients reassured and discharged from the service. 7.4% of nodules (30 patients) were found to be an early cancer and transferred directly to the lung multi-disciplinary team. This seamless pathway ensures patients feel supported. Of the 30 patients under the pulmonary nodule pathway who were diagnosed with a lung cancer, 17 were treated radically, diagnosed at stage 1 or 2.

#### What Makes Us Special

This is an innovative and ambitious project that has improved patient experience as illustrated by patient survey results. Via the leadership of an experienced CNS, patients who are found to have a pulmonary nodule are now fully informed and follow a pathway to ensure timely follow up. Visits to hospital have been reduced. Patients feel reassured they are being followed up and have a named CNS for support at all times. This has allowed face to face consultant appointments to be used by complex lung cancer patients. This service is being replicated across other organisations and been recognised Pan London and beyond.

**Contact Details:** Candice Stephenson - [candice.stephenson1@nhs.net](mailto:candice.stephenson1@nhs.net)

**Kingston Hospital NHS Trust****Nurse led pulmonary nodule service****Category**

Fiona Littledale Award

**About Nominee**

The innovative pulmonary nodule service was started as a project funded by RM partners cancer alliance in November 2019. The pulmonary nodule service is led by an experienced CNS and has been part of an award-winning poster and featured in a pulmonary nodule video used for education across London. The British Thoracic Society guidance states patients with pulmonary nodules must be monitored with CT scans and follow up appointments. Before this service was implemented at Kingston Hospital, patients with a pulmonary nodule were occupying many face to face consultant appointments with many appointments “wasted” as CT scans had not been done pre-appointment, patients did not attend the appointment or attended without an up-to-date scan. There was no formal tracking system to monitor for missed scans/appointments

**At Work**

Aims of project:

- Ensure a specialist and standardised approach for the management of pulmonary nodules minimising unnecessary follow up scans and allowing some patients to be reassured and discharged from follow up more rapidly;
- Reduce current follow waiting times for all respiratory outpatients;
- Relieve pressure from Lung MDT/2WW clinics ensuring better use of a busy and expanding service;
- Lung cancer patients to be seen in clinic in week one (currently seen in week two);
- Prepare for the best practice pathway for the assessment of an increasing number of incidentally discovered pulmonary nodules, referred ‘straight to test’, with suspected non-pulmonary malignancy;
- Reduce burden on current lung radiology meeting – so all respiratory patients can be discussed in the time allocated;
- Reduce risk of delay in receiving / reviewing CT and therefore missing a slow growing cancer;
- Standardised referral proforma, so ideal information is available at the time of review;
- Encourage clinicians to use standardised pathway rather than forming their own plan which may differ from the MDT and impact on the patients journey;
- Ensure standard MDT documentation;
- Utilise nurse led service;
- Improve the patient experience by avoiding unnecessary hospital visits and using nurse - led telephone-based consultations;
- Synchronised CT and OPA / Virtual clinic;
- Prepare the service for the impact or any future Lung Cancer screening programs, which will inevitably increase the number of nodules detected;
- Comply with national guidelines including the development of a Pulmonary Nodule Database;
- Accuracy to data and changing themes therefore adjusting the service accordingly;
- Enable more effective audit against best practice;
- Able to track delays;
- Allow involvement in research.

**Summary**

Under leadership of Candice Stephenson, CNS, face to face out patient appointments were changed to virtual nurse led telephone clinics, increasing consultant capacity in respiratory clinics. Patient experience was improved by reducing visits to hospital, especially in the context of the pandemic. Efficient patient tracking was implemented to ensure patients do not ‘slip through the net’. Patients have a point of contact to call/ more time to discuss their worries or concerns. Waiting times for CT scans/results/ appointments have been reduced (as CNS tracking all appointments and imaging) and a dedicated nodule MDT has been introduced to increase capacity in lung MDT and respiratory MDT. In a 2-year period (Nov 2019- Nov 2021) Candice (CNS) has had 778 referrals. She has 390 patients under surveillance with 388 patients reassured and discharged from the service. 7.4% of nodules (30 patients) were found to be an early cancer and transferred directly to the lung multi-disciplinary team. This seamless pathway ensures patients feel supported. Of the 30 patients under the pulmonary nodule pathway who were diagnosed with a lung cancer, 17 were treated radically, diagnosed at stage 1 or 2. This is an innovative and ambitious project that has improved patient experience as illustrated by patient survey results. Via the leadership of an experienced CNS, patients who are found to have a pulmonary nodule are now fully informed and follow a pathway to ensure timely follow up. Visits to hospital have been reduced. Patients feel reassured they are being followed up and have a named CNS for support at all times. This has allowed face to face consultant appointments to be used by complex lung cancer patients. This service is being replicated across other organisations and been recognised Pan London and beyond.

**Contact Details:** Candice Stephenson - [candice.stephenson1@nhs.net](mailto:candice.stephenson1@nhs.net)



## Lancashire and South Cumbria NHS Trust

### Experience and Engagement Team



Lancashire &  
South Cumbria  
NHS Foundation Trust

#### Category

Team of the Year

#### About Nominee

Lancashire Care was established in April 2002 as a mental health and learning disability provider and authorised as a Foundation Trust on December 1, 2007. On June 1, 2011 the Trust incorporated a range of community health and wellbeing services from neighbouring provider organisations, extending its portfolio to include a range of community based services. On October 1, 2019, the Trust acquired mental health and learning disabilities services in South Cumbria from Cumbria Partnership Foundation Trust and became Lancashire & South Cumbria NHS Foundation Trust (LSCFT).

#### At Work

**Recovery College:** All Recovery College developments and deliveries are co-produced alongside experts by experience and professionals by experience. This ensures our offer is consistently reactive to the needs of our communities and is informed by the very people accessing our opportunities. Recovery College started to be delivered January 2019 and has adapted to continue to provide vital health and wellbeing services throughout and following the pandemic and subsequent social distancing measures, championing connectedness and reducing isolation. We work with over 100 different community partnerships which include a wide range of statutory, charitable and voluntary services. This helps us to help our communities to navigate the complex health and community systems available.

**Friends and Family Test (FFT):** FFT feedback has never been as important as now- with services stretching to find agile way to engage with patients and families. The Trust uses innovative ways to encourage Teams to seek FFT feedback awarding monthly prizes and Cream Teas to winning Teams. These initiatives have sent the numbers of FFT double since 2020 with the introduction of FFT via attend anywhere app, and embedded into a new phone system also. **Mental Health prevention:** This work stream includes designing and delivering new interventions supporting the Mental Health & Wellbeing of children and young people throughout Lancashire and South Cumbria. The team are the central point of contact for young people's engagement in the Trust and have taken the lead on participation. They are a team of two, before this one of the colleagues worked in a variety of psychological practitioner roles for 6 years both within and outside of the trust, having a specialist background in autism and learning disabilities and have worked with children and young people throughout their career.

**Volunteering:** The Volunteer Service works collaboratively with networks and teams to utilise volunteers in a way which enhances the care we provide. We support our colleagues by helping to develop and create interesting roles which benefit not only our patients and service users but our staff too. **Carer involvement:** This particular role is new to the Trust, starting earlier this year with the aim to ensure the unpaid carer/family voice is proactively listened to and communicated with throughout a care journey, whether that be inpatient or out in the community. This has led to the trust adopting the <https://carers.org/downloads/resources-pdfs/triangle-of-care-england/the-triangle-of-care-carers-included-second-edition.pdf>, a commitment to changing the culture of our organisation to one that is carer inclusive and supportive. The Triangle of Care is about people who use our services, carers and professionals listening to each other and working together. It aims to promote safety and recovery for people with mental health issues, and to encourage their well-being, by including and supporting their carers. Our aim is to ensure we follow the 6 standards of the Triangle of Care in our everyday practice.

#### Summary

Despite challenges from the pandemic the Team has grown in size and also ability to engage with service users, families, carers, Trust staff and external partners. The Team has been agile in adapting to the pandemic and grown its digital capability and offer to continue to listen and learn. The Team has shown new thinking in ways to digitally engage with service users to gather stories, shown leadership in supporting teams to increase FFT feedback, has increased its number of young people offered mental health intervention, has continued to offer recovery college courses and co-produced courses. The Team has also supported the setting up of network service user and carer forums ensuring local voices are heard from teams to board.

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## Leeds Teaching Hospitals NHS Trust

### Cracking complaints!



The Leeds  
Teaching Hospitals  
NHS Trust

#### Category

Team of the Year

#### About Nominee

John is a Lead Nurse for Patient Experience at Leeds Teaching Hospitals and reports to Krystina Kozłowska as Head of Patient Experience. He has oversight of the Trust complaints team and has been instrumental in supporting the success of the work which is described in this application.

Complaints have long been a tricky issue in the Trust to address, with historic performance demonstrating little success in improving timeliness of complaint responses and the quality of complaint responses sent. We knew we were not providing a great complainant experience and we also knew that taking good care of complainants is a good benchmark for compassionate care in an organisation. Complainants told us that the two things they felt we needed to get better at was improving how long it took for us to respond to them and improving the tone and content of our responses.

This is what first inspired the complaints team and encouraged them to collaborate with the Trust Quality Improvement Specialists (including a Trust Partner - a member of the public) and clinical services to see how we could 'get it right first time'. This is how the Trust Complaints Improvement Programme began!

#### At Work

John is a Lead Nurse for Patient Experience at Leeds Teaching Hospitals and reports to Krystina Kozłowska as Head of Patient Experience. He has oversight of the Trust complaints team and has been instrumental in supporting the success of the work which is described in this application.

Complaints have long been a tricky issue in the Trust to address, with historic performance demonstrating little success in improving timeliness of complaint responses and the quality of complaint responses sent. We knew we were not providing a great complainant experience and we also knew that taking good care of complainants is a good benchmark for compassionate care in an organisation. Complainants told us that the two things they felt we needed to get better at was improving how long it took for us to respond to them and improving the tone and content of our responses.

This is what first inspired the complaints team and encouraged them to collaborate with the Trust Quality Improvement Specialists (including a Trust Partner - a member of the public) and clinical services to see how we could 'get it right first time'. This is how the Trust Complaints Improvement Programme began!

#### Summary

John has worked with the complaints team and staff across the Trust to identify good practice initiatives which, when embedded, make a difference to complainants. He has then worked with clinical teams to support the embedding of those practices as standard work in the Trust. In addition, he secured funding to support a Complaint Training Programme delivered by an external company which has received fantastic feedback.

The complaints team have driven the Complaints Improvement Programme, running the cohorts of clinical services undertaking the work and have also facilitated a complaints conference where the learning could be shared. The conference was supported by one of the Trust Partners - a member of the public, who delivered a session as part of the day sharing his thoughts about what matters to people raising concerns.

Learning from each cohort has been used to encourage new services entering the programme to achieve a minimum set of practice standards. Progress is reported in the presence of other clinical services, which introduces an element of healthy competition and also opportunity for sharing ideas.

The complaints team manager participates in a city wide complaints group and is also a member of the National Complaint Managers Network.

**Contact Details:** John White - [John.White1@nhs.net](mailto:John.White1@nhs.net)

**Liverpool John Moores University****LJMU student's fundraising achievements for sustainable sanitation in Kenya****Category**

Patient Experience Advocate of Tomorrow

**About Nominee**

Rae Hollewell is one of my personal students, who commenced her Pre-Registration BSc (Hons) Adult Nursing course in September 2019. As her personal tutor, we meet regularly through the year for a personal planning and development meeting. It is through these meetings I have got to know Rae well and I have learnt about her and Becky contributions to charity work, which is above and beyond their course requirements. It was during Fresher's Week in September 2019, when Rae and Becky commenced their studies, that they were both drawn towards the Dig Deep Africa charity, which they say ignited their passion for fundraising and charity work. Dig Deep Africa strives to ensure every resident in Kenya has a fundamental right to access clean water, safe toilets and good hygiene. Rae and Becky's friendship flourished, and they realised that they had similar mind-sets to being active fundraisers. Their shared vision, creative strategies and solid communication skills have ensured that they have articulated their mission to assist the people of Kenya to have the dignity, and human rights of safe toilet systems and clean water they deserve. Rae and Becky became active fundraising members of the Dig Deep Africa Charity, and soon became joint team leaders to a group of 19 others. They have organised fundraising events to a total of £34,500.

**At Work**

The skills and attributes that have ensured Rae and Becky have succeeded in their team leader roles and fundraising work, can be linked closely to professional standards and behaviours expected from LJMU students, within the School of Nursing and Allied Health. Throughout her 3 years of nurse training Rae has consistently achieved all her professional values, which are linked to the NMC Code (2018). This Code outlines the professional standards of practice and behaviours for nurses. Rae has been able to demonstrate her professional values on every practice placement, which involves being assessed toward prioritising people, practicing effectively, preserving safety and promoting professionalism and trust. In addition Rae has demonstrated her ability to assess, plan deliver and evaluate person centred care, her ability to work as part of a team effectively, contributes to improving safety and quality of person centred care, as well as a range of leadership and management and communication skills. Practice Assessors have described her a hardworking, having excellent communication skills, delivers high standards of care, and demonstrates human dignity and integrity. During the pandemic Rae joined a local hospital staff bank, and worked as a healthcare assistant as part of the rapid response team to support the demands of looking after Covid 19 positive patients. Despite these demands, Rae has demonstrated reliability in attendance to her practice and education assessors, and continued to be active in her charity fundraising work. Becky is undertaking a 3 year PhD study within the School of Nursing and Allied Health, investigating conscientious objections to abortion from a service user's perspective. Like Rae, Becky manages her time and workload to commit to her fundraising charity work for Dig Deep Africa. As a PhD student Becky is required to engage with her research degree 35 hours a week, and abide by the LJMU Student code of behaviour.

**Summary**

I am proud to nominate Rae and Becky for this award, as they clearly articulate their innovative and ambitious fundraising skills to improve the lives of others. Their leadership and management demonstrated through their team leader activities has ensured their fundraising dreams have been achieved, with the knowledge that sustainable sanitation is provided to the people of Kenya. Their involvement has strengthened their professional leadership, management and organisational skills, which are transferred into their student work lives as patient and service users cares and advocates. Rae and Becky have demonstrated their commitment to the university, the people of Liverpool and the citizens of Kenya by undertaking their fundraising work. They are embracing LJMU's civic agenda by being part of Dig Deep Africa charity, facilitating the empowerment of others to be active agents of change and transformation to provide clean water and sanitation. They are both proactive in making a difference to a underrepresented community by providing much needed finance for their charity. This in turn will reduce sickness for diseases in dirty water that harm and kill the citizens of Kenya.

**Contact Details:** Rae and Becky Hollewell and Self - L.kinsey@ljmu.ac.uk



**Liverpool John Moores University****Making Liverpool John Moores a 'Breastfeeding friendly' University****Category**

Staff Engagement &amp; Improving Staff Experience

**Organisation**

Liverpool John Moores University is a Higher Education Institute founded in 1823. It employs over 2500 members of staff from over 100 countries and serves more than 25,000 students studying on undergraduate and postgraduate courses. The University is based in Liverpool comprising of 3 campuses and 38 buildings.

**Summary**

Prior to LJMU receiving the Bambis breastfeeding friendly award breastfeeding/expressing facilities were accommodated on an 'ad hoc' basis. This was a potential barrier to mothers returning to work breastfeeding, given that there were limited milk storage facilities, no dedicated rooms and a general lack of breastfeeding support available. Working towards achieving the Liverpool Bambis's breastfeeding award was an ideal catalyst to change both the infrastructure and the culture towards breastfeeding at the University. In order to achieve the award LJMU needed to commit to welcoming breastfeeding, offering private places to breastfeed if able and to offer drinks to all breastfeeding mothers.

The health benefits of breastfeeding to mothers and babies are unequivocal, with further benefits being aligned to the wider public health status of countries and the environment. To reap these benefits the WHO states that exclusive breastfeeding should take place for 6 months and up until 2 years alongside complementary foods. However, in the UK <1% of mothers are breastfeeding by 6 months, constituting the worst breastfeeding rates in the world. In 2021 over 50 staff members at LJMU were pregnant with many more students. It is likely that many of these mothers would have initiated breastfeeding, however it is unlikely that they would be breastfeeding upon their return to work/studies, with one of the main reported barriers to continuing breastfeeding up to 6 months and beyond being due to the workplace not fully accommodating this. Until recently, LJMU was one of these workplaces, with breastfeeding mothers returning to work/studies being accommodated on an 'ad hoc' basis, with no designated rooms or milk storage facilities being permanently available. This has now all changed, with Liverpool John Moores University recently being awarded the Liverpool Bambis Mayoral award <https://www.liverpoolbambis.co.uk/>, making it a 'breastfeeding Friendly' University.

**Impact**

Staff and students have begun to use our breastfeeding/expressing rooms and have praised how thoughtfully they have been planned out. Staff and students currently on maternity leave can now be rest assured that if they return to work/their studies whilst breastfeeding that the University infrastructure is now set up to accommodate them. This, we hope, will mitigate against any 'rush' to stop breastfeeding in the wake of facilities being limited to accommodate it on return to university. In addition, we can now ensure that those staff and students who are pregnant can make decisions around how to feed their baby without having to consider potential lack of facilities in their place of work/study.

**What Makes Us Special**

The key elements that contributed to the success of this project were the commitment and determination of those leading it. In addition, securing support from senior members of LJMU was critical due to the implications in terms of buildings, funding, health and safety etc. However, investment from all of those who contributed to the project was not difficult, given the evidence-based information we supplied regarding the multitude of benefits of becoming a breastfeeding friendly university. If breastfeeding within the UK was the norm, this project would not be seen as 'special', in fact there probably would not have been the need for a project at all. In addition, making a university breastfeeding friendly is most likely not high on many VC's agenda's, particularly given the continuing fall out from covid for both students and University portfolios. In essence the project was competing with many other worthwhile initiatives that could be viewed as being more 'urgent'. However, as the evidence shows, breastfeeding impacts everyone positively in some way, with many benefits being long term, this makes the initiative different from others and one that sends a positive message to our community.

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## Liverpool University Hospital NHS Foundation Trust and St Helens and Knowsley Teaching Hospital

### The Coproduction of a Regional Carer Passport

#### Category

Support for Caregivers, Friends & Family

#### Organisation

Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1 October 2019 following the merger of two adult acute Trusts, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The Trust runs Aintree University Hospital, Broadgreen Hospital, Liverpool University Dental Hospital and the Royal Liverpool University Hospital. It serves a core population of around 630,000 people across Merseyside as well as providing a range of highly specialist services to a catchment area of more than two million people in the North West region and beyond. The Trust has an annual turnover of around £890m and a combined workforce of over 12,000 staff, one of the largest employers in the region.

#### Summary

An innovative and ambitious project to coproduce a Carer Passport with NHS Trusts, carer organisations, carers and the cared for as equal partners, across the Cheshire and Merseyside Region. The aims were to develop and implement a document with carers and for carers that would make a sustained, meaningful difference to carer and patient experience. The coproduction with 13 Trusts across the Regional Heads of Patient Experience (HOPE) Network ensures that the Passport is consistently recognised and implemented across organisations. The project objectives were clearly communicated and unanimously driven, to aid successful delivery. There is continued engagement with all stakeholders to promote and integrate the Passport across Trusts, the wider community and region. We are developing measures to monitor its performance and efficacy to ensure it has a sustained impact on care. Expressions of interest have been received from other Trusts and, following a presentation at the National HOPE webinar in April, it has been endorsed by their Network, as an example of best practice. Also, there is interest in introducing the Passport as a nationally recognised document.

#### Impact

It was agreed that Trusts would utilise mechanisms within their individual organisation to monitor and measure the impact of the Passport, which would include monitoring the number of Passports issued together with more qualitative exploration of the impact for staff, carers and patients, incorporating:

- Passport usage integrated within ward audit tools and ward accreditation schemes;
- Real time carer and patient feedback from survey with link/QR code included on the Passport;
- Local inpatient surveys to include carer support provided.

External carer agencies and colleagues from Healthwatch have engaged in providing feedback from their service users and the impact the Passport has on their loved one's inpatient stay at the respective Trust. Feedback received from carers and patients has included: *"Having a Passport that is used at all the hospitals helps the carer and staff know what is expected from both sides"* *"This is a win win project to get us all singing from the same hymn sheet for the benefit of the patients."* The use of patient stories has been a powerful tool in sharing both positive examples where the Passport has been used as well as highlighting where more focussed awareness is required. Feedback provided through the HOPE Network from all Trusts regarding the implementation of the Passport has been positive including:

- Improved individualised care;
- Increased recognition of carers as equal partners in care;
- Greater carer involvement in discharge discussions.

#### What Makes Us Special

The Passport demonstrates a new thinking, working together with other Trusts to ensure a smooth and consistent patient journey and developing a single Passport that is recognised whichever Trust is visited across the Region. This methodology also ensured that the carer voice was amplified across the area, creating a broader dialogue to share their experience of care. Coproduction is central to this project and ensures its growth and sustainability. Our starting point was with carers and patients and what mattered to them. We have engaged with them throughout the project in a mutually respectful relationship as equal partners in the development of the Passport. We recognise that this is an ongoing journey but will continue to share decisions about the development of the Passport and will ensure that the patient and carer voice continues to be heard and valued.

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**Liverpool University Hospitals**

NHS Foundation Trust



## Medirest – part of Compass Group UK & Ireland

### Positive Impressions



#### Category

Commissioning for Patient Experience; Staff Engagement & Improving Staff Experience incl Medical Education

#### Organisation

Medirest is Compass Group UK & Ireland's Healthcare Services division, the UK's leading provider of food, hospitality and support services in acute hospitals, private healthcare and senior care markets. Medirest support services create positive environments to aid recovery and support the wellbeing of all who pass through our hospital doors. We are the frontline cleaners, caterers, ward hosts, porters and security staff that have thousands of interactions with patients every day. This initiative covers change we introduced in our acute hospital settings.

#### Summary

Our initiative 'Positive Impressions' transformed how we measure the patient experience and introduced patient-centred training to help our frontline teams deliver care based on communication, awareness, respect and empathy. It stands out because it brings patient experience and optimised human connections together, empowering our people to make a real-time difference to patients. We adopted simple objectives: to fully understand the voice of the patient experience and to train colleagues to create nurturing, empathetic connections with patients. Our leadership came from the top, channelled through our Head of Patient Experience who delivered a smooth, effective and successful implementation. We involved key stakeholders – patients, carers, colleagues and healthcare professionals – in ways that overcome literacy barriers. Engagement levels with the patient satisfaction survey and patient ratings measure our performance, with a benchmark of pre-initiative levels. Our Patient Experience Community shares results with ward teams and individual colleagues, so they see the impact of the skills they've learnt. We've embedded a sustainable culture of continuous personal growth.

#### Impact

Our enhanced patient satisfaction survey is already proving to be an effective measure of performance and benchmarking. More patients are telling us about their experiences, which is critical to our efforts to improve them. Now they understand the value of hearing the patient voice, frontline colleagues often sit with patients and show them how to navigate through the survey (or read it out for them), or offer a QR code so the patient can complete the survey on their own device – which is boosting response levels. At a recently onboarded site, patient satisfaction survey responses increased by 94% in the two months since the new questionnaire and tablet method of administration was introduced. This is a typical result. A core benchmarking metric for the Positive Impressions programme is the number of colleagues completing the training – it's a simple measure of our reach and influence. As an example, one test site that started rolling out Positive Impressions at the beginning of May 2022 has already achieved an 85% completion rate – and that's with 3.8% of employees off on long-term sick leave. Again, this is a typical take up. Of course, the main impact of Positive Impressions isn't measured in an overall percentage – it's measured in the individual patient stories that show how our people have made a difference. For example, following training, one of our ward hosts noticed a patient never ate his cereal and asked why. Thanks to the connection they'd built, the patient felt able to say he ate it with more milk at home, so the host provided more from that day onwards and the patient tucked in. Team members found workarounds to Covid challenges, such as producing flash cards a ventilated patient unable to speak could use to let ward hosts know their menu choices, or developing effective body language to overcome the barriers of masks.

#### What Makes Us Special

What makes our patient experience approach different from other approaches in the market is that our data is instant. The moment a patient completes a questionnaire flagging up that some action is required, the Patient Experience Community and the teams on the ground get an email with the details. Action is swift – either the issue is fixed, or the team member gets the positive feedback in their next team huddle. By sharing praise when it's due we recognise our teams for their contributions, increasing both job satisfaction and retention rates. Our success stems from all-round understanding – of what patients, colleagues and clinical teams need. We then feed that understanding into a continual learning process that's centred around C.L.E.A.R. – capture, learn, engage, analyse and respond – and this allows us to be proactive, not reactive.

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**Medirest – part of Compass Group UK & Ireland****Team - Positive Impressions****Category**

Patient Experience Manager / Professional of the Year

**About Nominee**

We recruited Stacey Dobson to join our close-knit Medirest team as Patient Experience Manager in June 2021 and in just a year she has had an incredible, transformative impact on how we support patients. The patient experience we provide today would not be as tailored to the individual as it is if someone else had taken on the role. Stacey's whole career has been customer-centric so, in many ways, her current role is a natural evolution of her skills and interests. However, up until she joined Medirest, Stacey's focus was on customer experiences in the leisure industry – but the pandemic changed this. Inspired by her paramedic brother's involvement in patient care, Stacey actively sought out a move into the healthcare arena, inspired to make a difference. Stacey embodies our core principle – performance with heart - and was clearly fully committed to delivering the best possible experience for the patients we serve. We are Medirest, the UK's leading provider of food, hospitality and support services in acute hospitals, private healthcare and senior care markets. Stacey's role is to enable our frontline cleaners, caterers, ward hosts, porters and security staff to deliver patient-centric support. We brought Stacey on board to roll out Positive Impressions, a successful training programme developed by our American division, but she quickly took her remit much wider and deeper, bringing about lasting change.

**At Work**

Since joining Medirest in 2021, Stacey's defining work characteristic has been that she's an independent thinker with great vision who is capable of driving significant cultural change in a short space of time within a big organisation. She's highly skilled in grasping and working within the structures of our organisation without letting those structures determine her path. A skilled networker, Stacey made it a priority to link in with every department and role within Medirest to understand how they felt about delivering outstanding patient experiences and how they could contribute to the change in culture she was proposing. She is a born leader, and has taken the business with her on her journey. Stacey was able to see that the US-designed employee training programme, Positive Impressions, could be changed to accomplish more here in the UK. She had the courage to say, "I can make this even better" and embraced the extra work this meant. She made a persuasive case for her 'outsider's' view of how we shaped patient experiences at Medirest, and her enthusiasm and personal effectiveness made her colleagues want to do everything they could to help achieve her objectives. Stacey has created guiding principles, or 'pillars', that she uses to ensure she provides a consistent, high-quality service. She centres her programme of cultural change to deliver excellent patient experiences around: understanding and monitoring patient satisfaction; understanding the needs of her clients, the acute hospitals, and liaising closely with them; training every member of Medirest's frontline workforce in the skills they need and sharing a clear understanding of why these are important to patients; establishing standards that are closely monitored.

**Summary**

Stacey Dobson, our Head of Patient Experience, has personally driven and implemented a Positive Impressions programme that's brought new thinking to our business. Stacey was the catalyst that changed our thinking. As a result, we have a training programme that is tailored to the specific needs of the UK acute hospital healthcare sector – and that can easily be tailored to fit the needs of other healthcare sectors. We also have a transformed patient experience survey that now reflects what most matters to patients and operates in a much more streamlined way, giving same-day feedback to the teams involved so problems can be fixed quickly, or praise given while the connection is still fresh. And we have a culture of continuous improvement that brings together monitoring and performance to encourage outstanding patient experiences. By repeating her C.L.E.A.R. – capture, learn, engage, analyse and respond – approach, Positive Impressions becomes a template for other programmes, while allowing personalisation to individual sites, sectors and cultures. She's taken the established version of Positive Impressions used successfully in private hospitals, tailored it to the NHS and created a customisable approach that we're planning on using in our senior living division.

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## NHS England Improvement

## Busting Cancer Myths in Our Communities

**Category**

Integration &amp; Continuity of Care

**Organisation**

The North Cancer Alliance (NCA) works with communities, hospitals, general practices, local authorities, charities, and other support organisations across the whole of the Integrated Care System in the North East and North Cumbria. The NCA collaborates to detect cancer as early as possible, improve results for patients, provide the best possible patient experience, and improve people's quality of life across the North East and North Cumbria. We focus on making sure that people in our region can get the same high standard of care wherever they live and whatever their circumstances and background. Ensuring that patients and the public are involved in all parts of our work is at the heart of what we do to improve cancer services in our region. The NCA support team is hosted by NHS England/Improvement and directly employs 16 members of staff.

**Summary**

The "Cancer Community Awareness Workers" project. This was developed and implemented by the Northern Cancer Alliance in partnership with local community and statutory organisations. It has a clear strategic aim which is "to reduce cancer related health inequalities in the North East and North Cumbria" achieved by the following objectives: 1. Improve cancer early diagnosis rates; 2. Encourage the uptake of cancer screening invitations; 3. Prevent cancers through the adoption of healthy lifestyle behaviours. This project also facilitates the active involvement of our most deprived community members through the training and empowerment of community cancer champions and in the development of cancer services, and the improvement of cancer patient experience. The project has adopted a relational approach based on strong and trusted relationships within some of our most vulnerable communities. Regional leadership from the Northern Cancer Alliance (supporting a data driven approach to activities and planning). Local leadership at organisational and individual Cancer Community Awareness Worker level.

**Impact**

The Cancer Community Awareness Workers have been key in supporting the recovery of urgent cancer referrals after the impact of the pandemic. Worked in partnership with the Alliance support team, informed by referral and inequalities data from the National Cancer programme to focus on the most vulnerable communities and those tumour groups demonstrating the slowest rates of urgent referral recovery. An example was their involvement in the delivery of the "Do it for yourself" lung cancer awareness campaign. As well as delivering this campaign in some of our most vulnerable communities, the team suggested the development of campaign resources that they knew would work well in the community settings they would be targeting, e.g. beer mats for working men clubs and local pubs. The team have trained Cancer Champions living and working in communities across the North East and North Cumbria. This has included individuals who have gone on to deliver symptom awareness sessions in their workplace. (<https://northerncanceralliance.nhs.uk/how-to-improve-prevention-and-symptom-awareness-in-the-community/>) Developed Cancer Champion programme for the trans/non-binary community. Promoted the implementation of the NHS Galleri (<https://www.nhs-galleri.org/>) trial across some of the most deprived communities in our region, working with community and religious leaders contributing to above average participation rates. Recently involved in the development of a head and neck cancer awareness campaign, they also have social media accounts/webpages promoting symptom awareness, cancer screening programmes and the activities of the team.

**What Makes Us Special**

The most important element of this project is the knowledge and skills of the Cancer Community Awareness Workers. They have an excellent understanding of their local communities including, social norms, health-related behaviours, and barriers to early presentation and cancer screening uptake. Another important element of this project is the strong partnership working between the Cancer Community Awareness Workers and members of the Northern Cancer Alliance support team. This partnership working supports a focussed approach to reducing health inequalities.

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**NHS Kent and Medway****Co-producing a Long Covid Assessment and Support Service for Kent and Medway****Category**

Commissioning for Patient Experience; Engaging &amp; Championing the Public

**Kent and Medway****Organisation**

This entry relates to the work carried out by NHS Kent and Medway Clinical Commissioning Group and partners to involve people and families in developing services for people with Long Covid in Kent and Medway. The Clinical Commissioning Group was the NHS organisation that planned healthcare services to meet the needs of the 1.9 million people living in Kent and Medway. We had an annual budget of around £3.5 billion in 2022/23 to provide the best possible care for the whole county.

**Summary**

More than 900 people with Long Covid have been involved in co-producing a new service for Kent and Medway. At the start we knew very little about this condition. By putting people with lived experience at the centre of the design process we were able to put resources into what mattered to them. Patients now oversee delivery and determine next steps. The Post Covid Assessment Service achieved the aim of developing a multidisciplinary assessment - seeing more than 1,800 patients in its first year. Working with a patient reference group we have developed plans for an enhanced service: more local face-to-face appointments, case management, more mental health support and peer support groups. Each service development is planned through a dedicated delivery network comprising partners from across health and social care and voluntary and community sector organisations, as well as patients, making sure the services are realistic and sustainable. People involved feel listened to and valued and tell us taking part has been important for their own health and wellbeing. Long Covid co-production provides a blueprint for how we will work with people in future in our new integrated care system.

**Impact**

The services created for people with Long Covid have been driven by their experiences and priorities. Direct impact includes: The Post Covid Assessment Service: Since April 2021 PCAS has received 2,009 referrals. 1,148 patients have been discussed as part of the multidisciplinary team process, 355 patients have been discharged and 1,292 have had onward contact with referred services. The Patient Reference Group told us there needed to be more contact with patients due to the fluctuating nature of the condition and to help manage multiple referrals. Funding was provided so that PCAS case managers could be recruited to check in regularly with patients and help with referrals. Education: People wanted the clinical workforce and employers to understand and recognise the condition. We ran GP and hospital staff training events, putting patient and family experience directly in front of clinicians. Reference group members also made a widely circulated film with one major local employer using it for staff training. Over 90% of all GP practices in Kent and Medway have made a referral to PCAS – demonstrating the success of the awareness-raising. Patient-led peer support: People told us that speaking to others with similar experiences was essential to their progress. The CCG worked with voluntary and community sector organisations providing ‘social prescribing’ – they have set up the first groups, others will follow. Pathways of care: A fully developed end-to-end pathway for people with long covid in Kent and Medway was signed off by the CCG’s Clinical Cabinet Board in January 2022.

**What Makes Us Special**

Long Covid co-production is an ambitious step forward, moving from one-off limited engagement to sustained outreach and involvement. People’s lived experience were embedded at each stage from understanding a new condition together, through to delivering a model of care - at each point we fed back to people. A strong cross-organisation delivery network and senior level ownership from the CCG ensured we could act on what people told us in a realistic way. The patient representatives on the delivery group provided a key focus point - colleagues concentrated entirely on delivering what was important for people and their families. Those involved report feeling listened to and valued and the process has helped them personally: *“Having the ability to talk to other patients, doctors and other health professionals has been a lifeline... We are all learning about this new illness and... we all learning from each other. Our point of view is being taken seriously and action takes place from that.”* (Darren, patient representative)

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## North East Ambulance Service NHS Foundation Trust

### Online Engagement



North East  
Ambulance Service  
NHS Foundation Trust



#### Category

Communicating Effectively with Patients & Families

#### Organisation

The North East Ambulance Service NHS Foundation Trust (NEAS) operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. We provide an Unscheduled Care Service to respond to emergency calls, and a Scheduled Care service which provides pre-planned non-emergency transport for patients in the region. Cover an area of around 3,300 square miles. Population of more than 2.71 million people, employ 2,900 staff. In 2021-22: • completed 511,830 Scheduled Care (PTS) journeys; • answered 675,912 111 calls; • attended 387,514 incidents following a 999 call; • 115,313 were treated on scene by our crews and a further; • 272,201 patients conveyed to a hospital or treatment centre; • collected 9,239 survey responses from patients

#### Summary

The pandemic highlighted a range of issues engaging with patients and providing information and support when events and face-to-face contact were significantly reduced. Feedback also informed us that a range of groups had challenges accessing information in formats that was accessible. A business case, a multi-disciplinary project group supported by our Executive team with a dedicated budget was allocated to help us to identify and make improvements with the involvement of key stakeholders and local third sector groups including patients. It was important to measure the success of the initiatives, that we collected and collated baseline data so we knew our starting point and through this development of the project we identified a range of metrics that would help us to measure progress and success. We wanted to use new and emerging technologies and use existing knowledge and techniques that had worked well in other similar settings to provide a solution that was sustainable, future proof and accessible to a wide audience. We wanted something that could be used across a range of platforms locally, regionally and nationally and would build on and compliment national work, future education and curriculum requirements in addition to the needs identified by some groups with communication needs.

#### Impact

Used a range of metrics to measure impact: **Digital engagement** web resources (Dec21 – May22), Webpage views, 58,640 total video views, Feedback from community, schools, patient groups and the wider sector has been very positive. We can evidence use from across the UK and we're in discussion with the national [www.staywise.co.uk](http://www.staywise.co.uk) team about using these resources nationally to improve information and understanding. The use of representative images of ethnic minority people, the NHS LGBT badge on uniforms in animations and disabled people has also been well received. Along with our new superhero CPR man and his helpers. **Communications Support** guide – stakeholder and staff feedback has been positive, the images have improved conversations about consent and triage and languageline calls have increased. **LanguageLine Calls** – increased use from 5,845 calls (20/21) to 9,206 calls (21/22), feedback is positive and staff awareness and use has improved **360 Ambulance Tour** – 2,621 views of our virtual tour. Feedback from local learning disability groups suggested this has helped to reduce anxiety for their client group about what to expect if they need to use an ambulance. **Positive Action project** (Apr21-Mar22), 83 Community Ambassadors recruited, 2,102 people supported through the project, 1,781 people have received life-saving skills training or awareness sessions and we've engaged with 96 organisations supporting people from ethnic minority groups. **ReciteMe** – stakeholder feedback has been very positive re functionality and availability of the services improving access to online information.

#### What Makes Us Special

Making digital resources accessible to more people. Developing resources that can be used by staff digitally and at face-to-face events improves the consistency of our messages and provides material used via online and face-to-face engagement. Improving the visibility of diverse people is something we feel we've achieved. Diverse staff have volunteered to improve visibility of underrepresented groups and our range of characters used in our video animations and staff images ensures people can see people and staff that look like and represent them. Accessibility of services through language line promotion and promotion of BSL services. Delivering key messages through direct outreach work and teaching ethnic minority people key life-saving skills and service awareness.

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## North East Ambulance Service NHS Foundation Trust

### Using Technology in Patient Experience and Feedback



North East  
Ambulance Service  
NHS Foundation Trust



#### Category

Innovative Use of Technology, Social & Digital Media

#### Organisation

North East Ambulance Service NHS Foundation Trust (NEAS) operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. We provide an unscheduled care service to respond to emergency 999 calls; a scheduled care service which provides pre-planned non-emergency transport for patients in the region; and an emergency preparedness, resilience and response as part of the UK's national civil contingency. We cover an area of around 3,200 square miles, serving population of around 2.71 million people and employing 2,900 staff. Since 2013 we have delivered the NHS 111 service for the region to provide urgent medical help and advice, and we have been able to demonstrate how this service can run alongside the 999 service to provide a seamless single point of access to urgent and emergency care for patients.

#### Summary

We are committed to learning and improvement by listening to patient views and using the patient feedback as a focus for quality improvement. In April 2020 we implemented a new survey system which allowed us to improve response rates and give greater insight into patient experiences. We have been able to reach more people, improve accessibility and reduce our costs. We use a mixed mode methodology to maximise reach, responses, accessibility and cost. Using a mix of text, web, postal and app based surveys has helped us to achieve greater response rates, reach more people and improve accessibility. We have increased the frequency of our surveys from monthly to weekly so that experience is fresher in patients' minds. We have also increased the number of surveys at the same time to reach more people. We share results with staff and the public regularly. Ambulance operations and clinical managers can self-serve data to see how they are performing in their own locality for any time period and drill down data to specific locations.

#### Impact

Developed an automated system enabling us to send out 500 text surveys and 125 paper surveys weekly and collect data from website/apps into one central data management system – repeated in four different service areas as an automated process. Developed a survey to be left at patients' homes when we do not convey to hospital or a treatment centre. Responses are anonymous-we have added a unique reference to each survey to report which commissioning group (CCG) the patient belonged - and in the case of 999, which station the responding crew came from. Allows us to identify more detailed trends in certain areas and use good practice from one area to replicate in others. We worked with managers, staff, HealthWatch, patients and stakeholder groups to develop the survey content and methodology and find out the best ways of communicating the results back to them. We developed a range of graphics for our internal and external social media platforms using images of our own staff and vehicles rather than generic images as this generates more interest and engagement. We've also redesigned leaflets on vehicles and added QR codes on to posters which direct patients to online surveys. Built an app for tablets to enable us to create tailored surveys for events and focus groups. Since launching we have seen a significant increase in responses: Texts increased from 720 to 5,751 and total responses from 2750 to 9242 over last three years. We have a facility within the sentiment analysis section to look at individual responses. Comments of concern can be referred to service line managers for further investigation. Data broken down to station level which helps us to identify high performing stations and others that may need support.

#### What Makes Us Special

Automated most processes, reduced human factors, improved consistency and accuracy and improved reporting and intelligence and lowered costs. The first UK ambulance trust to implement a survey system at this station level. Something other ambulance trusts thought was not possible. The system has been designed so that survey responses are 'added to the database immediately'. This means we can report in real time and has allowed us to immediately explore the impact of an operational intervention. We go above and beyond what we are contracted to provide or required under NHS FFT requirements because the data has shown where we can improve patient care and public experience. We have been able to create new reports that managers and staff want and need.

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## North East Ambulance Service NHS Foundation Trust

### Measuring patient experience



#### Category

Measuring, Reporting & Acting incl Turning it Around; Using Insight for Improvement – NHS Funded subcategory

#### Organisation

North East Ambulance Service NHS Foundation Trust (NEAS) operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. We provide an unscheduled care service to respond to emergency 999 calls; a scheduled care service which provides pre-planned non-emergency transport for patients in the region; and an emergency preparedness, resilience and response as part of the UK's national civil contingency. Cover an area of around 3,200 square miles, serving population of around 2.71 million people and employing 2,900 staff.

#### Summary

We are committed to learning and improvement by listening to patient views and using the patient feedback as a focus for quality improvement. In April 2020 we implemented a new survey system which allowed us to improve response rates and give greater insight into patient experiences. We have been able to reach more people, improve accessibility and reduce our costs. We use a mixed mode methodology to maximise reach, responses, accessibility and cost. Using a mix of text, web, postal and app based surveys has helped us to achieve greater response rates, reach more people and improve accessibility. We have increased the frequency of our surveys from monthly to weekly so that experience is fresher in patients' minds. We have also increased the number of surveys at the same time to reach more people. We share results with staff and the public regularly. Ambulance operations and clinical managers can self-serve data to see how they are performing in their own locality for any time period and drill down data to specific locations.

#### Impact

We now send out 500 text surveys and 125 paper surveys on a weekly basis and collect data from website and apps into one central data management system – repeated in four different service areas as an automated process. We also developed a survey to be left at patients' homes when we do not convey to hospital or a treatment centre. Although the responses are anonymous, we have added a unique reference to each survey to report which commissioning group (CCG) the patient belonged - and in the case of 999, which station the responding crew came from. This allows us to identify more detailed trends in certain areas and use good practice from one area to replicate in others. We feedback via: • Monthly and quarterly reports that we share online and via emails <https://www.neas.nhs.uk/about-us/how-we-are-doing/patient-surveys/patient-experience-survey-results.aspx>; • Social media posts across a range of platforms; • Stakeholder communications via group meetings and emails; • Communications for specific events or activities targeting under-represented groups

Our communications team developed a social media plan and created innovative resources and posts to communicate results and encourage people to complete surveys online. Since launching we have seen a significant increase in responses: Texts increased from 720 to 5,751 and total responses from 2750 to 9242 over last three years. We have a facility within the sentiment analysis section to look at individual responses. Comments of concern can be referred to service line managers for further investigation. Data is broken down to station level which helps us to identify high performing stations and others that may need support. We use this data to inform service and improvement plans and ask managers from stations to meet with those from others to inform learning and development to improve performance.

#### What Makes Us Special

We have automated most processes, reduced human factors, improved consistency and accuracy and improved reporting and intelligence. We've also lowered costs. We were the first UK ambulance trust to implement a survey system at this station level. Something other ambulance trusts thought was not possible. The system has been designed so that survey responses are 'added to the database immediately. This means we can report in real time and has allowed us to immediately explore the impact of an operational intervention. We go above and beyond what we are contracted to provide or required under NHS FFT requirements because the data has shown where we can improve patient care and public experience. We have been able to create new reports that managers and staff want and need.

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## North East and Cumbria Learning Disability Network

### Be Cancer Aware



#### Category

Cancer Experience of Care Award; Engaging & Championing the Public

#### Organisation

The North East and Cumbria Learning Disability Network sits alongside the NHS England Clinical Networks working within the North East and North Cumbria ICS. The Network has 4 core staff and works with a range of partners from health, social care, community voluntary sector with experts by experience at the core of all our work. The Network works to tackle health and social care inequalities faced by people with a learning disability in the North East and North Cumbria. Be Cancer Aware is a co-production project that was set up to develop a cancer awareness programme that people with a learning disability could deliver to their peers. The project works with teams from six self-advocacy organisations from across the region. Note: People with a learning disability prefer that we don't use initials, to help with word count on this application we have shortened this term and others.

#### Summary

This innovation is educating PWLD so they can make informed decisions about their health and wellbeing, talk about and understand cancer. Having training delivered by PWLD creates an environment of trust and relaxes audiences, helping them discuss concerns, ask questions and share lived experiences. Quality leadership enables inclusion at every level of the project. This project is truly co-produced. Our outcomes show we have reached our aims and more, the project has helped trainers develop and progress in work and life. Given participants an opportunity to talk about cancer, loss, fears and living with and beyond cancer. Course participant *"My sister had cancer, its hard but I am glad I got to talk about it"* We are a project that has shown its value, this supports us sustaining the work moving forward. In 2019/2020 we made a video about BCA. The video will help you hear our voices. <https://youtu.be/9YR8E01CXas?list=PLcQksF6vpHWkVsTBeeuzdUdtyseCwPQmQ>

#### Impact

We evaluated the process of co-producing the training and delivery of courses through qualitative and quantitative data collection. We came together and looked at what we had done to set up and get to the point where trainers could go out into the community to deliver training. This included our challenges and feedback from the team. Quote Pam, trainer: *"I met new friends. I felt happy because I knew how far I could push myself. My confidence is a lot better now. It was a teeny bit hard to understand everything when putting the course together. I need to be reminded in order to understand things properly"* Since starting Be Cancer Aware Pam has started to learn to read. She now regularly reads to groups from her script. We chose an accessible evaluate. We ask the groups questions before, during and after the course. We did not want to ask groups to fill out paper questionnaires as this limits who can answer questions to those who can read and write. We ask questions and people raise their hand to tell us if they agreed with a statement. We sometimes use photographs to collect the answers to questions. We ask for comments and people can tell us what they wanted writing down or write themselves. Comments from participants: *"Fantastic delivery of cancer information. Not a nice topic, but training was very good. Well done, thank you"; "Can you get cancer from love bites / tattoos?"; "I like the books about cancer that you showed" (Macmillan easy read); "I have a better idea what it will be like to have my breasts checked by the machine" "I really liked the little play acting out the visit to the doctors"* Campaigns (2020-2022) - Signs of cancer; Lung cancer; Reducing my risk; Going to the GP. Through COVID we ran four campaigns, we recorded videos on zoom, made quizzes, shared photos and made postcards.

#### What Makes Us Special

We are Be Cancer Aware. We are what makes this initiative special, as individuals our voice is not heard, together we can speak as one, raise awareness and help people understand more about cancer. People with a learning disability have a right to good quality information they can understand and an opportunity to receive that information in a safe, supported environment. We offer this. The Be Cancer Aware team have grown and developed through the project, gaining confidence, learning new skills and supporting each other. We have welcomed new members to the team and said goodbye to others. Two left to go to paid roles within NHSE, one has started to learn to read and now reads from the script to groups.

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## North West Ambulance Service NHS Trust

### Developing our Patient and Public Panel



North West  
Ambulance Service  
NHS Trust



#### Category

Engaging & Championing the Public

#### Organisation

North West Ambulance Service NHS Trust (NWAS) is the largest ambulance service in the country providing urgent and emergency care (999 service) to patients year across the North West of England to patients. We also provide non-emergency patient transport services for those who require transport to and from hospital and are unable to travel unaided because of their medical condition or clinical need. Alongside our urgent and care (999 service) and non-emergency patient transport service, we provide the non-emergency NHS 111 service by phone and online to help patients across the region receive medical advice and sign post them to the most appropriate care for their condition. We currently employ over 6,000 members of staff across all 5 service lines who cover 5 counties across the North West which is a total population of 7.3 million.

#### Summary

Our Patient and Public Panel (PPP) was established in May 2019 to give members of the public a voice and the chance to have their views acted upon. Despite the challenges of the Covid-19 pandemic, we have successfully recruited 221 members as of June 2022 made up of representatives from local communities to partner organisations to influence improvements in our emergency, patient and 111 services. The panel has 3 different levels of involvement to enable people to get involved in a way that suits them best, depending on the amount of time and level of interest they have, making it inclusive for all. We have celebrated many achievements over the past year by reaching our 2021/22 target of 190 for the PPP membership in the first half of the year, as well as doubling our aged 16-24 youth representation from the end of March 2021. We also invited our members to get involved in 113 opportunities with 70 requests for panel involvement from staff across the trust, which is a great success for the trust. Panel members are making a real difference to service delivery through their involvements and some examples include Right Care at Home and Patient Transport (PTS) Mystery Shopper.

#### Impact

We have recruited 221 panel members as of June 2022. Our objectives continue to be meaningful and inclusive engagement, and the panel membership reflects our diverse communities including visually impaired, deaf, and members from ethnic minorities. We have offered over 250 involvement opportunities since the PPP including where our members have feedback and made improvements following on from their feedback. We also have continuous panel involvement on our trust Board meetings and area learning forums. It also gives NWAS staff the opportunity to receive both positive and constructive feedback from the communities the trust serves.

Over the past year, the panel has been heavily involved in several Quality Improvement (QI) programmes, including the development of the new Quality Strategy 2021-24. Panel members have been involved in a 'Right Care at Home' (RCAH) scheme, working with NWAS staff to ensure patients who don't need to go to hospital for emergency treatment receive the right care closer to home. This helped the QI team ensure future sessions had focused discussions on topics important to the patient and public representatives. Their involvement shaped how information is shared about patient journeys and influenced the design of materials to inform and educate patients and the public in a relatable and understandable way. One example of feedback we have acted on is the creation of an online Panel Forum, a dedicated and secure section on our website. To showcase the achievements achieved by panel membership, we produce a yearly achievements book to look back at what our panel members have been involved in and what our members have to say about their experience as a panel member.

#### What Makes Us Special

The key elements that have contributed to its success are: •The inclusive nature of the varying optional levels of involvement and the ability to move between the levels if circumstances change; •A clear ask of panel members combined with an equally clear promise on what will be delivered by the trust; •The support panel members get through the dedicated panel team, the training offer, and opportunities to upskill, and the thorough induction which gives an insight into parts of the service that members of the public don't usually have access to; •The investment by the trust and the buy-in from staff members, from Board to frontline.

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**Northern Cancer Voices****Patient Network for North East and North Cumbria –  
aligned to new Integrated Care Structure****Category**

Cancer Experience of Care Award

**Organisation**

In early 2021 three volunteers from Northumberland Cancer Patient and Carer Group submitted a small bid to Coping with Cancer to establish a North East and North Cumbria ICS network to strengthen patient and carer involvement in the improvement and development of cancer services. We have 4 main aims: 1.Service Improvement, through and with, the patient voice; 2.Helping patients/carers to work effectively with professionals; 3.Helping patients to help themselves (proactive care); 4.True patient co-production of services. To achieve our aims and to successfully engage people at whatever level they are interested in we offer involvement in: Networking; Feedback; Local Projects; Strategic Programmes; Promotion; Collaboration incl Tell your story; Join ICP meetings; Engage with PCNs and PPGs; Identify and create improvement projects linked to NCA strategic plan. With a small grant we commenced our work with a membership of 20 in April 2021. As of today we have a network of 140 Patients, Carers and Volunteers, 160 Health Professionals. The group is run by volunteers with some partial recompense. There are no employees

**Summary**

The initiative was devised and actioned by cancer patients and volunteers and through support from a local charity we have established a unique partnership between patients and professionals which is genuinely patient/volunteer led, and driven by the volunteer chair of the network who has worked tirelessly to bring people together and develop the membership, supported by the chairs of the 4 sub-regions/ICPs of the ICS. During the first year the focus has been on establishing the structure/growing membership through actively promoting the group. Analysis of survey data has enabled the identification of areas needing improvement and by looking at the issues across the 4 areas priorities have been identified. The nature of the group allows it to be flexible with the ability to evolve over time to meet needs as it is independent. The model is readily transferable.

**Impact**

Members April 2021 were 22, by December 2021 – 152 and by June 2022 – just under 300 split as above. We now have a framework for collaboration of patients, carers, volunteers and professionals in the North East and North Cumbria. We have also delivered at small cost - website / social media; Face to face sessions; Meetings / Events; Disseminated Training Opportunities – Cancer Champions; Secured Research volunteers - York university funding secured; Patient reps for melanoma, obesity, ICP boards; 2 patients with Lived Experience of Melanoma into Northumbria; 2 patients into the cancer locality group in Newcastle; 2 volunteers for patient information films with the Northern Radiotherapy Network; 2 volunteers for the End of Life / Palliative care focus group in Northumberland; 1 volunteer for the Breast Timed Pathway Task and Finish Group; Patient feedback - Surveys - Vague pathway, Patient Storytelling, Patient review of NCA workplan to identify gaps and ensure concerns covered, Thematic analysis of patient surveys to support local improvement projects. From a wider impact perspective we can demonstrate: better uptake of wider cancer services and support groups; Recognising signs / earlier diagnosis; Symptom awareness communications; Quality of Life and CPES involvement- Improved response rates and survey scores; Supporting research applications securing additional funding with NCV patient involvement. Long term sustainability – we have instigated a formal review process of the NCA workplan on an annual basis. We have a structure to feed into the ICB (once in place)

**What Makes Us Special**

We get feedback almost daily on how unique we are – offering a shared space for patients. Cancer patients in our area cross over Trusts for treatment and it is very apparent that services are not joined up. Whilst this is recognised there is seemingly no resource in the Trusts or elsewhere to do this. We are independent and have no constraints – we give the true experience of patients and provide a support network. We believe we are unique in England being entirely patient/volunteer initiated and led and we have developed as the new ICS structure is being established thus providing new approach to achieve true patient involvement.

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## Nottingham University Hospitals NHS Trust

### Improving our Colorectal Cancer Pathway Patient Experience

#### Category

Patient Experience Manager / Professional of the Year

Nottingham University Hospitals NHS Trust



Nottingham  
Colorectal  
Service

#### About Nominee

Nottingham University Hospital Trust – With 15,000 staff, we are one of the biggest employers in the city with a central role in supporting the health and wellbeing of our local population. We play a leading role in research, education and innovation. We have a national and international reputation for many of our specialist services, including cancer services and we are the tertiary referral centre for colorectal cancer in the region. We operate upon approximately 250 patients with colorectal cancer per year, with many more patients having contact with our department via diagnostic, treatment or surveillance pathways.

#### At Work

James is a key member of the development, implementation and governance team for this project. His significant contribution has ensured its success whilst also being a full-time general surgical trainee. His inputs include: initial stakeholder engagement (18 clinical groups), clinical concept creation and design, patient consultation and feedback, education sessions provided to staff groups (12 separate events to over 150 members of staff to date) and continued evaluation and improvement of this patient experience project.

We have created bespoke, innovative and high-quality patient resources (booklet and animations) to guide and support patients through their cancer treatment journeys. James led the creation of an individualised patient risk assessment and risk factor modification (prehabilitation) which is new within our department. He has demonstrated leadership skills beyond his years and regularly chairs the governance group meetings. This project reports a 23% increased positive response rate to patient experience surveys following our interventions. The transferability of this project is clear and James has already commenced discussions with interested parties both within our trust and beyond, he recently presented the project results to the regional colorectal expert clinical advisory group and Cancer Alliance. As a result further funding has been secured to expand the project.

#### Summary

A core governance group maintained oversight during this project. This included a consultant colorectal surgeon (Mr Alastair Simpson), the general surgery manager (Clare Eaglesfield), a colorectal registrar (Mr James Blackwell), creative design expert Tim Bassford (Turbine Creative) and we received administrative/organisational support from a Johnson and Johnson strategic partnership manager. An unexpected impact of this project has been upon staff groups not directly involved in clinical care (i.e. administrative support staff). They report greater understanding of the patient pathway and clinical terms used in patient correspondence. Staff report being proud to present patients with the booklet and believe it is a realistic representation of the care delivered.

Forty-three patients have received the booklet to date (22 patients having completed treatment and follow-up). We report a 23% increase in positive response rate (agree/strongly agree) to the ten key questions, which would have correlated to a mean of 17% higher than national average. Patient quote: *"After hearing 'cancer' I glazed over. The booklet and videos helped me understand what was happening to me and helped me cope with the whole experience."* Patient quote after using booklet: *"I did find it really useful that I could input into it as well as the clinical staff. Completing the activity diary, saying I needed to be as fit as possible for the operation gave me the green light to get back running and boosting my fitness level up so I could be ready for the operation."*

Staff quote: *"Patients have been able to show family members, 'this is my diagnosis and this is my treatment plan going forward'. This has helped everyone's understanding"*.

The overall professionalism and design quality of our resources has received high praise as this is not always experienced with the NHS. Clear objectives with the patient experience at the centre has allowed us to make impactful resources which are engaging and informative to patients. Bridging the gap between clinical knowledge and patient facing information is key to patients understanding their conditions and treatment options.

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## Nottingham University Hospitals NHS Trust

### Co-Producing Our Patient & Public Involvement Quality Improvement (PPI QI) Strategy and Plan



**Nottingham  
University Hospitals**  
NHS Trust

#### Category

Strengthening the Foundation

#### Organisation

Nottingham University Hospitals NHS Trust (NUH) is a large, dynamic Acute Care Trust, situated in the heart of Nottingham. We provide services to over 2.5 million residents of Nottingham and its surrounding communities, and specialist services for a further 3-4 million people from across the region. We have a national and international reputation for many of our specialist services, including stroke, renal, neurosciences, cancer and trauma. In 2020 we achieved Magnet<sup>®</sup> and Pathway to Excellence<sup>®</sup> accreditation. We are one of the largest Trusts in the UK, comprised of Nottingham Children's Hospital, Queens Medical Centre, Nottingham City Hospital, Ropewalk House and Nottingham Treatment Centre. NUH is an ambitious teaching hospital, playing a central role in the education and training of nurses, doctors and other healthcare professionals. Our Patient Partnership Group (PPG) and Patient and Public Quality Improvement Group (PPI Q) comprises 19 patients/carers, 70% are QSIR Fundamentals trained.

#### Summary

The ambitious aims of our Patient & Public Involvement in Quality Improvement (PPI QI) Plan was: • To embed co-production in all QI projects across the Trust as a move towards co-production being the default position; • For people to be involved in the co-design and co-production of QI work in a meaningful way, as a powerful voice alongside those of the professionals in the system. Over the last 12 months we have enabled our patient volunteers to work side by side with our staff on over 40 improvement projects resulting in systematic culture changes enabling genuine co-production benefits and impacts.

#### Impact

We have generated over 40 collaborative improvement project discussions throughout NUH, with stakeholders giving good feedback and seeing and sustaining genuine co-production value and impacts. We believe our project has strengthened the foundations of patient involvement within our organisation by putting the patient's voice at the heart of delivering innovation and transforming care. The project initiated a culture change from board to ward, ensuring that all patients are included in and central to decisions relating to their health care. We are very proud that 70% of our QI patient volunteers have received QSIR Fundamentals training. Our example - the improving discharge workshop enabled the co-production of a discharge improvement plan. The outputs included: • Co-designed ICS wide D2A patient leaflet; • Implemented best practice for board rounds; • Implementation of criteria for discharge

Impact: • Decreased pre MSFT LOS by 1 day – reduction of delay related harm potential; • Improved patient involvement in their discharge process using the 4 patient questions *"The projects and outputs have significantly helped raise the profile and understanding of the importance/benefits of involving patients and adopting a co-production approach and are seen and used as exemplars for patient involvement and QI."* Head of Patient & Public Involvement. This project is very much still ongoing and working towards meeting the defined objectives.

- It is setting a strong foundation for coproduction in the Trust
- It is helping build and strengthen partnerships across the system
- It is helping build and strengthen relationships with those with lived experience
- It has helped increase staff awareness of the value patient volunteers can bring

#### What Makes Us Special

This innovation focussed on closing the gap between patient experience and quality improvement. The success and learning from QI projects in 21/22 trialling experienced based co-design prompted the development of the PPIQI plan as an enabler programme to support the delivery our QI strategy by keeping patients, families and carers at the heart of what we do. We believe this PPIQI plan is unique in that we were a trailblazer in our offer for patient volunteers to undertake training in QI methodologies. This gave our patient volunteers the confidence to work in equal partnership with staff giving rise to shifting the balance of power to co-produce service redesign and transformation.

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## Nottingham University Hospitals NHS Trust

### Building a Robust Hair Loss Service for Cancer Patients



**Nottingham  
University Hospitals**  
NHS Trust

#### Category

Cancer Experience of Care Award

#### Organisation

Nottingham University Hospitals (NUH) is one of the biggest and busiest acute Trusts in England. The Trust comprises three separate Hospitals; Queen's Medical Centre, Nottingham City Hospital and Ropewalk House, employing 13,000 staff. Across sites, there are 87 wards, approximately 1700 beds, and the Trust provides services to over 2.5 million residents of Nottingham and its surrounding communities. Nottingham University Hospitals NHS Trust is a leading Cancer Centre specialising in cancer diagnosis, treatment, research and education. Providing cancer services to the local population of Nottingham (1.1 million) and are the main tertiary centre for Lincoln Hospitals, Sherwood Forest Foundation Trust Hospitals and Derby Hospitals (population 2.4 million), as well as receiving referrals from Leicester and out of area referrals for complex and rare cancers (population 4.1 million). NUH's strong research and academic links with Nottingham University enable the Trust to undertake groundbreaking research into new cancer drug therapies and treatments. The Trust is the lead organisation for 19 cancer multidisciplinary team meetings.

#### Summary

In 2019, a patient story was heard by NUH's Trust Board, from a patient who had cancer, detailing her experience of cancer services at NUH as a black woman experiencing hair loss. From this account NUH was made aware of the lack of variety or choice of hair loss products for people from the BAME community. This issue was then picked up by the Trust's Lead Cancer Nurse and a working group was formed to rectify this issue. The working party uncovered many other issues facing both patients and staff at NUH relating to support and information for people with cancer at NUH who are experiencing hair loss. The working group completed a full scoping exercise and redesigned the pathway to improve the patient experience and ensure that the Hair Loss Service for cancer patients at NUH is quality assured and equitable. The redesign incorporated key stakeholders across the trust and patient representation from the BAME community. The project team created a clearly defined pathway for both patients and staff. New evidenced based information for patients was published which includes information for people from ethnic minority groups and individuals who identify as male. To ensure continued quality and equity of the pathway, a patient experience survey was produced and embedded. A clear and robust procurement process for local hair loss product providers was implemented. Staff training was designed and embedded, to enable colleagues who work with cancer patients affected by hair loss to feel confident and have the skills to provide information and support. A measurable, real-time patient experience survey that provides lived experience of NUH's Hair Loss Service/pathway and local providers was designed. Through the processes implemented, NUH has the ability to audit Hair loss providers and give feedback.

#### Impact

The impact of this project is far-reaching and tangible. The project has directly tackled inequality and embedded a pathway that is equitable for everyone affected by cancer at NUH who is experiencing hair loss. Results and outcomes are still being collated, by the end of 2022 it will be possible to produce the follow data: • Number of patients who have used the pathway; • Demographical breakdown of the patients who have used the pathway; • Number of staff and Teams trained; • Support given to other Trusts to implement similar; • Evaluation data of local hair loss product suppliers; • Cost to NUH; • Patient experience feedback

#### What Makes Us Special

This project brought key teams and professionals together across the Trust in a true collaboration; everyone involved shared their expertise freely to ensure this project incorporated best practices from clinical guidelines and corporate procedures whilst always keeping the Patient at the Centre of the pathway. From a single comment from one patient who experienced hair loss whilst under the care of the Trust, a complete pathway redesign was undertaken. From brand new evidence based information leaflets, staff training and right through to ensuring a seamless procurement pathway for our local collaborative organisations. This project is an excellent example of taking a small seed and creating an inclusive and robust garden.

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## Nottingham University Hospitals NHS Trust

## Improving our Colorectal Cancer Pathway Patient Experience

**Category**

Cancer Experience of Care Award; Communicating Effectively with Patients & Families; Innovative Use of Technology, Social & Digital Media; Partnership Working to Improve the Experience

**Organisation**

Nottingham University Hospital Trust – With 15,000 staff, we are one of the biggest employers in the city with a central role in supporting the health and wellbeing of our local population. We play a leading role in research, education and innovation. We have a national and international reputation for many of our specialist services, including cancer services and we are the tertiary referral centre for colorectal cancer in the region. We operate upon approximately 250 patients with colorectal cancer per year, with many more patients having contact with our department via diagnostic, treatment or surveillance pathways. Turbine Creative Communications - A creative agency that specialises in helping health organisations communicate with more clarity and impact through compelling marketing media. Our experienced team is built upon award-winning experts in digital design, communication strategy, video and animation production.

**Summary**

We have created bespoke, innovative and high-quality patient resources (booklet and animations) to guide and support patients through their treatment journeys. The booklet represents a central place for patients, family, carers and healthcare professionals to add to the patients journey. Clear objectives and multilevel leadership have benefitted this project. The governance groups meeting regularly to digest feedback from clinical and stakeholder working groups. We believe that the clarity of our patient information materials and improving the continuity of care throughout our pathway (by uniting traditionally separate clinical groups via booklet usage), has led to significantly improved patient experience feedback. We report a 23% increased positive response rate (agree/strongly agree) to patient experience surveys. Our resources are now in full clinical use and can all be updated in response to patient feedback and changes to clinical practice. Additional training for staff groups of provided where needed. This patient facing booklet and digital content represents a fully transferrable blue-print for other cancer and chronic health conditions to improve communication with patients/families.

**Impact**

Impact: An unexpected impact of this project has been upon staff groups not directly involved in clinical care (i.e. administrative support staff). They report greater understanding of the patient pathway and clinical terms used in patient correspondence. Staff report being proud to present patients with the booklet and believe it is a realistic representation of the care delivered. Results: Forty-three patients have received the booklet to date (22 patients having completed treatment and follow-up). We report a 23% increase in positive response rate (agree/strongly agree) to the ten key questions, which would have correlated to a mean of 17% higher than national average. Patient quote: *"After hearing 'cancer' I glazed over. The booklet and videos helped me understand what was happening to me and helped me cope with the whole experience."* Patient free-text comment: *'Very professional. Above and beyond what might expect.'* Patient quote: *"Easy to understand and clear"* Staff quote: *"Patients have been able to show family members, 'this is my diagnosis and this is my treatment plan going forward'. This has helped everyones understanding"*.

**What Makes Us Special**

This pathway wide intervention was designed to improve the continuity of care for patients and staff. Many projects impact discrete elements of the patient journey, we aimed for an over-arching intervention which connected many smaller elements, creating a seamless patient journey to enhance patients' continuity of care. Striving to deliver individualised stratified care with the patient at the centre. In addition, the reduction of paper-based information given to patients, engagement of the patient's own smartphone to watch digital content, and the ability to share information with concerned family members all makes great use of digital tech to improve the patient's cancer journey – and the environment! The sheer number of stakeholders makes this project stand out from others. Patient information is often very clinical, full of jargon and quickly out-dated. We focused upon what information patients actually want and tried to avoid complex medical explanations.

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## Nottingham University Hospitals NHS Trust

### Arts at Nottingham University Hospitals NHS Trust



**Nottingham  
University Hospitals**  
NHS Trust

#### Category

Environment of Care

#### Organisation

Nottingham University Hospitals (NUH) provides services to over 2.5 million residents of Nottingham and its surrounding communities and a specialist services for a further 3-4 million people from across the region. NUH one of the largest employers in the region, employing around 16,700 people. There are 3 sites: •QMC; •Nottingham City Hospital; •Ropewalk House. Nottingham Hospitals Charity, who fund the Arts Coordinator role and provision, support our local hospital Trust thanks to the kind donations of local individuals and organisations.

#### Summary

In September 2021, NUH and Nottingham Hospitals Charity launched a pilot 'Arts Coordinator' role for twelve months, with the aim to develop an arts provision at NUH to improve patient, carer and staff experience, primarily for patients with dementia, and includes all forms of visual and participatory arts. Since the start of the pilot, we have implemented a number of projects, including but not limited to: 1) Visual Arts projects to improve the environment. We have established partnerships with Paintings in Hospitals and Nottingham Trent University to implement 'Dementia Friendly' exhibitions and murals at both of our sites, in both high footfall corridor areas and older persons wards. 2) Music programme - With restricted visiting limiting access to live music and musicians in hospital spaces, alternatives were sought. Activity Coordinators and 'Arts Champions' at the Trust received training on how to use music to support patients in daily care, led by Opus Music CIC, who are funded by Nottingham Hospitals Charity. Live music from community choirs and musicians was introduced to outdoor spaces in December and May to celebrate Christmas, Mental Health Awareness, Dementia Action Week and Creativity and Wellbeing weeks. 3) Introduction of a RITA device (Reminiscence Interactive Therapeutic Activities) on older persons and surgical wards. RITA has improved access to creative arts and activities for patients, visitors and staff and has been a valuable tool in accessing music, films, games to improve patient experience.

#### Impact

The Arts at NUH pilot has generated discussions about arts and activities to support patients, carers and staff. The Arts Champions group continues to grow and the Arts at NUH section of the Trust website receives over 200 views per month. The outcomes for each individual project have been measured slightly differently and examples of this are provided below: 1) Visual arts initiatives - The Paintings in Hospitals exhibitions have been selected by patients across all 9 Healthcare of the Older Persons wards by over 35 individual patients as an in-person activity, and 20 members of staff/volunteers. Patients made the following comments after the selection activity: *'brightened my day', 'helped to pass the time'* I personally delivered the activity to a number of patients, including a visibly distressed patient who was crying and shouting out. During the activity they smiled, had a conversation with me and became much calmer. A consultant, Occupational Therapist and Physiotherapist noted that this has been the first positive interaction this patient had had since the start of their admission. 2) Music programme - Our programme of live, outdoor musical performances have generated lots of interest on Twitter and YouTube, with one of the Twitter videos from Christmas reaching over 1,400 views. Videos were made of performances. 3) RITA has been used to celebrate events such as Dementia Action Week and the Queen's Platinum Jubilee. A number of areas have reported that using RITA has helped to encourage positive engagement and interaction, reduce agitation and distress and reduce boredom. *'Singing app has improved working environment for staff and uplifted patients. Positive response from both staff and patients. Would recommend rita to other wards'*

#### What Makes Us Special

The Arts at NUH initiative is accessible and available across the whole of our Trust. Whilst there has been a focus on improving the experience for patients with dementia and carers, other patients, staff, visitors and volunteers may benefit from the projects. The programme is the first of its kind for NUH, with all of the work mentioned above being implemented in only 9 months. I believe the support from key stakeholders, in particular the Patient Partnership Group, has been pivotal to the success of the project, as well as the regular use of social media and willingness to take on new opportunities to present and adapt the initiative.

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## Nottingham University Hospitals NHS Trust

### Revised Popper Gown Project



**Nottingham  
University Hospitals**  
NHS Trust

#### Category

Measuring, Reporting & Acting incl Turning it Around; Staff Engagement & Improving Staff Experience incl Medical Education; Strengthening the Foundation; Using Insight for Improvement – NHS Funded Subcategory

#### Organisation

Nottingham University Hospitals (NUH) NHS Trust provides services to 2.5 million residents of Nottingham, Nottinghamshire and its surrounding communities. We also provide specialist services for a further 4.5 million people from across the East Midlands and nationally for a handful of services. We are one of the largest employers in the city, employing around 15,000 people.

#### Summary

A Healthcare Support Worker demonstrated leadership and utilized new thinking to alter the current hospital gown to improve staff and patient experience and patient outcomes. The initiative began during the monthly Shared Governance Leadership Council, where F22's council Chair asked whether non-registered staff could receive training to thread intravenous (IV) lines through patient gowns. They were informed that only registered nurses are accountable to do that. The Chief Nurse encouraged them to create a gown that was fit for purpose. Altering the current hospital gown to have poppers on the sleeves decreases potential risk factors and promotes areas of focus like healthcare worker's workload, staff retention, line care, infection control, saving money, improving patient safety and experience. The project was focused on and involved high acuity patient areas such as critical care, high dependency, level 1 wards/high demand line care areas with PICC lines and Hickman lines. Further research showed the gown was versatile to fit in with other specialities such as Maternity for skin-to-skin contact/breastfeeding access, Emergency medicine, Orthopaedics, Healthcare of the Older Person and ENT.

#### Impact

The success has been measured in feedback and surveys from registered, unregistered nurses and patients pre-trial and post-trial. Pre-trial: 63.16% had waited more than 5 minutes + (longest waiting time 20 mins) for gown change assistance to thread iv infusions also encouraging gowns to be cut off because of long waiting times. One Question: What do you do if unregistered nurse is unavailable? 63.16% of unregistered nurses have left used/soiled gowns on patient and iv pump machines while waiting (20 mins max) for iv line threading, 21.05% of unregistered nurses have cut gowns off to avoid waiting time for patient, 15.79% of unregistered nurses have had to ask another RN or assistance. Pre-trial patient feedback: "Want to be able to change my gown myself"; "Easier access to wash independently"; "Takes too long to have a gown change"; "Hospitals need a different style; I feel trapped when I want a shower" "I want to dress myself when I have lines connected"; "I always get cold because my gown sits on the machine until a blue nurse comes"; "I cant fit my cast in the sleeve and my shoulder hurts so I have to leave my arm hanging out" Post trial: -100% of unregistered nurses from surveys have been able to give personal hygiene without assistance of a Registered nurse.-100% of unregistered nurses feel more satisfied and confident completing gown changes without a Registered nurse.-88.89% of unregistered nurses have saved time to concentrate on other duties using the revised gown.-88.89% of unregistered nurses said patients had more independence using revised gown with iv's attached; -RNS had less disruptions on medication rounds making patient care safer. -Patients said they are more independent using the Revised gown. -Patient feedback was 100% satisfactory after trial, they are really keen to have this introduced permanently. The Arrest/Emergency simulation results were the most profound, reducing the time from 53 seconds to 9 seconds. The impact on patient outcomes and patient safety is enormous.

#### What Makes Us Special

This project is particularly special because a Healthcare support worker led the project. The Shared Governance model of clinical leadership was successfully demonstrated with an excellent outcome. The Healthcare support worker has development skills in research, data collection, process mapping, feedback, innovation, improvement, piloting and negotiating with stakeholders, as well as networking locally and externally. It is a project that improves staff experience and patient outcomes, as well as having professionally developed a Band 2 Healthcare Support Worker to now progress into a Band 4 Clinical Support Trainer secondment.

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## Nottingham University Hospitals NHS Trust

### Maintaining Patient Dignity – The BAME wig project



**Nottingham  
University Hospitals**  
NHS Trust

#### Category

Personalisation of Care; Using Insight for Improvement – Access Subcategory

#### Organisation

Nottingham University Hospitals NHS Trust (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. The BAME Shared Governance (BAME SG) was formed in 2018. The purpose of BAME SG council is to unite, empower and inspire; promote ally ship and equity, be a critical friend, improve patient involvement and staff engagement. The other aims of BAME SG include listening and acting on patient and staff feedback; educating both patients and staff; integrating cultural awareness and supporting the delivery of the Trust strategy.

#### Summary

The BAME Shared Governance (SG) council recognised the need for providing appropriate wigs for our BAME cancer patients who have experienced alopecia following chemotherapy treatment. Alopecia refers to excessive hair loss because of hormonal changes, radiotherapy to the head and medications, which is a side effect of drugs such as those used in cancer treatments (Mayo Clinic, 2019). Having received feedback about emotional trauma associated with the loss of respect and dignity because of being offered inappropriate wigs to go home in during their most vulnerable moment in life, BAME Shared Governance wanted to restore the patients' dignity. BAME SG took a leadership role and involved the Trust's Lead Cancer Nurse for Chief Nurse, Chief People Officer, Head of Equality Diversity and Inclusion, Assistant Director of Nursing (ADN) for Research and the ADN for Education as well as the MacMillan Cancer Nurses to work collaboratively as a multi-disciplinary team (MDT). The discussions and feedback collated highlighted the need to create awareness about cultural differences and diversity thus resulting in an innovative project known as the BAME Wig Project. The overall outcome has been the dissemination and the transferring of the project across the Trust to ALL patients suffering from alopecia with the intention of sharing good practice regionally, nationally and internationally.

#### Impact

The process of undertaking the wig project has highlighted the collaborative nature of the work. BAME SG was the link between the Trust and the community which has opened a channel of communication between CAS and Sista's Against Cancer. BAME SG was able to take a BAME patient to share their story at Trust board in January 2020. *"This project has restored my faith in the NHS; BAME SG as a council has shown that there are people like us who can champion our voice and affect change. I am confident that this will improve the care of BAME patients with cancer and help restore our dignity."* [Patient X]. *"I come straight to BAME SG if I have concerns about my care and things get done."* [Patient Q]; *"Thank-you for making me look like me."* [Patient A]. As oncology sits within the CAS division, CAS will collate data to measure the project's success. BAME SG has agreed a pilot to bring a BAME Trichologist's (a specialist who helps people with hair loss issues) and a hairdresser on site for six months to bring specialist services to patients + option of follow up in designated private rooms for treatment.

#### What Makes Us Special

Within the BAME community, hair is a sacred cultural and spiritual symbol and losing one's hair means a loss of respect, integrity, dignity and societal standing. It is also believed that the hair of a woman is a crown and her beauty and it defines who she is. Physically, hair has a twofold role as it protects against intense UV radiation of the sun and provides warmth in colder temperatures. Therefore, the BAME wig project is special as it helps to restore the patient's dignity and sense of worth; it has also built trust between the BAME community, NUH and the integrated care system. Core to ensuring the continuity of the project has been the MDT approach with an executive buy-in and support from NUH Charity. The project has given a platform for patients to amplify their voices, restore their dignity and self-confidence. It has also increased staff cultural awareness. Initially, the project was for patients from a minority ethnic background and it has now expanded to all patients making it inclusive to all who suffer with alopecia.

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## Nottingham University Hospitals NHS Trust

### External Ventricular Drains-D10 Shared Governance Council



**Nottingham  
University Hospitals**  
NHS Trust

#### Category

Staff Engagement & Improving Staff Experience incl Medical Education; Strengthening the Foundation

#### Organisation

Nottingham University Hospitals NHS Trust provides services to 2.5 million residents of Nottingham, Nottinghamshire and its surrounding communities. We also provide specialist services for a further 4.5 million people from across the East Midlands and nationally for a handful of services. We are one of the largest employers in the city, employing around 15,000 people across the Queen's Medical Centre (QMC), Nottingham City Hospital and Ropewalk House..

#### Summary

The D10 Shared Governance Council identified the need for education around the clinical management and care, of External Ventricular Drains (EVD). This was following, observation of colleagues in practice. They pursued this as a project, and as a result, using a simple but innovative method, introduced blue pillowcases to identify those patients with an EVD. The council then went on to design and test, a Nursing tool in the form of a sticker, which can be attached to the bed. The council showed leadership by taking ownership for the practice in their clinical area, and developed an identification strategy alongside a documentation tool for nursing colleagues to use. The council members consulted with colleagues outside of the council to develop the systems, and subsequently improve the experience and outcomes for patients with an EVD. Through working with colleagues, this piece of work has been sustained in practice on their ward, and by sharing their work at Leadership Council, with Divisional colleagues and at the Shared Governance Annual Conference, has been disseminated and transferred to other clinical areas i.e. Adult Intensive Care Unit, Male Ward and the Post-operative Unit.

#### Impact

Since implementing the project, we have educated staff on ward D10 to start using the nursing tool. This was so we could collect accurate data, to see the effect of our tool in practice. Due to our nursing tool quickly gaining recognition on ward D10, staff caring for patients with EVDs on the post-operative unit (NSPU) began using our tool, along with our sister neurology ward (D11), and we are hoping to implement further across NUH, to relevant specialist wards. We have observed that patient escort and catering staff are now showing an awareness not to move patient's before speaking to a nurse. This has been reiterated from feedback from a Deputy Sister: *"The EVD Nursing tool has stopped unnecessary issues to patients from over/under drainage and the symptoms associated with this. A porter has said recently how helpful the tool is to them as well. Making them work more effectively."* N.Twist. The hydrocephalus nurse specialist has now implemented an EVD passport (EVD Assessment and Management Booklet NUH04534N) that follows the patient journey from theatre, AICU and to the wards. Feedback includes: • Aiding Teaching and Improving Staff Learning and Awareness - *"Providing visual prompts has aided my teaching, also feel it has resulted in less patient safety issues. For visual learners it significantly aids their learning. In all it has raised awareness and prompted staff, which results in improved patient care/outcomes."* Flavia Percox, Clinical Nurse Educator. • Staff Confidence and Awareness - *"I feel since having the visual prompts e.g. Blue instruction sticker and Blue pillow it makes it clear which patients have EVDs and who is allowed to touch them, the blue pillow case makes any leakages clear to see"* E.Frain, Trainee Nurse Associate. • Improved patient care - feedback from a patient who attends the hospital regularly for EVD's *"I have noticed a huge difference in the amount of people who were more aware, and it looks more professional"*

#### What Makes Us Special

We feel that this initiative is special because of the simplicity of the initial solution and the background work that took place to develop the tool. We have also taken a multi-disciplinary approach, which means that the development of the tool has been inclusive, but also enables the spread of knowledge to ensure the promotion of its use. Due to this inclusivity, we have also seen the spread of this knowledge to non-clinical colleagues, and raised their awareness of patients with an EVD. This has led to patients not only benefitting from improved clinical care, but also an improved experience from colleagues who are non-clinical. We feel that patient safety has improved alongside nursing knowledge, in regards to how to care for these patients.

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## Nutricia

### People Matter, Implementing Local Solutions for Local Teams



#### Category

Using Insight for Improvement – Staff Subcategory

#### Organisation

Nutricia is the largest specialist medical nutrition feed and service provider in Europe and market leader in the UK. Nutricia Homeward is the service which supports home tube fed patients, launched in 1997 the service includes a dedicated team of over 160 Nutricia Homeward Nurses who specialise in enteral nutrition (tube feeding), who support safe and speedy hospital discharges and help prevent tube fed related hospital admissions by providing education and clinical care in patients homes. The service arranges monthly deliveries of prescribed nutritional products and equipment to patients' homes and a telephone helpline 24 hours a day, 7 days a week. Nutricia Homeward currently looks after more than 30,000 home tube fed patients across the UK.

#### Summary

Nutricia Homeward nurses are the front-line clinicians of the Homeward service, they provide training and regular clinical care for tube-fed patients at home. The reassurance patients receive from regular contact over many years with an experienced, familiar nurse can't be underestimated therefore it's important that Nutricia has a team of Nutricia Homeward nurses who are engaged, motivated and supported. This initiative highlights how Nutricia identified a challenge with nurse's morale in 2020, during and post COVID and through focused prioritisation across all levels within the organisation undertook a variety of actions to improve this. The unique element within this initiative involved empowering individuals and teams to create and implement local plans, important and relevant to them rather than solely implementing top-down actions. By measuring morale regularly via a simple survey, the challenge was identified, priorities agreed, and improvements demonstrated.

#### Impact

The quarterly morale survey was repeated throughout 2021 and comparing September 2020 data to September 2021 the scores in response to the question "How has your morale been recently? (10: Bouncing into work, 1: Monday blues every day)" improved, with the most significant changes occurring at the lower end and top end of the scale. In 2021 only 5.9% rated their morale as 1-4 versus 12.9% in 2020 and 54.9% rated their morale as 8-10 versus 47.3% in 2020. The quantitative data from the surveys demonstrates positive improvement however it's the nurses' comments which really demonstrate the effect that local engagement plans had. *"Our plan has really brought us together as a team and helped us appreciate and value each other even more. As a result of the engagement plan, we held weekly well-being meetings. These were still virtual, but we had an agreement that this time was spent doing something fun, or something that supported our well-being. We often had team quizzes, or coffee mornings. Our manager was an amazing support with this and always ensured it was a priority"* Nutricia Homeward Nurse, Sheffield. Providing a specialist tube feeding service to patients and their families requires a degree of continuity in the nursing team to maintain expertise and it was encouraging to see that staff retention improved during this period with 50% less nursing staff leaving between March -July 2021 versus the same period in 2020. In addition to improvements in the morale of the nursing team and reduced employee turnover there was an increase in patient satisfaction in the nursing service between 2020 and 2021. Patients scoring the nursing service 4 or 5 stars out of 5 increased from 96% in 2020 to 97% in 2021 demonstrating that a motivated and engaged workforce has a positive effect on patient experience.

#### What Makes Us Special

Nutricia Homeward nurses are the front-line clinicians of the Homeward service, they care for tube fed patients every day and often build great relationships with their patients and families over the years which makes a real difference to patients and ensures a positive patient experience. A great example is Gary, a patient in Yorkshire *"My Nutricia Homeward Nurse is Martine, and I feel we struck gold with her. She's unbelievable; so professional, knowledgeable, patient and supportive. She's gone above and beyond what she needed to do - as my recovery progressed. Martine is more like a friend now than my nurse - she's amazing."* A team of empowered, engaged and motivated nurses who want to really make a difference to patient care is what makes the Nutricia Homeward service special and can really make a difference to patients' lives.

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## Oxford Health NHS Foundation Trust

### Long COVID Rehabilitation - a collaborative approach to development of service delivery



**Oxford Health**  
NHS Foundation Trust

#### Category

Partnership Working to Improve the Experience; Strengthening the Foundation

#### Organisation

Oxford Health NHS Foundation Trust is a community service serving the Oxfordshire population. The Post COVID service is a collaborative service with the local secondary care Trust, Oxford University Hospitals NHS Foundation Trust, and other third party organisations. The Post COVID service to date employs a total of 22 staff and has assessed and supported a total of 1500 patients diagnosed with Post COVID-19 condition.

#### Summary

The primary aim was to develop and evaluate a new collaborative service, designed to meet the needs of patients with a complex and evolving syndrome, termed Long COVID. Initial guidance centered around the establishment of Post COVID assessment clinics, with NHSE funding provided. Locally in Oxfordshire the passion from leadership and previous expertise of rehabilitation, recognised that rehabilitation pathways needed to be essential in approach to the management of individuals with continuing symptoms and a collaborative pathway between the secondary and community care services was established. Continual reflection, listening to both clinicians and patients was fundamental in the development and delivery of the service, enabling both a team and pathway that put patients at the centre of all elements of delivery of care. The major learning points gained for our team and development of this service that when boundaries of organisations, mode of delivery of care, passion and seamless working from leadership and ability to trial treatment approaches were utilised, a multi disciplinary approach to managing long term conditions can truly be established that puts the patient at the heart of all conversations, pathway developments and is truly listened to.

#### Impact

The Post COVID rehabilitation service has provided a personalised, multi-professional and needs met approach to over 1000 patients in the 18 months. To achieve this, mode of delivery, expertise of clinician and expectations of patients are all variables that have adapted and continue to evolve to meet this need. In this delivery of rehabilitation, we have worked with local initiatives and charities, funded external companies to support and research concepts, and will continue to transform to meet both local and national requirements. Patient feedback was recognised as being of great value within the service and has been reflected while evolving methods of service delivery. In Oxfordshire the I Want Great Care system is used to collate feedback. This was reviewed monthly, and changes and responses were made in a timely manner as reasonably possible. Between January 2021 and June 2022 the service received 156 detailed narratives to assist in the service development. It was rated 4.84 out of 5 stars in this time period with 98.7% of patients reporting a positive experience. Most common themes when asked 'what would you like to see improved?' included – reduced waiting times, ability to see medical professional, joined up working, education to GP's and wider teams regarding long COVID presentations. The collaborative team of multidisciplinary professionals delivered webinars to GP's, Acute Trust Medical teams and Community Care colleagues to educate about the nature and presentation of this syndrome. The establishment of virtual workshops enabled patients to be seen and managed in a more timely manner, within a shared and mutual environment with other individuals in similar scenarios, enabling patients to understand 'they were not alone'. Positive feedback received was beneficial for the well-being of our clinicians in the absence of established validated outcome measures in this population, demonstrating the quality of the care that we continue to deliver, with pressure to meet waiting list and patient demands. A summary of common words patients used to describe their experiences with the Oxfordshire Post COVID Rehabilitation Service is attached as additional supporting material.

#### What Makes Us Special

This initiative was different. We needed to respond quickly and evolve almost daily to the changing scenarios and feedback received. The service pathways and team were able to act without the boundaries of reporting KPI's and fixed service pathways – ensuring that the most appropriate and clinically effective care was delivered.

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## Princess Alexandra Hospital NHS Trust

### Living Well with Cancer

#### Category

Fiona Littledale Award

#### About Nominee

Lisa is our Lead Nurse for the living with and beyond cancer agenda. Previous to this she was the gynaecology cancer CNS in our organisation and I have had the privilege of being her manager for three and a half years.

As part of Lisa's role, she is heavily involved in the health and well-being of our cancer patients to support them living well for longer with cancer, which ultimately improves their cancer experience. She has been in this post for over 3 years and made the change from the Gynae CNS role because she wanted to make a difference to the quality of life of our cancer patients and believes in good well-being having a positive impact on this.

Lisa's role started with ensuring all patients were having their holistic needs assessed electronically by the Cancer clinical nurse specialists, of which the improvement has been phenomenal. Lisa is also leading on the project work that will enable our patients to have more remote follow ups, reducing their hospital visits. In addition, she has started to focus her thoughts on how we can roll out pre-habilitation programmes for cancer patients to help maximise patient health prior to treatment, which improves patient outcomes following treatment.

Lisa has been working on this huge piece of work alone (with some support from me in the form of weekly one to ones). She has had to engage with all specialties across the Trust and our Cancer CNS workforce to educate them on her objectives and gain their support in helping with the roll out of her projects across each tumour site. The last 6 months we have successfully recruited to four cancer support worker posts to work closely with the cancer Clinical Nurse specialists to assist Lisa with embedding this work.

#### At Work

Lisa is one of the calmest and most professional people I have had the pleasure to work with. She is respectful, kind and caring. She is also extremely accommodating and flexible in her work when it comes to organising meetings to suit others, or setting time aside for peer support.

Lisa is very organised and methodical in her approach, and always has a list of objectives that she does not lose sight of despite the huge workload and demand she has.

She has been a great support to me over the three and a half years she has been working in this field. We work together in creating our vision for the patient information and well-being centre and she has more than supported me with the project work we had as part of the cancer improvement collaborative this year.

She was one of the first members of staff to offer support outside of cancer during the pandemic helping the mortality team with structured judgement reviews and assisting with the covid vaccine programme.

A huge part of Lisa's role also involves education. She has educated and trained all the Cancer clinical nurse specialists in the use of the electronic holistic needs assessment and is the assessor for signing off the holistic needs assessment competency as part of our cancer clinical nurse special competency criteria. She is also pivotal in educating the other tumour site leads on the living with and beyond cancer agenda. In addition to this with new cancer support worker working with Lisa she plays an important role in providing education and support for them too, of which she has embraced.

#### Summary

Lisa does a fantastic job and always amazes me how she continues to drive forward the changes she is trying to make despite some very challenging situations. She keeps going and doesn't give up with her agenda, all to ensure we are improving our patients care and experience. She always holds the patient at the heart of everything she does. She works collaboratively with a varying number of stakeholders and has the ability to engage with staff from a variety of job roles, both internally and externally.

Lisa is passionate about her role and involvement in improving patient pathways, and is a good example to others. She is motivated and continuously strives for better outcomes for patients. I am incredibly proud to have her on my team here at Princess Alexandra Hospital NHS Trust.

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## Princess Alexandra Hospital Trust

### Cancer Nurse



modern • integrated • outstanding

#### Category

Fiona Littledale Award

#### About Nominee

Louise Edwards is Head of Nursing for Cancer /Lead Nurse at The Princess Alexandra Hospital Trust. She joined the Trust four years ago with a wealth of cancer nursing experience.

Louise's role revolves around the patient experience, promoting a safe and nice environment for patients and staff. By looking after the staff the example she sets cascades to how the staff look after the patients. A quote made by someone "Louise always has the patient at the heart in everything she does".

Whilst it has been described as her role, this is not just her role it is in her core values being to promote an environment to provide the best experience for cancer patients.

She is responsible for a team of Acute Oncology Nurses, Macmillan Lead SACT Nurse, team of Chemotherapy nurses, team of Clinical Nurse Specialists who cover all tumour sites, Macmillan Recovery Package Manager and Cancer Support Workers.

I have known Louise for a number of years in my role as Chair, of the Patient Panel, she joined our group ""One step at a time"" a group dedicated to ensuring that information is produced by patients for patients and has supported and encouraged us in our work

#### At Work

Her achievements, listed below, demonstrate outstanding commitment to her role:

- Recruitment of cancer support workers to assist with embedding stratified follow up and improve health and well-being for patients living longer with cancer.
- Implementation of cancer Clinical Nurse Specialist competencies for all tumour sites
- Cancer Haircare clinics on site set up as part of health and well-being for our patients
- DPD testing for chemotherapy patients to reduce toxicity risk and hospital admission
- Refurbishment of cancer unit during the COVID pandemic which was no mean feat
- Electronic prescribing and scheduling of systemic anti-cancer therapy
- Health and well being event for cancer staff – in collaboration with students at the local college
- Secured funding through charitable donations to implement complimentary therapy on site for our cancer patients.
- Very positive chemotherapy patients' satisfaction survey (see attached)- which Louise's leadership has enabled to happen.

Over the past year Louise has led a team with the hospital and including patients being part of project with the NHS Cancer Collaborative exploring breaking bad news and giving of information to cancer patients whose first language is not English. Despite a lack of data Louise very keen to persevere with the project to identify measures that need to be explored in this client groups interest.

Louise is solid in her presence and even when she must be clearly challenged with her workload, she continues to keep going maintaining professionalism. Louise is persistent with her vision and keeps going when there are challenges outside of her control. Her drive and commitment are an inspiration to her peers and is a driving force within the department to constantly acknowledge and improve upon the care being provided. She will accept criticism and see that as an opportunity for reflection and development both within herself and what is within her remit.

#### Summary

Louise deserves this award because of her persistence, her vision, her drive to create the ultimate workforce and environment she can have provided the best patient care. Also, her dedication, her work with patients to understand the patient experience, and her responsive actions to support the enhancement of the patient experience. During her four years at the Trust she has an outstanding list of achievements: which have been highlighted in the response to question 2. Whilst this could be argued this her job what makes her stand out is her constant presence and energy to do her job well and not back down when the going gets tough.

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**Public Health Agency****Valuing Feedback through an Online User Feedback Service****Category**

Commissioning for Patient Experience

**Organisation**Public Health  
AgencyHealth and  
Social Care

Within Health and Social Care Northern Ireland (HSCNI) the Public Health Agency (PHA) is the major regional organisation for health protection and health and social wellbeing improvement. With a workforce of approx. 300 the PHA is a multi-disciplinary, multi-professional body with a strong regional and local presence. A key function within the PHA is to support the citizens of Northern Ireland to be involved with services in Health and Social Care, from design to implementation and evaluation. To support learning across the whole of Northern Ireland the PHA partners with the six Health and Social Care (HSC) Trusts (including Northern Ireland Ambulance Service) to engage with service users, families & carers through the vital support of Trust PCE Facilitators.

**Summary**

The aim of the Online User Feedback Service (OUFS) is to enable impactful engagement with patients and the public in a fully open and transparent way that supports meaningful engagement and drive sustainable, measurable service improvement. The vision was to implement a regional service adopting a whole system approach. OUFS challenged the traditional perspectives to feedback in NI, where feedback was only engaged as part of a negative experience or through defined project work as determined by the system. Care Opinion platform was contracted as a core component of the OUFS, providing an online platform to build the OUFS upon. Led by the PHA, OUFS was designed as a service for the public – service users are empowered to share their story using their words when ready to share. It introduces a response mechanism to build communication channels between authors and services respecting the anonymity of the service users involved. OUFS provides a mechanism whereby learning from one person's story can impact across multiple layers of the system. To date over 6,000 stories have been shared, responded to and analysed.

**Impact**

Implementation of OUFS was monitored against 10 Impact & Implementation indicators which were coproduced to analyse both process and outcome data. Through the indicators adjustments could be made to promotion to ensure effective engagement with service users - this agile approach was particularly important through the pandemic when it was challenging to connect with service users. A key indicator for effective communication with patients and families is the rate of response to the stories when published. In line with research, to demonstrate the story has been valued and listened to the OUFS seeks to respond to all published stories within 7 days using an evidence based response framework. To date 84% of stories have received a response within 7 days. There have been 165 changes identified as a direct result of stories shared through the OUFS and a Library of Change formed to cascade learning across the region. Examples are included within the first Annual Report of OUFS entitled "Care Opinion ... The story so far" such as a service user shared the challenging story of attending Outpatients assisted by a guide dog. This led to further engagement and coproduction of a staff training resource which has been scaled and distributed across all trusts. In the report is the summary of a qualitative study (supported by Care Opinion) which explored motivation and impact of authors & service responders in Northern Ireland -giving insight into the positive shift in attitude to engaging with feedback. Impact is also evidenced at a strategic level through the development of briefing papers to evaluate new priorities (virtual visiting, COVID vaccination centres) or inform further service design (for example experience of Maternity & Intermediate Care).

**What Makes Us Special**

From a UK perspective the use of online feedback platforms has been evolving for many years however Northern Ireland is the first nation to adopt a whole system approach to all services within HSCNI and to expand beyond the platform into a bespoke service for the people of NI. The introduction of OUFS in NI has established a mechanism to build a relationship between services and the people who have shared their valuable stories and is part of a culture shift to ensure the voice of people is evident at all levels of the system. This has challenged the traditional, transactional approach to feedback and presents the conversation in an open, transparent and accessible manner.

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## Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust

### Finding Cards – improving the experience for friends and family on arrival at the Emergency Department



Portsmouth Hospitals  
University  
NHS Trust

#### Category

Support for Caregivers, Friends & Family; Using Insight for Improvement – Access

#### Organisation

Queen Alexandra Hospital is a large District General Hospital on the south coast of England providing care to people across the city of Portsmouth and south east Hampshire. The Emergency Department (ED) sees 130,000 patients per year. The department is open 24 hours a day, seven days a week, with consultant-led emergency care. The ED team is large and includes 18 consultants, 52 Doctors in training, over 150 nurses and nurse practitioners, and further allied support staff. The department has a dedicated 6 bed Resuscitation area, 42 Majors beds spread across 4 major treatment areas, an ambulatory seated care area with 12 chairs, waiting room and a dedicated 11 bed children's emergency department. The corridors connecting bed space treatment areas are interconnecting, opening into bays of care area bedspaces, spread across a very large footprint.

#### Summary

Finding Cards are a fresh idea, focused on addressing needs and emotional support of friends and family when first arriving at a busy ED. Cards given to family in reception help family remember their patient's named location, reassure and give confidence that help is available if they become lost, empower to approach any staff for help, and make feel at ease. Proactive engagement, surveying and collection of feedback from family and staff was reflected upon. Feedback was globally positive with multiple enthusiastic comments. The uncomplicated inexpensive straightforward nature enabled the Cards to be easily implemented without lengthy meetings, additional staff recruitment, training or funding. Finding Cards also improved patient safety through minimising staff interruptions. Staff quickly read the card, immediately help with onward direction, avoiding lengthy database searches, shortening interruptions. The Cards also improved staff experience. Finding Cards are a creative solution addressing a common problem and are easily adoptable by many healthcare settings. The tool is very easy to sustain, only requiring card reprinting and restocking. Following the observed benefit to friends and family and staff, Finding Cards are now routinely given to every visitor entering the ED.

#### Impact

Feedback from friends and family was globally positive. Informal surveys asked for feedback following using a Finding Card to arrive at their specific care area. Verbatim accounts of all comments were collected. The theme from relatives was how much they liked the cards. They felt more encouraged and able to ask for help and less troubled reaching loved ones. Families asked to keep cards when going for coffee for reassurance in case needed help on return. Following feedback that the map did not have any added value, cards were promptly changed. Staff feedback was gathered through team briefings, informal surveys, interviews and email. Staff stated it was immensely quicker to support relatives and saved time. The team found cards easy to recognise, uncomplicated and straightforward to use. It was much easier to identify relatives in need of help and support. Family members appeared very comfortable when they approached staff. The reception team observed relatives appeared more confident and reassured. Staff acknowledged the easily adaptable nature of Finding Cards as when bedspace treatment areas were renamed, newly printed cards were available within a few days. Finding Cards with explanations are now routinely given to every visitor entering the ED.

#### What Makes Us Special

Finding Cards are a completely new fresh idea within the field of emergency medicine, focused on the needs, well-being and emotional support of friends and family when first arriving at a busy ED. Being in an ED as a relative is a time of heightened emotion and worry for family also about providing comfort to their loved one who is receiving emergency care. It is essential to take all possible opportunities to support friends and family. This uncomplicated innovative project specifically and visibly reaches out to this group. Finding Cards are easily transferable to any other healthcare setting and require no marked additional funding, staffing and training and are future proof. This makes this initiative particularly unique. The ease of communicating and adopting the tool for a large multidisciplinary team working 24/7 adds to the initiative's success. The benefits of improving staff experience and improving patient safety by minimising interruptions to doctors and nurses, is hugely significant.

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## Royal Berkshire NHS Foundation Trust

### Patient Experience Engagement Team



**Royal Berkshire**  
NHS Foundation Trust

#### Category

Engaging & Championing the Public

#### Organisation

Royal Berkshire NHS Foundation Trust is one of the largest general hospital foundation trusts in the country and the main provider of acute and specialist care services for west Berkshire. We have six sites including an Acute hospital in Reading and several spoke sites offering outpatient appointments. The Trust employs approximately 5,500 staff and serves a population of around 1,000,000 people. We have a large Emergency Dept which sees more than 400 patients per day and have nearly 800 in-patient beds and undertake 680,000+ outpatient appts/yr.

#### Summary

The Royal Berkshire NHS Foundation Trust developed a 'Meet PEET' initiative – creating a multi-skilled Patient Experience Engagement Team and reaching out to the community to better understand their needs and the challenges they face. Undertaking such a substantial programme of activity supporting diverse groups is what makes this initiative so ambitious and different for an Acute Trust. The programme is led and delivered by like-minded, passionate colleagues who want to really listen to the seldom heard groups in our community and make changes to improve their experience and access to healthcare. We used various approaches from large engagement events with particular community groups like Gurkha's and Sikh; to mini health checks for individuals offered at locations within the most deprived areas of the community; to specific projects with selected groups for example, our Junior Carers project. The engagement has evolved overtime, the difference we make is seen in the feedback from our stakeholders and the programme is continuing to build momentum.

#### Impact

Engaging with seldom heard groups and those in deprived areas identifies interventions to improve access to our services or their experience. As an example, engaging with our Gurkha community involved running large events targeted on specific health topics that they, as a group, were more at risk of, such as heart disease, diabetes and hearing loss. We've run 7 events over a number of years, each with between 70-120 Gurkhas attending. This identified several needs, including cards asking for translators, and translation of patient information leaflets and Friends and Family Tests. They also wanted a 'Visiting hospital guide' written in Gurkha, so we worked with national military organisations and created a leaflet which is now shared nationally. In deprived areas, we've offered mini health checks for individuals. Nurses take measurements for example, blood pressure, height, weight, BMI, and blood sugar and give tailored advice and discuss other concerns. Over the last 18 months, we've performed over 300 mini health checks in 12 different locations. At one, during 26 checks, 3 people had high blood pressure, and 50% high BMI. These were encouraged to visit their doctor or given diet and exercise advice to improve their health outcomes. This engagement also identified that people weren't attending appointments because they couldn't afford transport or were worried about losing pay. A targeted social media campaign, including a video, was created about attending hospital appointments and claiming travel expenses. Our Junior Carers project selected 16 ambassadors from an underprivileged primary school, who could spread healthcare messages to peers and family. It raised awareness of Dementia, Mental Health, COVID and hand hygiene, helping them and their fellow school friends and family have a greater understanding of these issues.

#### What Makes Us Special

Engaging with the Community in itself is not unique but building such a substantial programme of activity supporting diverse groups is. The PEET work closely with key stakeholders in each community to understand their needs and to tailor design interventions ensuring they are the best fit for that group. Many of the specific initiatives developed are innovative in their own right. E.g. our Junior Carers programme, works with children from underprivileged areas to be ambassadors, inspiring an interest in healthcare they can share with family and friends. Working with the University of Reading to develop an algorithm to identify those most likely to 'DNA' (did not attend) appointments, allows targeted engagement with those individuals. Our Youth Forum was established by two of our younger volunteer Patient Leaders, who believe a forum with their peers and led by those of the same age, will further engage young people.

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## Royal Free London NHS Foundation Trust

### Let's Talk Cancer!



**Royal Free London**  
NHS Foundation Trust

#### Category

Cancer Experience of Care Award

#### Organisation

The Royal Free London NHS Foundation Trust (RFL) serves a local population of 1.6 million people and employs more than 10,000 staff. The Royal Free London NHS Foundation Trust (RFL) is one of the largest providers of cancer care in England, receiving the highest number of urgent suspected cancer referrals in London and second highest in England. In 2021 the Trust completed 2,830 first cancer treatments to newly diagnosed patients with various modalities including surgery, systemic anti-cancer therapy (chemotherapy and immunotherapy) and radiotherapy. These numbers will continue to grow as the incidence of cancer continues to rise.

#### Summary

Our INNOVATIVE “Let’s Talk Cancer!” initiative was developed in response to patient feedback received via the National Cancer Patient Experience Survey (NCPES) which told us that our Trust needed to improve its Communications. Patient and carer INVOLVEMENT guided our initiative and we worked very closely with patient and carer partners to construct 6 key foundational principles of good communications. These are summarised as: **Always Introduce - Always Support - Always Involve - Always Confirm - Always Ask - Always Provide**

The 3 main OUTPUTS we created include: 1. A pocket sized aide-memoire card for staff; 2. A companion resource for patients called “TenTop Tips”; 3. An INNOVATIVE online interactive staff training module [https://rise.articulate.com/share/jV\\_hNUep9ZDKVxTkNhsTXO7BXOg5t1Hz](https://rise.articulate.com/share/jV_hNUep9ZDKVxTkNhsTXO7BXOg5t1Hz)

Internally, we launched these at DISSEMINATION roadshow events with support from senior Executive Trust LEADERSHIP. Our roadshow venues included the canteen, main hospital foyer, and other areas of the hospital with high staff and patient footfall. Externally, we have presented our work at the pan-London lead Cancer Nurse Forum which has led to expressions of interest by other Trusts to duplicate and roll out our inventions at their own trusts. We are actively pursuing this opportunity for further TRANSFERABILITY and broader DISSEMINATION beyond our own Trust across London.

#### Impact

OUTPUT 1. Aide Memoire - The RESULTS ACHIEVED through staff remembering, and implementing, and these 6 principles when they have been interacting with cancer patients has translated through into improvements in NCPES scores in the latest annual iteration of the survey. These NCPES improvements have been quantitative (higher scores) and qualitative (thematic analysis of the free-text comments have reflected greater satisfaction with staff communication. OUTPUT 2. Companion information resource for patients - The RESULTS ACHIEVED through patients having this knowledge are measurable through adhoc feedback received in clinic via the Comments Box, and also in the patient satisfaction questionnaire which the individual tumour group teams send out to their patients. Since the Ten Top Tips flyer has been deployed, we have also seen a decrease in the number of complaints about staff communication and behaviours (direct to Oncology and via PALS). OUTPUT 3. “Let’s Talk Cancer!” online interactive training module for all staff (clinical and non-clinical) RESULTS ACHIEVED include having already rolled out this learning package to all staff undertaking Trust Nursing Induction, and all cohorts on the nursing preceptorship programme. At the time of writing, over 100 learners have completed the “Let’s Talk Cancer!” online interactive training module and feedback has been universally positive.

#### What Makes Us Special

We have received feedback that the level of NEW THINKING and INNOVATION really STANDS OUT and is refreshing because our interactive online learning module is animated and the ‘story’ of an outpatient clinic appointment is told entirely through the patient’s eyes. The audio/script/narrative is voiced from the patient’s own perspective and this confers unique insight and in-depth understanding. Direct quotes from a sample of learners who have completed the module: *“My first impression was that it was good and powerful. I think it is most important to see it from a patient's view, and this makes it more emotional and so memorable.”* [Service user]

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## Shrewsbury and Telford Hospitals NHS Trust

## The UX Initiative

The Shrewsbury and  
Telford Hospital

NHS Trust

**Category**

Measuring, Reporting &amp; Acting including Turning it Around

**Organisation**

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is the main provider of acute hospital services for around half a million people in Shropshire, Telford & Wrekin and mid Wales. It is hospital based with two main hospital sites in Shrewsbury (The Royal Shrewsbury Hospital) and Telford (The Princess Royal Hospital). The Trust currently employs approximately 6000 members of staff. This entry relates to the Maternity Division of the Trust which is mainly based at The Princess Royal Hospital.

**Summary**

In response to issues highlighted in the Interim Ockenden Report, published December 2020, the organisation sought to find a structured system to gain feedback from service users and staff around the core themes within the report. The UX system incorporates the technology and interactivity of social media, co-production with our local Maternity Voices Partnership (MVP), engagement from our service users and a structured project management methodology (AgilePM). Its purpose is to serve as a tool to enable service improvements which will be meaningful to service-users and staff alike and ensure that service user voices are placed at the heart of the care we provide. The UX system is ran by a multi-disciplinary team including the MVP as service user representatives, clinical staff within the Trust including Obstetricians and Midwives, and non-clinical staff including Project Managers and Communications Specialists. The performance of the UX system is measured via end-user feedback on the tangible assets it produces which can vary depending on the identified requirement. The UX system is set up in such a way that it is transferable to a wide range of services as its core is based on end user feedback rather than being specific to maternity services alone.

**Impact**

The initiative has delivered a range of benefits to the service since inception. One example of this being the Birth Preferences Card. It was identified within the “C-sections, Inductions & Interventions” cycle. A theme ran through this cycle around our service users wanting to feel more in control of their birthing experience and feel confident that their choices would be respected. A physical card was designed which is clear to understand and is intended to prompt discussions between the service user and their clinical team from around 28 weeks. The aim is to facilitate informed choice during this important time. To measure success on this particular output, feedback has been sought from both service users and staff which will be collated with a view to making any necessary adjustments. Interest has been expressed in this product from external organisations. During the “Partner Support” cycle, a birthing partner identified that they hadn’t felt supported during an emergency situation. This was then addressed by ensuring that the emergency scenario training delivered to the multi-disciplinary team within Maternity, included live scenarios which included a partner and staff were trained in how to help that person in case of emergency. Feedback on this deliverable was gained via feedback from course participants. The feedback about the inclusion of a partner was positive in that they can be prone to being forgotten in an emergency so the training served as a reminder. In other cycles, the team have produced posters inviting service users to simply “Ask” if they have any questions at all about their treatment or the division, produced an “Induction of Labour” video to inform service users as to what to expect, rewritten and redesigned the Maternity “Bereavement” website page to help users to find information they need more easily and more. The cycles often lead to conversations being had with team members outside of UX about the services provided.

**What Makes Us Special**

This initiative is not only robust in its methodology, but also it is flexible enough to evolve. The UX initiative takes time to reflect after each sprint on what went well and what might have been done differently with a view to making improvements where possible. The initiative places feedback at its core. All the work undertaken has that feedback in mind and serves to satisfy the identified requirement. Each suggestion is approached with open minds. It is served by a multi-disciplinary, multi-organisational central team, with other participants invited to assist where required either for insight or help in delivery.

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**Sodexo****Measuring, Reporting and Acting: Personal touch. Deeper insight. Better outcomes.****Category**

Measuring, Reporting &amp; Acting incl Turning it Around

**Organisation**

In the UK and Ireland Sodexo employs around 30,000 people, and partners with clients in many sectors across business and industry; schools and universities; sports and leisure; energy and resources; government and agencies; health and care; justice and defence. Sodexo's connected; people-centric approach brings together a diverse range of expertise. The breadth of services it offers ranges from food and hospitality; cleaning; reception; concierge; security; property management and technical services; workplace strategy and design; employee engagement and recognition services and personal home and domiciliary care services.

**Summary**

When we are at our most vulnerable, it is especially important to be empowered, valued and have a voice. This insight, is the foundation of Experiencia our innovative, new programme that empowers patients and healthcare providers by capturing patient experience feedback in real time. Experiencia brings people, data, insights and processes together to go beyond the scope of traditional surveys by employing a Patient Experience Ambassador who proactively engages with patients in person and has a meaningful 'give and take' conversations at the bedside. These guided conversations, by illness cohort, give patients a space to freely share their experience and feel truly listened to. Patients' feedback is captured by the ambassador on an iPad on the Experiencia platform, allowing any issues to be resolved for the patient immediately, but also providing valuable management information for provider and FM delivery teams in real time – no waiting months for data to flow through. Experiencia has been specifically designed to measure the patient experience, through access to an intuitive dashboard, which presents live data and analytics that show what's working and what's not, making it easy to pinpoint issues and spot trends so actions can be taken to make improvements.

**Impact**

Capturing real-time data gives us the ability to fix issues in the moment, while patients are still in our care and when it matters most to them. Putting things right during their stay reassures patients that their experience matters and influences how they view other aspects of their care pathway. Patients who feel listened to and see that you have responded to their concerns are likely to report even higher patient experience satisfaction levels. The dashboard enables us to identify specific service improvements and to delve deeper to see if this is part of a trend that is causing concerns on a ward by ward and day of the week basis. This insight helps us to focus on service adjustments and improvements that will deliver maximum impact. Of those surveyed: • 75% of clinicians say it has a positive impact on patients' experience; • 97% agreed that capturing feedback from a patient to understand what really matters to them through Experiencia is very valuable; • 75% felt that Experiencia has improved relationships between frontline clinical and facilities teams. The impact of Experiencia is measured through the collection of patient impact stories: Our ambassador visited the mum of a patient with learning difficulties. On first impression, they were satisfied with our services, but after further discussion, the mum mentioned that at times, the food ordered would not be the same as what was delivered which would upset her child to the point that they would not eat. The ambassador explained that although at times this may be unavoidable, they would liaise with the kitchen to ensure that this patient's meals – and any future orders from the same cohort - would not be changed. Explanation and alternatives given where possible.

**What Makes Us Special**

The unique nature of combining tech, personal interaction and real-time feedback is what sets Experiencia apart. Personal conversations are the gold standard for shaping expectations because they can respond to a patient's individual concerns. They provide a rich source of data to help identify underlying issues that could otherwise remain hidden. As well as fixing issues in the moment, Experiencia's platform aids to easily identify trends and offer evidence to support improvement initiatives. It helps identify the small and big things that most matter to patients and which will impact on their overall stay and care. As data grows being able to be proactive in understanding likely experience concerns by cohort is truly ground-breaking.

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## Sodexo

### Sodexo Experiencia: Personal touch. Deeper insight. Better outcomes.



#### Category

Using Insight for Improvement – Innovation Subcategory

#### Organisation

In the UK and Ireland Sodexo employs around 30,000 people, and partners with clients in many sectors across business and industry; schools and universities; sports and leisure; energy and resources; government and agencies; health and care; justice and defence. Sodexo's connected; people-centric approach brings together a diverse range of expertise. The breadth of services it offers ranges from food and hospitality; cleaning; reception; concierge; security; property management and technical services; workplace strategy and design; employee engagement and recognition services and personal home and domiciliary care services.

#### Summary

When at our most vulnerable, it is especially important to be empowered, valued and have a voice. This insight, is the foundation of Experiencia our innovative, new programme that empowers patients and healthcare providers by capturing patient experience feedback in real time. Experiencia brings people, data, insights and processes together to go beyond the scope of traditional surveys by employing a Patient Experience Ambassador (PEA) who proactively engages with patients in person and has a meaningful 'give and take' conversations at the bedside. These conversations, by illness cohort, give patients a space to freely share their experience and feel truly listened to. Patient feedback is captured on an iPad on the Experiencia platform, allowing any issues to be resolved immediately, but also providing valuable management information for provider and FM delivery teams in real time – no waiting months for data to flow through. Experiencia has been specifically designed to measure the patient experience, through an intuitive dashboard, which presents live data and analytics that show what's working and what's not, making it easy to pinpoint issues and spot trends so actions can be taken to make improvements and positively impact a Trust's What Matters to Me (WMTM) patient experience scores.

#### Impact

Experiencia's impact and success is largely due to the skill and leadership of our PEA team. Every Ward Manager is aware of the PEA and the positive impact that they can achieve for patients, which has strengthened working relationships. All Ward Managers receive a monthly report detailing the patient scores and comments which can be both positive and negative and these are incorporated into the ward's electronic portfolio. The reports are in a dashboard format so easy to display and understand. Ward data can be compared against the ward WMTM scores. Staff feedback about facilities and their comments and observations are recorded so gives them a voice. Some adult wards underwent some dining improvement work based on staff observations and comments around the suitability of the food. The dashboard enables us to identify specific service improvements and to delve deeper to see if this is part of a trend that is causing concerns on a ward by ward and day of the week basis. This insight helps us to focus on service adjustments and improvements that will deliver maximum impact. Surveys showed: 75% of clinicians say it has a positive impact on patients' experience; 97% agreed that capturing feedback from a patient to understand what really matters to them through Experiencia is very valuable; 75% felt that Experiencia has improved relationships between frontline clinical and facilities teams.

#### What Makes Us Special

The unique nature of combining tech, personal interaction and real-time feedback is what sets Experiencia apart. Personal conversations are the gold standard for shaping expectations because they can respond to a patient's individual concerns. They provide a rich source of data to help identify underlying issues that could otherwise remain hidden. As well as fixing issues in the moment, Experiencia's platform aids to easily identify trends and offer evidence to support improvement initiatives. It helps identify the small and big things that most matter to patients and which will impact on their overall stay and care. Never underestimate the value of an initiative that delivers personalised care (however small) at its heart. This is what Experiencia does very well. Personalising meals or drinks to suit the patient can make them feel like an individual and that systems/people have gone out of their way to help them which creates a sense of being valued as a patient, which is really important. The immediateness of a response goes a long way in patient satisfaction.

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## The Hospital & Community Navigation Service

## The Hospital & Community Navigation Service



### Category

Integration and Continuity of Care; Using Insight for Improvement – Integrated Care Subcategory

### Organisation

The Hospital and Community Navigation Service (HCNS) is an integrated project that delivers social prescribing to Hertfordshire's 1.2 million residents. We receive at least 1400 referrals a month into the service. We have a large team of 80 staff employed by 10 different voluntary sector organisations. HCNS support clients over the age of 18 and provides a holistic approach to support clients by spending time to understand the individual's needs & desired outcomes and then working with the client to produce solutions through practical help and assisted referrals to community support.

### Summary

When HCNS was created it was an innovative service unlike anything else in the UK and it is constantly growing and evolving in response to the needs in Hertfordshire. From the outset of the project, it was agreed that we would have 5 outcomes - improved wellbeing, reduction in hospital re/admissions, appropriate use of primary care, appropriate use of homecare, reduced social isolation. These outcomes have become the core of everything that we do, and everything can be related back to them. They are embedded in our database system. We use many ways to record outcomes including referral numbers, client questionnaires and case studies. These outcomes have shown that we have had increasing numbers of referrals and have made a significant improvement in client's loneliness and wellbeing. We regularly ask for feedback from staff, clients and professionals to find out what is working well and what improvements could be made to the service. We are one of the biggest social prescribing services in the UK and often present to many other organisations in this country and around the world about how they can implement & improve social prescribing services.

### Impact

In 2021/22 we received over 19,000 referrals into the service with the majority coming from a mixture of health and social care professionals including hospitals, community services and GP surgeries, relieving the pressure on these services by supporting through our social prescribing team. We use outcome measurement tools called CTCL/ONS to monitor service impact on clients. We use these particular measures as recommended by NHS England so that we can share our data with them. For 2021 up to Feb 2022 our results show: A statistically significant reduction in feelings of loneliness for service users across Hertfordshire; A statistically significant improvement in all four domains of the ONS Wellbeing scale for service users: • Life Satisfaction; • Feeling life is worth while; • Happiness; • Feelings of anxiety. Due to our interventions, we were able to support in relieving pressure on hospital beds, e.g., we helped save 427 bed nights which from a cost perspective saved the trust over £128,100 but more importantly this has reduced the stress on hospital teams, stress within the service and supported patients who wanted to get home to be with family/friends, helping with their mental wellbeing and ability to be back out in the community. We are supporting 10% of Hertfordshire's ethnic minority population and have commissioned BAME link workers so that we can build on this and ensure we are focusing on health inequalities within this group of clients. We supported local fire services in Project Eagle to go out and ensure specific communities took the opportunity to be vaccinated against covid supporting BAME and rural communities. During Covid we supported GP surgeries by contacting over 400 of their vulnerable isolated clients to check on their wellbeing and support with any arising needs.

### What Makes Us Special

The initiative is special because it was the first of its kind and one of the biggest social prescribing services in the UK. We uniquely provide an enhanced service where we can provide support for clients in hospital to allow them to be discharged more efficiently. We have a team with a can-do attitude, a vast knowledge and who are passionate about what they do and often go the extra mile for the client. Our service has strived to bring together many different partners to create one cohesive service that is available to anyone in Hertfordshire. We are constantly looking at trends and evolving to be the best that we can and therefore we are able to mobilize quickly and get new projects up and running such as the Afghan response and Ukraine Sponsor/Guest programs recently.

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**The London Clinic****Spin Box Art in Oncology****Category**

Fiona Littledale Award

**About Nominee**

Established in 1932, The London Clinic is the UK's largest charitable independent hospital, with a mission to advance clinical excellence and share best practice worldwide for the benefit of not just our patients but the wider community. We care for acute and complex health conditions, with many patients from diverse circumstances. Anita, the oncology clinical nurse specialist, noticed that patients receiving chemotherapy on the inpatient oncology ward during COVID-19 displayed a higher level of anxiety and fear of treatment than usually seen. She assessed that as they were isolated from family and friends, who usually would have provided company and distraction, they became emotionally distressed. This had the consequence of producing more severe side effect symptoms and thus a reduced ability to tolerate their chemotherapy regime. Anita decided to provide free drawing materials – funded for via the hospital's community fund – to allow her patients to do some art, and provide an emotional escape from treatment. This art therapy was excellent for some patients, but others who were frail or had neuropathy struggled with the ability, dexterity or concentration needed to create a drawing. A chance discussion with one of the maintenance team members, Dom, got her thinking about introducing "spin art" to her patients. Dom had developed his own spin art box at home. Spin art sees paint daubed onto a wooden tablet, which is then put into a spin box machine and spun around so the paint forms abstract and colourful patterns. Each "spin artwork" is totally unique to the creator. It was simple to do and anyone who had the strength to lift their hand would be able to participate. This was the beginning of a collaborative project between our Nursing and Estates teams, which saw Dom juggle his day-to-day maintenance work with art therapy sessions! Excellent feedback from patients/carers, with reports of better mood and less noticeable side effects.

**At Work**

The aim of the project was to provide a distraction for patients who were attending the hospital for a course of chemotherapy or other treatments. Alongside providing patients with a mental escape from treatment, the spin art relieved their boredom. It also allowed them to make something memorable to gift to their loved ones. Dom and Anita have been teaching other members of staff how to manage the spin art activity so that it can be presented to other patients. In terms of sustainability, all the materials used are scrap items destined for landfill, which means the project can be provided free of charge and is line with our aim to reduce the hospital's impact on the environment. To allow our hospital's community fund to support projects similar to this in the future, patients who wished to could donate to our "Healing Through Arts, Music & Culture" program. Last year, this program saw the opening of an art gallery at DDW. The funds received for this program also allow us to regularly welcome musicians to play in our reception areas, wards and patient rooms.

**Summary**

We collected qualitative feedback from patients and carers. This feedback mirrors our overall patient experience survey scores-more than 98% were "extremely likely" or "likely" to recommend the hospital to their loved ones, and rated their overall experience of care as "excellent" or "very good". Anita's evaluation of patient feedback found that the human interaction was as significant as the artwork itself. As well as enjoying the beautiful art created, patients appreciated interacting with Dom and Anita as they set up the spin box, explained how it worked, helped to choose colours and laughed at the patterns it created. This resulted in improved mood but also reduced some of the perception of the severity of the side effects of the chemotherapy and thus enhanced their ability to tolerate the chemotherapy regime. Example patient and carer feedback: *"Nice laugh, chance to get creative. Great distraction from sickness."* *"Loved it, takes the boredom of being ill and stuck in the room and just staring at the ceiling. I certainly would like to do more, maybe for my grandchild."* *"I enjoyed it so much. Choosing the colour to match my boys' personalities with their names. It made me relax and very enjoyable interacting with the nurse."* *"And suddenly, an hour or two had disappeared. It was a real fun experience and food for thought. Kept the nausea at bay."* *"Absolutely amazing for 40 minutes I didn't think of anything else. Lovely man and made me feel very happy and comfortable. Very impressive. Amazing things to do."*

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**The Shrewsbury & Telford Hospitals NHS Trust****Cancer Information, Support & Wellbeing App** **The Shrewsbury and Telford Hospital**  
NHS Trust**Category**

Cancer Experience of Care Award; Innovative Use of Technology, Social & Digital Media; Personalisation of Care

**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. There are above average pockets of deprivation with higher than average obesity, smoking related deaths, alcohol related admissions and higher rates of cancer mortality in the under 75 age group. SaTH also serves Powys which is a sparsely populated area with a population of approximately 63,000. It has an ageing population with a generally good health status compared to the Welsh average but there are also pockets of rural deprivation.

**Summary**

We have developed an innovative, digital solution to ensure people living with cancer can access information and support remotely at a time and place that suits them and which is tailored to their personal needs. The App has a reach far beyond geographical borders and can help those supporting someone with cancer too. Co-produced with patients we believe our App demonstrates a new way of delivering personalised care which both empowers patients and promotes self-care. The App has been delivered through strong leadership and effective project management techniques and has a clear plan of outcome measures and sustainability. Through extensive patient, third party, community, primary care and acute provider engagement we believe we can demonstrate involvement at the highest level. In the future we hope to be able to demonstrate how a digital information, support and wellbeing App can be used in all long-term conditions as it provides reliable, up-to-date information delivered through both active and passive delivery, with the ability for services to receive real time feedback and for patients to have improved communication with those involved in their care.

**Impact**

To ensure a co-production approach, the App was developed alongside people affected by cancer and continuous feedback was gained through patient and staff focus groups. Even in the early stages of developing the App, we have had some fantastic qualitative feedback expressing how staff feel it will be “incredibly beneficial to the patient” and how patients are happy that “information was available at the tip of their fingertips”. In order to measure the usage of the App, outcomes are available as part of the App’s analytic software which is automatically updated every 24 hours (with the option of receiving real life data) but can also create monthly reports. The data that can be collected includes the number of users, the number of downloads as well as the number of interactions. As part of the impact data, we will continue to gather feedback on a regular basis from people affected by cancer who access the other resources within the Living With and Beyond Cancer Programme.

**What Makes Us Special**

Not only is this a new innovative way of providing information and support for people living with cancer in our Trust, we believe we are the first to do so nationally within the delivery of personalised care agenda. Our App based service has moved away from the traditional model of information and support being provided in paper form into a digital healthcare solution. This ensures the help, support and information is available to anyone, at any time, in any location whether here in the UK or on holiday abroad! The App brings together the community and Acute Trust providers into one setting which can be updated with a simple click of a button. The push notification feature means that the delivery of information is an active process and the feedback section allows a dialogue of communication between user and provider. Co-produced with patients we believe our digital initiative has demonstrated a positive step forward to ensuring people affected by cancer receive the help, information and support they need to empower them and give them control back whilst learning how to safely self-manage away from the hospital setting during the uncertain times following a cancer diagnosis.

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## The Walton Centre NHS Foundation Trust

### Patient Support Assistants – An innovative and pro-active approach to Patient Experience

#### Category

Communicating Effectively with Patients & Families; Using Insight for Improvement – NHS Funded Subcategory

#### Organisation

The Walton Centre, based in Liverpool, is the only specialist Trust in the UK dedicated to providing comprehensive treatment and care for neurology, neurosurgery, spinal and pain services and are proud to be rated as Outstanding by the Care Quality Commission twice. We are leading specialists and offer a world-class service in diagnosis and treatment of traumas and illnesses affecting the brain and spine, and support people with long term conditions. We offer neuropsychiatry and neuropsychology services which support both in and outpatients. Our Pain Management Programme is regarded as a model of best practice for helping patients deal with severe and chronic pain. With a catchment area of >3.5 million across Merseyside, Cheshire, Wales, Isle of Man, we hold clinics on 44 sites. With >1,450 multi-skilled staff we treat more than 127k outpatients and 18k inpatients/year.

#### Summary

This project aims to improve patient experience for all inpatients, limit communication issues and ensure patients and their families remain at the centre of the care we provide. The project also sparked cultural change and gave a fresh perspective on the role of the Patient Experience Team (PET) within the Trust. The objective was to provide a 7 day PET service at ward level and this was clearly outlined in our bid for funding for the service and within the job descriptions for two Patient Support Assistant (PSA) roles. The impact of these roles could be seen immediately through both qualitative and quantitative data gathered and sustainable differences in freeing up nursing staff time, proactively managing concerns at ward level, reducing the number of inpatient issues requiring escalation to PET and support provided to our volunteer services. We continually gather feedback from PSA service users and the overwhelming view is that the service is inclusive, vital and performs an integral role that helps patients feel supported and valued.

#### Impact

The introduction of the PSA roles has had an overwhelming positive impact upon our patient and family experience, staff well-being and volunteer engagement. The success of the project has been measured via qualitative data, including feedback and comments from patients, their families and carers, as well as our staff and volunteers, and quantitative data including number of compliments recorded across ward areas, number of concerns escalated to PET from inpatients, FFT response rates and compliments regard the PSA service directly. We chose these measures to give a review of the service from all aspects and again, place the focus on positivity in terms of an increase in compliments and decrease in concerns. The reporting of this data Trust wide has boosted staff morale and supported a change in culture regarding involvement of PET in patient journeys and our role within the Trust. Since the implementation of the service, our PSA have recorded over 400 contacts with patients, over 85 compliments for the Trust and over 30 about the PSA service itself. Feedback from patients and their families include comments: *"Thank you for visiting our loved one, what a great idea and a comfort to know someone is there - we really wanted to meet you,"* *"The ladies helped me feel more relaxed and have helped a lot, providing a listening ear and support,"* and *"This is an invaluable service, I wish they had this in every hospital!"*

#### What Makes Us Special

The service ensures a culture of pro-active patient engagement, enhancing patient experience and continuous learning and improvement to resolve issues as they arise. The engagement of our nursing team has been key to success of this project in building a rapport with our PSAs and ensuring appropriate patients are highlighted to the service. Ensuring the right people were recruited to the PSA roles was also vital to the success of the project. One of our PSAs is a former Health Care Assistant who has extensive knowledge of the ward environment and previous patient care experience and the other was previously a patient themselves who went on to become a volunteer before applying for the role and is therefore able to use their own personal experience to influence the service we provide and suggest change. The uniforms provided to the staff were also key in ensuring they were easily identified and visible in ward areas. From direct feedback from our patients and their families, we know that this service helps them to feel they are seen as a 'whole person', not just 'a patient'.

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## United Lincolnshire Hospitals NHS Trust

### Redesigning our Communication and Engagement Approaches to Broaden and Maximise Involvement with Patients and Carers



United Lincolnshire  
Hospitals  
NHS Trust

#### Category

Engaging & Championing the Public

#### Organisation

We are United Lincolnshire Hospitals NHS Trust (ULHT), a rural acute NHS trust with over 8000 colleagues, serving Lincolnshire's 757,000 residents from three ULHT run acute hospital sites, four community run hospitals, and numerous GP run facilities around the county. Lincolnshire is the second largest county in the UK and is characterised by dispersed centres of population in large towns and the city of Lincoln, and otherwise largely rural communities. Transport networks are underdeveloped resulting in transport times of around one hour between the three acute hospital sites. In an average year, we treat more than 150,000 accident and emergency patients, over 600,000 outpatients and over 140,000 inpatients, and deliver over 5,000 babies. We are the lead provider of elective care and urgent inpatient care for Lincolnshire Clinical Commissioning Group (formerly four Clinical Commissioning Groups), and an integral part in the forming of the Lincolnshire Integrated Care System.

#### Summary

Our patient representatives told us that at times they felt they were a lone voice; we needed to think differently about how we ensure our patients are genuinely involved in a partnership and service co-design model. To be truly committed to designing and delivering patient centred care and patient centred services then we needed to refocus from 'doing to' and 'doing for' to 'doing with' our patients and public. Embedded as a Trust strategic objective within our 5-year Integrated Improvement Plan we set out to 'Redesign our communication and engagement approaches to broaden and maximise involvement with patients and carers' and two elements within this are: 1. Development of a Patient Panel – this was launched in September 2020 and now has 33 members; 2. Development of Experts by Experience – we now have three established, one about to have its first meeting and two more in discussion. These developments have been championed throughout the organisation and have executive oversight and engagement. Outcomes and achievements are reported regularly through assurance streams and panel members have led evaluations.

#### Impact

Whilst we measured meeting attendance, topics discussed and tracked actions, the true measure of impact and success ultimately lies on how valued the patients have felt; whether suggestions, issues, comments they have raised have been genuinely considered and whether staff have listened to them. Patient Panel - After the first 10 months a full evaluation was undertaken that not only drew on what the panel members felt but staff who had attended too. Feedback was very good, two recommendations came from the panel members; firstly that more members be recruited and secondly that we ask staff to return at approximately 6 months to provide an update. Both of these have been achieved. The panel now has 33 members and on average 17 panellists attend each meeting. More than 70 staff have attended panel since it commenced to present or participate. 53 topics have been discussed which have been wide ranging and include outpatient improvements, developments in dermatology, digital strategy, nuclear medicine co-design, SDEC services and Trust rebranding. Some topics needed longer than 30 minutes and for these co-production workshops are scheduled; to date 11 have been held and are very popular. A number of panellists have subsequently gone on to represent the panel on subgroups including Patient Experience Group, Outpatient Experience Group and the Digital Strategy Steering Group and 2 have since applied to become Patient Safety Partners. The Sensory Loss Expert Reference Group have co-produced two initiatives in the last 12 months. We designed and introduced a set of bedside symbols identifying types of sensory loss. This emerged from the experience of group members where immediate staff were aware of their disability but a porter, housekeeper or phlebotomist may not know and visible symbols that showed their needs on approaching the bed made a huge difference. They also steered the review of our current Guide Dogs statements and have co-produced a new Policy for Supporting Patients with Assistance Dogs and are helping us to develop dog walk areas on each hospital site. The Breast Mastalgia Expert Reference Group have been instrumental through the design, approval, communication and launch of a new Breast Mastalgia pathway.

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**United Lincolnshire Hospitals NHS Trust****Swan Scheme Wedding Boxes for Patients Receiving End of Life Care****United Lincolnshire  
Hospitals**  
NHS Trust**Category**

Personalisation of Care

**Organisation**

We are United Lincolnshire Hospitals NHS Trust (ULHT), a rural acute NHS trust with over 8000 colleagues, serving Lincolnshire's 757,000 residents from three ULHT run acute hospital sites, four community run hospitals, and numerous GP run facilities around the county. Lincolnshire is the second largest county in the UK and is characterised by dispersed centres of population in large towns and the city of Lincoln, and otherwise largely rural communities.

**Summary**

The Swan Scheme Wedding Boxes contain various items needed at short notice to be able to arrange end of life hospital weddings, blessings, vow renewals and ceremonies of commitment and the boxes are not only a practical resource they provide cherished moments and lasting memories with loved ones in their final days. While hugely emotional occasions, these weddings help bring joy, love and happiness to both patients and their loved ones, as well as to the staff who are caring for them. At the start of the global pandemic the number of ceremonies increased, our patients were sicker and COVID a significant factor. We had previously been supporting about 10 weddings a year but this rose during the pandemic. We found that we were lacking in items for the ceremonies and wards were struggling to make the bedside rites as beautiful as they wanted to for the patient and their loved ones. Due to the nature of the weddings, they are often very last minute and pre pandemic staff would contact local companies for donations of flowers, rings and decorations and these were always supported even at short notice. But this was becoming too difficult due to the pandemic restrictions. Staff started to lend items from their own weddings or buy items themselves but this often meant the families couldn't always get to keep a memento that reminded them of the wedding day.

**Impact**

Feedback from our patients and their loved ones has been amazing and they are so thankful that we can create treasured memories in very difficult times. Whilst initially developed for use during the pandemic they are continuing and our charities team have committed to maintain funding. Last week a ward used a treasured moments handprint pack within the box. Following the patient's death, they used the pack to make the most beautiful hand print cards for the family. Inside the cards, they also put the forget-me-not heart shaped seed card and included a personal message to the family. It was a very emotional time for everyone that day and there were lots of tears. The nurses would have comforted each other with a hug and not being able to was especially hard. The family were eternally grateful and they know that they can now 'hold their mum's hand' at any time. Patient story (abridged): A chaplain approached a couple who were in floods of tears and found they were planning to marry but due to COVID it wasn't able to go ahead and now his fiancé's mum was on the end of life pathway. Mum knew she didn't have long to live and had said the only thing that she had wanted to do was see them to get married. This was her last wish and she wasn't going to see it. The chaplain brought a wedding box to tailor it to their requirements and showed the couple what it contained; they already had rings but seeing the little cushion, flowers and buttonhole and also some non-alcoholic prosecco so they can look as though they have champagne they were absolutely over the moon and there were tears of joy. A blessing ceremony was arranged in less than 24 hours. Mum wanted three choices of clothes and they brought those in, the staff put the bunting up and the petals were spread on her bed. She wore her favourite cerise pink dress on the day. They were able to take photographs after their vows and pictures with mum which is what they all wanted. They were overwhelmed that the wedding box also contained a photo frame and they said that when they do get married they will display the photograph. Sadly mum died two days later.

**What Makes Us Special**

From trying to help one patient and family a simple idea flourished and has become embedded within our organisation. Compassionate, often beautiful and always incredibly moving the scheme has touched patients, families and staff hearts deeply.

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## United Lincolnshire Hospitals NHS Trust

### SUPERB – Single Unified Patient Experience Reporting Board



United Lincolnshire  
Hospitals  
NHS Trust

#### Category

Using Insight for Improvement – Innovation Subcategory

#### Organisation

We are United Lincolnshire Hospitals NHS Trust (ULHT), a rural acute NHS trust with over 8000 colleagues, serving Lincolnshire's 757,000 residents from three ULHT run acute hospital sites, four community run hospitals, and numerous GP run facilities around the county. We are the lead provider of elective care and urgent inpatient care for Lincolnshire Clinical Commissioning Group (formerly four Clinical Commissioning Groups), and an integral part in the forming of the Lincolnshire Integrated Care System, in line with national expectation.

#### Summary

SUPERB came into being following a meeting where someone asked a simple question. "Where do we go to get an overview of Patient Experience data in a single area of the Trust?" At that point in time no such tool existed in our Trust or in other organisations and instead static, wordy reports were generated monthly showing high-level information only and sent a select few people across the Trust. I knew that this had to change and we needed to move to a world where a tool existed where people at all levels of the Trust could easily see an overview of patients' views of 'their world', what was going well and what needed improving in the eyes of our patients. I then set about building something that was easily accessible across the Trust, user-friendly, intuitive and gave a clear picture of how our patients experience their contact with ULHT. SUPERB was created and is in wide use across the Trust at all levels allowing us to all get closer to what our patients are saying about us and informing what we may need to do to bring about improvements in the eyes of our patients.

#### Impact

SUPERB is now the key single data source for our Patient Experience data across the Trust. It is used to inform not only data summaries that I generate, but additionally queried and interrogated by teams within our various Divisions and used to provide evidence to support change discussed at regular Divisional Performance Review Meetings. Having taken the decision to share SUPERB as widely as possible across our organisation, it is held within our Intranet and can be accessed by all users. As it was developed within existing software as well, once the information is found it can be accessed immediately. To date we have had around 2800 recorded instances of SUPERB being accessed via our Intranet page and as such there are clear signs that more and more people and teams across the Trust are engaged with the concept of making best use of our Patient Experience data to inform change and to drive improvement. The tool has brought about a real sense of ownership of our Patient Experience at all levels of the organisation which I think shows its true power and real success. One small regret I hold is that as yet we haven't seen a corresponding improvement in the overall picture of our Patient Experience, however I feel confident that over time this improvement will come and that I have laid some of the foundations from which this success will build.

#### What Makes Us Special

When I began to develop SUPERB there simply wasn't a tool out there that did what I had set out to do. Some of its unique features include: • The ability to align data from different sources into a single structure, allowing for easy comparison and triangulation of all data, giving a clear view of the overall picture; • A vast range of different visualisation options for all data, allowing people to answer their own questions based on real data instantly; • The easy ability for all users at all levels of the organisation to tailor what the dashboard looks at, allowing people to explore patient views on 'their' ward, department, team or area; • A user-friendly and intuitive system to help explain and clarify what data is telling us for all; For me, the real key to the success though is that end-user experience. Usually when you talk about Excel, spreadsheets, data and numbers people start to glaze over a little bit and switch off. As such I knew that I had to build something that while the background 'working' might be very clever and very technical, that for end-users it had to feel natural and sensible to use. If people were at all intimidated by SUPERB then I knew that they simply wouldn't make use of it and it would never gain traction across the Trust, therefore I'm pleased that my efforts in considering end-user experience have paid dividends.

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## University Hospitals Coventry and Warwickshire NHS Trust

### Patient Experience Team



University Hospitals  
Coventry and Warwickshire  
NHS Trust

#### Category

Team of the Year

#### About Nominee

The Patient Experience team at University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is devised of Complaints, Patient Advice and Liaison Service (PALS), Patient Insight and Involvement and the Trust's Main Reception team. All these teams are accountable to the Patient Experience and Engagement Committee (PEEC) within UHCW. The Team have recently changed the way that they work to implement new ways of working in order to work more cohesively for the benefit of patients. A new Associate Director and leadership for the Patient Experience team commenced in role at the same time as staff returning from being redeployed to other departments during the Covid-19 pandemic. In order to refocus the team clear objectives were identified in what the teams role was in the organisation as well as how they planned to achieve this. Regular communication routes were established across the whole team in order that each staff member had a voice.

#### At Work

One aspect that has been implemented is in relation to the data that the teams capture. A monthly report has been developed which generates a patient experience Dashboard that is provided to our Patient Experience Committee. This report includes information for; Complaints and Patient Advice and Liaison Service (PALS) enquiries, Friends and Family Test (FFT) survey and the national survey programme results. This monthly report enables triangulation of data across all patient experience data and enables the Trust to identify work streams for improvement. Included with this data is a "hotspot report" which has become a powerful tool to identify areas across the Trust who have the highest complaints and PALS enquires and may be an area of concern. A number of projects have already been established to improve areas highlighted from the patient experience dashboard, these include: • Improving telephone answering across the Trust for patients relatives trying to make contact with departments for updates about their relatives who are inpatients and also making contact with specific departments.; • Improve wayfinding for patients and the public across the site from the main reception, including the provision of our Main Reception service; • Improve the process for patients/families when making a claim for any items that have been lost whilst in the hospital.; • Increase engagement with the community in gathering feedback on their experiences when accessing care from the Trust; • Introducing governance arrangements and six-monthly touch point surveys to manage, monitor and implement change based on feedback from our National survey results. These projects have been managed through Kaizen events or task and finish groups. A Kaizen event is a single, coordinated, event designed to make some type of improvement over a set period of time developed by the Trust's Quality Improvement Team in partnership with Virginia Mason. These events were also attended by patient representatives in order to ensure that the patient voice was incorporated at the start of the change and to enable co-production. The Team have stretched themselves to new challenges and have not shied away from trying something new such as implementing a Meet and Greet Team in Main Reception using the Government KickStart Programme which provided funding to create new jobs for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment.

#### Summary

The Team have made a lot of progress to improve the way that we measure, report and act on the feedback that we receive from our patients. The aim is to continue with the current model of working and further build connections with external stakeholders. The new model of working has been shared across the Trust and we have seen new and stronger relationships being established as the impact of patient feedback has increased importance and relevance. We have also found that more teams and staff know about the Patient Experience Team and are seeking help and support to improve patient experience within their local areas as well as the initiatives that they Patient Experience Team are leading on. The Patient Experience Team have fed back that they have an increased job satisfaction as they are also now involved and supporting change across the Trust rather than processing the feedback alone. The team have learnt new skills and have also been sharing these skills with local departments.

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## University Hospitals Dorset

### Outpatient Assessment Clinics @ Dorset Health Village



#### - Dorset's 'Think Big' Initiative Outpatient assessment clinic

@ the Dorset Health Village

#### Category

Integration & Continuity of Care; Partnership Working to Improve the Experience; Using Insight for Improvement – Integrated Care Subcategory

#### Organisation

Dorset ICS is a collaborative partnership between the Health and Social Care providers across Dorset. It covers a population of circa 800,000 people, with a high proportion of people being over the age of 65. There are also 11 areas in Dorset which have been identified as being some of the most deprived areas nationally.

#### Summary

To develop pioneering, high volume community outpatients assessment centres (OACs) seeing tens of thousands of people across Dorset. Specifically incorporating the lessons learned from the rapid deployment of mass vaccination clinics and Nightingale hospitals throughout the Covid-19 pandemic, providing centres quickly, effectively, safely and within locations where it has the most impact for Dorset's population. Working in partnership across the system our centres offered a range of vital services to help tackle health inequalities. Focused on delivering three key outputs: 1. Improving access to diagnostics and screening services, reducing waiting times and significant backlogs to reduce clinical risk, enable earlier identification to improve prognosis and available options for condition / disease management; 2. Increased opportunity for MDT approach to clinic delivery and integration of services from different NHS organisations / partners. (e.g. community and acute co-location); 3. Focus on waiting well for care, prehabilitation, and support with long term conditions via access to VCSE organisations, health coaches, social prescribing. Ensuring patients and clinicians remained the driving force.

#### Impact

Our benefits workshop, held with stakeholders across the project, identified benefits across several domains. Some of the key successes so far: Since opening, we have seen over 10,000 patients. The Orthopaedics speciality has seen a 92% reduction in 78–104-week waiters and a 31% uplift in activity, including 25% increase in appointment utilisation. With over 280 Livewell interventions to help patients 'wait well' for their definitive treatment. In addition, over 2,000 COVID-19 vaccinations were administered at the site in the week prior to Christmas 2021 in rapid response to the government mandate. Analysis of patient feedback at the OACs indicates that 96% of patients had a positive experience. The increased satisfaction has improved outpatient attendances and increased confidence, whilst also ensuring that our workforce time, resources, and expertise is utilised in the most efficient and productive way. The way in which we were able to design, build, implement and operate these facilities at pace has created and accelerated a test bed for new and different ways of working; informing the way in which services can be delivered at acute hospital sites and across the healthcare system for better efficiency. Integration of several services under one roof, reducing touchpoints for our patients by ensuring the wellbeing services were given the physical space to incorporate into the patient journey. The Health villages, continue to onboard and incorporate additional service provisions, Poole now offering 8 extra speciality services.

#### What Makes Us Special

The unprecedented situation from the Covid-19 pandemic brought a unique opportunity to 'think differently'. The Health Village has left a legacy for innovation in Dorset. Key areas that made this area stand out: - The use of military planning techniques –Dorset was able to rapidly bring together and engage stakeholders across a number of partner groups and build a team culture that enabled rapid delivery of the project; - The redeployment of Nightingale equipment –supported the sustainability and financial aspects of the project. Architect plans based on availability of equipment and material, led by clinical teams; - Patient leadership – embedding of patient engagement throughout course of project and leadership roles within project governance structure enabled ongoing 'sense-checking' against plans for facility and link to patient voice; - Co-location of health and wellbeing services within acute services – for the first time, Dorset physically co-located health coaches and social prescribing alongside acute services which enables a more holistic approach to delivering patient care; - Partnership with retail – repurposing existing estate enabled rapid delivery of facilities and the creation of unique NHS – retail relationships to support population outcomes and socioeconomic development of local community.

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## University Hospitals of Leicester NHS Trust

### Taste the Difference Challenge



*Caring at its best*

#### Category

Patient Experience Manager / Professional of the Year

#### About Nominee

Sarah has been a Registered Nurse for five years and has always had a passion for continence care and has worked in the University Hospitals of Leicester (UHL) Adult Continence Team as a Continence Nurse Specialist for approximately three years. The continence team supports the harm free care work stream within the Patient Experience Team and provides specialist support, advice and care for both inpatients and outpatients, across three acute hospital sites. Sarah has developed her role as a Continence Nurse Specialist with a specific interest in harm free care. She is an outstanding Continence Specialist Nurse and her passion shines through, being an inspirational role model. This passion has driven her to find innovative ways to promote continence and reduce harms, which has impacted positively on patient experience. One of Sarah's projects was the 'Taste the Difference Challenge', which implemented decaffeinated drinks as the default drinks option across the organisation to minimise the risk of urinary urgency and subsequent associated falls risks.

#### At Work

Sarah has worked as a Continence Nurse Specialist for three years and has developed her role of a Continence Nurse Specialist with the Harm Free Care Agenda. Sarah should be considered for this award because she has many qualities that make her an excellent, compassionate nurse driven to improve care for all patients she is: • Passionate about continence care, but also about providing overall excellent patient care; • Inspirational and her leadership empowers staff to provide excellent care; • Empathetic to her patients and colleagues and has a caring nature; • Dedicated to improving continence care for patients and breaking the taboo of incontinence; • A reflective practitioner who is always learning and striving to improve services.

Sarah takes a keen interest in ensuring there are learning opportunities for student nurses and other health care professionals to develop their knowledge in continence care and promotion. Sarah is creative and innovative and has transferred her creative skills from her Art Degree to create educational resources which promote continence and patient safety. Sarah has implemented initiatives/projects in the Trust with great success. These projects have been recognised nationally and include 'The Taste the Difference Challenge' and her Christmas educational videos including 'The 12 days of Continence'. Following presenting the Taste the Difference Challenge at the Association of Continence Advisors conference in May 2022, Sarah was invited to be a member of their committee to promote networking and sharing good practice nationally. Sarah leads by example and always treats patients, carers and staff as she would like to be treated herself. Sarah's communication skills are excellent and she always appears calm and non-judgmental which enables patients to talk openly and freely about their condition which then helps her to implement an individualised care plan. Sarah is extremely approachable to all levels of staff and this supports learning and development of staff's knowledge which in turn, improves care and has a 'can do' attitude which helps her achieve her goals; this also inspires staff around her to do the same.

#### Summary

Sarah is a leader and a team player and supports her colleagues in a caring and empathetic manner. She motivates staff with meaningful recognition which then encourages the staff to promote continence care in their area. She works tirelessly to develop herself as an outstanding Continence Nurse Specialist and is visible in clinical areas. Sarah's expertise has given her a reputation as an excellent Continence Nurse Specialist in the Trust and her advice and clinical skills are valued by the multidisciplinary team, including medical, nursing and therapy staff. Consequently this ensures that patients benefit as her treatment suggestions are implemented in patient care planning. Sarah is innovative and creative; this is a key quality she possesses. She is a completer finisher and is able to implement and action her ideas in a timely manner. Following the success of her Taste the Difference Challenge she was asked to speak at the Association of Continence Advisors Conference in 2022. Approx 25 Trusts, nationally, are interesting in implementing the 'Taste the Difference Challenge'; a local change may lead to national change in practice. Sarah really is a rising star in the field of continence care and deserves national recognition for this, and her colleagues are proud and privileged to work with her.

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# PEN National Awards 2022

*Re:thinking the experience*

## University Hospitals of North Midlands NHS Trust

### Patient Experience Network Awards Penna 2022

#### Category

Commissioning for Patient Experience; Integration & Continuity of Care

#### Organisation

University Hospitals   
of North Midlands

NHS Trust

University Hospitals of North Midlands NHS trust is a 3000 bedded hospital located at the beautiful city of stroke on Trent North Staffordshire. Each year we (6000 staff) care for over 2 million people who come to us for emergency treatment, planned operations and medical care. University Hospital has 2 sites: Royal Stoke university hospital located in Stoke-on-Trent and County hospital located in Stafford. From these hospitals we provide a full range of general acute hospital service for approximately 700,000 people living in and around Staffordshire and beyond. The trust also provides specialised services such as Trauma for 3 million people in a wider area including neighbouring Counties and North Wales. My wishful dream is to transform UHNM Cancer Centre into a Centre of Excellence by 2030 designed by the patients for them and for their future generations. One of the patients helped to design a survey that was disseminated to other patients to ascertain what they wanted from the centre of excellence. The aim of this project is to have a new build, providing personalised care to each patient and including patients. Patients are able to share experience and learning to each other, to support each other. The 12 choices determined were advocacy service, café/restaurant with high nutritional value for cancer patients, library to share knowledge, garden to add colours and positive energy where people can sit within a calming environment to have chemotherapy, a space for charity raising, relaxation therapy using yoga, music therapy, prehab and rehab space, pharmacy, an area for faith and spirituality, library, support group area. The Holistic platform has been recognised now and charity of 3M has been sanctioned thanks to Denise Coates Foundation, to transform the existing cancer centre to a totally new build Centre of Excellence. We visited Maggie's centre, Penny Brohn at Bristol along with the patient representative to get ideas of how to personalise education and increasing patients choice. As a believer of a holistic approach and being a musician myself I share my music with my cancer patients, they use this to help them de-stress during their cancer treatment, helping to strengthen their immune system to improve outcome.

#### Summary

I want to showcase a particular patient/practitioner case study. I have worked collaboratively with a specific patient, Ida, since her cancer diagnosis in 2018. Ida is an unusual patient in so much as she felt compelled to undertake her own research into her own condition to counteract her feelings of powerlessness when presented with a diagnosis of invasive lobular carcinoma. Unlike other projects this piece of work has developed organically since we began working together. Leadership has moved smoothly between both of us dependent upon the specific issue being addressed. Following the usual treatment pathway we eventually exhausted all the aromatase inhibiting drugs, each one having unbearable side-effects, to the point where Ida decided to embark on an eating regime whereby she would eat foods that she hoped/intended would reduce the likelihood of her having either another primary or secondary cancer. I agreed to regularly test her bloods as a way of measuring the impact. There has been a dramatic improvement in Ida's blood work and her appearance. Ida has written a paper and presented to the Trust Board.

#### Impact

Ida's blood test shows improvement resulting in a positive impact of her wellbeing, energy levels, exercise tolerance and confidence. Personally I saw for the first time and started to believe how plant based eating with specific foods can improvise and normalise the vitamin levels, lipids, oestrogen, salt levels- electrolytes maintaining haemostasis, good kidney, liver, bone and bone marrow function. I could see Ida transforming into a healthy fit woman. Her skin was glowing.

#### What Makes Us Special

It is my belief that this project stands out from others in so much as it emerges from a true partnership between patient and clinician where the power dynamics have shifted from one party to another and where learning too has shifted back and forth. It truly demonstrates the dynamic between academic knowledge, practice wisdom and knowledge through experience.

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## University Hospitals of North Midlands (NHS) Trust

### Therapy Enhanced Discharge (TED)



**University Hospitals  
of North Midlands**

#### Category

Personalisation of Care

#### Organisation

The UHNM serve around three million people and we're highly regarded for our facilities, teaching and research. The Trust has around 1,450 inpatient beds across two sites in Stoke-on-Trent and Stafford. Our 11,000 strong workforces provide emergency treatment, planned operations and medical care at Royal Stoke University Hospital and County Hospital in Stafford. We are the specialist centre for major trauma for the North Midlands and North Wales.

#### Summary

In response to bed capacity issues within the acute hospital trust at UHNM and widespread lack of community social care capacity during a covid pandemic wave, the novel and innovative decision was made to take the principle of the established Therapeutic Enhanced Discharge (TED) Service and apply key principles to the speciality of medical, neurology and trauma (# NOF patients). The TED service provided intensive therapy with a focus on functional activities to combine therapeutic interventions with supporting the patients care requirements (personal care, toileting, meal preparation). Research evidence has shown that patients reach optimum recovery most quickly in their own normal environment which also has a positive impact on patient mood and motivation. The TED service followed the key principles of the Enhanced Early Supported Discharge service provided by the Acute Stroke therapy team which provides intensive personalised rehabilitation focused care package to support discharge home at an earlier point in a patient's journey than would otherwise be possible. This proactive approach has demonstrated patient outcomes including functional independence, positive patient experience and reduction in long term care needs therefore reducing long term burden on social care. The TED Service was offered for an average of 2 weeks and can provide the intensity of up to 4 therapeutic interventions per day 7 days a week. At the end of the 2 week period, 90% of the patient cohort have no further social care package needs and are transferred to Community therapy services only. This model moved away from traditional nursing care requirement to other disciplines supporting facilitated discharge from the acute trust

#### Impact

In the space of a 5 day pilot period, the TED team facilitated a total of 20 patients transferred from the UHNM to their normal place of residence. This included: 15 medical patients; 5 specialised (4 T&O / 1 Neurology); 15 patients were considered "bridging patients" where the team provided basic care as well as therapeutic intervention to the patients and handed over to community care services once capacity became available. In the case of these patients, they were discharged from the acute trust 2-3 days earlier than would have been possible otherwise which had a positive impact on vulnerable patients being less at risk of secondary complications associated with immobility and hospital acquired infections. The TED team demonstrated that for this cohort of patient speciality significant gains could be made with positive patient outcomes. Following intervention by TED service, patients who were awaiting QDS (four times a day) double up calls, required only 1 x am single call after the intervention. There were other patients who saw a reduction in needs after intervention at home. One patient was discharged directly from TED with no social care requirements after just 4 days. 4 of the 20 patients remained on service receiving intensive therapy care package. Patient feedback has been excellent with clear benefits from the home first philosophy and the mind set of moving rehabilitation phase of care out of the acute trust to the community and predominantly to enable the patients to reach their maximum potential in their own home. 'Felt supported. The service is brilliant and staff couldn't do more for you'

#### What Makes Us Special

This model of care is considered unique as this is therapy led. Historically nursing have undertaken care needs at home and whilst awaiting a care package to become available patients remain within the acute trust. In this model, we believe that an intervention providing traditional 'care' whilst supporting activities of daily living can be provided by a therapist who can deliver a therapeutic rehabilitation intervention also alongside the care element with positive and beneficial patient outcomes. There is huge beneficial impact on community services.

**Contact Details:** Alan Bethell - [alan.bethell@uhnm.nhs.uk](mailto:alan.bethell@uhnm.nhs.uk)



## 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 [picker.org](https://picker.org) or follow us on social, Twitter [@pickereurope](https://twitter.com/pickereurope), LinkedIn [@picker-institute-europe](https://www.linkedin.com/company/picker-institute-europe) and Facebook [@pickereurope](https://www.facebook.com/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](https://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®](https://www.always-events.org/) 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](https://www.pickerinstitute.org/) and the [Institute for Healthcare Improvement \(IHI\)](https://www.institute-for-healthcare-improvement.org/), 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/](https://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 2022

*Re:thinking the experience*



The School of Nursing and Allied Health at Liverpool John Moores University are delighted to be sponsoring two 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. If you work within a service providing organisation please take time to think about how you might involve students in your work to improve patient and service user experience. They could be source of new ideas and enthusiasm and a worthwhile investment for the future. You may have Practice Educators in your organisation you could collaborate with to help you do this, or perhaps you could have a chat with a colleague from an appropriate school or faculty in your local university.

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



## PEN National Awards 2022

*Re:thinking the experience*



The PEN Awards are the Oscars of Patient Experience! Healthcare Communications have supported this amazing event for several years now, from the honour of being part of the judging panel to taking part in the awards

ourselves. We recognise how important it is to celebrate the fantastic work that teams around the UK are doing to ensure patient experience and safety is at the forefront of care, enabling crucial sharing of innovative projects and best practice between organisations.

Our team has been delivering intelligent, multi-channel solutions across the entire patient pathway for over 20 years, and our patient communication platform, Envoy, sends more than 200 million messages annually for over 130 NHS Trusts & Health Boards, helping them to transform their patient journeys from referral to discharge.

As the largest supplier of Friends & Family Test (FFT) services in England, we are currently partnering with 79 Trusts to deliver a personalised, user-friendly and digital-first FFT experience for patients and staff members. At Healthcare Communications we pride ourselves on forward thinking with innovation always in mind and now, as part of the Cisco group, the possibilities are endless.

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



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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[www.platform81.com](http://www.platform81.com)



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



101 SystemWorks Ltd is a Birmingham based Microsoft Office Consultancy company. We can help you to make your business database, spreadsheets, or Microsoft Office documents more practical and productive and save you time and money. We will look at what you do and how you do it, then suggest ways

of working smarter. We guarantee to save at least 30-40% of your time with what we develop and what we do for you will exceed expectations.

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Ring 07973 507371 or email [les@101systemworks.co.uk](mailto:les@101systemworks.co.uk) **now!**



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.**

## Our Judging Panel

Allie Cusick	Henry Blunt	Michael Young
Amanda Riches	Hilary Baseley	Michael Molete
Anand Kumar	Holly Swinckels	Michaela Tait
Anna Tee	Jacqueline McKenna	Michelle Jones
Anna Rarity	Jade Hindley	Neil McKenzie
Birte Harlev-Lam	Janet Coninx	Nichola Duane
Carina Georgiades	Jean Tucker	Nick Medforth
Carol Duane	Jenny King	Nikant Ailawadi
Carol Munt	Jenny Negus	Nikki Thomas
Caroline Faulkner	Joan Saddler	Paul Sanguinazzi
Charles Bennet	John Dale	Paulette Burges
Chris Graham	Karen Bowley	Peter Williamson
Clare Enston	Kath Evans	Richard Littledale
Daniel Ratchford	Kathryn Gilmore	Richard Ashworth
Dany Bell	Keely Clawson	Ruth Evans
Darren Hudson	Kevin Brent	Ruth Hudson
David Keddie	Kim Rezel	Sally Picken
David McNally	Kimberley Bennett	Sam Holden
David Supple	Kuldeep Singh	Sam Bray
Dawn Lee	Laura Kinsey	Sarah Davies
Denise Harvey	Lesley Goodburn	Selina Trueman
Elaine Marshall	Lilu Wheeler	Shankar Chappiti
Fran Gonella	Lisa Anderton	Sharon Hui
Georgina Craig	Lisa Young	Sophie Cherrington
Giorgia Zolino	Louise Blunt	Sue Honour
Gurpreet Kahlon	Marie-Louise Allred	Suze Mellor
Hayley Parker	Marsha Jones	Tony Kelly
Helen Lee	Maureen Dale	Tracy Haycock
Helen Brady		

### Judges' Comments:

*"A joy to be involved as always. As usual hard to differentiate as all have their own strengths. Please can we make it clear in feedback that they are all worthy of commendation and we would make them all winners if we could?"*

*"Wow – loved this bunch of submissions – some really great stuff in here."*

*".....Some very excellent ideas and initiatives this year, as always!"*

*"What a fantastic field of entries this year. Can't wait to meet some of them!!!"*

*"Such a honour to read through these incredible projects and learn about all the improvements being made..... It was very hard to judge."*

*"I've really enjoyed reading these today – so inspirational!"*

**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.**





# PEN National Awards 2022

*Re:thinking the experience*

**Your Notes**



# PEN National Awards 2022

*Re:thinking the experience*

**Your Notes**



# PEN National Awards 2022

*Re:thinking the experience*

Your Notes



# PEN National Awards 2022

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## Your Notes for Voting

Category	Winner	Your notes	Your rank



## Our Partners:



#PENNA22