PATIENT EXPERIENCE NETWORK

NATIONAL AWARDS 2023

Awards Conference
28th September 2023

#PENNA23

Introduction

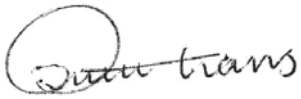


Welcome to PENNA 2023! This is now our 13th year (lucky for some!!) of celebrating the great work being done to improve the experience of care for both patients and staff.

After returning to being face to face last year, we know how important coming together to recognise, celebrate and share is, and are truly delighted to be back at the University of Birmingham.

We wrote last year of the ever present uncertainty and challenges in the workplace (and indeed the world) and one year on, not much has changed, and for many it remains tough and difficult. Which is why it is so very important to focus on celebrating the successes and remains incredibly heartening to see so many organisations continue to innovate to improve and be willing to share their work.

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. Yet again 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.



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

NHS England - In providing a service, we need to be open to all forms of learning. Often we focus on what has gone wrong, which is vital to do. But just as much wisdom is to be had from what has gone well and this needs to be celebrated more. As well as recognising your own team's achievements in quality improvement, there is the opportunity to inspire others with what can be achieved. This is ever more important in an environment with growing demand, deep-seated inequalities and persistent staff vacancies. Improving experience of care can be hard work and it can take time, dedication and persistence to achieve results. The PENN Awards are a shining light in our annual calendar, when that hard work pays off and we celebrate excellence, innovation, resilience and evolution, those exciting times staff and people with lived experience come together to focus on shared challenges and drive up the quality of healthcare experience. I am always struck by how many patients, service users and carers take the time to revisit difficult moments in their lives and share their experiences with us, which is not always easy to do. Thank you for all you are doing to listen and respond to what they are saying. Take a moment to appreciate the recognition for your work but please also take home an idea from another service that you think might make a difference to your own. Let's build on success by taking another loop in that ongoing improvement journey!

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



Picker are a charity committed to a vision of *the highest quality person centred care for all, always*. Having pioneered the use of patient experience on both sides of the Atlantic, our tools and methods have gone on to be used in national and local programmes around the world. Today, we work with everyone involved in health and care – be that as policy makers, providers, professionals, or as patients or members of the public – to understand, measure, and improve people's experiences of care.

We're proud to continue to support the Patient Experience Network National Awards (PENNA), which serve as a wonderful celebration of some of the finest work around patient experience – and as a powerful testament to the difference that this can make to the quality of health and care. By recognising the vital work that makes better patient experiences a reality, it speaks to our own vision and goals – and so we are excited to share, learn, and celebrate together.

One of the most striking things about PENNA is the sheer range, diversity, and quality of entries. It's always a pleasure to be part of the judging process and to see so many examples of innovation, of best-practice, and of real commitment to person centred care. The standard seems to improve more and more each year, which is remarkable when we consider the challenges that the health and care sector has faced. We're grateful to everyone attending the Awards for their own focus on improving people's experiences – and we hope that the day will help you to feel inspired and empowered to continue in this important work.

Of course, we love attending the National Awards too: colleagues and I are always inspired by the excellent presentations on the day and it's a pleasure to catch up with friends and colleagues – old and new alike. Please do come and see us at our stand, whether it's just to say hello or to see how we can help you – we're looking forward to meeting you.

Chris Graham, Group CEO, Picker

Liverpool School of Nursing and Advanced Practice

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 Educator of Tomorrow and Patient Experience Advocate 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 Advanced Practice at Liverpool John Moores University, visit our website: https://www.ljmu.ac.uk/about-us/faculties/faculty-of-health/school-of-nursing-and-allied-health or follow us on Twitter https://twitter.com/LJMU_Health

Laura Kinsey, *School of Nursing and Advanced Practice*

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

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

Sophia Nicola, Head of Clinical Engagement, *Macmillan Cancer Support*

NHS England – Cancer Experience of Care Team

We're proud to support the Cancer Experience of Care Award, which provides everyone with a fantastic opportunity to celebrate improving experiences of cancer care for people using services, their families and unpaid carers. This joint sponsorship by NHS England with Macmillan Cancer Support means that for the 4th year this Award was again free to enter. The National Cancer Programme very much values staff working together with people with lived experience and has provided ticket sponsorship so that lived experience partners are able to attend today's ceremony alongside their NHS teams.

This Award celebrates teams who use insight and feedback, prioritise coproducing these improvements with people using services and value work that has demonstrated a focus on addressing health inequalities. Judges look for genuine partnerships between people using services, their families and unpaid carers and staff, which are the foundations of codesigning.

At NHS England we commission both the adult National Cancer Experience of Care Survey and the U16's survey. These two major national surveys provide data which can be used as a baseline to measure improvements in experiences of cancer care. A number of the shortlisted projects used this data in their applications. This Award also recognises and values the many other sources of insight and feedback that are available to use to demonstrate the impact of changes – it's the measurement that remains key.

The Cancer Experience of Care Team is delighted to be celebrating this category with you. Previous Award winners have found that winning the award gives their work significant profile internally in their organisations, but can also lead to national exposure, which can bring benefits to the wider health system. Sharing successful work nationally can lead to much wider impacts to improve experiences of cancer care in a really positive and powerful way.

We are also very grateful to our strategic lived experience partners, Bonnie and Andrew (members of the National Cancer Programme Patient and Public Voices Forum) 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 Programme Manager

PENNA – 13 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 – Nottingham University Hospitals NHS Trust - Improving our Colorectal Cancer Pathway Patient Experience













Best Practice - Re:Thinking the Experience Conference 2023 Programme

8.30	**Attendees Registration Opens** Networking, Exhibition, and Refreshments
9.30	**Event Starts** Introduction to the Day
9.40	**Keynote – Lady-Marie Dawson-Malcolm,** Patient Representative
10.10	**Announcement of the Winners** – Part 1
10.50	**Break** Networking, Exhibition, and Refreshments
11:20	**Morning Category Winners Presentations and Q & A** Category Winners present in two streams
12.20	**Lunch** Networking, Exhibition, and Refreshments
13.20	**Welcome Back** and Quiz
13.40	**Keynotes – Last Year's Winner** updates us and we hear from **Bob Behrens - Parliamentary and Health Service Ombudsman**
14.10	**Announcement of the Winners** – Part 2
14:45	**Afternoon Category Presentations and Q & A** Category Winners present in two streams
15.45	**Final Voting Opportunity** Networking, Exhibition, and Refreshments
16:15	**Announcement of the Winners** - Part 3
17.00	**Chair Closing Remarks** End of formal proceedings
17:15	**Drinks Reception** All welcome
18:00	**Event Close**

Exhibition: During the Exhibition sessions delegates will have the opportunity to visit each of the finalists' posters 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 2023 during the voting opportunity at 15:45.

Our Venue



UNIVERSITY OF BIRMINGHAM

We are delighted to once again be working with the University of Birmingham to cement this wonderful venue as our new home



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.

Lady-Marie Dawson-Malcolm – Patient Representative



Lady-Marie sustained a spinal cord injury a number of years ago. However, she does not let this define who she is as an individual and she is actively engaged in supporting any agenda that wants to effect change. She works as a Corporate Partnerships Coordinator for a national charity and has a portfolio of volunteering activities including being a consultant on the BBC show EastEnders. She is also a visiting academic at two London universities.

Louise Blunt - PEN



Louise is Director of Operations for 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.

Bob Behrens – Parliamentary and Health Service Ombudsman



Rob Behrens is Parliamentary and Health Service Ombudsman in the UK, a Crown Appointment held since 2017. Educated at Nottingham and Exeter Universities, he has been an academic (he is currently a visiting professor at University College London), senior civil servant, and Ombudsman. Rob was awarded a CBE in the 2016 New Year's Honours List for his services to higher education. Rob is Vice-Chair of the International Ombudsman Institute (IOI, Europe), a member of the IOI World Board, and a lifetime supporter of Manchester City.

Nottingham University Hospitals NHS Trust – Colorectal Cancer Team



We are delighted to have representatives from last year's overall winner Nottingham University Hospitals NHS Trust who will update us on the progress of their project, the last year as a winner and what's next for the Colorectal Cancer Team.

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 Littledale Award

Innovative Use of Technology, Social and Digital Media

Measuring, Reporting & Acting incl Turning it Around

Partnership Working to Improve the Experience

Patient Contribution

Patient Experience Advocate of Tomorrow

Patient Experience Educator of Tomorrow

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 (3 Sub-Categories)

Outstanding Contribution 2023

Overall Winners

The Finalists

CATEGORY: Cancer Experience of Care Award

Hywel Dda University Health Board	Prostate active care together (PACT)
Kings College Hospital	King Cancer Collaborative Addressing Health Inequalities
Kings College Hospital	King's Macmillan Cancer Support Workers
Liverpool University Hospitals NHS Foundation Trust	"Extending and Expanding the Prehabilitation Service at Liverpool University Hospitals NHS Foundation Trust (LUHFT)
North East & Cumbria Learning Disability Network	Breast and bowel cancer screening learning disability health quality checker programme
Northampton General Hospital	Improving the Information & Support for those living with cancer
St Helens and Knowsley NHS Trust	Specialist Palliative Care at the front door
Surrey and Sussex Cancer Alliance	"What happened next after my cancer screening result was abnormal?" Videos for people with Learning Disabilities and Autism-Improving access and patient experience in cancer screening
Xploro	Xploro Digital Therapeutics Platform

CATEGORY: Commissioning for Patient Experience

Cheshire and Wirral Partnership NHS Foundation Trust	Driving service improvements through provider collaborative partnerships across the North West
Hywel Dda University Health Board	"Arts Boost" - Improving Children and Young Peoples Mental Health through Art
South Tyneside and Sunderland NHS Foundation Trust	Improvement in Community Midwifery Services Within South Tyneside and Sunderland NHS Foundation Trust
South Tyneside and Sunderland NHS Foundation Trust	Sunderland Royal Hospital Maternity Entrance Mural Project
Stand, on behalf of North East and North Cumbria ICB	Involvement activity to review respite provision in South Tyneside. Submitted on behalf of the North East and North Cumbria ICB

CATEGORY: Communicating Effectively with Patients and Families

Dementia UK	Chinese Welfare Admiral Nurse Service
Nottingham University Hospitals NHS Trust	"Keep Moving" Patient Information Sheet.
Sodexo	Welcome Guide
Stand, on behalf of North East and North Cumbria ICB	Involvement activity to review respite provision in South Tyneside. Submitted on behalf of the North East and North Cumbria ICB
Sunderland and South Tyneside NHS Foundation Trust	Improving the quality and availability of medication-related information at hospital discharge.
Walsall Healthcare NHS Trust	Little Voices
Warrington and Halton Teaching Hospitals NHS Foundation Trust	The implementation of Family Integrated Care (FiCare) model within the Neonatal Unit

CATEGORY: Engaging and Championing the Public

Bristol Health Partners	Common Ambition
Cheshire and Wirral Partnership NHS Foundation Trust	Driving service improvements through provider collaborative partnerships across the North West
NHS Greater Glasgow and Clyde	Patient and Public Involvement in Developing NHS Greater Glasgow and Clyde's Maternity and Neonatal Strategy
North West Ambulance Service NHS Trust	Improving our services through using the voices our Patient and Public Panel members
Public Health Agency	Listening to sign language users â€“ improving access to how experience can be shared
Spectrum People	Living with Lived Experience videos
University Hospital Bristol and Weston NHS Foundation Trust	Making room at the top - Young Ambassadors programme at Bristol Royal Hospital for Children

CATEGORY: Environment of Care

Newmedica	Building a patient-centric environment
Royal Cornwall Hospitals Trust	Critical Care Healing Garden
Nottingham University Hospitals NHS Trust	The Health Care of Older People Shared Governance Council's Radio Project
University Hospital Bristol and Weston NHS Foundation Trust	Dance for Dementia

CATEGORY: Fiona Littledale Award

Chesterfield Royal Hospital	Dawn Warrington and Tony Lormor - Development and support of ABC (Anyone affected by cancer) support group
Liverpool John Moores University	Emma Davey - Supporting a young cancer patient home during COVID pandemic and lockdown

CATEGORY: Innovative Use of Technology

Ashford and St Peter's Hospitals NHS Foundation Trust	Medical Examiners Service Community Roll-Out Project
Careology	Using digital cancer care to revolutionise mental health support for young cancer patients
Imperial College Healthcare NHS Trust	Scale, Spread and Embed FFT Programme: driving responsive and timely improvements in patient experience using natural language processing
Nottingham University Hospitals NHS Trust	Improvements to new patient systemic anti cancer therapy (SACT) information at Nottingham University Hospitals NHS trust
The Shrewsbury & Telford Hospital NHS Trust	Cancer Information, Support and Wellbeing App
uMotif Limited	uMotif: 1st New, Validated eCOA/ePRO Data Capture Innovation Since Paper on Smartphones Drives High Patient Engagement in Clinical Trials and Real-World Studies
University Hospital Bristol and Weston NHS Foundation Trust	Lights, Camera, Action! Making the Unfamiliar Familiar: A Patient Information Video

CATEGORY: Measuring, Reporting and Acting incl Turning It Around

Aneurin Bevan University Health Board	Dementia Meaningful Activity and Engagement in Hospitals.
Cheshire & Wirral Partnership NHS Foundation Trust	Developing and Implementing Ask Listen Do
Cheshire and Wirral Partnership NHS Foundation Trust	A Needs Led Community Rehabilitation Service - Working as part of a Whole System
Northern Care Alliance NHS Foundation Trust	"Observe, Listen & Act" programme to effectively measure our patient/service user experience and gather feedback in the moment to inform improvements made across all areas of the group Trust.
Southport and Formby Health	Improving Appointment Utilisation and Patient Experience-7-Day GP Service

CATEGORY: Partnership Working to Improve the Experience

Birmingham Women's and Children's NHS Foundation Trust	BWC Patient Experience - One Stop Advice Shop
Cheshire and Wirral Partnership NHS Foundation Trust	Driving service improvements through provider collaborative partnerships across the North West
North East & Cumbria Learning Disability Network	Skills for Living with Type 2 Diabetes
Nottingham University Hospitals NHS Trust	High Intensity Service User
Nottingham University Hospitals NHS Trust	Nottingham University Hospitals NHS Trust Cancer Prehabilitation Service
Shrewsbury and Telford Hospital NHS Trust	Establishing an Independent Complaints Review Group
Surrey and Sussex Cancer Alliance	"What happened next after my cancer screening result was abnormal?" Videos for people with Learning Disabilities and Autism-Improving access and patient experience in cancer screening
University Hospital Bristol and Weston NHS Foundation Trust	Bristol Sight Loss Council - making connections: building relationships

CATEGORY: Patient Contribution

Sara Turle	Showcasing an outstanding Patient Partner
Ida Bentley	Patient Contribution - Stronger Together
Nottingham Support Group, Royal Osteoporosis Society	Improving patient support and information.
University Hospital Bristol and Weston NHS Foundation Trust	Making room at the top - Young Ambassadors programme at Bristol Royal Hospital for Children

CATEGORY: Student Patient Experience Advocate of Tomorrow

Liverpool John Moores University	Ava Milligan, Student Nurse Liverpool, John Moores University
Liverpool John Moores University	Supporting a young cancer patient home during COVID pandemic and lockdown
Liverpool John Moores University	LJMU Dementia Ambassadors Project

CATEGORY: Student Experience Educator of Tomorrow

Liverpool John Moores University	John Wells , Student Nurse Liverpool John Moores University. Educational activities to support healthcare staff and enhance patient care
Liverpool John Moores University	Liverpool John Moores University - Student educator of the year
Liverpool John Moores University	The Liverpool, John Moores University Nursing Society- run by students for students
Liverpool John Moores University	The LJMU Mental Health Society
Sefton Training Hub (Southport & Formby Health)	A student led approach to improving healthcare for Mental
Sefton Training Hub (Southport & Formby Health)	Sefton Training Hub PA Preceptorship

CATEGORY: Patient Experience Manager / Professional of the Year

Carers UK	Holly Swinckels
Northumbria Healthcare NHS Foundation Trust	Avril Robinson - Improving the experience of palliative care patients
University Hospitals Birmingham NHS Foundation Trust	Nicky Beecher

CATEGORY: Personalisation of Care

Aneurin Bevan University Health Board	Dementia Meaningful Activity and Engagement in Hospitals.
Birmingham Women's and Children's NHS Foundation Trust	Birmingham Women's and Children's NHS Foundation Trust - Emergency Department Runners
Manchester University NHS Foundation Trust	Set up and delivery of specific Autism Orthoptic clinic, encompassing reasonable adjustments
Nottingham University Hospitals NHS Trust	BAME Wig Project
Nottingham University Hospitals NHS Trust	Nottingham University Hospitals NHS Trust Cancer Prehabilitation Service
Sodexo	Flexible dining
Teesside University	Experts by Experience: The Person's Voice Module
University Hospital Bristol and Weston NHS Foundation Trust	Lights, Camera, Action! Making the Unfamiliar Familiar: A Patient Information Video

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

Cardiff & Vale University Health Board	NHS Mental Health Partnership Volunteer Scheme
Derbyshire Healthcare NHS Foundation Trust	Icare (Increase Confidence, Attract, Retain, Educate) Development Framework
Homerton NHS Trust	Staff Wellbeing Group
Northumbria Healthcare NHS Foundation Trust	Improving staff Health and Wellbeing at Northumbria Healthcare NHS Foundation Trust
Pluto Play Productions	'Beneath The White Coat' play
University Hospitals of Derby & Burton NHS Foundation Trust	Paediatric Medical Students Patient Experience & Quality Improvement Special Study Module (SSM)
Walsall Healthcare NHS Trust	The Power of a cup tea

CATEGORY: Strengthening the Foundation

Cambridge University Hospitals NHS Foundation Trust	The Supporting, Empowering, Enhancing Development (SEED) Programme to implement Family Integrated Care Model
Cleveland Clinic London	Strengthening the Foundation
North East & Cumbria Learning Disability Network	Learning Disability Diamond Acute Care Standards
Public Health Wales	The Public Health Merit Award Scheme
Teesside University	Experts by Experience: The Person's Voice Module
Wakefield District Health & Care Partnership	Wakefield District Health & Care Partnership Experience of Care Network
Warrington and Halton Teaching Hospitals NHS Foundation Trust	Your Future Your Way

CATEGORY: Support for Caregivers, Friends and Family

Dementia UK	Core Clinical Services Admiral Nurse support
South Tyneside and Sunderland NHS Foundation Trust	Carer Passport Scheme - accessible to all

CATEGORY: Team of the Year (including PALS)

Cheshire & Wirral Partnership NHS Foundation Trust	Patient and Carer Experience Team
Cheshire and Wirral Partnership NHS Foundation Trust	A Needs Led Community Rehabilitation Service - Working as part of a Whole System
Isle of Wight NHS Trust	Building and developing a team whilst changing our approach to complaint handling
Liverpool University Hospitals NHS Foundation Trust	"Development of Innovative CPAP large events to Enhance Patient Experience and Improve Access to Treatment.

CATEGORY: Using Insight for Improvement (3 subcategories)

Using Insight for Improvement – Championing the Use of Insight to Improve Patient Experience

Barts Health NHS Trust	Valuing Patient and Community Voices
Cheshire and Wirral Partnership NHS Foundation Trust	Driving service improvements through provider collaborative partnerships across the North West
Integrated Care Northamptonshire	Integrated Care Northamptonshire (ICN) Engagement Insight Library
Mid Yorkshire Hospitals NHS Teaching Trust	A focused initiative to ensure personalisation of care following the Covid pandemic using insight work with the Yorkshire & Humber Improvement Academy to support review and reset.

Using Insight for Improvement - Using Insight to Improve Equality of Care

Barts Health NHS Trust	Tackling health inequalities within the Somali Community in North East London
North East & Cumbria Learning Disability Network	Skills for Living with Type 2 Diabetes
Nottingham University Hospitals NHS Trust	BAME Wig Project
University Hospital Bristol and Weston NHS Foundation Trust	Bristol Sight Loss Council - making connections: building relationships

Using Insight for Improvement – Using Insight to Improve Patient Experience of Access to Services

Breast Cancer Now	Breast Cancer Now's Service Pledge: Using the power of the patient voice to improve breast cancer services
Northumbria Healthcare NHS Foundation Trust	Improving attendance rates for women attending Colposcopy appointments
Oxleas NHS Foundation trust	Quick and easy access to NRT (Nicotine Replacement Therapy): Making the most of an opportunity
Southport and Formby Health	Improving Appointment Utilisation and Patient Experience-7-Day GP Service

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

Aneurin Bevan University Health Board
Dementia Meaningful Activity and Engagement in Hospitals

Categories

Personalisation of Care and Measuring, Reporting and Acting

Organisation

Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. We serve an estimated population of over 639,000, approximately 21% of the total Welsh population. The Health Board employed approx 15,343 staff and is the largest employer in Gwent, two thirds of whom are involved in direct patient care. On average it is estimated that at least 25% of the hospital inpatient beds are occupied by a person living with dementia with an increased average length of stay.

Summary

The aim of the Dementia Meaningful Activities and Engagement Programme was to improve the experience of care for people living with dementia whilst in hospital. We introduced Dementia Volunteer Companions, a suite of person-centred meaningful activities and a programme of dementia learning for staff to help improve person-centred dementia care, supported by a network of Dementia Champions. Care that is not informed by the psychological and emotional needs of the person, and with the absence of meaningful activity is often restrictive in nature. This can lead to de-conditioning and an increase in agitation or frustration for the patient. The management of agitation can include administration of sedation, potentially increasing the risk of falls, weight loss etc. Listening to the experiences of those in hospital we have identified that significant changes were needed to improve the lived experience. We have sourced funding to secure dedicated meaningful activity resources and have provided every in-patient ward with activities and training. These have included items to support interests and hobbies, objects of comfort and assistive technology. We have recruited and trained 7 Dementia Companion Volunteers.

Impact

A mixed method evaluation was used to measure the impact which considered staff, patient and carers views through surveys, patient stories and the measures set up at the beginning of the project. We identified an increase in compliance with Online All -Wales mandatory dementia awareness module. Expansion of the programme to the remaining wards in the Health Board was supported. From feedback we recognise the need to actively promote and engage more proactively with carers/relatives, encouraging wards to adopt more flexible working. We relaunched "Johns' Campaign", Leaflets were prepared for patients, carers and staff. The campaign has been relaunched internally externally through social media and has received many positive comments. To promote person-centred care and to ensure staff can recognise 'at a glance' that someone in a hospital bed may have dementia, person centred 'Bedside Boards' have been designed, purchased, and erected. The boards improve communication between patients, carers and clinical teams, identify what matters to the person, offer preference, choice. Bi-lingual, this template has been shared across Wales. The Health Board uses the Dementia Daisy symbol to identify a person who has a diagnosis of dementia. The bitesize learning session which includes the "Nutrition and Hydration" saw an increase in staff awareness of the snacks and finger food menus to support people who like to eat little and often, often whilst walking. There are planned sessions with Facilities and Portering staff. Every hospital ward now has access to a suite of resources including activities that can be used by people who have sight impairment, dexterity issues, and supports languages other than English. Assistive technology includes resources such as RITAs (Reminiscence Interactive Technology Assistance), Magic tables and I-pads, using digital champions to support. A champion network enables a two-way communication for the sharing of information, resources. ABUHB Dementia Champion pin badges were designed/purchased identifying who Champions are on each ward.

What Makes Us Stand Out

The inclusion of meaningful activities in assessment and care planning challenges the traditional models of in-patient care. There is now more emphasis on what matters to people rather than focussing on 'what's wrong' with them. The involvement of patients and carers as equal partners in care and valuing the patient voice has kept us anchored into the value and aims of the programme. Listening to the experience of patients, carers, staff and the CHC feedback has provided the evidence for positive changes in person-centred dementia care. An example of listening and learning was the "Anticipatory Loss and grief learning module" developed from 2 couples (Husband and Wife) who offered their experience of receiving a diagnosis and what they believed staff and other people needed to know which helped and was unhelpful.

Contact Details: Donna Wigmore - donna.wigmore@wales.nhs.uk

Ashford and St Peter's Hospitals NHS Foundation Trust
Medical Examiners Service Community Roll-Out Project

Ashford and St. Peter's Hospitals NHS Foundation Trust

Category

Innovative Use of Technology/Social/ Digital Media

Organisation

The Medical Examiner Service is being rolled out across England and Wales to provide independent scrutiny of deaths and to give bereaved people a voice. Medical Examiners are senior doctors who are contracted for a number of hours a week to provide independent scrutiny of the causes of death, outside their usual clinical duties

Our Medical Examiners Office is hosted by Ashford & St Peter's Hospitals NHS Foundation Trust, Surrey and the team is made up of a Lead Medical Examiner (myself) six further Medical Examiners, two Band 6 Lead Medical Examiner Officers and two Band 5 Medical Examiner Officers. The purpose of our Service is to:

- provide independent scrutiny of all non-coronial deaths
- appropriate direction towards the coroner
- provide a better service for the bereaved and an opportunity to raise concerns
- improve the quality of death certification

Summary

Problems: How would we know when and where a community death had a occurred; What would we need for proportionate scrutiny; When would we receive the completed death certificate so we could communicate to the family? **Leadership:** multiple organisation-engagement to share our message on a simple process = 'One Button Press'; **New Thinking:** repurposing an existing mechanism (eRS) for a novel approach; **Sustainability:** this existing process is a no-cost solution; **Involvement:** stakeholders: ICS, Registrars, Coroners Office, Hospices, GP practices and bereaved family feedback; **Transferability:** already scaled up to a national protocol; **Dissemination**: published and presented. Follow us on twitter @AsphMedEx

The lightbulb moment came when we asked each other - how do we hear about any patient condition in the community? Because GPs refer them in … We needed a mechanism that alerted us to a death in the Community, delivered a data packet of the patient record sufficient for meaningful scrutiny and allowed us to communicate immediately with GPs for questions. Critically, we wanted a 'One Button Press'. We began Hospice Roll-out on 2nd February 2021 and held joint snagging meetings with Palliative Care doctors and Hospice administrators. From these very positive experiences we felt empowered to move from this paper-based trial to the electronic 'One Button Press'

Impact

Our success metrics are judged by increasing numbers of community referrals ahead of the statutory deadline. The impact on service delivery is that we have improved communication with families on understanding the Cause of Death, reduced referrals to the Coroner, reduced time to death Registration and supported learning from deaths. The eRS process has been adopted by NHS England as one of three recommended techniques to establish community referrals and we succeeded in placing 'Medical Examiners' on the eRS Directory of Services. There are no on-costs or unexpected contingency costs awaiting service users and as eRS diversifies to allow patients to manage their appointments and results, the future for eRS is assured. The Health and Care Act has achieved Royal Assent and from April 2024 no death in England and Wales will be able to be registered unless it has been scrutinised by either a Coroner or a Medical Examiner. Seven months ahead of this deadline 62% of our GP practices are using our services

What Makes Us Stand Out

This initiative grew out of the clinical experience of delivering care in today's NHS. This scheme utilises existing, tried and tested technology that is already available to every part of the national organisation and the key message to keep it simple (the 'One Button Press') focussed a diverse groups of professionals on a sustainable, creative solution to what looked liked a complex problem

Key elements for success:

Early process mapping which identified the key stakeholders

Frequent, collaborative meetings facilitated by Teams

Relentless positivity for a goal worth achieving: support for and communication with bereaved families

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Barts Health NHS Trust

Tackling Health Inequalities within the Somali Community in North East London

Category

Using Insight for Improvement – Using Insight to Improve Equality of Care

Organisation

Barts Health NHS Trust is an NHS trust based in London, England. Established in 2012, it runs five hospitals throughout the City of London and East London, and is one of the largest NHS trusts in England. I currently sit within the community engagement team, which is a small team of 4 leads working across the trust. I work specifically with the Somali community in East London, namely Women's Inclusive Team (WIT) who, with Barts, created my role.

Summary

The Somali Community Engagement Officer was established as a pilot role to address health inequalities within the Somali community in East London. Recognizing the lack of literature and data on their experiences, the initiative aims to gather valuable insights through engagement sessions. These sessions focus on community participation, co-production, and a culturally sensitive approach to healthcare. Notable outcomes and sustainability are key aspects of the initiative. It enhances access to healthcare, promotes health literacy, and implements preventive measures, resulting in measurable improvements in health outcomes and a reduction in disparities. The focus on sustainability ensures a lasting impact. Extensive involvement and inclusion are integral to the initiative, actively engaging the Somali community in decision-making processes and empowering individuals. Lessons learned, innovative strategies, and collaborative partnerships can be shared with other communities facing similar health inequalities, contributing to broader efforts to reduce disparities on a larger scale.

Impact

The Somali community engagement project has made a significant impact on service delivery, patient/staff experience, and staff development. We set up various health promotion sessions and a maternity drop-in service providing midwifery care and translation services at the local level. Health promotion sessions provided valuable health education and awareness to the Somali community. Attendees reported gaining knowledge about important health issues such as cancer, maternity, diabetes, and cardiovascular diseases. Due to the culturally competent sessions and events held, we have witnessed individual cases of uptake and engagement of health services such as breast cancer screening which is a great outcome. The sessions were well-attended, with high participation rates from the community, demonstrating the success of the project in engaging this group. The maternity drop-in service successfully provided pregnant Somali women with access to antenatal care and support from a midwife and translator who spoke their language. Community members reported feeling more comfortable and welcomed in the healthcare system, with greater awareness and understanding of available services. They also reported feeling listened to, valued, and respected by healthcare professionals. Healthcare staff reported improved communication skills and cultural competency, leading to more effective interactions with Somali patients. The project also facilitated staff development. Healthcare professionals involved in the project had the opportunity to develop their cultural competency skills, leading to better care provision for Somali patients. The project has facilitated better collaboration between healthcare professionals and the Somali community, creating a more positive and productive working relationship. The number of attendees at the health promotion sessions and the maternity drop-in service was recorded (over 150 participants in total), demonstrating the success of the project in engaging the Somali community. The increase in the number of Somali women accessing antenatal care and support through the maternity drop-in service lead to improved maternal and foetal outcomes. Evaluation sheets collected at the end of sessions has shown a steady increase in overall trust, engagement and positive perception of the services delivered by Barts. Qualitative feedback was overwhelmingly positive, participants reported they gained valuable knowledge about maintaining a healthy lifestyle and felt more comfortable and welcomed in the healthcare system.

What Makes Us Stand Out

What truly made this initiative special was the sheer determination, passion and collaboration shown by both clinical and community, outpatient and maternity colleagues in serving the Somali community, understanding, empathising and addressing their health concerns in a sustainable yet fast way. The trust listened to the concerns of the Somali community, and their request for a Somali staff member to bridge the gap between Barts Trust and the Community. We successfully set up a maternity drop in session at Women's Inclusive team, a well-known Somali charity - the voice of its Somali community in Tower Hamlets.

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Barts Health NHS Trust
Valuing Patient and Community Voices

Category

Using Insight for Improvement – Championing the Use of Insight to Improve Patient Experience

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 of over 20,000 is one of the biggest of any acute trust in the country. We care for 2.5 million patients coming from all walks of life and speaking more than 60 languages.

Summary

Valuing patient and community voices' was the vision co-created by staff, patient representatives, Healthwatch and community leaders which provides a more patient centric approach for Barts Health. It supports our plans to ensure that everything we do is informed by actionable insights from the experiences of our patients, their families and carers. Both the We Statements and Patient Personae will:

- Provide a mechanism by which we listen to patients and deliver excellent patient experiences for all
- Help with detailed understanding of patient needs across a range of segments
- Help staff to understand patient needs and how these vary for different types of patients
- Provide a range of segments and related patient personae, presented in a way that is useful and relatable

Impact

The We Statements and Personae were launched as part of experiences of care week in April 2023 and a number of events were held across the hospitals to raise the profile of these new initiatives. Staff members were encouraged to come and talk to Patient Experience and Engagement Leads about the We Statements and the Personae and think about how they could use them in their daily interactions with patients. The large cross-section of the diverse patient types involved in the process and the importance of the patient voice throughout this programme of work has led to significant increase in some of the Insight metrics. Notably an increase in the Friends and Family Test volumes for the first 5 months of this year. We went from 7,723 responses in Jan to 12,899 in May, a jump of 67%! We have also seen an increase in the % of respondents for whom we capture ethnicity Q4 21/22 46% vs Q4 22/23 48%. We have used the We Statements and Personae in the Education Academy and have already delivered a couple of 2.5 hour interactive sessions. One of the courses, The aspiring clinical leaders programme provided some really positive feedback. Sharing the statements with staff and asking them which resonates most with them has shown that whilst patient care is at the centre of everything they do, each have a statement that they personally relate to and will champion. The Personae also proved to be a valuable insight for those that deliver care and was the foundation of some great role plays and discussions for the group when they were assigned specific personae and asked to role play that patient, with others playing the team providing the care.

Feedback: Staff member: *The patient profiles are an excellent training tool. Thank you for taking the time to produce these. I think junior staff in particular will benefit from these as there isn't always time to pass on the complex assessment skills that more senior clinical staff should have gained*. Staff member: *As an educator, I really enjoy using this tool as part of our training sessions which have generated really productive discussions about how to ensure the patient experience is at the heart of everything we do. I can only see the huge potential of these resources and I can't wait to see the difference this will make to the care we provide to our patients.*

What Makes Us Stand Out

Whilst striving to provide our patients, their relatives and carers with the best possible experience is nothing new, doing it in such an innovative way is. Throughout the 'valuing patient voices' project we worked in conjunction with our staff and patients to create:

1. Five 'We statements' that describe our commitment to patients. The aim is for all staff, in all roles, use them to help ensure that we listen to patients and deliver excellent, equitable patient experiences for all.
2. Patient personae, an invaluable tool which will support departments when they look to redesign services.

Through co-creation, these resources are now used at all levels within our organisation.

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Birmingham Women's and Children's NHS Foundation Trust
BWC Patient Experience - One Stop Advice Shop

Birmingham Women's and Children's NHS Foundation Trust

Category

Partnership Working to Improve the Experience

Organisation

Birmingham Women's and Children's NHS Foundation Trust brings together the expertise of Birmingham Children's Hospital and Birmingham Women's Hospital. The first of its type in the UK, formed in Feb 2017 to drive forward our commitment to providing the highest quality, world-class care that women, children & families want, & deserve. Uniting our hospitals means more seamless care; more investment to make greater advances in our world-leading neo-natal and foetal work. It gives us a greater voice in shaping the future of family-centred care. With more than 641k visits from patients each year we are a busy Trust & pride ourselves on the commitment of our 6k strong team.

Summary

Over 40% of our Birmingham catchment live in areas of multiple deprivation. We were working with some partner organisations as a Trust but wanted to create a stronger advice-giving framework. We worked on a bid to our Trust Charities to support a full-time advice agency being based in our Trust offering advice and referral. Our aim was to ensure that any patient or family that needed support could access a one-stop service. We received funding to initiate a Citizens Advice (CA) Service offering in-person drop-in on two days at each of our main hospital sites. An online contact form was developed which can be accessed through a QR code or our Trust website to book an advice session with a specialist worker from CA. During in-person sessions the CA Worker also works with Family Support Workers to ascertain families who need assistance. Working with specialist community agencies to give help with mental wellbeing, other health & social care provision, energy efficiency, maternity & early years support and recently added Carers Hub and substance misuse agencies.

Impact

Our Citizens Advice service produce Quarterly reports detailing their advice-giving and the achievements in welfare benefits & grants for clients at our Trust. They have demonstrated strong results in assistance for welfare benefit claims and backdating, where due. They also dealt with a large number of housing issues in our city where housing stock fails to meet needs in over a quarter of residents. CAB are also supporting many patients and families with refugee and asylum status enquiries. In the latest quarter, CA assisted 122 clients on 369 issues. They assisted in claims for 108 previously unclaimed benefits for our patients and families, way exceeding the cost of the CAB service for a whole year, managed in just the 2nd quarter of their outreach provision for BWC Trust. The CAB service prevented two cases of homeless. The reassurance of the adviser has enabled many parents to gain help where they were initially reluctant or frightened to exercise their rights. Warmer Homes estimated that 55% of UK households would fall in fuel poverty by January 2023 without additional intervention. We had over 200 visits to the stalls at our hospitals in a six-week period (to Jan 23). The success of the initial service led to a bid to National Grid to double the intervention through our partnership. The neighbouring Trust have now instigated a partnership with Warmer Homes at their hospital. Home visits have been arranged and resources given to patients to help make their houses more efficient. Healthwatch have been a really rounded resource for patients and families. They help with the whole patient pathway by identifying extra support at community GP or dental services. They have also been able to suggest stronger links to local voluntary support agencies and social care services. they often bring volunteers to stalls at our sites who can offer peer support and encourage use of the other advice partners. Each agency that has visited has strengthened their footfall and offer additional support/ideas for improvement events / resources - an external perspective on our plans such as wayfinding and art. We are particularly pleased to have captured staff attention. Staff are frequent visitors to the partner organisation stalls, sometimes for their own needs e.g. energy efficiency/carers hub help, but more often to learn & pass on information to their patients and families.

What Makes Us Stand Out

A brand new initiative bringing in services directly to the hospital that our patients and families might otherwise have found difficult to access. We know the difficulties our patients and families are facing - this additional stress directly impacts their health and well-being. By bringing in CAB and Warmer Homes we can give practical support to our patients and their families and make a real difference to their circumstances. The benefits of a joined up partnership support are far reaching - we know our patients/families are more likely to engage positively with healthcare professionals if we understand their circumstances and offer holistic support.

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Birmingham Women's and Children's NHS Foundation Trust
Emergency Department Runners

Birmingham Women's and Children's NHS Foundation Trust

Category

Personalisation of Care

Organisation

We are Birmingham Women's and Children's NHS Foundation Trust – proud to bring together the expertise of Birmingham Children's Hospital and Birmingham Women's Hospital. Our mission is to provide outstanding care and treatment, to share and spread new knowledge and practice, and to always be at the forefront of what is possible. Our vision is to be a world-leading team, providing world-leading care. Our goal is to be the best place to work and be cared for, where research and innovation thrives, creating a global impact. With more than 641,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team, which works tirelessly to provide the very best treatment and support to our women, children and families.

Summary

The BWC Emergency Department Runners is a brand-new team, working to support patients and families in our very busy ED. A team of four Interpreters cover our 5 main community languages and are uniquely placed to offer language and general support to all families feeling worried and experiencing long waits. The team are one of the first of their kind to operate on an evening shift schedule, seven days per week, 365 days per year. They are a constant support in the ED waiting rooms between 5pm and 9pm every evening, handing out squash, colouring activities, and information to waiting families. The impact the team has had on patient experience in the ED is outstanding and the patient feedback speaks for itself. The team will cover the waiting room, then move on to clinical observation areas, speaking and listening to patients and their families, offering tea/coffee and sandwiches, general hospital and community information. What started as a pilot to cover a very demanding winter in 2021 has turned into an established team that is now expanding to cover other busy areas in the Trust. Taking the tried and tested template we developed it is now a very easy model to replicate, and other Trusts have asked for details.

Impact

The role of the ED Runners has been so successful with our patients and families. Families are aware of the pressures on the NHS, particularly in Emergency Departments, so to have a friendly face offering refreshments, activities and support goes a very long way. We included several comments taken directly from FFT's demonstrating the important role the ED Runners play in the ED. The ED Runners are multi-skilled and their language skills have helped overcome difficult conversations with staff when families were feeling very worried and anxious. The Feedback FFT collected directly includes from families who spoke community languages - we have over 100 in Birmingham, but we were able to manage to roster people with the top five languages on a regular basis. We have supported several ED initiatives. They are uniquely placed to approach families in the waiting area and have the time to inform them about community support interventions. We had a huge increase in demand for Early Help as a result of the ED Runners awareness campaign. The ED Runners have kept a navigator's diary since beginning their role. It is a simple log of key issues that they have experienced whilst on shift - how busy the department is, what interventions they had, any problems, things to alert the Liaison Group about - a direct way to ensure shopfloor knowledge was quickly shared - be it water cooler not working and frustrating families, area needing more regular cleaning cycles during peak periods. The feedback has been used at high-level strategy meetings and have directly influenced projects - new artwork, installation of games and electronic activities for waiting children; new vending machines that are more accessible/regularly stocked; a new water machine with squash available for families to help themselves.

What Makes Us Stand Out

One of the main successes has been the volume of positive patient feedback. It is really heart-warming to hear the difference a cup of tea and slice of toast has made to a parent who is tired and anxious. Patients and families often feedback that they feel this should be a role in every Emergency Department as the friendly face and listening ear goes a long way in calming what can be a high tense environment. We have heard from parents with children who have disabilities how much they have appreciated someone from the team notice that they are struggling and helping them to find a quiet space, where they won't miss their name being called. The team are very responsive, compassionate, patient focused and ultimately can help free up valuable clinical staff time.

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Breast Cancer Now
Breast Cancer Now's Service Pledge: Using the power of the patient voice to improve breast cancer services

Category

Using Insight for Improvement

Organisation

We're Breast Cancer Now, the charity that's steered by world-class research and powered by life-changing support. We're here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future. It's our vision to make sure that by 2050, everyone with breast cancer lives, and lives well. 1. To work to improve treatments, care and services for those affected by secondary breast cancer; 2. To improve support for the physical and mental health and the emotional wellbeing of people affected by breast cancer; 3. To develop kinder, smarter treatments for those with breast cancer and improve access to treatments for those affected; 4. To improve detection and diagnosis of breast cancer. We have offices in London, Sheffield Glasgow, and Cardiff.

Summary

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

Impact

Patients report the Service Pledge helps turn their experience of breast cancer into something positive. Staff report the Service Pledge gave them a better understanding of their patients' perspectives. "*The Service Pledge is a valuable tool in improving patient experience and focuses on challenges of the breast care team*." Patient representative. In 2021-22, over 90 improvements were identified across 5 hospitals in the East of England North Cancer Alliance, and a further 90 improvements were identified across 5 hospitals in South Yorkshire and Bassetlaw Cancer Alliance. These improvements will benefit approximately 3,830 people diagnosed with breast cancer every year in these areas. Improvements included: Business cases for dedicated secondary breast cancer nurses to provide support to secondary breast cancer patients. Addressing treatment letters to the patient rather than their GP. Creating photo resources of different surgical options so patients can make an informed decision about surgery

What Makes Us Stand Out

We believe the Service Pledge is the only independent, non-profit programme dedicated to turning patient feedback into meaningful service improvements specifically for breast cancer. Breast Cancer Now is uniquely positioned as the UK's largest breast cancer charity to provide insight into the latest research, guidelines, best practice, and needs and priorities of people affected by breast cancer, informed by those who use our information and support every day. The Service Pledge embeds a culture of meaningful patient involvement. Our Patient Advocates are directly involved throughout the process and local patients work in partnership with their healthcare professionals to make impactful patient-centred improvements to their breast cancer service. The Service Pledge also provides valuable insight into the challenges faced by NHS staff through surveys and focus groups for hospital staff to give their views. We know the COVID-19 pandemic will have a lasting impact on the NHS, and the Service Pledge listens and supports healthcare professionals to improve and future-proof breast cancer services, making sure they work for both healthcare professionals and patients. The Service Pledge focusses on reducing variation in patient experience, whether that is geographically, across different breast cancer diagnoses, or between different demographics. It facilitates a culture of teams, hospitals, and regions sharing best practice and learning from one another which will aid the performance of services.

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Bristol Health Partners
Common Ambition

Category
Engaging and Championing the Public

Organisation
Common Ambition Bristol (CAB) is a three-year programme funded by The Health Foundation, in partnership with: Brigstowe (lead partner): Bristol-based HIV support charity with strong track record of involving people living with HIV in design and delivery of services. **African Voices Forum**: network of community organisations from different cultures and faiths aiming to amplify voices and empower people to take part in policies and initiatives that concern them. **Unity (NHS):** Bristol's integrated sexual health service; includes STI and HIV testing and treatment. **University of Bristol:** responsible for formative and summative evaluations plus iterative measurement and feedback to improve programme delivery. **Bristol City Council Public Health:** has city-wide sexual health commissioning and wider public health role facilitating community and institutional engagement, ensuring 'whole systems' approach to delivery. **Bristol Health Partners:**strategic collaboration between universities, providers, commissioners, councils and people with lived experience, which provides a mechanism for change in our health and care community.

Summary
CAB is working in equal partnership with African and Caribbean Heritage Communities (ACHC) and sexual health professionals to co-produce new ways of increasing HIV awareness and testing and tackling HIV stigma. CAB has invested in a holistic 'co-production plus' approach, and applied this to a challenging, highly stigmatised area of health amongst an under-served community. This approach goes beyond the core principles of co-production: putting people with lived experience in the driving seat and championing community involvement across the system. This is seen in the paid programme co-ordinator being from ACHC, and community members sitting on the Management Group, Advisory Group and Project Delivery Group: leading, designing and delivering interventions, modelling new ways of engagement, being upskilled in research and working as community researchers. CAB is co-producing adoption and spread strategies to share learning across the system. Community members lead the delivery of the project: from outreach to setting up two dedicated clinics. The project co-ordinator, outreach workers and community researchers are all from ACHC. The community members, outreach workers and researchers are all paid for their time and expertise.

Impact
CAB has developed and tested interventions to address inequalities faced by people from ACHCs. Including setting up the only ACHC HIV and sexual health testing clinics in the south west, outreach to 25 barbershops and black businesses, targeted health promotion events, a multi-media campaign. The test and learn approach, supported by the University of Bristol evaluation team, is informing project changes. Interventions are being evaluated using surveys, interviews, observations and website metrics. Five community researchers have been recruited and trained to collect data. ACHC attendees of targeted health promotion or outreach events are being asked to complete an online survey assessing HIV knowledge, awareness, and stigma; HIV testing experiences; views about CAB; and opinions of and barriers to accessing current sexual health services. Some are also taking part in one-to-one interviews exploring these issues in greater depth. CAB STI testing clinic attendees receive a text message prompt to complete an online survey regarding their clinic experience. Data collection and analysis is ongoing: early indicators show targeted health promotion events are effectively increasing attendance at the clinic and outreach is helping to reduce HIV stigma in the community. The team is also assessing the reach of the CAB website through analytics. Clinic attendance has increased steadily since it was established by the team, with a further increase expected following a new, co-produced radio campaign.

What Makes Us Stand Out
CAB's community members are not just members of their respective communities, but a valued and indispensable part of CAB. Their involvement in the PDG has been vital to the success of CAB, enabling a sustainable, authentic and valued programme of work that is resonating with the community. This will have an impact not just now, but in the future, as the project helps Bristol to move towards the UN and Fast Track City goal of no HIV transmissions by 2030. Community member involvement has proved a valuable two-way learning process. Being part of the programme is enhancing their skill set, knowledge, and ability to influence. In turn, researchers and health professionals have been exposed to, and embraced working in different and culturally sensitive ways.

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Cambridge University Hospitals NHS Foundation Trust
The Supporting, Empowering, Enhancing Development (SEED) Programme

Category

Strengthening the Foundation

Organisation

Cambridge University Hospitals NHS Foundation Trust

The Rosie Hospital Neonatal Intensive Care Unit in Cambridge is a 'Level 3' centre based at Cambridge University Hospitals NHS Foundation Trust. In addition to providing a full range of neonatal services for the population of Cambridge, we provide tertiary intensive care for sick babies requiring complex medical, surgical, neurosurgical and subspecialty care from 17 units in the East of England. We have 28 intensive care/high dependency cots, 12 special care cots and additional transitional care cots. We deliver over 7000 intensive care/high dependency bed days as well as over 5000 special care bed days annually. The unit employs more than 200 staff and attract over 800 admissions annually.

Summary

The Rosie NICU established the 'Supporting, Empowering, Enhancing Development (SEED) Programme' in September 2022 to implement Family Integrated Care (FICare). The ethos of FICare is empowering parents to be equal partners in their baby's care. This approach has been shown to improve parental well-being, to deliver better clinical outcomes and to enhance staff experience. We formed a multi-disciplinary steering group consisting of doctors, nurses, allied health professionals and expert parents from our service user group (Rosie Maternity and Neonatal Voices Partnership) to co-produce and implement interventions to change the culture in line with FICare principles. SEED's over-arching aims are to (i) increase the number of 'good days' at work for staff, (ii) increase parental participation in care, (iii) improve breastfeeding rates and (iv) reduce length of stay. The project is organised into four workstreams: Well-being, Shared decision-making, Daily cares and Access & environment. We hosted a "SEED launch week" with fun and educational activities to effectively disseminate the vision and strategy to all staff. We have actively empowered staff to drive the practice change by participating in the component projects. Our learning has been shared locally, regionally, and nationally. SEED continues to pursue a 3-year strategy to meet our aims.

Impact

We have used Quality improvement (QI) methodology - Plan, Do, Study, Act (PDSA) model to identify problems and test potential solutions , surveys to get feedback on component projects. Our achievements under each workstreams so far include: **Wellbeing:** To ensure that parents have the opportunity to cuddle their newborns before they are transferred to the Neonatal Intensive Care Unit, we implemented 'Remember my first cuddle' checklist to improve the safe facilitation of 'delivery room cuddles'. Cuddle rates improved from 50% to 87% among babies born at <32 weeks gestation with no detrimental effect on their clinical status. **Shared decision-making:** We provided '#CallMe' name stickers for parents to recognise parents' role as equal partners and help staff address parents by their preferred name. In the post-implementation evaluation, 19/22 (86%) parents agreed that being addressed by their preferred name fostered better working relationship with staff. A Parent Education programme with the aim to educate and empower parents has been developed and rolled out. **Daily cares:** Designed 'Rosie Family Integrated Care Bingo' cards for families and staff to highlight different activities that families can be supported to participate in and encourage active engagement. **Access & environment:** Succeeded in achieving free parking for families and 24/7 unrestricted access for parents. **Additional projects:** 'Joy in Work' activities and study days for staff and collaboration with Cambridge University Paediatrics Society for medical students to deliver comfort care and support video-calls with parents who are not in attendance.

What Makes Us Stand Out

We have successfully formed a multi-disciplinary steering group, consisting of doctors, nurses, allied health professionals and expert parents from our service user group (Rosie Maternity and Neonatal Voices Partnership) to co-produce and implement improvement interventions to influence the culture change in line with FICare principles. We recognize the importance of staff wellbeing and engagement as key components in this initiative to improve Family Integrated Care. We strongly believe that educated and empowered parents who participate in their babies' daily cares helps foster early infant-parent bonding which is key to both parental and child mental health and well-being in the long term. We are using standardized quality improvement methodology through PDSA cycles and digital tools to evaluate the impact of any change interventions implemented continuously.

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Cardiff & Vale University Health Board
NHS Mental Health Partnership Volunteer Scheme

Category

Staff Engagement/ Improving Staff Experience

Organisation

Cardiff and Vale University Health Board is one of the largest NHS organisations in Wales and employs approximately 15,000 staff. The organisation is multifaceted as we care for not only acute patients but also those receiving Mental Health Services, which includes Adult and Older Persons. As a Health Board Voluntary Services covers our 4 hospital sites and the community with projects aimed at improving patient experience. April 22 - April 23 around 425 volunteers from 35 internal and external volunteer projects gave more than 15,200 hours of volunteering between them. Volunteers are individuals who undertake activity on behalf of our organisation unpaid and on their own free choice.

Summary

We work in partnership with Skills and Volunteering Cymru (SVC), a volunteering-based charity in Cardiff, to facilitate the NHS Placement Scheme. The scheme runs throughout the academic year, involving a group of 49 volunteers regularly attending Adult and Older Persons Mental Health Service areas; 5 Adult Mental Health Inpatient Wards, 5 Older Persons Inpatient Wards and one community rehabilitation house. They undertake Patient Engagement and Meaningful Activity roles. Mental health services can be a difficult area to engage volunteers in, with areas, routines and the patient's needs being different to those on our other hospital sites. There is strong management and leadership from a variety of departments ensuring the project success from the outset, as well as the support from SVC. Ongoing evaluation is undertaken to ensure we are meeting the needs of the volunteers, staff, and the patients they engage with each week. This cohort gave approximately 2,600 hours of volunteering. The partnership allows for sustainability as volunteers benefit from duality of support, and the project offers a template which anyone could adopt or could be adapted to other volunteer projects.

Impact

Feedback from the volunteers was ongoing, with an online form being completed by each volunteer following their volunteer session. This allowed for constant monitoring, real time adjustment and problem solving and continuous evaluation. At the end of the project area and staff feedback was collected also to analyse how they felt the project went, how we could improve it and the effect of the project on patients. Feedback was also received by SVC to let us know what the volunteers has reported to them following the project's end. Volunteers were asked: "Has your visit today made a difference to the patient(s) you have interacted with?", with answers to choose being "Big difference", "Small Difference" or "No Difference". The follow up to this was "How do you know you did or didn't make a difference?". Following approximately 2,600 hours of volunteering, 93% of volunteers responded saying they felt that they had made a big or small difference to the patient(s) they had interacted with. Responses on how, varied from staff informing the volunteers to the patients themselves letting them know or sometimes a feeling the volunteer had. Volunteer Feedback included: *"She expressed how lovely it was to just engage with a mindful activity as well as talk to someone one on one. Staff member also expressed that we had a positive impact with the other residents.", "With the patients I spoke to, many verbalised that us coming had made them feel happier that day and that they look forward to seeing us the following week.", "I just sat with her in silence and held her hand. She seemed to appreciate the company."* Staff feedback included: *"This is a valuable asset to the ward. Given current staffing pressures having people to spend more time with patients is priceless. The volunteers are always positive and encouraging.", "Making patient experience richer, and with more activities delivered by recognisable faces.", "A great initiative - please can this continue?"*

What Makes Us Stand Out

Volunteering in general can be a fluid agenda with most projects having flexible shift patterns or being on an ad-hoc basis. This project requires a regular commitment of a large cohort of people providing support and activities. The scheme is one of our most consistent and structured projects, and benefits from the duality of support from the UHB and SVC. The involvement of the different departments and the investment staff put into training and supporting the volunteers are key elements to its success, along with the constant feedback from the volunteers themselves, we can react in real time to any concerns, improvement suggestions and positive engagement stories in real time.

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Careology
Using digital cancer care to revolutionise mental health support for young cancer patients

Category

Innovative Use of Technology/Social/ Digital Media

Organisation

The Royal Marsden NHS Foundation Trust is a specialist cancer hospital and National Institute for Health and Care Research (NIHR) Biomedical Research Centre for Cancer. Together, the Royal Marsden and the Institute of Cancer Research (ICR) are ranked in the top five cancer centres in the world for their research, treating over 59,000 patients every year. This year the trust partnered with Careology, a digital cancer care platform that uses intelligent technology to empower people living with cancer by enabling them to easily navigate key elements of their treatment in a digital-first way. The partnership aims to support young people ages 16-24 living with cancer who are often overlooked when it comes to supporting resources for cancer patients.

Summary

In February 2023, Royal Marsden partnered with Careology to support TYA patients undergoing cancer treatment. Patients at were given access to Careology's patient-facing app to support their health and emotional wellbeing. To make the content shown in the app as personalised to this group as possible, Royal Marsden wanted to align it to key themes including body image, fertility, fatigue, sleep and managing anxiety. It was important for the trust that this content was codeveloped and cocreated with both the patient group and clinicians at The Royal Marsden to ensure it appealed to their age group and provided relevant information. Royal Marsden worked with Careology to provide this personalised, cocreated content in an app which patients could access at home. The app also provided patients with a broader library of content provided by both Trekstock and Young Lives Versus Cancer, and a direct line to Macmillan Cancer Support. Patients now have access to as many resources as possible during their treatment and can keep track of any symptoms they experience, as can the Oncology team at The Royal Marsden, to better manage how patients were doing during treatment.

Impact

The Royal Marsden has begun to experience significant benefits in supporting the emotional wellbeing of young people living with cancer as well as the staff who support them. The nursing team have cited that knowing patients have this support means they feel less worried about patients themselves. Royal Marsden is already noticing how this is impacting how patients engage with their treatment. This, coupled with The Royal Marsden's TYA Instagram account, now help connect young people and provide a platform for their unique perspectives and unmet needs. By addressing their unique needs, promoting empowerment, self-management and fostering a supportive community, patients have cited being able to more effectively understand their thoughts and feeling less isolated. Through the Careology app, TYAs can receive medicine reminders, track their symptoms, and monitor progress throughout their treatment. During a time of stress and uncertainty, the ability to journal their thoughts and track their progress has been invaluable for patients. It is proving to be a popular feature on the app and has significantly contributed to young people feeling more empowered throughout their treatment plan. By providing these easy-to-use tools and promoting proactive support which addresses TYA's unique needs, The Royal Marsden is hoping to see a reduction in referral rates to psychological support service beyond the two-year mark of treatment completion. This will alleviate the burden on overwhelmed TYA mental health services and ensure availability for those who need them most, helping combat the five month wait times patients are currently experiencing.

What Makes Us Stand Out

In 2015, the NHS Long Term Plan made a commitment to improve the mental health of young people under 25 and an enquiry into patient experience from the All Party Parliamentary Group on Children, Teenagers and Young Adults with Cancer highlighted that mental health problems are at their worst ever. This lack of access to mental health support was highlighted in the Teenage Cancer Trust's #NotOk campaign, which showed a third of young people with cancer couldn't get the help they needed. It was clear that these young people were feeling unsupported throughout their cancer care journey but it didn't seem like much was being done to help them, Royal Marsden wanted to change this, and the focus on the cancer care of TYA with this partnership is the first of its kind, making the initiative stand out.

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Cheshire and Wirral Partnership NHS Foundation Trust
A Needs Led Community Rehabilitation Service - Working as part of a WholeSystem

Categories

Measuring, Reporting and Acting ; Team of the Year (including complaints and PALs)

Cheshire & Wirral Partnership NHS Foundation Trust

Organisation

CWP provide health and care services for local people, including mental health, learning disability, community physical health and all-age disability care – including the provision of three GP surgeries. We have services across Wirral and Cheshire, as well as Trafford, Warrington, Bolton, Halton and Liverpool, and provide specialist services for the Northwest as a whole. Our services are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who access our services, their carers and families. The Trust has over 14,500 members and employs more than 4000 staff across 62 sites, serving a population of over 1 million people and highly specialist services for 2 million. Provide integrated care in the community and inpatient settings.

Summary

We wanted to develop a Mental Health community rehabilitation offer for the Cheshire and Wirral communities. We had two specific challenges. Firstly, while there was national/regional evidence for 'diagnosis specific' services, this did not reflect local need. Secondly, while there was consensus on the clinical need for such a service, we could not get the commitment for funding. We developed the Mental Health Intensive Support Team (MhIST). It is a diagnostically inclusive service which supports the rehabilitation of individuals with complex presentations. It is a clinically led, person-centred and values driven service that is co-produced with input from a wide range of stakeholders including experts by experience. It is outcome focused with the team interventions/activity being driven by routinely collected data (PROM – DIALOG, PREM - patient stories and CROM – HONOS, etc.). The development of the clinical model was in collaboration with Liverpool John Moore's University. The model is iterative with the team taking a continuous improvement approach triangulating data from the learning from incidents, compliments, etc. to ensure that the offer remains relevant to the population served. It's funded on a case-by-case basis with an agreement with the ICB that financial savings will be reinvested into community services.

Impact

Since the team became operational, there have been several benefits both within and outside of the system, at an individual and whole system level. Outcome data is collected a number of ways, including: Routine outcome measures (e.g. DIALOG scale); Service user and carer/family feedback; Change in use of services and change in cost of service usage. With regards to system changes and improved pathways we have: moved to a single point of access for all rehabilitation services; any out of area placements require executive approval and evidence that all other (least restrictive) options have been considered; moved away from 'gatekeeping' to access and support; removed the use of referral forms. In terms of outcomes we have seen: a significant reduction in bed days; a reduction in people detained under the mental health act (from 57% to 27%); a reduction in people in out of area placements (from 46 to 32 with more due to come back to area); an increase in people in full time employment or education (from 0% to 24%); Improved DIALOG and reduced HONOS scores. Cost avoidance was approximately £60,000 per week by December 2022 following implementation of our services. Some of the testimonials we have received have highlighted the hope the service held for the person and their families; and similarly, feedback we have received from staff has identified their surprise at the success stories we have had.

What Makes Us Stand Out

We believe our initiative is quite unique. 1) Traditional rehabilitation settings were specifically targeted towards those with a psychotic illness. We were aware that anyone can have rehabilitation needs no matter the diagnosis. Our service was designed to be needs led - i.e. does the person have goals or needs that could be met by a rehab team - and no one was excluded based on a diagnosis. 2) Our financial model is unique for a NHS team as we are funded for activity. This has allowed us to demonstrate clear financial savings, expand the service and also negotiate re-investment back into services. 3) While we work with a small group of patients with high levels of complexity, our aim has been to support whole system transformation and improve the wider service offer for people with complex needs. Our wider functions include - supporting acute care, training / coaching supported housing providers, reinvesting savings into the wider system, supporting the housing strategy. 4) The significant focus on staff well-being is unique - monthly in house teaching, development of a bespoke training package in collaboration with Chester University, embedding weekly reflective practice, physical health well being team challenges, etc.

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Cheshire and Wirral Partnership NHS Foundation Trust
Developing and Implementing Ask Listen Do

Category
Measuring, Reporting and Acting

Cheshire and Wirral Partnership
NHS Foundation Trust

Organisation
CWP provide health and care services including mental health, autism, intellectual disability, community physical health and all-age disability care. CWP provide integrated care in community and inpatient settings working closely with people accessing our services, their families and carers to provide person-centred care for all. CWP has over 14,727 members and employs more than 4,000 staff across 62 sites, serving a population of over 1 million people. For the purpose of this submission the areas of focus are Adult Services including:- Community Learning Disability Teams; Inpatient Assessment and Treatment Services for People with Learning Disabilities; Attention Deficit Hyperactivity Services; Autism Spectrum Disorder Diagnostic Services; Acquired Brain Injury Services.

Summary
We developed a Lived Experience Feedback Role (LEFR) to further strengthen meaningful involvement of people accessing our services, their families, friends and carers. It built upon the existing volunteer feedback role we had developed during Covid-19 and further enhances and strengthens our commitment to ensuring participation and engagement throughout our culture and practice. The role has demonstrated significant improvements in the quantity and quality of information sought through creative and timely approaches. It supports services to ensure that the feedback received informs and improves service delivery, experiences, and outcomes for people. The role helps ensure that where there is learning from feedback received, services are supported to seek to understand, respond, action, monitor and assure accordingly. The approach through the LEFR provides a dynamic and robust approach to 'Ask, Listen, Do' at various touchpoints throughout a person's journey through services.

Impact
The LEFR/Feedback Volunteers have improved both the quantity and quality of information sought at various touchpoints of the care journey and ensure services are implementing 'Ask Listen Do'. It also supports services to ensure that the feedback received informs and improves service delivery, experiences, and outcomes for people. Through this proactive approach of 'asking people' and having direct contact with them, a further benefit has been that we have been able to signpost and offer immediate support to a situation, which people have expressed their appreciation. We have now developed a quarterly feedback report where we can highlight all the feedback, we have captured through the Ask Listen Do process and identify the actions that we need to take forward. We have also developed a webpage where we can feedback wider on the service developments we have made as a result of the Ask Listen Do process and listening to people's experience. We have many examples of real time impact and effectiveness of the approach undertaken. One recent example to illustrate this, involved someone reporting that they wanted a face-to-face appointment, but this hadn't been offered and were quite upset about it. This was reported back to the service and rectified immediately. The person said how valuable it was that they had been listened to and it has resulted in face-to-face appointments going forward. If we hadn't proactively sought this, we wouldn't have heard how the person was feeling and they would have been left unhappy with the service intervention. But being proactive ensured this was identified

What Makes Us Stand Out
This LEFR offers us a means to ensure we are providing 'effective' services. We are able to gain qualitative insight that we can use to develop our services based on the experiences of people accessing services and their families and carers. We are being proactive in contacting people at various 'touchpoints' in their care journey and not waiting until they are discharged. This means we can listen and act early while they are still receiving care and also in wider service developments. Through the role, people have indicated that queries and concerns may have been left unresolved if not sought proactively and that this process and personal approach, has made it easier for them to be able to give feedback, raise concerns and / or complain. This is invaluable in engaging people in understanding experiences and informing and shaping service delivery. The paid role created a brand new exciting and valuable job opportunity for someone with lived experience. People have really welcomed and valued the experience and insight of someone who directly understands and 'gets where they are coming from.' We cannot underestimate the value of this. Promoting and implementing the Lived Experience Role demonstrates a person-centred approach in action. The personal contact allows for human connection which is invaluable for well-being and support.

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Cheshire and Wirral Partnership NHS foundation Trust
Driving service improvements through provider collaborative partnerships across the North West

Categories

Commissioning for Patient Experience ; Engaging and Championing the Public ; Partnership Working to Improve the Experience and Using Insight for Improvement

Organisation

CWP is the Lead Provider for EmpowerED Adult Eating Disorders Provider Collaborative North West and Level Up, Cheshire and Merseyside, Young People & Families Provider Collaborative. They comprise NHS and Independent Sector Providers who work together with Experts by Experience as equal partners to drive innovation and creativity with the aim to improve patient pathways, reduce variations in care; foster collaboration among stakeholders for person-centred care and improve specialist mental health services for patients, carers and families. EmpowerED is made up of CWP, Greater Manchester Mental Health NHS FT, Lancashire and South Cumbria NHS FT, Mersey Care NHS FT, and Priory Health Care. Level Up is CWP, Alder Hey NHS FT, Cygnet Healthcare, Mersey Care NHS FT, and Priory Health Care. The LPCs serve 7m people, enhancing patient pathways & experience across the NW.

Summary

The Lead Provider Collaboratives (LPCs) initiative is a transformative approach to mental health services that harnesses the power of diverse stakeholders and the wisdom of lived experience to deliver superior, patient-centred care. Its uniqueness lies in the emphasis on clinical leadership and Experts by Experience, bringing together senior clinicians and individuals with lived experience to review the entire patient pathway. The LPCs have reimagined traditional mental health service delivery by focusing on clinical leadership and Experts by Experience, breaking down barriers between care providers and recipients. Clear objectives, effective communication, and thoughtful execution underpin the LPCs. Involving stakeholders from NHS, Local Authorities, Independent Sectors, and Third Sectors, they exemplify resilience & commitment to shared ambition. Performance is continuously benchmarked; the sustainable difference lies in the embedded culture of co-production and user-involvement. Involvement has been ongoing and inclusion is key, as seen through collaborations with third-sector organisations.

Impact

EmpowerED has faced several challenges such as post-pandemic surges in referrals, gatekeeping in community eating disorder services, inconsistencies in admission criteria, and service provision gaps that have been addressed. Successes include the agreement on a single referral form across all specialised eating disorder units (SEDUs), offering consistency and a streamlined patient experience. There has been an increase in weekly clinical meetings to review all referrals, effectively mitigating any potential bottlenecks in the patient care pathway. New alternatives to hospital admissions, such as virtual wards, day care, and internet-based cognitive behavioural therapy (ICBT), are being piloted, marking a progressive move towards patient-centred care. The Level Up LPC gives a framework and a partnership focus to jointly address the significant challenges such as increased referrals and complex needs of young people, inappropriate use of acute paediatrics, and delayed transfers of care. Successful strategies include co-production and implementation of a new model of care, featuring risk stratification tools, gateway meetings. The LPCs financial management has been effective in turning an inherited overspend into a significant underspend. Through rigorous case management, including the development and implementation of a Patient Assessment Tool (PAT) to ensure patients are receiving appropriate care, and effective governance of Exceptional Packages of Care (EPCs), fiscal responsibility has been achieved. Despite increased demands for services, the LPC has maintained or reduced the average length of stay and out of area placements compared to national LPC averages.

What Makes Us Stand Out

What makes our initiative stand out is the establishment of our robust Experts by Experience (EbE) programmes, initially supported by our third sector partners BEAT Eating Disorders UK, Young Minds, and Inspire, Motivate, Overcome (A local charity focused on ethnic minority communities). The LPCs place significant importance on the inclusion of Experts by Experience (EbE) at every level of decision-making. Testimonials from our forum members attest to the sense of empowerment, purpose, and change that our approach fosters. Molly said: *"It really is empowering to be a part of the forum and I love doing the work we do because it feels like we're making progress and making real change. Everything I say, feels like it's listened to and gets taken forward and taking seriously."*

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Cheshire and Wirral Partnership NHS Foundation Trust
Patient and Carer Experience Team

Category

Team of the Year (including complaints and PALs)

Cheshire and Wirral Partnership
NHS Foundation Trust

About Nominee

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is rated Outstanding for caring and this is something we are extremely proud of. The three pillars of healthcare are fundamental to the work of CWP. The Patient and Carer Experience (PACE) Team places a high emphasis on 'experience of care' and supports all clinical teams to achieve excellent patient care.

At Work

CWP's co-produced Person-Centred Framework makes the PACE Team stand out. The team champions 'co-production' across the Trust and the wider NHS. Indeed, departments within NHS England asked the team to deliver 'roadshows' to help other Trusts develop their person-centred approach and learn from the team's example, especially their development of involving people with Lived Experience. Health Education England (as it was at the time) recognised the team's development of the Lived Experience Connector(R) role and our Person-Centred Framework and commissioned a video which was shared nationally. The team supports services, including our GP practices, to ensure people with lived experience can contribute in a meaningful way to the development and delivery of CWP services

The CWP PACE Team champions the inclusion of lived experience and co-production across CWP and the wider NHS. Having been asked by NHSE/ HEE to share their work on developing the Lived Experience Connector® role. The team support services to influence patient outcomes, satisfaction, trust and overall, the quality of care provided. The team places a high emphasis on lived experience contributions and volunteering within the organisation.The team supports people to have a voice, when people have a voice, their experiences are valued and in doing so this ensures that it plays a crucial role in driving quality improvement to make a difference to people's overall experience.

The team have led on the development of: Person centred care training which is cocreated and co delivered with people with lived experience and they provide this in a paid role via our staff bank system, as Bank Lived Experience Co-trainers; Supporting people with lived experience into employment and were successful applicants in the Volunteer to Career Scheme; Provide support to our partners from 3rd and Voluntary sectors to access and support people with lived experience to contribute to transformation projects and new service design. Finally, two people within the PACE Team are members of the leadership team of the HoPE (Heads of Patient Experience) Network. One of whom represents the HoPE Network at the Global Council of The Beryl Institute.

Summary

The PACE Team at CWP covers a great breadth of work within CWP including the provision of Patient Advice and Liaison (PALs), volunteering and Equality Diversity and Inclusion (ED&I) to name but a few. The PALs are essential and provide support, guidance and they contribute to the overall patient experience by promoting transparency and facilitating continuous improvement. Our ED&I work focuses on both patients and carers (service delivery) and people who provide the services (staff & volunteers). The team champions ED&I within every aspect of experience of care ensuring that people are aware of health inequalities, and that they are working to address these. The team has been recognised nationally for its work on NHS Rainbow Pin Badges and is proud of its awareness raising in relation to Pride, Black History Month and Disability History Month amongst other initiatives. All members of the PACE Team have undertaken Easy Read training to ensure work is accessible. The team has had great success with Peer Support, Volunteer to Career and supporting people with lived experience. The team drives the work of creating patient stories to capture peoples experiences to ensure that the Trust is sharing not just quantitative data but also narrative data which is so crucially important for Experience of Care. The team have trained over 30 people to be able to create Digital Stories, many of which are accessible to the public. (link available). The team leads the work on Peer Support (paid and volunteer) to ensure this is developed and delivered consistently across all our care groups. Our Recovery Support Volunteers can, if they wish progress to paid Peer Support Worker posts, developing a clear progression pathway from unpaid volunteering roles to paid worker roles and facilitating access to quality training, support and supervision. This supports people's aspirations of hope and recovery.

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Chesterfield Royal Hospital NHS Foundation Trust
Development and support of ABC (Anyone affected by cancer) support group

Category
Fiona Littledale Award

Chesterfield Royal Hospital
NHS Foundation Trust

About Nominee
I am nominating a staff member and a patient representative for an excellent support group which demonstrates partnership working with Dawn Warrington Macmillan Information and Support Centre Lead Nurse and Tony Lormor (patient representative) from The Chesterfield FC Community Trust. After Tony had been diagnosed with cancer (total of 4 times, follicular lymphoma) he wanted to be able to give something back and make a difference to those with a cancer diagnosis. Tony wanted to run a Cancer Support Group and approached Dawn Warrington in her role as The Macmillan Information and Support Centre Lead from Chesterfield Royal Hospital. Tony wanted to explore this and required support from Dawn who had an expertise with both support group establishment but also to add the quality and professional element to the group. Dawn has an extensive background of oncology nursing and palliative care nursing and she is dynamic and enthusiastic around developing and improving cancer information and support services at Chesterfield Royal Hospital but covering the locality. Dawn has a wealth of skills and knowledge around cancer care but also her personality and personal skills are important. This ensures both healthcare professionals and people affected by cancer are able to gain the care and support needed. As a lead in the information and support centre, patient experience is at the heart of the philosophy and services are shaped and designed in response to what people require. The centre is on the hospital site within the cancer unit but is a non-clinical environment which enhances the clinical care by addressing personalised cancer information and support. The group started in November 2021 which was important as it was post early pandemic and many community forums had stopped due to COVID and people affected by cancer had been experiencing isolation and an increased need for a support group to meet others affected by cancer. It initially launched with 6 people in attendance, it now regularly has between 40 and 50 at each of the monthly meetings and this includes the person affected by cancer but also their loved ones. The group works well as Tony has a “lived experience” of having a cancer diagnosis and living with the uncertainty of the future and Dawn offers the professional facilitation and organisation and can support the group members in the meetings and onward referrals for additional support.

At Work
Dawn was able to use her skills to coach and mentor Tony in the development of this group due to the extensive oncology nursing and palliative care background. Tony and Dawn stand out for their work on developing and continuing this successful support group as this joint collaboration is why the group is so well attended. The meetings take the format of a speaker for the first part of the meeting followed by refreshments and a chance for supportive discussion (this is the professional aspect led by Dawn). There is no pressure on anyone to speak if they don’t want to, the support group is group led with decisions being made by the group rather than being speaker led. The group is unique in that it is a group for Anyone Affected By Cancer ABC (Any type, any stage, anyone). We have members of the group that have been successfully treated, are living with cancer, we have carers and friends and also some members that have been bereaved through cancer and this provides excellent peer support for all.

Summary
The feedback from the people who attend the group is invaluable and this demonstrates the impact of this excellent partnership from Dawn and Tony and why they deserved to be recognised for this. “*This group is a life saver for me. I had been stuck in my home for the last two and half years. When I moved up to Chesterfield last July 22, I was told about this group, it has got me out of the house mixing with people again. My mental health has improved a lot, I would be lost without this group now and look forward to coming here every month.” “Tony and Dawn are a fantastic combination, creating a relaxed and welcoming atmosphere for cancer sufferers, carers and those affected by cancer.” “I know I would not have survived my cancer diagnosis in 2020 without NGS Macmillan at Chesterfield Royal Hospital. I know I am living with/after cancer thanks to ABC. They keep me alive now! A wonderful, friendly, informative group where we can all be open and honest about our experiences through cancer diagnosis. We help one another by recognising there are people with same fears, anxieties etc. and we are not alone. Pooling thoughts and ideas helps put things into perspective. The laughter is infectious too!”*

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Cleveland Clinic London
Strengthening the Foundation

Category
Strengthening the Foundation

Organisation
Cleveland Clinic London is our "Patients First" philosophy, which creates an environment that delivers world-class clinical care customised. Our best practices include tools, techniques and methods that are measurable, replicable and evidence-based, all designed to enhance patients experience. Our multidisciplinary approach brings different clinical perspectives, which benefit from the expertise of many specialists. Our mission — caring for life, researching for health, educating those who serve — has driven us to seek continual innovation and improvement over our 100-year history. Our Values – Quality and Safety, Teamwork, Innovation, Integrity, Empathy and Inclusion.
Our care priorities are for our; Patients – Deliver Excellent outcomes – Exceed recognised quality standards and continuously improve; Caregiver – Empower Caregivers – Develop our people, drive accountability and fulfil our purpose; Community – Enhance impact – Expand research and education programmes and commit to a sustainable future; Organisation – Drive growth and efficiency, scale our operations efficiently, increase lives served.
1,250 caregivers, including 270 medical doctors and 450 nurses. 184 inpatient beds. 29 ICU beds. 8 operating theatres. 21 day case rooms for surgery. 42-bed neurological suite for rehabilitation. Through collaboration and learning, Cleveland Clinic London combines the best of Cleveland Clinic with the best of U.K. healthcare. Cleveland Clinic London works alongside the National Health Service (NHS), other private health organisations and leading U.K. clinical research institutes to share knowledge and continually improve the care we deliver

Summary
Part of our commitment to our patients we implemented the following services to ensure we had the support, tools and resources available for our caregivers to provide robust services throughout the patient journey which addressed every aspect, to ensure we met the patients' needs, focusing on the patients clinical, emotional and spiritual needs. We identified areas which are often missed in private healthcare and focused on building a foundation of robust services to support patients, loved ones and caregivers alike. We successfully built and implemented the below services, building a strong foundation for our patients and caregivers before the hospital opened, remotely and through the COVID pandemic. Clinical Ethics Advisory Group Chaplaincy & Spiritual Care Service Patient Panel Communicate with HEART Training Model – Hear / Empathise / Apologise / Respond / Thank Leadership rounds

Impact
Clinical Ethics Advisory Group: We have received various clinical ethics issues where the team have had to put their training and experience into practice; New surgical procedure first in the UK on 2 occasions; Wearable cardioverter defibrillator for two patients and Different type of catheter using the same ultralow temp cooling for atrial fibrillation ablation. Both had to be approved by MHRA
Chaplaincy & Spiritual Care Service: The service has been used regularly and we have received great feedback from patients, families and caregivers of all faiths, we even conducted our first CCL patient marriage.
Patient Panel: The patient panel has been paramount in us learning from them to ensure our patients have the best journey possible. They have suggested changes in the following in which we have implemented - Implement TV scenery screens for relaxation and monotony; Food changes ; MyChart – assisted with changes in our electronic Patient records system; Music in waiting areas to create a more relaxing environment; Bathroom facilities – to improve facilities; Remote controls on beds for patients with mobility issues; Communicate with HEART
Total caregivers who have attended – 1464; Number of sessions each year- approx. 25 Leadership rounds. Issues/concerns raised by patients/caregivers escalated to help resolve quickly and efficiently to support. Takeaways shared with all levels throughout the organisations and an action plan was created to keep on track with updates to ensure that progress was taking place. Rapport and relationships and a culture of 'speak up' and 'teamwork' grew

What Makes Us Stand Out
We have focused on not only excellent clinical outcomes, but the overall patient experience, including outstanding customer service, clear communication, emotional and patient's physical comfort, as well as their educational and spiritual needs

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Dementia UK
Chinese Welfare Admiral Nurse Service

Category
Communicating Effectively with Patients and Families

Organisation
Dementia UK is the specialist dementia nurse charity. Our nurses, called Admiral Nurses, offer life-changing support for families affected by dementia. As dementia specialists, they help families manage complex needs, considering the person living with dementia and the people around them. They provide tailored clinical advice and psychological support; advise people about benefits and financial issues; support families in their caring role; and help build links with other health and care professionals. In collaboration with the Chinese Welfare Trust, an Admiral Nurse service has been created for carers of those living with dementia from the Chinese and southeast Asian community in five the 5 London Boroughs of Barnet, Brent, Camden, Tower Hamlets and Westminster.

Summary
This is the first Cantonese and Mandarin speaking Admiral Nurse service that covers five London boroughs – Barnet, Brent, Camden, Tower Hamlets and Westminster providing advice and support for carers of the Chinese and southeast Asian community in the boroughs affected by dementia with complex needs
The service provides best practice advice and guidance to local health and social care professionals, charities and support groups to help raise awareness of dementia within the Chinese and southeast Asian community
The Admiral Nurse (Emily) has led on the development and implementation of the service, regularly attends steering group meetings and provides updates to both host organisations through comprehensive reports detailing figures outcomes achieved. Since its launch in January, the service has grown and there have been several expressions of interest from other agencies.
Data is continuously gathered on the number of referrals received, appointments offered and attendance to awareness sessions. Emily receives regular feedback from carers and expressions of gratitude for her understanding and empathy

Impact
The service is evaluated every 2 months and focuses on the number of referrals received, the source of the referral and the number of clinical activities recorded. The evaluation also measures activities that have supported best practice for allied health professionals
Carers and professionals who engage with the service are given the opportunity to complete a satisfaction survey, the results of which also form part of the evaluation
Positive feedback has been received from healthcare professions, particularly in relation to their own understanding of dementia and its effects both on physical and mental health needs of the people living with dementia and carers. There has also been praise for the difference the service has made in cases where there has been a language barrier.
Dementia awareness workshops that have been hosted have received good feedback and resulted in a request for further educational sessions in other areas.
Half of the families request repeat clinic appointments and state that they feel more relieved to speak to someone who understands their needs and culture.

What Makes Us Stand Out
This clinic service aims to support families affected by dementia from an underserved community and strives to dispel some of the myths around the diagnosis. What makes the service standout is the unique attributes that Emily brings. Her personal experience of supporting a family member living with dementia, passion for person centred care along with a warm, engaging personality has ensured the Chinese Welfare Trust Admiral Nurse Service has been a great success. Using her own knowledge of the complex health and social care system, Emily has improved support for carers and assisted in signposting to other self-referral services
Emily has been able to initiate sensitive conversations around advance care planning, improved access to support and enabled carers to address their own individual support needs therefore including themselves in decisions about care

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Dementia UK
Core Clinical Services Admiral Nurse Support

Category
Support for Caregivers, Friends and Family

Organisation
Dementia UK is the specialist dementia nurse charity. Our nurses, called Admiral Nurses, offer life-changing support for families affected by dementia. Admiral Nurses work in the community, in hospitals, on the Dementia Helpline, and in virtual clinics. They are continually supported and developed by Dementia UK. For families facing dementia, they can be a lifeline. Dementia UK's Core Clinical Services (CCS) team offer Admiral Nurse support through a freephone telephone helpline and a virtual clinic service, introduced in January 2023 enabling families to arrange a 45-minute consultation at a time and location that suits them. The service is overseen by a Clinical Lead Admiral Nurse with support from 4 Deputy Lead Admiral Nurses. The helpline and virtual clinics are facilitated by a team of 14 full time Admiral Nurses, 24 part time Admiral Nurses and 33 sessional Admiral Nurses.

Summary
CCS is unique in providing direct access to a specialist nurse combined with a virtual clinic service providing a nurse appointment at a time and location of the carer's choosing. The dual service provides both an urgent resource and planned support to families living with dementia. The CCS Leadership team identified the potential for combining the helpline and the virtual clinics teams to increase continuity of support and offer an equitable outcome for all, both carers and nurses. To meet ever-increasing demand, the CCS leadership team upskilled all nurses to work across both helpline and pre-booked clinics. The team also implemented a new, continuous recruitment campaign, to ensure nurse supply meets growing carer demand. Moving away from traditional working hours also offers greater flexibility and job appeal for nurses. Surveys are sent to individuals who have used the service, gathering valuable user experience data and feedback. The service receives high levels of praise and ratings of a positive experience.

Impact
In the last financial year, the telephone helpline has responded to over 34,000 incoming contacts. CCS continues to support increasing incoming calls and from January to June 2023, 1662 virtual appointments were booked too, with appointment capacity filling from the beginning. By working with the charity's social media team, we quickly identified and addressed concerns about appointment waiting times. To reduce waiting times we recently added a further 50% capacity, in response to the continued growing demand for the service. Callers range from carers as young as 14 years old to those in their 80s and 90s, all able to access an Admiral Nurse by phone, particularly if their caring duties or health make other forms of support difficult to access. Some callers are unaware of the appointment service, and this option is now recommended to them if they are likely to require further support. The service receives regular compliments from families, with over 95% of callers who completed the evaluation form rating their experience Very Good or Good. Families also report feeling more able to cope with their caring role, more able to take care of the person with dementia and having an improved knowledge of other services that can offer support. An annual report is produced and shared on the Dementia UK website. When families have trouble accessing support services, the risk of crisis occurring can increase. The leadership team's introduction of a triage process now means the identification and prioritisation of carers needing an urgent response. Admiral Nurses also offer welfare check to family carers after the initial call, they also make direct referrals to adult safeguarding services on the carer's behalf. Admiral Nurses recognise that at a time of crisis carers may not absorb all information given and the emotional impact is likely to be greater after the event. Welfare check callbacks, where appropriate, have been introduced and enhance the service providing.

What Makes Us Stand Out
This is the only dementia service that offers advice from qualified specialist nurses and gives families affected by dementia a variety of contact methods. The passion and experience of the Admiral Nurses makes this a truly special service, with a team bond and peer support having played a pivotal part in the service's success despite many challenges in the last couple of years. Many members of the team have been involved with the service for several years and are actively involved in its development and growth, in turn developing their own skills, including peer support and leadership skills. Possibly most of all, this service stands out for the number of families living with dementia that it has supported at a period in UK healthcare when many other services have been withdrawn.

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Derbyshire Healthcare NHS Foundation Trust
Icare (Increase Confidence, Attract, Retain, Educate) Development Framework

Category

Staff Engagement/ Improving Staff Experience

Organisation

Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare is a provider of NHS mental health, learning disabilities and substance misuse (drug and alcohol) services in Derby city and Derbyshire county. It also provides a wide range of children's services. The trust employs more than 2,800 staff providing services from community bases and inpatient facilities across the whole of Derbyshire and serves a combined population of approximately one million people.

Summary

Most Health Care Support Workers (HCSW) recruited into the trust have no experience of mental health care and staff new to care have no experience of healthcare provision at all. We want all our HCSW to feel confident and competent in their roles to provide the best care possible to our patients, but except for statutory/mandatory training there was nothing to help develop their personal and professional skills/knowledge around patient care in mental health services other than 'pick it up as you go along.' Staff engagement is crucial if they are to feel informed and motivated and as knowledgeable and engaged employees help to create more satisfied and contented patients. Starting a new job is daunting and we should provide new starters with both knowledge and support in the early part of their employment so we aimed to lead a new and innovative framework that covered their first six months in post, combining pastoral support and knowledge and skill development to enable them to fully understand our patients, practice safely, confidently provide therapeutic interventions and to understand what matters to patients who access our services which would be inclusive for all HCSW roles in the trust. We also wanted to embed across the organisation that we value our HCSW and want to retain them or help them progress within the trust and that development at the beginning of their career should be as inclusive as it has always been for registered staff if they are to have the tools they need to provide optimum patient care. The sustainable 'Icare' (Increase confidence, attract, retain, educate) framework we developed covers the emotional, educational and wellbeing needs of newly employed HCSW's and provides training on key topics relevant to their role in delivering safe and effective care in mental health services as a HCSW. The rolling four month programme launched in February 2023 comprising of attendance at forums one day each month and separate pastoral support. The areas of Health Education England's (HEE) 'Healthcare Support Worker Development Roadmap' (Career Progression; Skills for Life; Personal Skills; Technical Skills and Health and Wellbeing) are integrated across the framework and Icare has already been disseminated to other NHS Trusts.

Impact

Every topic covered is evaluated individually by attendees to measure the increase in skills and knowledge and how beneficial the learning will be to their role. On completion of the four-month programme, a separate evaluation is issued which covers the whole framework including the impact the programme has had on their confidence; competence; peer interaction; the one-to-one pastoral support meetings and career ambitions e.g.

What Makes Us Stand Out

From the scoping work there was evidence that some NHS trusts were providing an extended induction block period but this still focussed on prescribed learning and was not person centred on the attendee. What we provide is information, learning and support that has not previously been offered to 'unregistered' clinical staff and avoided the 'pick it up as you go along' culture that previously existed. A four-month period of one day a month enables attendees to move away from the information overload of their first few weeks in post. A continual rolling programme enables new starters to join whenever they commence and attend the next four consecutive taught days to complete the programme. Feedback: '*dividing the course in four separate sessions over a period of four months helped with absorbing the information and allowed me time to adapt new knowledge to my working environment*.' As well as peer relationships developing, as the programme is applicable to both Allied Health support workers and nursing support workers, a good understanding of different roles in other parts of the trust is learned, leading to an informed understanding of what opportunities may exist within the trust for their future. Monthly 1-1 pastoral meetings with one of the Development Team enables candid and supportive discussion to take place on a regular basis. The addition of Restorative Supervision for two months post completion of the training means the Development Team have pastoral contact with the individual for the first 6 months of their employment.

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Homerton NHS Trust
Staff Wellbeing Group

Category
Staff Engagement/ Improving Staff Experience

Homerton Healthcare
NHS Foundation Trust

Organisation
The locomotor service is an NHS community based integrated musculoskeletal Physiotherapy and specialist interdisciplinary pain service that as part of Homerton Healthcare NHS Foundation Trust. The team is AHP led and provides a single point of entry for GP referrals. It manages 97% of all Musculoskeletal care in City & Hackney. In 2021 the Locomotor service expanded and went live as the provider of a brand new First Contact Practitioner (FCP) team. We grew our team with an additional 14 whole time equivalents to cover 27 GP practices. City and Hackney is a dynamic and diverse London-based partnership with rich cultural and ethnic mixes. In recent years we have seen a marked increase in the distress, severity, medical & psychological complexity of the patients we see. Ultimately this means that our staff are encountering a more emotionally challenging caseload with greater complexity and greater responsibility than ever before.

Summary
Staff burn out and wellbeing is a challenge across the NHS, we feel our staff led approach to wellbeing could be of wider value, readily and easily applicable to other organisations. Following the COVID pandemic, our team experienced rising levels of exhaustion and burnout. Therefore, management decided to allocate more time and resources to staff wellbeing. As a result, a dedicated 'Staff Wellbeing Group' was formed. The objective of this group was to identify factors that impact staff wellbeing and then drive necessary changes forwards. The goal was to make staff wellbeing a core focus and key objective of our department and to reduce levels of burnout. What makes this initiative innovative, ambitious and worth celebrating is the depth and breadth, which has been covered to identify and deliver solutions, as well as the continued involvement of all staff in the improvement process. The staff themselves have been involved in identifying solutions at every step in this journey, which allowed the group to target meaningful change to the working lives of staff. This has required collaboration across all levels of the team.

Impact
The Locomotor service burnout survey was repeated in August 2022. 50% agree or strongly agree they feel a great deal of stress because of their job (vs 65% in Aug 2021); 31% reporting a degree of burnout (vs 55%in Aug 2021)
From 2021-2022 there was a 24% drop in reported burnout. This data provides strong indication that there has been improvement and the wellbeing initiatives are impactful, but further work is needed to improve team wellbeing and to reduce burnout. Staff have reported in surveys, both during and since the pandemic that they feel supported and listened to by the management team and that this is a wellbeing journey we are going on together. It is difficult to say what has been most effective, as lots of changes have been made, so we look forward to repeating the burnout survey in August 2023 and look forwards to the results. In the recent SOM paper on burnout in healthcare the authors highlight the following actions which have been shown to be helpful and are applicable to the work done by our team: Fostering a workplace culture where self-compassion and help-seeking are encouraged and appropriate support, mentorship and supervision are available Implementing processes to identify the risk factors for stress and burnout, using the findings to target interventions. Taking a person-centred approach to supporting wellbeing with a range of initiatives available to suit individual needs. Involving employees in shaping appropriate wellbeing initiatives and their implementation and evaluation.
https://www.som.org.uk/sites/som.org.uk/files/Burnout_in_healthcare_risk_factors_and_solutions_July2023.pdf

What Makes Us Stand Out
Members of the Staff Wellbeing Group feel the work they are doing is impactful and that the success is related to their ability to work from the bottom up, keeping the staff at the centre of every step. The staff themselves have been involved in identifying solutions at every step in this journey. The local management team have been extremely supportive and have committed to their goal of maintaining staff wellbeing as a core departmental objective. One key point is that Staff Wellbeing will remain a core focus of this team. The initiatives that have been delivered are not a knee-jerk or superficial response to the emotional exhaustion faced by NHS workers following the COVID pandemic.
One member of the SWG said: *"I always get the sense the people value time together to de-brief and recognise that they are not alone in the challenges they face, particularly when we are all working across so many different sites.''*

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Hywel Dda University Health Board
Arts Boost - Improving Children and Young Peoples Mental Health through Art

Category
Commissioning for Patient Experience

Organisation
Hywel Dda University Health Board provides healthcare services to a population of around 385,615 across Carmarthenshire, Ceredigion and Pembrokeshire and has four acute hospitals. HDUHB employs approx. 12,000 members of staff. Hywel Dda provide a range of mental health services for children, adolescents and their families through SCAMHS. We work in locality-based teams centrally coordinated from a resource in Carmarthen. Mental Health services delivered to a population of 81,000 children with around 300 children and young people receiving specialist secondary mental health services at any given time. HDUHB have established a new Arts & Health team, based in the Patient Experience Directorate to work across the health board to promote and encourage the use of arts in healthcare, & improve the health and wellbeing of patients, staff and communities through arts engagement.

Summary
Arts Boost was an ambitious project launched by HDUHB designed to improve mental health and reduce feelings of distress through arts engagement in Children & Young People (CYP) in West Wales and CYP known to the Health Board specialist children and adolescent mental health services. With great enthusiasm and led by the Arts in Health Co-ordinator, working with highly motivated colleagues and young persons' representatives and three experienced Arts partners (Small World Theatre, People Speak Up and Span Arts) researched, planned, co-ordinated and commissioned 46 arts activities delivered both on line and in person. High quality arts intervention has been an ambitious first for Hywel Dda and had come about through a unique partnerships between S-CAMHS and Arts in Health Team. The Arts Boost indicates great potential for positive impact and improved well-being in CYP, through delivery of artist-led experiences, that offer space and adaptability to individual needs. Developing and introducing a new intervention that involved external partners into an existing clinical pathway was highly complex and required significant clinical leadership and support, along with the navigation of numerous health board processes. This has resulted a huge body of learning and a set of key recommendations to build upon a report has been produced by Hywel Dda research and innovation team. The success is also measured by the inspiring comments from our CYP.

Impact
A mixed-methods approach used to evaluate the project, with data gathered from a range of sources and based on the delivery of activities, together with observation and reflection. Working with two well-being measures, the Short Warwickshire-Edinburgh Mental Wellbeing Scale (SWEMWBS), a patient Outcome Rating Scale (ORS) and an Experience of Service Questionnaire (ESQ). The SWEMWBS to enable an evaluation of general wellbeing and the evaluation of projects aimed to improve wellbeing. The ORS a self-report measure designed to assess psychological well-being (personal; interpersonally; socially; overall) and progress during and after interventions. The ESQ to gather CYP views about what they liked about the project and what they felt needed improving. Additional data collection via the development of an online questionnaire for arts partners and interviews conducted with key HB staff will be conducted by the R&I team. The impact and difference this initiative has made has also been captured by the many positive comments from those participants (examples in evidence) some of which are very powerful eg *"I really love the exercise, drawing the landscape was totally engrossing." "Art is the only way I express some of my difficulties."* Through the process of content analysis, several therapeutic benefits were identified for CYP, including increased confidence, development of self-expression, improvement in mood and the provision of a calming, relaxing environment. The ORS CYP's post-Arts Boost scores were equal and higher than their pre-Arts Boost scores. Evidencing the CYP mood was better after the sessions. The ORS scores also demonstrated an increase in each aspect of wellbeing post programme. Specifically, an increase in the mean scores of 'Individual', 'Socially' and 'Overall' were found. All ESQ's completed were positive.

What Makes Us Stand Out
An ambitious first for HDUHB and piloted new creative activities that capitalise on the transformative power of the arts to reduce psychological distress in CYP people. Art Boost is a new artistically vibrant pilot of creative activities designed to have a positive impact on the mental health and wellbeing of CYP living in west Wales. Through creative activity, CYP build the skills and resilience to broaden their tool box for coping with negative experiences and gain an increased sense of empowerment to help them now and in the future.

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Hywel Dda University Health Board
Prostate active care together (PACT)

Category
Cancer Experience of Care Award

Organisation
Based in Hywel Dda university health board which covers 3 rural counties in Wales of Ceredigion, Pembrokeshire and Carmarthenshire. The prostate active care together (PACT) service is a Welsh government funded project. The service focuses on helping individuals at any point of their prostate cancer journey, supporting with physical activity, pelvic health, wellbeing, nutrition, fatigue and anxiety management. Because of the vast amount of rural landscape, this service is delivered through virtual platforms and this is a great use of clinical time as well as being more accessible for the patients when you consider travel and parking elements as well as the difficulties it can be for some patients to leave their home environment whether that is physical ability or the symptoms they have from their diagnosis or treatment. The PACT team consists of a Cancer therapies lead, X 1 Dietitian, X 2 Occupational therapists, X 1 Physiotherapist, X 1 Therapy Assistant practitioner and X 1 Admin support officer. Prostate cancer is the most prevalent cancer in men and we can see that treatments are helping people with their diagnosis but is not necessarily helping with peoples quality of life considering side effects from their actual diagnosis and the varying treatments they are on. We can see the value of engaging and promoting Therapeutic advice to individuals which is crucial during their cancer journey. We also work closely with the urology team as well as 3rd sector organisations and charities ensuring patients are aware of the help that is available to them

Summary
Many services use a hybrid format, we are a 100% fully virtual service. A holistic assessment across 3 different professions of physiotherapy, occupational therapy and dietetics is completed for each patient. We are pioneers in virtual working supporting patients and staff alike. We Started with 1 virtual group session called options, advice and knowledge, we have progressed to an intro to PACT for newly diagnosed patients, fatigue management, anxiety and wellbeing and exercise classes. All patients are given a holistic health screening questionnaire (HHSQ) and complete the following outcome measures - EQ5D5L, international prostate symptom score, FACIT F, SARC F, physical activity vital signs, Godin shepherd, short Warwick Edinburgh mental wellbeing scale, Sleep condition indicator, BMI and PG-SGA,. This demonstrates the patients' needs and determines improvements following intervention. Stakeholder events were completed with urology services, charities, patients and their families which helped shape the model of the service. Any patients finding difficulties with access, we have either involved their families or Delta wellbeing who provide tablets and support patients to access virtual systems. Initially focusing on Prostate cancer this model could be used in other cancer sites. Working virtually it is crucial for admin support

Impact
96% of users felt PACT considered & addressed their physical, nutritional and psychological needs. 67% of service users reported their health was improved following access to the programme. There is an average 9 point positive change on the VAS across EQ5D5L scores. 60% of patients required no further follow -up or treatment as there was significant improvement with self-care. 25,000 miles reduction in travel for patients by having care supported virtually at home. Initially we used the Australian pelvic floor questionnaire but we then changed to the international prostate symptom score which was designed more towards continence of patients with prostate cancer. Patient quote: *"I'm very grateful for all your help, you're doing a great job in PACT. I was in a very dark place before my treatment, and you helped me manage my anxiety thank you". & "I thought I was too old to come to a virtual group at 84, but just shows I'm not too old yet. By having some exercise sessions and been able to manage my fatigue better, I've returned to golf too! Thank you!!"*

What Makes Us Stand Out
Only team in Wales keeping patients well throughout their cancer journey through virtual working across Physiotherapy, Occupational; therapy and Dietetics. This is a 100 % virtual service and as well as reducing the need to travel, it also means more time can be completed clinically with the ability to review more patients in a day. The service has a great impact on environmental issues by reducing emissions through no travel to clinics or homes. It also ensures positive infection control is being adhered to working with vulnerable patients with cancer as well as some having other long term conditions. Through engaging patients in our service they know they are not alone and have even built their own support networks with each other outside of the planned service sessions.

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Ida Bentley
Patient Contribution – "Stronger Together"

Category
Patient Contribution

About Nominee
In 2018 I was diagnosed with Invasive Lobular Carcinoma. It was a diagnosis that rendered me feeling powerless and led me to doing lots of research in an attempt to address that feeling. Eventually I became the patient of Dr Apurna Jegannathen, an oncologist who specialises in cancer of the breast and lung. Surgery went well but when it came to chemotherapy I found the treatment intensely brutal. I had six chemotherapy treatment sessions in all, each resulting in hospital admission with neutropenic sepsis. Dr Jegannathen is keen to develop a holistic centre for people affected by cancer and asked me to support her from a service users perspective. I was keen to capitalise on my experience to the benefit of others. I have worked alongside my consultant, sharing ideas, sharing research to our mutual benefit and more importantly to the benefit of other patients. I have always had an interest in people and throughout my cancer treatment I have listened to the stories of other patients. Not only have I shared my thoughts but in listening to other patients I have shared with my consultant, Dr Jegannathen, some of the gaps in service identified through the experience of those patients. Dr Jegannathen wanted me to go onto a classification of drugs known as aromatase inhibitors. Unfortunately, I could not tolerate any of them and eventually was prescribed tamoxifen, though this itself gave rise to my speech and cognition becoming impaired. At this point I undertook lots of research into the role of nutrition in both cancer development, and its contribution to treatment. I shared with Dr Jegannathen my desire to use food, she has supported me throughout and has been amazed by the effects of such an eating plan on my blood markers. She asked me to write a paper on what I do, she has shared this with other patients and has asked me to speak to patients who wish to come off their medication and use diet to support their recovery. Of course this is not as an expert but more as a support, someone who can use critical thinking to navigate a path through claims about nutrition to determine to what extent these claims are evidence based or just wild unsubstantiated claims. In addition to working collaboratively with Dr Jegannathen (see video https://vimeo.com/750487229/e1d866fb4b) I am also doing work with a variety of universities, four in all.

In the HEI's I am engaged in a variety of roles. I wanted to capitalise on my experience to support the development of health and social care professionals. This started with supporting an academic in developing a toolkit distributed to all trusts to support them in helping service users to 'tell their story'. I also shared my experience of my cancer journey to student nurses, now it has branched out to include: coproduction, the recruitment of staff and students, quality assurance, assessment, sharing lived experience, developing curricula, helping to embed the patients voice into all aspects of a school of nursing, developing training resources, and health research. I draw upon my various experiences which include surviving child abuse, to having received extensive surgery, to my cancer diagnosis and beyond. I support the development of students training to work in a variety of professions including; nursing, paramedic science, Operating Department Practice, medicine, and social work. At another university I was approached by one of the professors and asked if I would do a presentation to a group of consultant delegates from Tbilisi State Medical University. Hopefully this will lead to the start of public involvement in Georgia. Indeed I have been amazed at how transformational having a cancer diagnosis has been for me. I know that the outcome is not the same for everyone, whilst I was undergoing cancer treatment so too was my dear friend Andie, whilst I hoped that we would celebrate our survival together sadly that was not to be. He would be delighted to know that my collaboration with health research had allowed me to develop credibility in areas I never ever expected. The work and activities that I am currently engaged in has given me a sense of purpose. I have shared with you a flavour of how I have reframed receiving a cancer diagnosis. For me it emphasises some of what can be achieved when health and social care professionals work collaboratively with people with lived experience in relation to treatment and the development of services. I think that I am safe in saying that the collaborative working relationship that Dr Jegannathen and I have forged has been reciprocally beneficial, making us 'stronger together' and creating a springboard from which we have both developed other mutual partnerships to the benefit of patients.

Summary
Following my cancer diagnosis I have transformed my life and support a number of organisations in developing and promoting patient centred practice.

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Imperial College Healthcare NHS Trust
Scale, Spread and Embed FFT Programme

Category
Innovative Use of Technology/Social/ Digital Media

Organisation
Imperial College Healthcare NHS Trust

With nearly 11,000 staff, ICHT is one of the largest NHS Trusts in the country. It provides acute and specialist care and community services to over a million people every year across five hospitals in Northwest London. The Trust is also part of the Paddington Life Sciences initiative, collaborating with industry, researchers, and communities. This submission is in partnership with Lancashire Teaching Hospitals NHS FT, Oxleas NHS FT, Oxford University Hospitals NHS FT, University Southampton NHS FT, Humber Teaching NHS FT, Maidstone and Tunbridge Wells NHS Trust, Great Ormond Street NHSFT, Lancashire & South Cumbria NHS FT, and Northern Care Alliance NHS Group.

Summary

Across the NHS, free-text patient feedback is collected from the Friends and Family Test (FFT), but is under-utilised for quality improvement (QI). To address this, Imperial College Healthcare NHS Trust developed a Natural Language Processing (NLP) tool, a computer science technique that thematically analyses FFT comments. Validated by the Patient Experience team, clinicians, and patients, it analyses 6000 comments in 15 minutes, versus four days if done by a staff member. After piloting, it has increased teams' time and willingness to implement patient-centred service improvements. Imperial has now partnered with 9 NHS Trusts to spread the tool nationally. After implementation, each Trust co-designed dashboards with frontline staff and patients to visualize its outputs for pilot before further roll-out. We have seen that the tool can successfully be used and adapted widely across the NHS. Example QI changes include improved signage so patients arrive on time for appointments, better communication of discharge information, and informing patients of their queue position. Staff have valued quickly seeing positive feedback, boosting their morale. Now developing a national toolkit for other Trusts, and have created a multidisciplinary community-of-practice with IT, Patient Experience, and QI teams for ongoing sustainability.

Impact

This project was supported by an independent evaluator, Advancing Quality Alliance. Working alongside the ICHT implementation team and the 9 NHS Trusts, they used a formative, rapid cycle evaluation approach, centred on providing regular feedback to project teams to refine and improve each stage of the overall project (e.g. NLP tool implementation, dashboard co-design, and QI pilots with frontline teams). Semi-structured interviews, user experience surveys, and analysis of routine FFT and service data was used gather insights to understand contexts, varying implementation approaches, and outcomes in each Trust. Evaluation measures were collaboratively developed with all Trusts to help demonstrate a successful business case that would be required for sustainability and further scale-up in each Trust. A bespoke approach was taken around measurement to support Trust buy-in at senior levels, and to account for local strategic priorities, resources and capabilities. E.g. some Trusts preferred measures that supported expanding capacity of the Patient Experience team (e.g. days spent a week supporting frontline teams vs. days spend a week processing FFT data), or refocusing on FFT since the COVID-19 suspension (e.g. FFT response rates). Some Trusts with higher digital maturity used this work to demonstrate how similar NLP tools can be used for other free-text healthcare datasets such as clinical notes. Overall, all 9 Trusts (100%) have successfully implemented the NLP tool, 90% have successfully completed their dashboard co-design activities, and 50% of Trusts are now piloting the dashboard for quality improvement. So far, the NLP tool has helped to reduce many manual steps done by Patient Experience teams, such as redaction and data collation, saving resource and time to support wards instead. For wards, it has also shown the importance of small iterative QI changes to improve patient experience. The quick visibility positive FFT comments improve staff engagement and morale, with Trusts incorporating positive feedback into staff newsletters, team huddles, and divisional meetings.

What Makes Us Stand Out

To our knowledge, this innovation is the first of its kind in the English NHS. It has helped break down silos between patient experience, QI, and IT/analytics teams. Has created a strong community of practice enabling cross-Trust collaboration helping to plug gaps, share experiences, and laying groundwork for sustainability. Trusts developed the tool by adding functionality relevant to their patients, services, and staff needs. Strong formative evaluation approach alongside implementation has helped us identify opportunities and address challenges early on. Critically, patient involvement and engagement make sure we continue to have patients and their feedback as our North star.

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Integrated Care Northamptonshire
ICN Engagement Insight Library

Category
Using Insight for Improvement

Organisation
Integrated Care Northamptonshire (ICN) is one of 42 integrated care systems established across England on 1 July 2022, bringing together local health and care organisations to plan and deliver joined-up services and to improve the lives of people who live and work in the area. ICN is overseen by two statutory bodies: NHS Northamptonshire Integrated Care Board (ICB) and Northamptonshire Integrated Care Partnership (ICP).

NHS Northamptonshire ICB is responsible for local NHS services, functions, performance, and budgets. The ICB does not directly provide services but works with partners to support the delivery of care. It is responsible for joining up care services to improve patient experience and outcomes in Northamptonshire. ICB membership includes NHS provider organisations and senior representatives from local government.

The ICP includes NHS and council representatives as well as representatives from various voluntary, community and social enterprise (VCSE) sector organisations. As an integrated care system we have four key aims: Improve outcomes in population health and healthcare; Tackle inequalities in outcomes, experience and access; Enhance productivity and value for money; Help the NHS support broader social and economic development

Summary
The Engagement Insight Library was coproduced with partner organisations, including; Healthwatch, VCSE organisations and local community members to support with ensuring meaningful engagement is sustainable. From discussions, we heard that different organisations were asking local community's the same things. Creating an engagement library allows for outcome reports and key recommendations to be accessed easier, making engagement more transparent and reducing duplication.

Using existing models for a base, we explored together how we can make a solution work for the Northamptonshire system, through this process we coproduced 4 key aims:

Support collaboration between organisations around gathering insight, enabling links to be made between individuals/organisations who are working on the same area, or are wanting the answers to the same questions. Making the best possible use of available resource. Move away from seeing residents as patients or service users towards seeing them as members of local communities with valuable experience and insight to share. Support the use of a variety of methods for gathering insight, moving away from an over-reliance on surveys. Collect and organise insight being gathered across the system to make it easily accessible.

Impact
Since the launch for phase two, the insights within the library have fed into a number of different projects; one being the Northamptonshire ICB five Year Joint Forward Plan. The Library has been used to look at what insight is already available relating to specific areas, following this a set specific questions have been coproduced with to delve deeper into the views of the local communities.

The library has also supported the work of Northamptonshire's Local Area Partnership's, enabling members to search for insight by specific topics linked to their priorities, this helps to plan and deliver future engagement activity.

12 months after launch we will be engaging with members who have accessed and submitted to the library to understand how the library has and used and where a positive impact has been made.

What Makes Us Stand Out
The Engagement Insight Library demonstrates coproduction in its truest sense, the gap in oversight was identified through engagement and the solution was coproduced through a phased approach, via focus groups and workshops. It is for this reason and due to having all partners being part of the process and supporting with the design that makes this standout and this has contributed to it's success and will enable its long term sustainability. This is the first of its kind within our county and has proven successful to-date.

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Isle of Wight NHS Trust
Building and developing a team whilst changing our approach to complaint handling

Category
Team of the Year (including complaints and PALs)

About Nominee
As Head of Patient Experience at Isle of Wight NHS Trust, complaint handling including PALS is in my portfolio. Over the last 4 years the Patient Experience Team have had some significant challenges in respect of staffing and capacity/workload. The Patient Experience Team as well as being responsible for complaint handling, also cover other functions such as national patient surveys, friends and family tests and patient information leaflet development / approval and are a very small team covering an integrated Trust delivering, acute, community, mental health & learning disabilities and ambulance services.

At Work
The Patient Experience Team is made up of staff who have differing levels of experience within their roles, some 10 years plus, with others joining in the last year. The strongest asset of the team is their strong work ethic, compassion, and commitment to delivering high quality services alongside their can do attitude. The team has strong camaraderie, whilst maintaining a professional approach to work. We have regular opportunities to socialise outside of work, and always take the opportunity to celebrate birthdays and other events, both in and outside of working hours. Group WhatsApp is in place to share key information or just something funny and keep people updated around work. Every one of the team, will flex to support in times of reduced staffing or increased demand. The Patient Experience Team huddle occurs every morning, and this is the opportunity for us all to discuss any worrying cases, concerns, or frustrations, and an ideal time to celebrate the wins that occur. It is a safe space to have offload if necessary, but is always a time that we end up laughing. The team have been recognised by colleagues across other areas as being a very supportive team, and I think whilst we have had challenges with staff and holding vacancies in the past, this is due to the nature of the role, as it is a busy and demanding environment; people who have worked in the team, despite moving on have described us as caring and supportive. I think this is demonstrated through our strong work ethic, commitment and passion for what we do and our dedication and support of each other. The team have extremely low levels of sickness, are always in early each morning and state they enjoy coming to work. Every team member will go above and beyond to support other colleagues, patients and families and work hard to improve the experience of complaint handling. Over the last 12 months the team have worked on many key projects / tasks including: Pilot site for PHSO complaint standards; Worked with DATIX colleagues to improve capture and reporting of complaints; The Complaints Case Handler has developed a database to capture all stages of the process to enable easier identification of bottlenecks in process; Set up a Weekly Complaint Review Meeting; Using QR code to encourage more feedback on the complaint handling process; improved relationships with divisional colleagues; PALs are more visible in the organisation and promoting the function of PALS; Changed the way in which we capture themes of complaints, to triangulate with patient safety event data; Improved patient experience reporting with support for Senior Quality Analyst; Team members involved in weekly quality walk rounds with senior nursing staff; Attending Local Resolution Meetings; Held workshops with Divisional Colleague in respect of complaint handling; Celebration Board in place in PALS to share feedback and demonstrate changes made from feedback; Delivered presentations locally on our involvement in the PHSO pilot; Put PALS staff in uniforms so they are easily identifiable.

Summary
For 10 years, I have supported and managed team members who have been burnt out, run down and struggling in their complaint roles, often seeing it as a negative role. Four years ago, the Patient Experience Lead came to work with me, bringing her complaints and PALS knowledge, passion, resilience and dedication for patient experience to the team, exactly the leadership skills and attributes needed to develop a new team. At that time when we had no staff, so her and a junior colleague started to run the function of complaints/PALS (really don't know how looking back!). Times have been tough, many ups and downs, lots of tears and laughter, high staff turnover, however, we have maintained our can-do attitude, and our continual mantra of 'we will get there'. Over 4 years later we have developed the most amazing team of like-minded individuals who embrace this challenge, share strong work ethics and commitment to patient experience.

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Kings College Hospital
King Cancer Collaborative Addressing Health Inequalities

Category
Cancer Experience of Care Award

Organisation
King's College Hospital
NHS Foundation Trust

King's College Hospital is a major teaching hospital and major trauma centre in Denmark Hill, Camberwell in the London Borough of Lambeth. King's is a large local provider of diagnostic, surgical and other treatment services for common cancer. We diagnose over 4,000 new cancers a year across our main sites at Denmark Hill (King's College Hospital), Orpington (Princess Royal University Hospital (PRUH)), and Beckenham Beacon. King's is a centre of excellence and regional service for: • Haemato-oncology; • Liver cancer; • Neuro-oncology. King's is a regional provider for breast and bowel cancer screening. We work with other leading hospitals, and in partnership with Guy's and St. Thomas's NHS Foundation Trust. We are part of South East Cancer Alliance (SELCA).

Summary
The King's / NHS England / Improvement collaborative work aimed to address Q7 of the national cancer patient experience survey (NCPES) addressing health inequalities and access to care. The King's College Hospital project focused on our breast cancer population, where we have seen a significant variation between our adult patient population from a white background and patients from a Black and minority ethnic background, between 2015 and 2019. The project focused specifically on addressing patient's understanding of diagnostic test results explained at the One Stop Breast Clinic. Following our patients feedback the team identified 5 changes/improvements which were successfully piloted and are being implemented. The changes were co-designed with our patient representatives, clinical nurse specialists (CNS) senior leadership and wider SELCA colleagues.

Impact
The project team completed 44 patient follow-up interviews since implementing these resources. Feedback showed significant improvement in patients' experience as well as highlighting further areas for improvement:

1. **Breast Care Flowcharts:** Consultation undertaken with local GPs to address how patients would access the flowcharts at the point of referral; 14 patients given the flowchart; 86% (12/14) of the patients said the flowchart was easy to understand and helped them to understand what tests to expect. 2 patients said they did not understand the flowchart due to a learning disability and anxiety whilst waiting for her appointment. Feedback highlighted the need for the development of easy read patient information - project team produced are piloting
2. **Urgent referral letter:** 26 patients who were asked questions about their ease of understanding the content in the letter; 87% (22 / 26) of patients who received a copy of the revised urgent suspected cancer referral appointment letter said they found the letter easy to understand
3. **Updated breast care unit webpages:** Analysis of the webpages 2 months prior to the updated webpages going live (July 2022) and 2 months after (August – September 2022) shows a slight increase in page views from 979 to 1079; The amount of time spent on the webpages has also increased from 3.05 mins to 3.17 mins.
4. **Staff training video addressing cultural differences awareness when communicating with patients from different backgrounds:** The video is available on the King's learning and development platform. Staff are encouraged to complete as part of their induction. Within the first few weeks 22 staff members have completed this training; The team were awarded the Great Idea Award by NHS England at the Cancer Experience of Care Improvement Collaborative Recognition Event, for easy spread and potential impact of this innovative idea.
5. **CNS presence in one stop breast clinic (OSC):** 10 patients who had a CNS present in their OSC upon receiving the results of their biopsy were surveyed about how useful they found it to have a nurse with them; All 10 patients said that they found the CNS presence helpful or very helpful when receiving their results

What Makes Us Stand Out
The key contributor to this project's success is the co-design relationship between clinical staff and patients towards improvement. From the conception of the project, in reviewing NCPES data, designing patient questionnaires to gain a deeper understanding of where the issues might be, through co-designing all aspects of improvement, undertaking the PDSA cycle and reviewing data that has demonstrated success. The project has also lead to the development of a staff training video, as outlined in section 'impact and results achieved'. The video has received positive feedback from staff within the SELCA, NHSE/I and beyond, with 21 organisations making a request for the video to share with their staff.

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Kings College Hospital
King's Macmillan Cancer Support Workers

Category
Cancer Experience of Care Award

Organisation
King's College Hospital
NHS Foundation Trust

King's College Hospital is a major teaching hospital and major trauma centre in the London Borough of Lambeth. King's is a large local provider of diagnostic, surgical and other treatment services for common cancer. We diagnose over 4,000 new cancers a year across our main sites at Denmark Hill (King's College Hospital), Orpington (Princess Royal University Hospital (PRUH)), and Beckenham Beacon. King's is a centre of excellence and regional service for: •Haemato-oncology; •Liver cancer; •Neuro-oncology. King's is a regional provider for breast and bowel cancer screening. We are part of South East Cancer Alliance (SELCA)

Summary

Kings College Hospital started a programme to improve access to cancer Clinical Nurse Specialists (CNS), in response to one of the poorly performed questions in the Cancer Patient Experience Survey (CPES). A new model of workforce with Macmillan cancer support workers (MSCW) was piloted at King's in the breast specialities and both main sites, liver services and Haematology at the Princess Royal Hospital. Our ambition was the new service model will improve access to support, helping address any concerns as well as ensuring patients are signposted to the help they require. The aim of the service was to provide a single point of access for patients who are being treated for cancer at King's to support with their queries. An additional aim was to relieve CNS' from administrative duties, co-ordinating patient's care and allowing CNS' to focus on delivering specialist input our patients require.

Impact

The pilot included the breast care teams at the trust's 2 main hospital sites, the Haematology team at one site and the Liver services. A phased rollout plan to other cancer specialty nursing teams have been earmarked from July 2023 – October 2024. Data from the most recent pilot, 12 month period (March 2022 – February 2023) and 5 months from March 2022 – August 2022 has shown the cancer support workers providing support for:

- Completion of 949 Holistic Needs Assessments (HNAs). This led to overall trust compliance of HNAs improving from 32% to 51% in the same period. In the specialties included in the pilot, compliance improved to 80% against a national target of 70%, where there were no issues with nursing staff vacancies
- 43% - 61% of calls into the service have been dealt with by support workers, without needing CNS input (equivalent to an average of around 665 patient queries a month), thus freeing up CNS time to undertake more clinical duties (roughly 133 care hours per month),
- Recording of over 10,000 new ad hoc CNS activity on the trust electronic patient record system, which previously had not been captured

Patient survey results: 20 randomly selected patients who have used the service since March 2023 have been surveyed to understand their experience.

- 16/20 (80%) feel they got the support they needed with their overall health and well-being
- 19/20 patients (95%) would recommend the support workers service to other patients. All 11 patients would recommend the service to other patients

What Makes Us Stand Out

This initiative's unique selling point is that our patient representatives led on the process of identifying the need for this service through patient led surveys to determine the main issues and came up with the solution to develop a single point of access service for patients. , which was named as patients not feeling as though they had access to their clinical nurse specialist (CNSs). Our patient representatives then co-designed how the service would function alongside clinical nurse specialists and senior management team.

- We have demonstrated that this new service module has improved our staff and patients experience as outlined in the above section on outcome and in the attached supporting evidence)
- Feedback from our CNSs has underlined that the workload distribution has improved job satisfaction and the efficiency of service, given the new service helps to reflect actual skills required for tasks
- The new B4 cancer support worker central team have been value for money in achieving set objectives and improving staff and patient experience overall

Contact Details: Sola Banjo - sbanjo@nhs.net

Liverpool John Moores University
Ava Milligan, Student Nurse LJMU

Category
Student Patient Experience Advocate of Tomorrow

About Nominee
Ava is currently a 3rd Year Adult Student Nurse at Liverpool John Moores University (LJMU), commencing January 2021. Ava is passionate about her nursing course patient safety , quality improvement and enhancing patient care. I know Ava as her former Cohort leader. Ava has always kept in contact with me in regard to her extra curricular activities. I was contacted by both the LJMU Simulation Lead, and her personal tutor, who advocated for her being nominated for the Advocate award. Ava has been instrumental in setting up and leading the LJMU Nursing society, which aims to supllement education to other student nurses, with the aim to enhance patient care delivery.

At Work
Ava is currently s full time, Pre- Registration Adult nursing student. Ava is married, and is a carer for her father who has industrial disabilities. Her academic grades are excellent, achieving grades worthy of a successful first class honours degree at the end of her degree. Ava's passion, motivation and exceptional desire to undertake additional roles as a student and a volunteer has impressed senior School Management members, who regularly meet with Ava to discuss her initiatives. She is involved in a number of patient advocacy roles and activities, worthy of a nomination for the Student Patient experience award. Fundraising activities-The Hygiene Bank is a nationwide charity, the principles being that every person has a right to basic hygiene & have access to essential hygiene products. Ava joined the Hygiene Bank as a volunteer and has since set up a local Hygiene Bank named "Liverpool Central", in January 2023, stimulated also by her LJMU education regarding social determinants of health awareness. Ava has involved 6 other student nurses from LJMU in this cause. In 2021 Ava and her team distributed over 440,000Kg of products to communities across the UK. Ava distributes sanitary and toiletry products to a major Liverpool Further Education College. Because of the detrimental effect on mental health and associated stigmas around poor hygiene attendance at college reduces. Ava has been involved with a number of quality improvement ideas or initiatives, whilst being a student nurse including: 1) When on practice placement Ava was disturbed by the number of patients with Dementia that when admitted to hospital develop urinary incontinence. She undertook extensive theoretical research and developed a solution- a proposal to develop a digital alert system on current electronic patients nursing records , to prompt nurses to ask and assist their patients to empty their bladders. Ava proposes a traffic light coloured system, which would highlight the last time the patient emptied their bladder and a prompt for the next time toileting is required. The potential benefits for dementia patients would be to maintain their urinary functional elimination skills, prevent/reduce delayed discharges or nursing home admissions due to a development in urinary incontinence. This is turn will help reduce pressure ulcer formation, as moisture next to the skin can make the skin more susceptible to damage, enhance bed occupancy in NHS hospital Trusts, and reduce some of the pressures off nursing staff by offering this prompt. 2) Involvement in a Quality improvement strategy that focuses on clinical behaviours of concern and how they are managed within a local NHS hospital trust. During Ava's practice placement, she witnessed inappropriate verbal and non verbal communication from NHS staff to patients with dementia and learning disabilities who are behaving in an aggressive verbal or physical manner, mainly due to a lack of knowledge and skills. Ava's passion for care of the patient with dementia has resulted in her being an ambassador, promoting awareness regarding the Playlist for Life Charity, taking people with dementia down a musical memory lane.

Summary
Comments taken from Ava's Practice assessment Document, written by the Project Lead of Behaviours and Concerns stated that *"Ava is a knowledgeable lady who has life skills that are transferable to her nursing. Our relationship has been rare in placement terms as she has added as much to my learning as I to hers. She likes pathways and SOPS (Standard Operational Procedures), and used them to improve her care giving, whilst shaping change within our organisation. Ava has an excellent attitude and values, and wants to be the best nurse for her patients*". Comments from her personal tutor states *"Ava is a superb nursing student who has constantly worked at a very high level. She is thoroughly committed, extremely hardworking, and eminently capable and I have no doubt she will go far. Ava has worked with the Simulation team on several occasions in the support of skills delivery and has been an asset to us. Certainly, one to watch I believe. Best wishes, Mark"*

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Liverpool John Moores University

John Wells - Educational activities to support healthcare staff and enhance patient care

Category

Student Experience Educator of Tomorrow

About Nominee

John is a Pre -Registration Adult Nursing student at Liverpool John Moores University (LJMU). John commenced his programme in January 2021, and I have known him in my capacity as Cohort Leader for this cohort. Despite mt departure of this role in September 2021, I have kept in contact with John, and have been amazed at his passion and commitment to educate other health care professionals and students, with the aim to enhance patient and service user treatment, care and experiences, through a variety of platforms. John has a passion for social prescribing, brought about from his own personal experiences. Having been raised in a low-income family household in a deprived area of the United Kingdom, his own childhood was fraught with health problems which took him out of school for prolonged periods. This meant John often had difficulties with social aspects of his life. John has had to care for his unwell parents, and is a father to an adopted son with autism. Sadly, John was involved in a car accident which has given him long-term back problems which he continues to manage on a daily basis. John also suffered from severe anxiety and depression but he is now able to use his personal experiences to support other student nurses and Healthcare Professionals. Having little guidance around managing his mental health other than drug therapy, John states that he does not want other patients and service users to have to suffer alone, and not be signposted to activities and services to improve their mental and physical health, help and support he did not receive. This is where his commitment to social prescribing awareness was born. As well as undertaking his role as an Adult student, son, partner and parent, John has undertaken several additional roles within LJMU, including being a Student Mentor, a Student Quality Ambassador, and a member of the student led LJMU Nursing Society. John is selfless in his dedication and commitment to the time he spends in these roles. In addition, John has undertaken roles outside of the LJMU, including working with the National Academy for Social Prescribing as an education Coordinator, working with NHS Wales to strengthen Social Prescribing awareness, the organiser of " Drop in Coffee Shops" in a GP practice in Wigan to promote Social Prescribing to their clients, a member of the General Practice Student Nurse network, an associate member of the Royal college of Nursing, and an ambassador for the College of Medicine and Integrated Health's Beyond Pill Campaign. Despite all off his commitments, John has remained an exceptional student nurse on his programme, acting as a role model to others, maintaining excellent practice and theory attainment. John was recently been nominated for, and won, the 2023 Student Nurse Times Award for the Most Inspirational Student Nurse of the Year , a testimony to his efforts and commitment to enhance education of others, and improve patient care.

At Work

As stated, John is now a 3rd year Adult Pre- Registration student nurse at Liverpool John Moores University. When on placement, his Practice Assessors have stated that John has a passion to learn, and has been described as the Model student. he has displayed excellent care delivery, communication and team working skills. he is able to work independently, and treats staff and patients with fairness, kindness and respect. John is always professional, empathetic respectful and compassionate. His academic studies have been exemplary, achieving high standards at all times. John has been a committed student nurse, passionate in education and health service improvement. John has been a valued member of his January 2021 cohort, acting as an excellent role model, supporting, educating and inspiring other student nurses within the cohort, and wider student and Health Care Professional population. John's Personal Tutor has stated that they have always been impressed by his commitment, positive attitude and willingness to get involved with extra curricula activities.. They have witnessed the impact he makes on other students and staff at LJMU, and the support John offers to others.

Summary

I truly believe that John is a student nurse well deserving to be nominated and receive special recognition for all that he has done, despite the demanding workload of his pre registration Adult nursing programme, family responsibilities and personal health issues. John acts unselfishly, professionally and willingly to educate others in social prescribing and General Practice Nursing. He is admired and respected by his fellow cohort of students, LJMU staff and Practice Assessors/Supervisors. I wish him the best of luck in this nomination.

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Liverpool John Moores University
LJMU Dementia Ambassadors Project

Category
Student Patient Experience Advocate of Tomorrow

About Nominee
LJMU Nursing and Allied Health School students have been working in collaboration with music dementia charity Playlist for Life. Students receive training in which they become "music detectives". With these skills, the students have been working across the Liverpool City Region to help people living with dementia find a soundtrack to their lives. In recent years, there has been an emphasis on the use of non-pharmacological interventions, including complementary and arts-based therapies, to improve the well-being of people with dementia. Playlist for Life aims to enable every person with dementia to have access to a personalized playlist – which it describes as the 'soundtrack of your life' – and works with partner organizations, such as nursing and care homes, as well as families to support this. A personalised playlist can include the music of the first dance at a wedding, a song that reminds the person of a summer holiday, a television theme tune or a favourite hymn, which can be listened to during periods of distress or anxiety or as a way of connecting with a loved one. LJMU's music detectives have been working with local Dementia Cafes, Dementia-based hospital wards, the local Dementia Action Alliance, holding promotional stalls in Liverpool Central Library, Liverpool Museum, Sefton Palm House, etc to promote personalized music as an intervention for health care professionals, carers, and people living with dementia.

At Work
When Playlist for Life launched free training for universities and colleges in January 2021, the hope was that students could learn about personally meaningful music into their placements and future careers, helping to improve the well-being of patients living with dementia through the power of personalized playlists. The charity had already trained over 6,000 healthcare and social care professionals, so opening our training to students, the healthcare heroes of the future, seemed like a logical move. Personally meaningful music is a simple tool that can have a significant impact on the well-being of people living with dementia, including decreased anxiety, improved relationships, and even a reduction in medication in some instances. We designed the course with practical and actionable steps that students could use to get to know patients as individuals, seeing the person beyond the dementia diagnosis through music that has sound tracked their life. The enthusiasm of the staff and students at Liverpool John Moore's University has been incredible. Senior Lecturer Dean McShane has been a volunteer with our charity for many years and has championed the use of personalized playlists in his career as a mental health lecturer, inspiring countless students to use playlists in placements and helping raise awareness of playlists in the local community. Dean and the students have taken our core messages and materials and used them in innovative ways within their community. We are a small charity, based in Glasgow, with a huge mission: for everyone living with dementia in the UK to have access to a personalized playlist, and for everyone who cares for them to know how to use the playlist effectively. The staff and students at Liverpool John Moore's have done so much to help us achieve this goal, improve the wellbeing of patients in and around Liverpool, and help us raise awareness of the power of playlists so that other health and social care professionals can do the same.

Summary
This collaborative approach from LJMU and Playlist for Life is making a big difference for people living with dementia and carers within the Liverpool City Region. To date the project has helped hundreds of individuals and families create the sound track to their lives which can be used as an intervention. The Playlist for Life training was designed with practical and actionable steps that students could use to get to know patients as individuals, seeing the person beyond the dementia diagnosis through music that has sound-tracked their life. Music is neurologically unique in the way that it stimulates various parts of the brain at once. This suggests that in people with dementia if some parts of the brain are affected, music can still reach other parts. Evidence suggests music can have beneficial effects for people with dementia, such as a reduction in agitation. The project is having positive effects on student volunteers, in career development, leadership skills, communication skills & student experience. LJMU students: *"It was lovely to see people living with dementia being brought joy through music. It is such a powerful tool, and such a refreshing change to see it used instead of medication sometimes.", "I have worked on a dementia ward before starting university and also regularly bank there when I'm not attending university so I will definitely recommend this to the ward manager for the staff to access and the patients will definitely benefit from this also."*

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Liverpool John Moores University
Student Educator of the Year – Sam Noon

Category
Student Experience Educator of Tomorrow

About Nominee
I am currently a lecturer within the pre-registration nursing programme at LJMU, where Sam is enrolled as a student nurse. Previously, I had met Sam in my role as a Practice Education Facilitator for a NHS Trust during one of Sams practice placements. Sam has excelled in both theory and practice and has received outstanding feedback from practice on multiple occasions. Sam is not only committed to patient experience through his own nursing practice but is committed to improving his peers experience and confidence regarding patient assessment.

At Work
Sam is not only committed to patient experience through his own nursing practice but is committed to improving his peers experience and confidence regarding patient assessment. Sam has been a student nurse for three years and has consistently received exemplary feedback regarding his progression. During Sams second year of study, he received a student of the month award from a local NHS Trust for his outstanding nursing practice during a practice placement. Since then Sam has continued to shine by not only excelling in his own development buy by supporting his peers professional development. Within the university, Sam has been awarded 'Student of the Month' twice, nominated by both academic staff and his fellow students for consistently supporting students within the cohort with professional development opportunities and student led peer learning. Please see the comments below for some of the feedback that Sam's fellow students provided within their nomination: "*being kind, generous and compassionate towards others. He continuously tries to better not only his own learning, but everyone's learning around him by sending links to seminars, as well as creating independently ran zoom calls and meet ups in uni to help assist others in the cohort.*"; "*He consistently supports other students, he arranged zoom sessions during our annual leave for OSCE practice and face to face for today and further in the week. I think he needs some recognition for what he does for the cohort as well as his role as a student mentor.*" Sam has assisted the simulation teams multiple times, the following is feedback from the lead of simulation within the School of Nursing: *"Sam Noon is a fantastic natural teacher and has supported simulation teaching consistently. He has a friendly open personality that encourages and supports all students. Sam ensures that he prepares well before any teaching session, liaises with all members of staff with professionalism having the ability to adapt his teaching to meet the needs of students and visitors. On several occasions when plans needed to be changed quickly , he is able to adapt and be flexible and will always ensure his teaching is the highest of standards , inspiring and motivating not just students but staff as well! I have witnessed students and visitors commenting on how enthusiastic, kind and approachable Sam is."* Sam offers suggestions and new ideas on content and how to deliver clinical skills, as a consequence we have changed the content and delivery of some sessions to meet student and visitors need. The simulation team have observed Sam going above & beyond with students, taking as long as they need to practice and talk and also tidies and cleans simulation areas with the rest of us. Overall Sam is an outstanding teacher, with excellent clinical knowledge that has inspired, informed and motivated students, visitors and staff, he really is a role model for nursing within LJMU.

Summary
Sam is regarded as an outstanding student who is consistently conscientious of both his patients, staff members and fellow students. The evidence provided demonstrates that Sam is a role model to both those out in practice and the students within his cohort. Sam has been praised many times for his engagement in not only the nursing programme but the wider professional development of both himself and his colleagues. Sam has gone above and beyond to support his colleagues during stressful times such as OSCE examinations by providing face to face support. Sam has received recognition from the university regarding his efforts by being awarded Student of the Month. However, we feel that Sam is an asset to the nursing profession and deserves some wider recognition. Sam demonstrates many excellent values and clearly advocates for nursing students both within his cohort and the wider university within his role as a student mentor and within the nursing society. His actions not only advocate for and support his nursing peers but also benefit patient care and experience. The support provided to students before their OSCE examination increased their confidence and ability to competently complete a patient assessment. We feel that the support that Sam has demonstrated that he is able to identify individual needs and provide solutions that benefit the experience of all students.

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Liverpool John Moores University

Supporting a young cancer patient home during COVID pandemic and lockdown

Categories

Fiona Littledale Award; Student Patient Experience Advocate of Tomorrow

About Nominee

Emma Davey (PCNS) demonstrated how healthcare professionals can break down barriers to achieve remarkable outcomes for patients. In this circumstance, the patient was informed that she had a terminal diagnosis and was likely to deteriorate rapidly in weeks to months. Emma worked with multi-disciplinary professionals to transfer home overseas, during a global pandemic. Emma pushed past obstructive thoughts and barriers presented by the pandemic and remained focused on safely transferring the patient home. Her actions were clearly underpinned by the 4 fundamental themes in the Nursing and Midwifery Council guidelines; prioritising people, practising effectively, preserving safety and promoting professionalism and trust. The reasons for her clinical decision making and effective communications with teams locally and internationally clearly demonstrate her valuable leadership skills. While Emma's focus was primarily to get the patient home safely, she had to coordinate the package of care outside of her usual community teams and ensure that the patient would have accessibility to support for all of her needs once she was home. This was executed impeccably and the patient made it home to her loved ones, where she died peacefully, as she wished. Emma allowed herself to critically evaluate the situation and push barriers during a global pandemic to meet the requests of the patient. While we recognise that this cannot always be possible for numerous reasons, we believe that Emma went above and beyond her duty of care to deliver a patient-centred, holistic approach which meant a terminally ill, young patient was able to die peacefully as she wanted.

At Work

In addition to her exceptional clinical work, Emma is also studying at LJMU, an MSc in Advanced Clinical Practice whilst also delivering educational talks and lectures at conferences on behalf of LJMU and across our undergraduate and postgraduate programmes. Within her Trust, Emma was involved in the Bright Ideas Scheme project which involved creating boxes for patients and their loved ones during the pandemic. The initiative was brought to life with Emma's ideas and backed by a panel which secured funding from Clatterbridge Cancer Charity enabling the team to create boxes to support patients. The boxes were developed in response to the pandemic when, due to national restrictions, relatives or significant others of those dying at Clatterbridge had limited or no visiting. The boxes have now been developed, personalising them for families and increasing their content. Emma said: “As a team, we were eager to provide some personal connection for families to the relative in our care, to support them into bereavement. The value in this remains, even as visiting returns to normal gradually as we live alongside COVID. A truly outstanding member of the nursing profession who demonstrates consistently her desire to improve the quality of service delivered and therefore patient experience. Emma is a fantastic advocate for her patients, their choices and ensuring they are well educated and supported in making decisions about their care. As a result, Emma is keen to get involved with education and support for pre and post registrants within our institution and we welcome her experience and knowledge to compliment the curriculum we deliver. Emma sits on the Community Services Directorate as 'Associate Director of Patient Care'. During a recent Advanced Practice conference, we had the pleasure of hearing about her experience and support of a young cancer patient. This emotive experience resonated with us and the attendees of the talk so much, that we felt it deserved further recognition. We requested that Emma tailor her experience to deliver similar sessions across our undergraduate & postgraduate programmes. Emma was thrilled to be able to deliver the content and inspire students and staff in healthcare to think outside the box and ultimately focus on each patient as an individual. Emma supports and educates staff across the multi-disciplinary workforce and strives to raise awareness for palliative care and how it has evolved in her career, encouraging healthcare staff & the general public to expand their understanding of the service. We are enormously proud of the work Emma has been involved in & to have her representing LJMU as a student and guest speaker.

Summary

We believe that we share Emma's core values in nursing and encourage her success and recognition in all that she has achieved. Particularly the relentless drive she had to support the young girl home, during the height of a pandemic while completing her studies for an MSc and driving an initiative to build a scheme for palliative patients. As a team, we could not think of a more deserving and exceptional candidate for recognition of her work. We hope that you can acknowledge and celebrate Emma's achievements with us.

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Liverpool John Moores University
The LJMU Mental Health Society

Category
Student Experience Educator of Tomorrow

About Nominee
The LJMU Mental Health Society was created in 2020 (during lockdown) with the simple aims of:
Interdisciplinary working, Sense of Community, Student collaboration, Fundraising, Raising mental health awareness, Career development and recognising members efforts. With the benefits for members (nursing and allied healthcare students) being Transferable skills, explore new topics, networking between other students and staff, Friendship, Socialising and teambuilding, Extra curricular activities, Research opportunities, Communication skills – collaborating with other societies, other schools and external services. The society offer in house workshops in research and fields of mental health that are not covered within the curriculum, Work with and offer awareness around all mental health days, highlight key information for greater education.

At Work
KEEPING STUDENTS ON THE COURSE & PEER SUPPORT LEARNING : As a society we are aware of the levels of stress that come alongside balancing life at home, families, work, including placements and academic schedules that come with completing a full time degree in nursing.
As lived experience, as a society we hold student drops-in once a month so students can come have a chat and discuss life; life at uni, assignments, placements, and finance, we are here to help and signpost so out students gain the best support available to them
SUPPORTING MATURE AND PARENTS STUDENTS: As a society is passionate about Equality, inclusivity and diversity, in 2021 Mature applicants from the UK have risen by 24% to 96,390, we offer support and events that cater for all ages and family groups, to ensure inclusivity.
Fundraising: Each year the Society pocks a local mental health charity to fundraise for:
NHS don't have the funding to cover all aspects of mh and charitys fill them gaps we as a university understand the benefits of gaining knowledge of services around so we can signpost our members. Each year the mental health society chooses a charity of the year to support and raise funds for the coming year. Charities rely on fundraising for much of their income, but it's about more than just the money. Fundraising can also help promote the charity's message and goals. In the mental health society, we encourage our student members to get involved, spread the word, and engage in fundraising events such as an annual rounders match between Liverpool John Moores University and community services, Tough Mudder, and the Alton Towers 10k run. Having our student members involved has helped them improve their own mental health and well-being, as getting outdoors, being active, and socialising can significantly benefit our mental health. Fresh air, lovely food and being in good company can go a long way to helping everyone overcome the daily stresses of life. One of the charities we chose last year was real men don't carry knives where we not only raised money for the charity but we also gave support through sessions with young people on mh awareness and the impact on their lives.
BENEFITS OF WHY WE FUNDRAISE: We engage with local charities to help raise awareness of their services and promote volunteering opportunities, it also allows our society members to come together as one to show how communities can combine to showcase and promote good causes within our local areas, gaining positive results as a team.

Summary
Creation of a Mental Health Society (with sub groups) with the aim of educating both members (nursing and allied health care students), non-members (university staff and students) and the wider community through various events that aim to reduce stigma in mental health and increase knowledge and awareness.
Creating partnerships with local mental health organisations and charities. - various links formed creating shared opportunities of learning and development.
Peer support – retention rate improvement - helping students through a community approach.
Personal development – new skills, enhanced C.V and career opportunities.
Inter-professional / collaborative working in action.
Enhanced learning for topics not being delivered on the programme.
Enhanced student experience.

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Liverpool John Moores University
The LJMU Nursing Society - run by students for students

Category

Student Experience Educator of Tomorrow

About Nominee

The Liverpool John Moores University (LJMU) Nursing Society was launched in January 2023. This is a student led society, with its aim to being to support and educate Pre- Registration Nursing students, thereby enhancing patient safety and care delivery, and sits within the School of Nursing and Advanced Practice. The Society committee members have a vision to support students not only with curriculum supporting education to enhance patient care, but also to enhance the social aspect of being a student. They recognised that some students are lonely, homesick, or haven't made friendships with others, so they can engage with the society as a means of communication, team involvement and prevention of isolation. The Nursing Society has 11 committee members, one acting as president, and others taking pivotal roles to ensure breadth of student knowledge and skill expertise is utilised to the best advantage. The LJMU Nursing society is active in social media, utilising Instagram as a main platform for enhancing education. In addition, the Society members cascade resources to other students via Cohort leader meetings and Cohort virtual leaning platforms. The Nursing Society is comprised of students from 3 fields of nursing practice - Adult, Child and Mental Health, to ensure inclusion, and parity in their education strategy.

At Work

Members of the Nursing society are full time student nurses studying for a 3year nursing degree at LJMU. The Nursing Society is unique because it has been formed through the student's own self belief they can deliver their objectives, and because of their determination to build upon the education of other student nurses. This will ultimately lead to the enhancement of patient care and experience in practice. The members of the nursing society spend their own time in between studies and practice placements, to develop and deliver the remit of the nursing society. The students spend 7 hrs a week attending university, 30 hrs a week on practice placements, and further self-study completing theoretical assessments. Despite only being launched 6 months ago, the Nursing society have undertaken tremendous initiatives to enhance the education and support of other LJMU nursing students. Going forward there is a desire to expand the society to encompass paramedic and midwifery students. The LJMU Nursing society is involved in numerous activities to promote and enhance potential and existing student nurse's knowledge and skills. The Society members act as professional, inspirational role models to other students, and are representative of the University in wider community activities they undertake. The Society members have developed and deliver their services in their own time, whist also studying full time for a full time, demanding, Pre Registration Nursing Degree. In addition, these Society committee members juggle family and part time jobs, which exemplifies their dedication and commitment. The Nursing society members recognised, through their own placement experiences, that not all students get placement speciality exposures, and therefore an unequitable learning experience. The ethos of cascading knowledge and skills to ALL nursing students became a priority of the society. Consequently, the Nursing society wanted to create a platform to cascade education in a single space, and thus created and designed an Instagram account as the main social media platform. They currently have 243 followers. In addition, the Society members cascade activities and resources to other students via Cohort leader meetings, Cohort virtual leaning platforms and Twitter. The committee members work extremely well as a team, ensuring each other's skills and talents are utilised, listening to each other's ideas and suggestions with professionalism, respect, and appreciation. To enable continued success of the Nursing Society, forward planning has been incorporated into its design, with a rolling programme of presidents and other roles identified for succession planning. The Nursing Society is also committed to fundraising and charitable work.

Summary

The LJMU Nursing Society is involved in numerous activities to promote and enhance potential and existing student nurse's knowledge and skills, the aim being to enhance patient care and patient's satisfaction and experience in practice. The Society members act as professional, inspirational role models to other students, and are representative of the University in wider community activities they undertake. They have developed and deliver their services in their own time, whist also studying full time on their Pre Registration Nursing Degree. In addition, they have to spend their own time researching and completing theoretical assignments and assessed clinical skills OSCE examinations. I am in awe of their dedication, passion and motivation, and fully support this nomination.

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Liverpool University Hospital NHS Foundation Trust
Development of Innovative CPAP large events to Enhance Patient Experience and Improve Access to Treatment

Liverpool University Hospitals
NHS Foundation Trust

Category

Team of the Year (including complaints and PALs)

About Nominee

The Sleep team consists of 30 staff members of staff with a variety of skill set to support patients in having a range of sleep diagnostic testing to ultimately provide treatment if needed following their sleep study. We were very clear with patients and staff that the reason for the events was due to long waits and previous equipment shortage. Waiting list times were shared with the multidisciplinary team and the clinical risk was put on the hospital risk register. Following the first event, patient experience was shared with all staff within the Sleep lab team and further staff members volunteered for subsequent sessions. A detailed demonstration of the CPAP machine was given by the Sleep Lab Manager showing the patients how to switch on, clean and check the machine was functioning correctly. We then had three other CPAP Practitioners who gave a mask fit along with specialist advice, tricks and tips to the patients. Through the patient experience questionnaires and feedback we evolved the sessions taking constructive feedback by altering schedules, ensuring patients could park, reviewing appointment letter information to make the sessions a overwhelming success and replicable and sustainable in the future. We have shared the results of the initiative with patient charity (Sleep Apnoea Trust Association) who are sharing this via their website and member's newsletter to really sell the innovative way this treatment can be set up.

At Work

The Sleep team have worked together to support a range of Sleep diagnostic tests for patients across the North West since 2014. The tests that are offered to patients are; WatchPat, Respiratory Studies, Oximetry, Actigraphy, PSG's and MSLTs along with supporting vulnerable patients with OHS (Obesity Hypoventilation Syndrome) and CPAP treatment set up. The team have engaged whole heartedly with a complete overhaul of the way patients who have had a sleep study receive their CPAP treatment. Patients offered their own insight into how the project could be shaped. Success has been measured by our trajectory based on: 1. Patient Experience Feedback; 2. The initial backlog; 3. The patients that were also waiting for results and subsequent CPAP (due to shortage of reporting staff); 4. Ongoing referrals and CPAP set ups into the department; 5. Reviewing number of set ups pre group sessions vs post group sessions. By predicting how many CPAP set ups we had as well as the backlog we were able to calculate how many events we would need to reduce waiting times along with also changing the week day working pattern to incorporate all of these factors. Without these events we would have had a waiting list of approximately 2800 by Aug 2023 with an expected wait for CPAP treatment of two and a half years. CPAP treatment delay has been one of the highest risks on LUHFT, the implementation of group CPAP set up has supported a reduction in this risk in recent months. The patient experience has been remarkable and was much more positive than we had ever anticipated. At the beginning we put these events in place as we felt we had no alternative and the risk to patients by doing nothing was too great. Patient experience shows overwhelmingly positive response-99.23% of 261 patients preferred this method and 100% of patients would recommend our service. PX Feedback includes: *"Brilliant! Thank you so much. All questions were answered. Felt very informed. Even though in a group, felt seen and heard as an individual and felt less alone in needing CPAP as was able to talk to others. thank you so much! I am a very happy bunny :) 5 stars " "Clear effective presentations and demos. Very approachable and comprehensive really well done after a long wait for service but all is forgiven now, I know why. Well done team", "Meeting as a group helped you to realise that there are other people like you. The questions that others asked was also helpful. It was a relaxed almost pleasurable experience".* This was a surprise to most of the Sleep Lab Team how well the change in practice worked and as a result we are changing our normal practice during the weekdays.

Summary

Our Team have worked in a innovative way to produce a major change in CPAP set up within our organisation and could be replicated nationally. This project has demonstrated a 286% increase in CPAP set up activity compared to the previous year. Project was executed without additional staffing and funding and heavily relied on volunteers who supported the events over non-working days and success is demonstrated by the local survey results in which 100% of the 260 patients surveyed would be happy to use the sleep service again and 99.61% of patients who would recommend the service to other patients.

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Liverpool University Hospitals NHS Foundation Trust
Extending and Expanding the Prehabilitation Service at Liverpool University Hospitals NHS Foundation Trust

Liverpool University Hospitals NHS Foundation Trust

Category

Cancer Experience of Care Award

Organisation

Liverpool University Hospitals NHS Foundation Trust (LUHFT) consists of Aintree University Hospital, The Royal Liverpool University Hospital, Broadgreen Hospital and Liverpool University Dental Hospital. LUHFT 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 LUHFT Prehab service provides Prehab to surgical cancer patients; providing personalised support for patients in relation to physical activity, nutrition and wellbeing. Working alongside the wider MDT to support surgical intervention and treatment planning. The funding boost allowed development of the Prehab service model, providing a more sustainable approach, as well as welcoming referrals from 8 cancer specialities across the LUHFT sites. To be accepted into the service, surgical patients must have at least 10 days between the referral date and their surgery, and may be undergoing neoadjuvant treatment.

Summary

The extending and expanding of the LUHFT Prehab service was an ambitious undertaking; doubling the number of patients referred into the service and extending to patients undergoing cancer surgery previously unable to access Prehab. This included multiple new specialities; colorectal (inclusive of complex pelvic), HPB (inclusive of NET and sarcoma), Pancreas, UGI, Urology and Lung; across a multi-site Acute Trust. In order to achieve this we adopted a tri model offer of Prehab – Specialist, Targeted and Universal. With the Cheshire and Merseyside Cancer Alliance we engaged clinical teams including surgeons and specialist nurses, the Anaesthetic and peri operative teams to ensure promotion of the service to drive referrals. We provided regular feedback and developed essential working relationships to ensure best care for our patients. We gathered patient experience throughout the project to ensure patient feedback was at the heart of helping to shape and develop the service; examples include collecting satisfaction questionnaires and patient stories. Data collected from both physical outcome measures and patient experience have been presented both locally, to secure ongoing service delivery, and nationally at Conferences. The advantages of Prehab include improved Patient outcomes and satisfaction as well as reduced length of stay.

Impact

We collected physical outcome measures with patients during their Prehab phase to support with interventions which were repeated at various points through their journey. Baseline assessment included a cancer specific wellbeing questionnaire, PGSGA (nutritional screening tool), hand grip test and a 30 second sit>stand test. We gathered feedback and input from patients throughout the project including reviewing of information leaflets and a questionnaire with opportunity to give comments on anything they would improve or would have found helpful. The review by the Cancer Alliance identified over a 24% reduction in LOS for patient going through Prehab across LUHFT. Up to 50% less inpatient therapy required post op on the ward. 83% improve or maintain nutritional status, 95% improve or maintain frailty status, 92% improve or maintain physical fitness, 74% improve of maintain mental wellbeing, 75% of patients making long term lifestyle changes. Reduced the deprivation gap in outcomes such as nutritional status, physical fitness and frailty. 100% staff report a positive benefit of Prehab to their patients. Patients highlighted the kindness and supportiveness of the staff. Consistent themes were present around the excellence of the service. Patients felt the support received in relation to physical activity, mental wellbeing, and nutrition helped prepare them for their treatment, as did the opportunity to be involved in decisions about their care, & talk about their thoughts, feelings and mood. Prehab was recommended by 100% of patients.

What Makes Us Stand Out

The patient experience gathered from our service users has been vital to provide patient perspective and recommendations for improving and shaping the service for others. Prehabilitation services offer a unique opportunity to provide personalised care to newly diagnosed cancer patients. The patient feedback received from patients demonstrated 98% of patients felt they had an opportunity to be involved in decisions about their care. Cancer specific ambitions of the NHS Long Term Plan sets out intentions to reduce Health Inequalities, addressing unwarranted variation in care and reducing health inequalities. Our Prehab service is delivering on these aims.

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Manchester University NHS Foundation Trust
Set up and delivery of specific Autism Orthoptic Clinic, encompassing reasonable adjustments

Category
Personalisation of Care

Organisation
I work as an advanced Orthoptist at the Manchester Royal Eye Hospital. I am employed by Manchester University NHS foundation Trust which is the single biggest provider of specialist services in the North West of England caring for approximately 750,000 people in Manchester and Trafford. Our four core principles which guide the way we work and ensure we are delivering the highest quality care for our patients and their families are: Everyone matters, Working Together, Dignity and Care and Open and Honest. Manchester Royal Eye Hospital is globally acknowledged as a centre of excellence and is one of the largest teaching hospitals in Europe. As orthoptists we specialise in the diagnosis and treatment of eye muscle disorders and vision problems. I lead the service for Learning disabilities (LD) and Autism ensuring our service is inclusive and caters for individual needs encompassing reasonable adjustments.

Summary
Patients with LD and Autism can often be overlooked and deserve equal opportunities and access to services. I realised we were often failing these patients and their families in our paediatric clinics. Our main orthoptic clinic is busy and open plan with no separate consulting rooms available for assessment. This can be overwhelming and over stimulating for our autistic patients and as a result can affect diagnosis and management. I therefore sought to find a smaller quieter setting with guaranteed separate consulting rooms, encompassing reasonable adjustments to provide a clinic tailored to the individual needs of these patients and their families. I pride myself on strong and effective communication, being able to build relationships on different levels gaining trust and respect, all of which helped me to increase engagement and set up the first dedicated orthoptic autism clinic. Patient engagement and shared decision making is key to help deliver care effectively in line with the values and behaviours framework formed from the Francis report. Feedback is exceptional with extremely positive patient & colleague feedback.

Impact
Measuring performance is key in any service. My role is patient facing and so the key to measuring how well the service is doing is feedback, not just from service users but also colleagues. Often feedback is in the form of free text cards, responses are specific to the individual and may not be a true reflection on the service. However, this forms a vital part of measuring performance and highlights common themes or issues which may be impacting performance. The impact on improved patient experience and positive feedback from patients and carers has been overwhelming. They appreciate the time invested in setting up the clinic and listening to the needs of the patient. They felt the environment was so much more suitable and that the patients were much less anxious and looked forward to coming knowing what to expect. Parents felt their child performed better and assessments were more accurate because they were calmer. Previously they didn't know how long the wait would be, how busy the clinic was or who they would be seeing. I completed a service review of the autism clinic, encompassing parent carer views but also the patients voice by using widget symbols so the patient could record their feelings even if they were non-verbal. The results showed that the patients enjoyed coming to their appointments and did not feel anxious beforehand. I presented this to my team and at a national LD conference. Four other trusts have since got in touch wanting to replicate the Autism clinic.

What Makes Us Stand Out
This initiative is special because it is an orthoptic clinic specifically for patients with autism. It has been built from scratch by engaging patients and colleagues, coupled with my passion and dedication for creating an inclusive service for those with autism, encompassing high quality care with the patient at the heart. It is unique in that there is currently no other eye clinic within my trust that has been set up with these patients in mind and the level of reasonable adjustments in place. I believe my management and leadership skills have enabled me to be an effective leader and gain support from my immediate and wider colleagues to successfully achieve my goal. Setting up the clinic has enabled me to reflect upon the skills I have and how these align with the trusts core values. I am proud of inspiring others in my team, organisation, and other trusts in leading change and driving the LD and autism service forward. I embrace change and the challenges that come with it and feel motivated to continually improve both personally, my service and patient experience.

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Mid Yorkshire Hospitals NHS Teaching Trust
A focused initiative to ensure personalisation of care following the Covid pandemic using insight work with the Yorkshire & Humber Improvement Academy to support, review and reset

Category
Using Insight for Improvement

Organisation
The Mid Yorkshire Hospitals NHS Teaching Trust (MYTT) is a local Trust providing compassionate, expert care for over half a million people every year in their homes, in the community and across three hospital sites at Pontefract, Dewsbury and Pinderfields. The Trust-wide Cardiac Rehabilitation Service provides comprehensive, personalised, cardiac rehab programmes for eligible patients within the Trust locality. The multidisciplinary team consists of specialist nurses, physiotherapists, support workers and secretarial support to approximately eight hundred patients each year. This is in line with the person centred standards and guidance of the British Association for Cardiac Rehab and Prevention (BACPR).

Summary
New thinking – this was an external and independent evaluation of how the service was delivering for patients that supported reflection & reset after Covid via qualitative interviews with staff and patients. Leadership – team leaders requested this initiative – a reflection of a leadership that embraces learning/innovation/staff engagement and celebration. Outcomes & sustainability – Work revealed excellent patient feedback about the service that had been reinstated since Covid as well as a strong staff commitment to personalised care. Improvement techniques used to assess which aspects needed celebrating, escalating and which aspects the team could improve. A big emphasis was on making the high quality care sustainable (e.g. workforce succession planning, supporting new starters with mentoring). An Improvement Academy Patient Experience Award was presented to the team for outstanding personalised care and this boosted team morale. Involvement & inclusion – all team members were invited to be interviewed as part of this insights project and people engaged fully. Transferability & dissemination – project was set up to be a beacon for learning within wider cardiac rehab networks (West Yorkshire Clinical Network Board; West Yorks. Cardiac Rehab Working Group) and also internally via Cardiology Clinical Governance forum). Presentations have taken place for all these groups.

Impact
Qualitative data unequivocally showed that the patients did value the reconfigured service which now included a range of options for patient care. Data also showed that staff had a pride and strong commitment in delivering personalised care. Attachment 1 provided for Patient & Staff Feedback; Attachment 2 Patient Story
Improvement techniques helped team sort responses into things to celebrate (boost staff morale/ publicise the service's value to patients with a new leaflet), things to escalate (e.g. merging of 2 patient pathways; addressing long-term sickness); things the team can do (e.g. develop cross-team working opportunities); things that the team need help with (e.g. engaging wider colleagues such as cardiologists in the value of this service).
This is in line with the team retaining the BACPR and National Audit for Cardiac Rehab (NACR) Accreditation Status. This is a national award process to services that can demonstrate meeting the seven minimum standards of key performance. Despite the challenges of the pandemic, the team were successful in retaining this award.

What Makes Us Stand Out
The high quality patient feedback and staff commitment stood out to the Improvement Academy as outstanding and they have provided this quote: 'We collect insights from staff and patients across large numbers of Trusts and service types and we know how the current system pressures are negatively impacting staff wellbeing and patient experience. This team is an outlier in this regard and, despite still being challenged, continues to deliver personalised, joined up care that supports people at their most vulnerable times, in a compassionate and holistic manner. This is only possible because the ethos of personalised care is embedded across the whole team'.
Excellent leadership & team work was identified as a crucial factor in this team's success. (Attachment 3 'Recommendations for others'.) It is only within this framework of strong leadership and teamwork that the motivation for such a developmental/reflective project could take place. The team exudes psychological safety necessary to continuously improve.

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Newmedica
Building a patient-centric environment

Category
Environment of Care

Organisation
Established in 2007, Newmedica is now one of the leading independent providers of ophthalmology services in England. Our vision is to change people's lives through better sight and eye health. We provide both NHS and privately funded ophthalmology services, such as cataract surgery and glaucoma treatments. Our patients are at the heart of everything we do, and they receive the highest possible standards of individual care. In the last financial year, we carried out over 235,000 patient interactions, including outpatient appointments, diagnostic testing, and eye surgery. We're proud that 99% of our patients say they would recommend us to their family and friends.

Summary
We know from speaking to patients that they find accessing healthcare stressful. This can be due to physical issues, like a lack of parking and difficulty finding the right place to go within a hospital. But it also includes the anxiety of being surrounded by large numbers of people. Our clinics are built on the simple premise of making them as comfortable, warm and welcoming as possible. That means free onsite parking, clear navigation around clinics, and a calming environment with distractions from the nerves and anxiety. We've rolled our approach out across 6 new eye centres in the last year, and feedback from patients, staff and ICBs has been positive across every metric, with 99% willing to recommend Newmedica to their friends and family. However, despite the successes we've seen, we are continuing to listen to our patients and clinical teams, to identify further ways to improve the environment. All to ensure our patients are as stress free as they can be, which leads to better health outcomes.

Impact
The key evidence of our success comes from our patients and key stakeholders, such as ICBs. And so far, the response has been overwhelmingly positive: "*I just want to say well done and thank you to all the staff. It has been a much better experience than I thought – it's been brilliant. Using the British Sign Language service has been great. It's been very useful having the interpreter here for me. I come to these places and the language can be quite inaccessible, so having the interpreter here for me has been a lot better. It has benefitted me greatly.*" Stephen, A patient of our North Derbyshire service.

"*BNSSG Integrated Care Board (ICB) has worked in close collaboration with Newmedica for a number of years as they are commissioned to deliver cataract, YAG laser and oculoplastics work within our locality. Newmedica were kind enough to invite our team to see their new facility at Aztec West in the summer of 2022. The service was impressively designed, and you could see the attention to detail that had gone into the building's layout, supporting best practice around infection prevention and control. The service offers lots of space for patients when they are waiting and for consultants when they are treating patients. We are always impressed by the quality and volume of work that Newmedica deliver, with robust processes in place to ensure that a high standard of service delivery is offered to every patient.*" Dominic Griffin, Contract Manager, NHS Bristol, North Somerset and South Gloucestershire ICB.

"The ICB consider patient experience a key element of the assurance process and would like to note the consistent positive patient feedback Newmedica receive, backed by a high percentage score from Friends and Family Test results." Hayley Cavanagh, Senior Quality Lead, Shropshire Telford and Wrekin ICB

Feedback via our regular patient surveying has also reinforced the approach taken: - Cleanliness of the service - 100%; - Did the team work well together? - 100%; - Were you treated with dignity and respect? - 100%; - Were you involved in decisions about your care? - 98%; - What was your experience of the service? - 99%; - Would you recommend Newmedica to your friends and family? – 99%; - Responses 51,730

What Makes Us Stand Out
There are several reasons why our approach to designing our clinical environments stands out: 1. We've actively engaged patients and clinical teams to understand what they need from a modern clinical environment; 2. Each new clinic has been built to meet the core requirements of patients – easy to access, warm and welcoming, and exceptional clinical standards; 3. We're continuously learning from each new clinic that we launch, so that we can identify additional ways to improve the environment for patients; 4. And the key measure of success, how patients feel about using our clinics, has been glowing.

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NHS Greater Glasgow and Clyde
Patient and Public Involvement in Developing NHS Greater Glasgow and Clyde's Maternity and Neonatal Strategy

Category

Engaging and Championing the Public

Organisation

NHS Greater Glasgow and Clyde (NHSGGC) serves a population of 1.3 million people (21.4% of the total Scottish population) and employs around 41,000 staff. Our population is diverse with a wide range ethnicity and socioeconomic status.

Summary

This programme has provided new thinking, it has introduced new technology for NHSGGC and has changed the practice of how we listen to patients experiences and it has completely shaped all processes during an extremely challenging time. The approach taken of building capacity in front line maternity staff and supporting them hands on to develop engagement skills with patient who they have already positive relationships has resulted in us having a much smoother feedback process. Alongside planning and leadership has meant we have produced something never done before within our board. The success of the programme of work exceeded our expectations resulting in a whole new strategy for maternity and neonatal services meaning we can support babies to have the best start in life, but also parents through what at times can be an incredibly challenging time.

Impact

By approaching women directly by text, allied with face-to-face engagement, we prompted a level of feedback rarely seen in engagement exercises by NHSGGC. We received more than 3,000 responses, and our efforts around diversity meant that we received invaluable feedback from communities who have in the past been at times more difficult to reach. The insights gained from these surveys, and the wider engagements with women and their families, have served as a catalyst for innovation within NHSGGC. They have provided us with a deep understanding of the experiences, needs and desires of women accessing maternity care, and have informed future practice, allowing us to make a significant shift in our approaches to care. In addition, the very high levels of response to our engagement means we can move forward with confidence, creating a new Maternity and Neonatal Strategy comfortable in the knowledge that the actions we are taking have been fully informed by the wishes of all communities that we serve. To successfully deliver a project of this nature, to fully and effectively inform the direction that Maternity and Neonatal service will move in going forward, we needed buy-in from all levels of our organisation – starting from the top. Our Director of Midwifery led that buy-in. This meant we were in a position to learn as much as we could from people using our maternity services, and to ensure that this learning could support meaningful change which was valued by those relying on the services. The project required close collaboration with maternity colleagues and a wide range of colleagues across the organisation, with data management colleagues to safely and accurately provide the relevant patient contact information. Below is a snapshot of communications we shared on social media, to seek feedback on this work. One unexpected – and very welcome – consequence of the approaches we took was a significant spike in feedback around maternity services through Care Opinion. Care Opinion is a national resource set up to gather feedback from users of all NHS services, and NHSGGC has adopted it as our main method of capturing feedback. A link to Care Opinion was included as part of the digital survey, and this small but important addition resulted in a significant number of people sharing extra feedback, allowing us to gather even more in-depth qualitative feedback, highlighting positive care experiences and some areas for learning. The success of this project, and the positive results of the new approaches we have taken, has prompted a real shift in thinking amongst the PEPI team, and the wider NHSGGC family. The ability to target people directly, and receive such specific feedback from those who are currently using or have recently used a service, will be of huge value in future engagement exercises.

What Makes Us Stand Out

This programme stood out for various reasons, from including front line staff in demanding roles currently to support engagement. The new technology and the ability to get feedback live, and when suits patients going through the services was new and has shaped various other large strategy's that we have on going and it was the catalyst for many new ways of working. It also allowed us to hear meaningfully from patients, who may have previously not had the process to meet their needs, and this was evident in the overall information.

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North East & Cumbria Learning Disability Network
Breast and bowel cancer screening learning disability health quality checker programme

Category
Cancer Experience of Care Award

Organisation
The North East and Cumbria Leaning Disability Network sits alongside the NHS England Clinical Networks. During 2023 we are expected to join the North East and North Cumbria Integrated Care System (NENC ICS). The Integrated Care System (ICS) is the largest in the country covering 14 local authorities. The Network has 4 core staff and works with a range of partners from health, social care and community voluntary sector. Experts by experience and families at the core of all our work. The network has had a cancer project since 2015, this project has worked closely alongside the Northern Cancer Alliance and partners to specifically improve cancer services and experience for people with a learning disability, families and carers. The work of the Quality Checker project has impacted locally and regionally on cancer services for people with a learning disability.
To coproduce the resources required for the Health Quality Checker project and complete the quality checks the network worked in partnership with: Skills for People; Your Voice Counts; People First Cumbria; Screening and Immunisations team NHSE; Northern Cancer Alliance; North of Tyne Bowel Cancer Screening; South of Tyne Bowel Cancer Screening; Newcastle Breast Screening Centre. Please note: this application has been coproduced with the Health Quality Checker partners. It is in font 14 and plain English as this is the format the team prefer to use.

Summary
The project took the quality check format and developed new innovative resources to check if breast and bowel cancer screening services are accessible for people with learning disability. Our ambition was to quality check all services in the NENC ICS and share learning with services/partners. Strong leadership enabled coproduction, engagement and flexibility whilst still achieving our outcomes. All Outcomes were achieved. We coproduced all resources needed and completed the quality checks sharing learning and recommendations. This has led to further engagement with services. Through coproducing and delivering the quality checks, experts by experience have been able to directly influence services, giving feedback to enable services to better provide for learning disabled users. This impacts people with a learning disability and makes services more accessible for other users who require reasonable adjustments. Sustainability. We created a resource that can be used Nationally. The recommendations to services are now with the programme boards who monitor services. Involvement and inclusion: The project was led by self-advocates supported by the project manager. We invited health experts to support the work. Quality checks delivered by: Skills for People; Your Voice Counts; People First Cumbria.
This work can be copied. Toolkits and training are available.

Impact
Coproduction. For the project to be successful it needed to include people with lived experience at every stage. This had challenges during COVID when the work was paused and screening programmes were severely challenged. Post lock down we were able to pick up and complete. **Creation of Toolkits**. Resources were created, piloted and used successfully. Resources are available to quality checkers teams nationally. We quality checked all breast and bowel cancer screening programmes in the NENC ICS. **Impact on services.** The quality check enabled services to identify areas of good practice and improvement. Form relationships with experts by experience and have services reviewed through a learning disability lens. This has led to further work between quality checkers and the radiology department at one of the hospitals visited. Experts by experience learnt new skills, increased confidence and got to work in partnership, as equals, with health experts. Combined reports are now with programme boards who can measure improvements against the recommendations.

What Makes Us Stand Out
Success of the project has come from partnership working. Engagement with experts by experience, the flexibility to adapt and the inclusion of professional experts. We had a clear set of goals and even with the disruption of COVID we were able to progress and complete the work. Every stage of the project was coproduced or delivered by experts with lived experience. Health Quality Checks enable services to improve the provision they provide, this has a direct impact on the people using those services and the staff providing services. This will help ensure we find more cancers early, providing the best possible outcomes for people with a learning disability.

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North East & Cumbria Learning Disability Network
Learning Disability Diamond Acute Care Standards

Category
Strengthening the Foundation

Organisation
Our vision: The North East & Cumbria (NEC) will be the best place in England for people with a learning disability to live. Our values:
People with a learning disability & families are at the centre of all our work We ensure people with the greatest marginalisation are at the centre of our work. Work in partnership with our stakeholders across health, education, social care & the community & voluntary sector Care about what we do & ensuring we do a good job Be transparent & honest Build & maintain positive relationships Be inclusive in all aspects of our work Share & cascade our work & learn from others Be pragmatic & solution focused Our mission: To tackle health, education and social care inequalities faced by people with a learning disability in NEC so they have equal and equitable access to high quality health, education and social care support to enable good quality of life for them and their families.
The network is made up of stakeholders from across health & social care, education, community & voluntary sector & people with learning disabilities & families.
We are locally funded through the NENC Integrated Care System.
We have a broad work programme about tackling health inequalities & improving the lives of people with a learning disability & their families. As well as responding to national directives and policy we also respond to local need and tackle challenges effecting the NEC based on what our members and stakeholders say.

Summary
The Learning Disability Diamond Acute Care Standards are a set of reasonably adjusted care pathways underpinned by a co-produced set of core values & principles with a workforce education package and resources. All 8 acute trusts across the North East & North Cumbria (NENC) have worked in partnership and whereby it has been fully adopted at senior management level to reduce variation and improve health outcomes and experiences of people with a learning disability. This commitment has meant it is mandatory for all clinical staff to do the Learning Disability Diamond Acute Standard training package to raise awareness of the health inequalities people face and improve their skills & knowledge to reduce these in their practice. The success has been measured through patient case studies, workforce education survey, friends & family test & awarding the diamond kite mark when trusts meet the criteria. All of the work has been co-produced where appropriate this includes people with a learning disability and acute learning disability liaison nurses. The success of project has meant has led to further development and initiatives across NENC. It has also sparked interest in other parts of the country for them to adopt the work.

Impact
We have measured impact of the training via a survey at the end of the e-learning platform. We have had over 1800 responses with an overwhelmingly positive response with participants comment how it will impact the way they work going forward with people with a learning disability by improving their skills and knowledge. A snapshot of survey responses can be found with our supporting evidence. If any further info is required this can be provided.
We have also collected case studies throughout showing the positive impact the diamond standards has made to the lived of people with a learning disability and their families.
To achieve diamond status 80% of clinical staff had to be trained in diamond standards with the majority of our trusts already achieving diamond status.
The success of the diamond standards has meant further developments on other projects to better support people with a learning disability

What Makes Us Stand Out
This initiative stands out as it is the first time all 8 acute trusts across a region have come together to standardise the way people with a learning disability access and use acute trust services. This has been a true collaborative effort of the A2A network and joined up working to reduce variation and improve health outcomes for people with a learning disability across the NENC. There has been significant commitment and dedication to ensure this work is embedded in all acute trusts across the NENC.

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North East & Cumbria Learning Disability Network
Skills for Living with Type 2 Diabetes

Categories

Partnership Working to Improve the Experience and Using Insight for Improvement

Organisation

We are a 'hosted function' within NHS England, North East and Yorkshire, Medical Directorate, North East North Cumbria Clinical Networks and Senate. We are locally funded through the North East North Cumbria Integrated Care System. We have a broad work programme which is about tackling health inequalities and improving the lives of people with a learning disability and their families. As well as responding to national directives and policy we also respond to local need and tackle challenges effecting the North East and North Cumbria based on what our members and stakeholders say. We draw on the relevant clinical, social care or community voluntary sector expertise where needed for each programme of work. We are a team of 7 people.

Summary

Type 2 diabetes prevalence and obesity rates are higher in people with a learning disability compared to the general population. Addressing reasonable adjustments to existing lifestyle programmes is essential to support the needs of people with a learning disability. A gap in accessible Type 2 diabetes education was identified in the North East and Cumbria and the Learning Disability Network led in the co-development of the project. The objective of entering is to raise awareness of the need for accessible education for people with a learning disability, helping tackle inequalities and reduce premature mortality. The project has been co-produced with experts by experience and the education is co-delivered by a person with a learning disability making it accessible, relatable, inclusive and innovative. It is a train the trainer model, making it transferable between CVS organisations covering a varied geography and easy to disseminate. If successful it will raise the profile of the work to a national audience. A regional community of practice for all trainers involved in delivery has been set up to share learning and good practice. The All feedback gathered to date is overwhelmingly positive. The robust evidence from the evaluation (by Univ. of Sunderland) will be used to inform wider commissioning and sustainability of the education. The project and has involved a number of partners from health, Education, charity (Diabetes UK), and local Voluntary Organisations. It would be great for these organisations to get the recognition they deserve for this fantastic piece of work. The course is delivered by a specially trained facilitator and a peer facilitator(s) (person with a learning disability). This model of co-delivery is both unique and highly effective and is used in the national rollout of the Oliver McGowan training as well as other hugely successful peer education across NENC eg Be Cancer Aware, Be Screening Aware.

Impact

The Skills for Living Course has empowered people with a learning disability to understand and better manage their type 2 diabetes and improve their health. The course leaders deliver the course at the appropriate pace and provide all the information in accessible formats. Participants benefit from not only the education but also the peer support from the other attendees and the friendships formed. The course has filled a vital gap in the diabetes education offer, reducing health inequalities. To gather robust independent evidence on the effectiveness of the course it is being evaluated by the University of Sunderland. Both quantitative and qualitative evidence are gathered through pre and post course surveys and post course focus groups. The EQ-5D-3L is used to measure health status along with an easy read survey capturing eating habits, activity levels and understanding of type 2 diabetes. Completed pre and post course for both participants and their supporter / co-learner. Measures were chosen as they could be easily adapted into accessible formats via co-production with experts by experience ensuring appropriate questions and language were included. All participants and co-learners increased their knowledge and their health scores as a result of attending. All participants rated the course as 'very good' and said they were ' very likely' to recommend the course to others. Participants reported enjoying the course and finding it a positive experience which was *"well worth coming to"; "Really enjoyed it and I would do it again"; "It's been really really good"; "I've started look into the products now and see what's got like loads of sugar and I've thought 'no, not that'.*

What Makes Us Stand Out

This initiative is unique as it was co-produced right from the start with appropriate input from clinicians to ensure that the right messages are delivered. The course is co-delivered by a person with a learning disability, something participants feel makes the course far more relatable and enjoyable meaning they get maximum benefits from attending, and is a highly effective delivery model. The education fills a gap in nationally commissioned education.

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North West Ambulance Service NHS Trust
Improving our services through using the voices our Patient and Public Panel members

Category
Engaging and Championing the Public

Organisation
North West Ambulance Service NHS Trust (NWAS) is the largest and busiest ambulance service in the country. 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 clinical need, and the NHS 111 telephone and online service, giving medical advice and signposting patients to the most appropriate care. Over 6,000 people across five counties. We serve a population of 7.3 million. We have more than 1,000 volunteers, attending 999 calls, transporting patients to hospital, & improving our services by giving feedback on trust projects, strategies and plans.

Summary
Our Patient and Public Panel (PPP) allows patients and the public to share experiences to improve services. We have 275 members from across the North West. We offer a range of involvement opportunities to our volunteer PPP members and have achieved many targets, incl. our youth PPP representation target, with over 70 youth members. Members share their feedback in a three-tiered way to suit their availability and level of commitment. The three-tiered involvement structure, a digitally-led approach, along with face-to-face opportunities, provides a framework for our volunteers to get involved in a way that is inclusive and maximises opportunities. PPP members and NWAS staff, from various cities and towns, can meet with each other via laptop or phone and join meetings from the comfort of their home. This also supports us in our aim of having diversity of voices by ethnicity, gender, disability and young people (a target of minimum 25% of the membership). Objectives for establishing and supporting all work associated with the PPP have been agreed and adopted by trust Quality Committee and Board. An annual workplan, which is output-led, continues to be co-designed with PPP members via external facilitation for objectivity. The lived experience and perspectives of PPP members give us assurance the improvements being made are the right changes to focus on. Our volunteers have supported nearly 200 improvement sessions over two years, incl work on national pilots/projects for NHS England. Positive outcomes are showcased through accessible newsletters for PPP members, plus social media sites.

Impact
With over 275 members recruited, it brings 275 voices and perspectives to the PPP. We have offered over 170 involvement opportunities to PPP members to share their opinion whether it be through a survey, co-production activity, meeting or conference event. Have continuous panel involvement at trust Board meetings, area learning forums and various other meetings, which helps provide a perspective from the public. These views help the trust find learning and solutions to current issues, especially those that have been raised through a complaint or incident. It gives staff the opportunity to receive both positive and constructive feedback from the communities the trust serves. Over the past 7 months, PPP members have supported sessions such as development of the new NWAS Strategy 22-25, 'Hospital Handover Improvements' and a cardiac arrest research study to provide input to invasive blood pressure measurement during cardiac arrest and the proposed consent model necessary given the presenting condition of participants in this emergency scenario. Members informed the final design of 'Participant Information Sheets' and helped to ensure they were accessible to all. The panel has also broadened its involvement to outside of the ambulance service, responding to multiple requests from NHS England. These include supporting with a national ambulance data set project which allows ambulance services to understand a patient's condition once they have been treated within hospital and if the care given could have been different by taking them to an alternative hospital or carrying out a different procedure. The PPP has been instrumental in many trust projects and developments. We are passionate about sharing the changes that have been made due to their input and feedback with our PPP members. We have shared this with other ambulance services.

What Makes Us Stand Out
The PPP is an innovative way to achieve meaningful patient engagement. The key to its success has been: The inclusive nature of the optional levels of involvement–members adapt involvement levels to current circumstances; A clear ask of members combined with an equally clear promise on what will be delivered by the trust; The support given to members along with various training opportunities available; Staff can involve members in various ways depending on the requirement, e.g. feedback from a survey or task and finish group basis.

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Northampton General Hospital
Improving the Information & Support for those living with cancer

Category
Cancer Experience of Care Award

Organisation
Northampton General Hospital
NHS Trust

Northampton General Hospital is a District General Hospital based in the town centre of Northampton. It has approximately 800 beds and provides a full range of acute services to a population base of 380,000 inhabitants. The hospital employs approximately 4,857 staff including 531 doctors, 1487 nursing staff and 2,857 other staff. The hospital is an accredited Cancer Centre. The Northamptonshire Centre for Oncology is situated within the hospital, providing comprehensive oncological services to 880,000 people in Northamptonshire & parts of Buckinghamshire.

Summary

The Trust did not score very well in the results of the 2021 National Cancer Patient Experience Survey related to information and support, impacting on the overall rating, resulting in the Trust scoring below the expected range for care. The results were disappointing considering the amount of written and verbal information offered to patients from the point of diagnosis of cancer. The Macmillan Team activity listened to the patient's voice and work in coproduction to improve their experience. Patients described being overwhelmed with written information which was often not helpful or utilised and a different approach was required in order to meet the holistic needs of patients/carers. Working in co production with patients a portfilo of short video's and webinars have been developed to address their top concerns and patients have kindly shared their individual stories to help others going through similar pathways. Individual workshops/activities have been developed and the Trust hosted a large cancer health and wellbeing events for patients/carers in coproduction of patients to ensure the content addressed their information and support needs

Impact

The Macmillan Health & Wellbeing Coordinator collates the data on the number of views on the dedicated Cancer You-Tube channel each month and circulates to the wider cancer team. From Jan - May 2023 there were 365 new subscribers with new 609 views. The most popular video's include cervical screening tips (343 views), early on set menopause (214 views) erectile dysfunction (91views) and self-examination of the neck following Thyroid cancer (67 views). The channel is also used to post events including coffee mornings, weekly walking program, HOPE program and the cancer health and wellbeing days. The colorectal cancer prehab pilot utilising on line resources to prepare patients physically and emotionally prior to surgery was successful. From January - June 2021 all elective patients the colorectal team compared outcomes of all patients undergoing elective colorectal cancer surgery before and after introduction of the programme from a prospectively maintained database. They analysed the records of patients in the non prehabilitation group (NP) between January to June 2019 and those in the prehabiltation group (PhP) between April to October 2021. The primary aim was to compare length of stay between the groups. Secondary aim was postoperative complications. **Results**: A total of 151 elective colorectal cancer patients were included. There were 64 patients in the NP group and 87 patients in the PhP group. The median length of stay in the NP group was 7 days and in the PhP group was 5 days. 30% of patients in the NP group developed post-operative complications while only 19% of patients in the PhP group developed post-operative complications. The third cancer health ad wellbeing day was held on 15th June 2023 based on patient feedback from previous events. Seventy six participants attended including 47 patients and 25 carers. Qualitative and quantitative data was used to statically evaluate the day and capture the meaning of the day for patients/carers 91% rated the overall day as excellent with the remaining 9% rating it as good. 83% stated the individual workshops completely met their holistic needs and 15% stated they met their needs to some extend. The richness of the data was in the comments, patients/carers valued meeting with others in similar circumstances, liked the mix of workshops and felt supported, welcomed, pampered and spoilt.

What Makes Us Stand Out

All the initiatives have been developed through listening to the patients voice and working in co-production with patients/carers to develop and implement services. The new developments are evaluated by patients and changes made to continuing strive to provide the best possible care, never taking it for granted that we have got it right. The patient has been at the centre on developing information and support, working with them to identify and address their holistic needs

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Northern Care Alliance NHS Foundation Trust
"Observe, Listen & Act" programme to effectively measure our patient/service user experience and gather feedback in the moment to inform improvements

Category

Measuring, Reporting and Acting

Organisation

The Northern Care Alliance NHS Foundation Trust brings together staff and services from Salford Royal NHS Foundation Trust (SRFT) and The Pennine Acute Hospitals NHS Trust (PAT). Our dedicated team of 20,000+ staff, delivers healthcare excellence to over one million people across Salford, Oldham, Rochdale and Bury, as well as providing more specialist services to patients from Greater Manchester and beyond. The Patient and Service User Experience Team are a corporate function working across all our care organisations, providing support to colleagues via several different methods to reach as many of our people as possible.

Summary

The Observe, Listen & Act (OLA) model is adapted from Shropshire's Community model. We have refreshed and updated the framework incorporating an enhanced certified training package for volunteers to enable us to spread and embed OLA's across NCA, providing invaluable patient insights. Our 55 (and counting) trained volunteers support us in reviewing five core themes: Environment, Communication, Person-Centred Care, Food and Drink and Safety. The OLA involves observing the environment, listening to staff, patients/service users and carers and then with appreciative inquiry approach, feeding back any findings to inform an improvement action plan. OLA dovetails the NCA Nursing and Midwifery Assessment and Accreditation System, strengthening its value and purpose. OLA results are incorporated within their dashboards to inform the Trust of any areas of good practice or to highlight where support may be required. 95% of our acute wards, A&E's, intermediate care, maternity, and community services have been observed. Evidence of its success is apparent on local quality improvements and complex work streams supported by the patient experience team. This real time feedback framework is simple to replicate.

Impact

A methodical approach to the planning and delivery of the model has been applied, recognising the need for assurance, accountability, and governance to shift the mindset and culture of our staff from patient experience being "a nice to do" to a "must do". There are five themes within the model. Questions and observations in the new model have been identified through co-production with our Lived Experience Partners and volunteers based on reoccurring themes of local and national feedback and aligning NCA Nursing and midwifery accreditation system. OLA captures observations from a non-clinical viewpoint, 50 NCA patient experience champions and volunteers (lived experience partners, university medical students and partner organisations such as Healthwatch, Action Together and Maternity Voices Partnership (MVP)) have been recruited. We have a coaching model and supportive framework for training which is certified by the patient experience team. Volunteers and Staff report they feel supported and are mentored, helping them to develop new skills.

What Makes Us Stand Out

OLA involves volunteer persons who are recruited from our local communities and are registered as our Patient experience volunteers to undertake observations and speak with service users. It removes bias and clinical explaining of poorer experience. It creates a culture of openness and transparency within the organisation that concerns can be raised and disclosed freely without fear of impact upon their care. It is real time in the moment feedback, it is captured in the moment and shared back to the clinical team at the same time. This allows us to be proactive to service user feedback and if necessary, make improvements and changes which our service users can see and feel in the moment. We have developed an OLA RAG (Red, Amber and Green) measurement based on the number of positive experiences measured within the visit. We have linked OLA with the NCA Nursing and Midwifery assessment and accreditation system (NAAS) and Community assessment and accreditation System (CAAS). After areas have been assess or even pre-assessment, we will identify areas to visit with our Observers. This approach has enabled us to triangulate patient experience and intelligence to other aspects such as staff experience, quality assurance and standards and patient safety. Patient experience becomes everyone's business not just the Patient Experience Team, we embrace this as our working model. A shift in staff culture as we are seeing our staff view and value OLA as a valuable tool for quality improvement and assurance. Staff are using their service user feedback as a valuable catalyst to change rather than something nice to do.

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Northumbria Healthcare NHS Foundation Trust
Avril Robinson - Improving the experience of palliative care patients

Category

Patient Experience Professional of the Year

Northumbria Healthcare NHS Foundation Trust

About Nominee

Avril works on the Wansbeck Palliative Care Unit at Northumbria Healthcare NHS Foundation Trust. Avril came into nursing nearly 30 years ago after previously working in care homes and nursing homes. She started her training in 2000 qualifying in 2003. Once qualified she worked on a respiratory ward. While she was there, she took on the role of the Palliative Link Nurse, which she enjoyed. This led to her decision to work on the Palliative Care Unit at Wansbeck General Hospital, where she has been since it opened. Avril is absolutely focussed on improving the experience of her patients and their families, going the extra mile to ensure they feel supported and cared for whilst on the unit. Avril is extremely passionate about her work on the unit: *"I love working on Palliative Care, I find that helping others when they are at their most vulnerable is deeply rewarding. I have always had a caring attitude, wanting to help people, and helping people towards the end of their life is something special. Helping patients and their families feel as comfortable as possible during the hardest time of their lives is something that I always aim to do. A lot of the patients that we get on the ward come to us for symptom management. They can come in with anything from pain, nausea, vomiting, agitation as well as many other symptoms. Although we do a lot to help with symptoms, we also use a lot of holistic approaches to help our patients as well as their families, offering emotional support as well as helping with physical symptoms."*

At Work

Avril is committed to providing patients with an excellent experience during their stay on the unit. She continually looks for new ways to make sure this happens for the patients she cares for, going above and beyond to provide activities and small gifts for patients that will help to make their stay on the unit as positive as possible. Maureen Evans, Senior Manager/OSM, Palliative Care/Continuing Healthcare Services: *"Avril Robinson is a staff nurse on our WGH Palliative Care Unit and has been for many years. Avril is always thinking of new ways to improve the stay of the patients on our Ward when they are going through the most difficult times of their lives. She always comes up with new and imaginative ideas such as gifts for each patient on Mother's Day (including the men on the Unit) after she had just completed a night shift and from her own pocket, to organising raffles to buy treats for patients. This is all on top of being an excellent nurse who is very patient centred as well as a great team player, supporting colleagues and any new staff on the Unit. Avril is very much respected and is a great asset to the Palliative Care service and the Trust and I hope that she remains with us for many years to come."* Marie Duke, Modern Matron for Palliative Care: *"Avril – what can you say about Avril? Avril is a breath of fresh air, she always puts the patients first in all she does, especially when it comes to occasions. She does not let them miss out just because they are in hospital. Avril rallies the team on PCU and organises tombola's and raffles to raise extra funds for the unit to buy gifts for the patients. The wider team are amazing in donating prizes, selling raffle tickets etc to help her orchestrate her plans. Avril has a good sense of fun and understands things that are important to patients and their loved ones, especially during their time on palliative care. We are so fortunate to have nurses like Avril working within the palliative care service, we really appreciate her, as do those she cares for."* She also volunteers for Wansbeck Valley Food Bank and the RSPCA in her spare time.

Summary

The type of activities that Avril has organised for patients on the unit have included dressing up to mark a royal celebration, offering patients biscuits, different types of cakes and other treats from a royal tea trolley! Avril even brought her dog Mr Scamp on to the unit, who was all dressed up to mark the occasion and was loved by all the patients and their families! To raise funds to support activities and buy small gifts for patients, Avril arranges tombola's, raffles, cake stalls, bag packing at the local Asda, even throwing a 70's night. The palliative care team get involved with the activities Avril organises, selling tickets for raffles and tombola's, getting the word out and making cakes. The Northumbria Experience Team feel that Avril should receive the special recognition for the work she does on the Palliative Care Unit in Wansbeck General Hospital to provide her patients and their families with a positive experience. Her energy and commitment to provide activities and small gifts all with the aim of some pleasure to people during what is a difficult time for many people. We talk about "going the extra mile" in health care, Avril does this in bucket loads!

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Northumbria Healthcare NHS Foundation Trust
Improving attendance rates for women attending Colposcopy appointments

Category
Using Insight for Improvement

Organisation
Northumbria Healthcare NHS Foundation Trust

Northumbria is one of the country's top performing trusts and, geographically, one of the largest. Northumbria provides a range of health and care services to a population of more than half a million people living in Northumberland and North Tyneside. Services are delivered in a range of hospital and community settings - such as GP practices and health centres - and in people's own homes and include: A specialist emergency care hospital – The Northumbria General hospitals at Hexham, North Tyneside and Wansbeck Community hospitals at Alnwick, Berwick, Rothbury and Blyth An integrated health and social care facility at Haltwhistle An outpatient and diagnostic centre at Morpeth Intermediate Care Units in North Tyneside and Northumberland Sexual health centres in North Tyneside and Northumberland The Trust is one of the largest employers in the region with more than 10,000 staff.

Summary
Our Colposcopy non-attendance project aims to understand why patients can't attend their appointments, what might improve patients' access, and improving the ways we communicate with the public to facilitate attendance. New Thinking: Non-attendance is an issue across healthcare. This project is innovative in approaching non-attendance from the perspective of how an acute trust can change its practice to help patients access healthcare. The project has had strong leadership and stakeholder involvement. A key relationship is the support of the Health Inequalities Programme Board. The project had a clear objective and the project team have shown resilience throughout in trying to implement change in an acute trust to achieve the objective. Non-attendance rates are monitored throughout project and clear improvements have been noticed. Qualitative data prioritised the patient experience and the comms strategy has involved patient groups and the public throughout. Based on this project, a framework has been developed to be applied to other services. Work has been shared locally and regionally across a wide range of groups.

Impact
To better understand barriers to attendance we collected qualitative data from non-attendees, attendees, patients who cancelled, and staff. This involved phone calls to all patients who did not attend, data collected from cancellation phone calls, interviews with attendees in the waiting room, and a survey to all staff. All patients were asks two questions, why they didn't attend and what, if anything, would've helped them attend. Key themes identified were forgetting/not being aware of appointment, work, caring responsibilities, transport, and anxiety. Suggested improvements were SMS reminders, appointment flexibility (time/location), transport access, improved information. To further explore ways to support patients attending, a 2-month phone call pilot was implemented. All colposcopy patients were phoned prior to appointment and following non-attendance to help identify and overcome reasons for non-attendance. At the core of the comms strategy is to prioritise public involvement and inclusion to co-produce comms materials and shape future campaigns. We have facilitated several focus groups across various demographics and received 450 public survey responses. We have designed a new patient letter, colposcopy website, and improved the way we directly communicate with patients via SMS. Non-attendance rates were monitored throughout project. During period of the phone call pilot non-attendance rates improved from 10.1% to 8.3%. This improvement was seen more substantially in the most at risk groups, such that women in the 20% most deprived areas aged 25-39 had a non-attendance rate of 11.5%, compared to 20.1% previously. Similarly, SMS reminders has recently been implemented, while it's too early to analyse attendance data, the initial attendance rates seem promising. We are currently co-producing comms materials and campaign strategies and will monitor the impact on attendance-rates. Feedback from colposcopy staff has been positive both on the efficiency of the service as well as the impact on patients and their experience.

What Makes Us Stand Out
Patients have been at the heart of this project throughout. From prioritising qualitative data highlighting the patient voice, to a patient navigator pilot, to focus groups with vulnerable populations, this project has made people in the community served by our trust the core of the project. This piece of work has shown the importance of viewing problems in healthcare through a public health and health inequality lens and asking how as a trust we can be more accessible and support the most vulnerable patient groups.

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Northumbria Healthcare NHS Foundation Trust

Improving staff Health and Wellbeing at Northumbria Healthcare NHS Foundation Trust

Category

Staff Engagement/ Improving Staff Experience

Organisation

Northumbria Healthcare NHS Foundation Trust

Northumbria is one of the country's top performing trusts and, geographically, one of the largest. We provide a range of health and care services to a population of more than 500k people living in Northumberland and North Tyneside. Services are delivered in a range of hospital and community settings-such as GP practices and health centres-and in people's own homes. Trust is one of the largest employers regionally with more than 10,000 staff.

Summary

This initiative aimed to improve the Health & Wellbeing of the staff who work for Northumbria Healthcare in particular the interventions develop to support staff with their financial wellbeing. This initiative adopted a collaborative approach, utilising and triangulating local staff experience data collected on a quarterly basis within the Trust with public health data and intelligences sources. Senior leadership support and buy-in, along with strong collaborative relationships across different parts of the organisation was a key influencing factor in the success of this work. The achievement of Financial Wellbeing for our staff is included within the Trust integrated staff health and wellbeing delivery plan which is framed around the NHS Health and Wellbeing Framework.. Key to the design of the interventions was the involvement of our staff. Staff experience data and targeted focus groups allowed us to understand the impact of the current economic climate on our staff, including where the impact was greater for specific staff groups, and ways in which we could best offer support. This initiative has been shared in a variety of forums across the wider NHS system.

Impact

The Wellbeing Team at the staff gyms have collated a series of case studies from staff who made positive lifestyle changes because of joining the gym with staff noting that the low cost was important given the current economic situation. Other broader benefits included weight loss, improved self-esteem, lower stress, and improved eating behaviours. It is also possible to measure success via the membership of Wor Gym which currently stands at 1750 members of staff. As a result of the HNA a concerted effort was made to address financial wellbeing and promote NCB with the result of this being an increase in membership from 880 in May 2022 to 1074 in May 2023. Positively, monthly savings have also increased substantially, and the percentage of savers has increased from 55% to 59%. In June 2023 the overall Sickness Absence Rate for the Northumbria Group was reported at its 5th consecutive month below the mean at 5.16% - 15% (0.94 percentage points) lower than in June 2022. There are 3 Business Units under the 3.5% National Sickness Absence Rate target. The Trust demonstrates strong performance in local and national staff surveys. The local staff survey consistently demonstrates excellent levels of engagement. Performance across the 3 core domains of sustainable engagement, emotional wellbeing and the NHS England engagement questions covering involvement, motivation and advocacy has demonstrated a steady improvement since July 2022. Since being developed there have been 31,158 page views. Analysis of some of our financial wellbeing campaigns provides an understanding of their reach with 'Stop Loan Sharks Week' having a Staff Facebook reach of 3747 people and 'Talk Money Week' achieving a reach of 2400 staff. Working with Society Matters we have initially provided two fully funded cohorts of the Financial Fitness (one face-to-face and one online). We have subsequently offered a further three sessions through our partnership with Citizens Advice Northumberland – 'Savvy budgeting to make ends meet', Debt – The Good, the bad and the ugly' and 'Energy, the cost-of-living insights'.

What Makes Us Stand Out

We work very closely with our Communications team, who are a member of the staff Health & wellbeing steering group. The strong internal partnership approach and diversity of group membership are important in development of the Integrated Staff Health & Wellbeing Delivery plan. Staff wellbeing is integral at the highest levels of the organisation, with full support from our Wellbeing Guardian, Non-Executive Directors, Director of HR and Chief Executive. Key to this approach is an action learning approach, working together to find solutions, and reflecting and learning from and with each other. Work has been informed by data intelligence provided by our Public Health team, and interventions developed and tested by their manpower resources and expertise. A key characteristic has been the direct involvement of staff to identify potential actions to respond to needs. Our Enable and ASD staff networks actively worked with us to identify and address any potential access issues relating to our welfare offer.

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Nottingham Support Group - Royal Osteoporosis Society
Improving patient support and information

Category
Patient Contribution

About Nominee
We the members of the Nottingham Support Group of the Royal Osteoporosis Society (ROS) all either have Osteoporosis/Osteopenia or are carers for a person with Osteoporosis. Whilst working locally with leading health professionals specialised in osteoporosis care, we recognised that whilst patient experience is hugely important there was nothing to support the patient post-diagnosis. Routinely other than our members attending newly diagnosed clinics and offering leaflets and support, there was very little information given to a patient at diagnosis about living with the condition. Through our own experience, in struggling to adapt and live with osteoporosis, our group identified a need to provide people who have been newly diagnosed with vital information about living with osteoporosis. Information that may help support them and aid in the prevention of further fractures. This type of information is routinely not provided via the NHS. To determine the patient needs we electronically surveyed our database of over three hundred people known to be living with osteoporosis. The same survey was given to people attending the osteoporosis clinic to identify what they would consider to be useful at the time of diagnosis. Most responses showed a person was initially very shocked by their diagnosis of osteoporotic fracture(s) so they often did not fully comprehend or recall what they were told by the health professional. The majority (over 95%) indicated written information, something they could take away and read later would be most helpful. People also wanted to be given information about the ROS and the local support group, with information on how to get in touch should they want to. This initial survey defined the goal of our project for us, which was to create and deliver a newly diagnosed patient support pack to each patient. Following this survey, we discussed with our healthcare colleagues the best way to provide each newly diagnosed patient across Nottinghamshire with the information. Ultimately it was determined the best option was distributing select ROS leaflets in a new patient 'induction' pack, very similar to when you attend a new workplace for the first time, a pack full of the most important information. It was agreed if our group would fund and put together the newly diagnosed 'information' patient packs then they would be delivered to the patients by our local NHS fracture liaison service nurses. We included information on the local support group, the national support group the ROS, and key leaflets about living with osteoporosis, our bi-annual newsletter, healthy eating and safe exercises. Currently over 900 of our support packs have been given to newly diagnosed patients. The results of our latest patient survey illustrates the success of this project. The survey showed that: 93% of patients found the content extremely/very useful; 93% found the contents extremely/very easy to read; 86% found it extremely/very easy to locate contact details for the ROS and our group.

Summary
Our support group works proactively and dynamically to improve the patient experience across Nottinghamshire and the wider NHS. We identify through direct conversation and surveys what is required to meet the needs of patients living with osteoporosis. Our project identified a need through lived experience and patient surveys. We considered the solutions and addressed the gap in a cost-effective, sustainable manner. Most importantly the patient themselves influence the contents and provision of the packs. Every one of our volunteers works tirelessly to contribute to improving the patient experience across the county, helping patients live better with the disease. We provide approximately 50 packs to the fracture liaison service to distribute every month. Selected patient recipients complete a 6 monthly survey given to them regarding the usefulness of the pack. The contents of the pack were informed via patient involvement and surveys and kept updated from feedback via direct conversations between the nursing team and their patients and hard copy surveys. We alter the pack contents based on feedback received. For example, following the initial patient feedback about the packs {June 2022} the group introduction letter was replaced with an A5 card with brief bullet points. After the most recent survey {June 2023} we are now including the ROS exercise leaflet and returning to using plastic wallets finding the patients prefer those to paper envelopes, as the wallets provide them with a place to collect and keep all their osteoporosis information. Over 900 packs have been given out by the fracture liaison team to newly diagnosed patients. Patient experience has informed every step of this project. We initially consulted through clinics and surveys to develop the newly diagnosed information packs. Since starting the distribution of these packs we have conducted two further surveys into their usefulness and to understand what improvements could be made.

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Nottingham University Hospitals NHS Trust
BAME Wig Project

Category

Personalisation of Care ; Using Insight for Improvement

Organisation

Nottingham University Hospitals NHS Trust

Nottingham University Hospitals (NUH) is an acute Trust. It provides services to over 2.5 million residents of Nottingham and its surrounding communities. As one of the largest employers in the region, employing over 18,000 people across three sites; Queen's Medical Centre (QMC), Nottingham City Hospital (NCH) and Ropewalk House we provide specialist services for a further 3-4 million people. As a teaching Trust, we have a strong relationship with our colleagues at the UoN and other universities across the East Midlands. We play a vital role in the education and training of doctors, nurses and other healthcare professionals. The BAME Shared Governance Council (BAME SGC) was formed in 2018 to assist the Trust in supporting patients and staff from a BAME background to improve patient experience, patient outcomes and staff experience. The aims of the council 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. The council is made up of colleagues from different ethnicities and various division across the Trust. The council's particular focus is on equity and inclusivity and it has worked on several projects, which include the BAME wig project. The projects that are carried out by the BAME SGC align with the Trust vision and the nursing and midwifery strategy. Shared Governance (SG) is a leadership model in which positional leaders' partner with staff in decision-making processes while creating ownership for improvement in practice" (Guanci & Medeiros, 2019). The four principles of SG include: Equity, Ownership, Accountability and Partnership.

Summary

The BAME SG worked collaboratively with the Sistas Against Cancer (SAC) group in this project. The BAME SGC took a leadership role and formed a task force group, involving key stakeholders, with patients at the core. The SAC group is a Nottingham based community support group that offers peer support to anyone affected by cancer or anyone supporting someone with cancer. The group was co-founded and chaired by Patient X, based on diagnosis and hair loss experience and the group welcomes patients from all communities but mainly supports patients from the BAME background especially as the national statistics suggests that BAME community groups are less likely to access cancer support groups. The project was discussed at executive level, enabling one of the SAC patients to share their story and speak up about the challenges they faced. This highlighted the need to create awareness about cultural differences and diversity, resulting in new thinking that accumulated to a new project called 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 current outcomes of this project has resulted in: The re-design of the old style 'Wig Voucher' into a 'Voucher to redeem' against the costs of hair loss products. A more robust process for a voucher being received in the Cancer Centre via procurement to payment Implementation of a new 'Hair Loss Service' leaflet, produced in-house with patient input. Implementation of a measurable, real-time patient experience survey that provides lived experience of NUH's Hair Loss Service/pathway. The ability to audit providers and provide feedback.

- A factsheet detailing the Unique Selling Point of local providers with prices
- The recruitment of a dedicated trichologist, who's services are now embedded in the patients care pathway
- Patients now have a choice of how to spend their vouchers, either on a wig, headscarf or both
- Information has been shared to staff providing the service increasing their cultural awareness.
- The council is now the point of contact across the Trust for hair care needs and concerns
- The project has given patients a platform to amplify their voice, restore their dignity and self-confidence.

What Makes Us Stand Out

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. They believe that a woman's hair is her crown, her beauty and defines who she is; hence why BAME women have multiple hairstyles. Physically, hair has a twofold role as it protects against intense UV radiation of the sun and provides warmth in colder temperatures.

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Nottingham University Hospitals NHS Trust
Cancer Prehabilitation Service

Category

Partnership Working to Improve the Experience ; Personalisation of Care

Organisation

With more than 18,000 colleagues, Nottingham University Hospitals NHS Trust (NUH) is the largest employer in Nottinghamshire and one of the biggest and busiest acute NHS Trusts in the country, serving more than 2.5 million residents of Nottingham and Nottinghamshire and a further four million people across the East Midlands and beyond. NUH is a key member of the Nottinghamshire Integrated Care Board (ICB) and has built strong relationships across organisations and boundaries.

Summary

NUH launched a new cancer Prehabilitation Service in April 2022. Co-designed with patients from the outset, the purpose of the service was to prepare patients ahead of their cancer surgery through improvements in physical fitness, psychological wellbeing and healthy eating. Research has demonstrated this approach can reduce length of stay, limit post-operative complications and support enhanced recovery. The value of this service is system wide, achieved through a unique collaboration of health, social care, and independent and third sector partners to deliver a personalised care approach. We worked with our patient and community partners to empower patients to make key behaviour changes and maintain positive outcomes beyond their acute treatment. The creation of strong community networks has helped to improve the long-term health and wellbeing of our local communities. We are proud of the strong relationships and sense of team developed through the creation of this integrated pathway. Evidenced by the improved patient outcomes, delivery of efficiency savings and positive feedback we receive from patients and their families at every step of the pathway. We want to share these improvements far and wide.

Impact

In the 15 months since the service launched, we have seen significant improvements against all the outcomes measures, both physical and psychological. **On average:** Grip Strength (Left)- increased by 1.5kg Grip Strength (Right)- increased by 1.9kg No. of sit to stands in 60 secs increased by 6.2 Incremental Shuttle Walk test (change in m walked) increased by 49.5metres; No. of minutes mod/strenuous physical activity per week increased by 144 minutes; No. of Strength Sessions per week increased by 2.3 EQ-5D-5L health score (change in wellbeing) improved by 2.4; Depression score(PHQ-9) decreased by 2.4 Anxiety score (GAD-7) decreased by 2.1; Alcohol Intake (units) decreased by 2.2 units. **Patient & Staff feedback:** We collected patient & staff feedback throughout. Unanimously our patients describe feeling more physically and mentally prepared and regaining a sense of control. **Long term health/system benefits:** Early indications from 3-month follow up data show that improvements in activity levels are sustained into the post-op period. 27% of patients report being more active within three months post-surgery than before entering the service. **Financial efficiency:** From a hospital perspective, we measure the total length of stay (LoS) and time in a HDU level 2 beds post operatively, compared to the same Health Resource Groups (HRG) historically. This has demonstrated a mean per patient reduction of 1.2 days and 0.5 days respectively, releasing bed capacity to improve flow and support elective recovery. We have also seen a reduction in readmissions and emergency admissions (ED) within 90 days post-surgery of Prehab patients compared to the same HRGs historically.

What Makes Us Stand Out

Delivery of this cost effective, holistic offer has been achieved by integrating with our community partners' established infrastructure, minimising costs and providing access to a range of physical, psychological health and care services. Working with Local Authority partners has achieved an ICS cost saving of £60k by using existing underutilised commissioned capacity. This allows us to support a larger cohort of patients within limited resources. Our partnerships have improved accessibility for patients by offering community based choice and care closer to home. 45% of participants completed structured exercise programmes in six local leisure centres as an alternative to hospital. Our partnership with ABL allowed us to achieve a waiting time standard of three days. One of the unique characteristics of our service is the inclusion of dedicated social prescriber link workers, with 30% of patients accessing their support in the first 12 months. A repeated theme we hear from patients is that they feel able to discuss concerns with Social Prescribers, which they would not have raised with their clinical team, not perceiving them as medically relevant. This ability to 'off load' worries and share concerns helps to improve confidence and ability to participate in the wider prehab offer and is intrinsic to the service achieving the positive improvements.

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Nottingham University Hospitals NHS Trust
High Intensity Service User

Category
Partnership Working to Improve the Experience

Organisation

Nottingham University Hospitals NHS Trust

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 and in 2020, we achieved Magnet ® and Pathway to Excellence ® accreditation. We are one of the largest Trusts in the UK, comprised of Nottingham Children's Hospital, the Queen's Medical Centre, Nottingham City Hospital, Ropewalk House and Nottingham Treatment Centre. Our Patient Partnership Group (PPG) comprises of 12 patients/carers, 10 are QSIR Fundamentals trained. Our Emergency Department (ED) is among the top twenty busiest departments in the UK. 2022/23 saw over 187,000 ED attendances.

Summary

This innovative project was created to set-up and implement a High Intensity Service User (HISU) service at NUH, supporting patients who attend ED at a higher rate than the general population. Through collaboration with other agencies, services and professionals, individuals are enabled to access appropriate services, cross boundary working within and beyond NUH is key to its success. New thinking- An innovative approach to managing high intensity use of ED with a personalised, patient centred approach to support patients, many of whom are disadvantaged, aiming to improve patient outcomes and reduce health inequalities. Leadership –Transformational leadership to engage and enthuse others to share the vision and passion for this new service and advocacy for this patient group. Outcomes & Sustainability- The national objectives are: Reduce ED attendances; Reduce Ambulance conveyances Reduce Non-elective admissions; Involvement- Regular service reviews and ongoing stakeholder involvement to continuously monitor and improve the service; Transferability & Dissemination- The HISU service could be provided by a range of different professionals and adapted to meet local service provision and patient demographics.

Impact

Different interventions offered by this service are personalised to individual patients. The most frequently used intervention is 1:1 support using a coaching approach, this can be by phone or face to face. Multi-disciplinary team (MDT) meetings involving stakeholders are required for some patients. Care planning & ongoing case management is also required for more complex patients. Patients may need one of these interventions, a combination or in some cases all of these interventions. The patients we are actively working with are placed in a "cohort" of around 20-30 patients. When all interventions and actions for this cohort are completed a new cohort will be started. This enables regular data collection to evaluate the impact and success and track progress against national metrics. Evaluation of each cohort data will help to determine which approaches are most effective for improved patient outcomes and experience and the best use of clinical time and resources. Cohort2 patients were also the majority of our very complex patients as well as a number of the highest attenders that we had on our report, a lot of the work took longer to get in place so the impact on this cohort will take longer to come through. **Cohort 1 evaluation:** o 55% reduction in ED attends; o 71% reduction in IP admissions; o 63% reduction in bed days consumed; o 56% reduction in EMAS conveyances; **Cohort 2 evaluation:** o 36% reduction in ED attends; o 46% reduction in IP admits; o 41% reduction in bed days consumed; o 18% reduction in EMAS conveyances. Since the service became operational (Aug 22), we have successfully worked with 85 patients-35 patients have been archived (as no longer meet HISU criteria).

What Makes Us Stand Out

The HISU service is an innovative approach to positively engage with patients who attend ED frequently. The current inclusion criteria is 8 or more ED attendances in three months. A high proportion of these patients are recognised as vulnerable or disadvantaged and experiencing health inequalities. The service is different as it aims to specifically work with this diverse, harder to engage patient group. Person centred approach to care; Establish trust to enable meaningful engagement and onward referral to other services; Individuals identify their priorities and team help to facilitate this where appropriate; De-medicalised where appropriate; Non punitive / decriminalise; Inclusive; Trauma informed; Addresses stigma associated with high intensity use of services; Aimed at supporting those individuals who struggle to engage with traditional services; Advocacy; Organisational and departmental culture change and awareness; Humanise; Empowering people; Addresses health inequalities and disadvantage; Collaboration is focus of service.

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Nottingham University Hospitals NHS Trust
Improvements to new patient systemic anti-cancer therapy (SACT) information at Nottingham University Hospitals NHS trust

Nottingham University Hospitals NHS Trust

Category

Innovative Use of Technology/Social and Digital Media

Organisation

Nottingham University Hospitals NHS Trust (NUH) is one of the largest acute teaching hospitals in the United Kingdom providing acute care to a population of approximately 2.5 million and specialist services to a further 3-4 million across the region. The hospital is comprised of 90 inpatient wards and approximately 1700 beds, with numerous outpatient clinics and associated facilities and is located across three sites. There are 16 700 staff employed across the organisation. Many of the specialised services within the organisation have a national and international reputation. This nomination is specifically around the oncology service.

Summary

The creation of a video clip to supplement New Patient Interviews prior to commencing Systemic Anti-Cancer Therapy (SACT). This is a move away from paper leaflets (supporting a sustainable environment and reducing financial expenditure) and enables patients to review the information at their own pace in their preferred setting. The clip can be replayed by friends and family members to enhance support to the patient. As this information is provided prior to the New Patient interview it allows patients the opportunity to focus on questions and issues personal to them at the consultation enhancing a Personalised Care plan. The initiative was managed by a Project Support Officer who used Quality Safety Improvement Redesign (QSIR) methodology to ensure the project ran smoothly. Patient surveys were completed to ensure there was appetite for such an initiative. Further patient surveys to analyse relevance and benefits of the initiative will be carried out to measure performance and the creation of videos for other treatments (such as dialysis etc.) are planned. A patient representative was involved from the beginning of the project and consulted throughout. Regular multi-disciplinary meetings were held to ensure a wide representation of staff involvement. This initiative can easily be replicated in other parts of this organisation and across other organisations. Learning will be shared via stakeholder meetings, internal comms, and externally via twitter and website.

Impact

The rationale for the project was to try and reduce anxieties around what to expect when you require chemotherapy as part of your cancer treatment and enable the new patient interviews to be more holistic. A subsequent benefit has been a reduction in the number of patient leaflets which require printing and delivering, reducing the carbon footprint of the organisation and enables a wider audience to view the clip and support their family or friend undergoing cancer treatment. The success of the project would be measured by patient feedback and a reduction in cost which can be utilised for other aspects of patient care. It was anticipated that the video would complement patient stratified care. Use of the video clip as part of information provided to patients has been a great platform to enable patients to view the information prior to their first chemotherapy appointment. It will also enable patients to view this in the location of their choosing with family and friends and ask any questions they have at their new patient interview. There is no desire to go back to in person tours of the department as more information is included within the video than previously would have been given and means that more time can be spent discussing the holistic needs of the patient. In addition there is no impact on social distancing within the department. The video clip has been viewed by approximately 100 patients to date and feedback has been that the information provided has been helpful on the whole in terms of relieving anxieties and is very informative. The next step is to ensure the new patient interviews do not cover the same information and focus on the holistic needs to ensure there is no unnecessary duplication.

What Makes Us Stand Out

The key elements related to the success of the project is the enthusiasm of the chemotherapy team and invaluable support from the patient representatives who collectively aim to improve the quality of care provided to our patients. The initiative stands out as time constraints is one of the major challenges which the team face on a daily basis. Rather than just reviewing the patient leaflet, the team wanted to ensure they were meeting the needs of the patients so embarked on the project to ensure this key aspect of the cancer journey for some patients was not missed following the pandemic.

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Nottingham University Hospitals NHS Trust
"Keep Moving" Patient Information Sheet

Category
Communicating Effectively with Patients and Families

Organisation
Nottingham University Hospitals NHS Trust

Nottingham University Hospitals NHS Trust (NUH) provides 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 & employs over 18,000 people. Over 3 sites, provision includes ED, Major Trauma Centre, Children's Hospital, Cancer centre, Heart centre, Stroke services, Outpatient services, Medical and Surgical wards, Maternity Services.

Summary

Our Patient Partnership Group (PPG) were concerned about the problem of deconditioning, and identified a need for patients to have quality information about staying active in hospital. They produced an innovative "Patient Placemat" with information on this issue. While gathering feedback on this, patients asked for exercises they could do in bed and on chairs. The PPG worked in partnership with the Active Hospitals project to complete the "Keep Moving" patient information sheet, which includes physiotherapy videos demonstrating the exercises, linked to the sheet via innovative use of QR codes. A fresh approach to utilising our volunteers led to them being trained to provide this support to patients when needed. The patient voice was included at every stage of planning and delivering the project, and ranged from project leadership to inpatient feedback. Empowering leadership was needed throughout, and the ward manager who piloted the project has won an NUH staff award for his leadership of the project. Outcomes have been measured, and show ongoing improvements to delivery of care in relation to physical activity. Following the success of the project on one ward, it is now being rolled out to three other wards. There has also been local and national interest in the "Keep Moving" sheet, and volunteer programme.

Impact

Prior to the interventions on the ward, physical activity was not routinely discussed with patients, and there was no patient information sheet relating to physical activity available. The project aimed to give all patients advice about how to remain active, and signpost them to opportunities, which would include the "Keep Moving" sheet. A digital assessment was introduced to measure this. Over a 10-month period, between Aug 22 and May 23, 45% of patients were advised to stay active, and 37% of patients were signposted to physical activity opportunities on the ward, including the "Keep Moving" sheet. 400 patients so far have used and benefitted from the "Keep Moving" sheet. In Sept 22 16% of patients interviewed had been supported to complete the exercises; 6 months later, 44.4% of patients interviewed had been supported to complete the exercises. Although not all patients are currently having a physical activity intervention, the increase over a 6-month period shows the commitment of the ward to work towards this. Volunteers spent 895 minutes with patients Apr to Jun 23, over 37 contacts. Qualitative feedback has been gathered from patients, volunteers and staff. This has reflected the accessibility of the sheets: *"I was so pleased with these exercise sheets. Everything made sense, and I think it's even good for someone who can't read or doesn't speak English".* The immediate benefits of the exercises: *"These exercises are useful, especially being able to stretch my arms out….".* The long term benefits of the exercises have been highlighted: *"Overall, it's very nicely delivered, and I've been given the information I need and I'm looking forward to using it to reach my goal".* Volunteers are motivated to help patients maintain their function: *"I am particularly enjoying helping the patients exercise as a way of contributing to enabling patients to be discharged earlier than they might have been otherwise.".* Staff are noticing the benefits to patients: *"Patients do ask about how to be more active, so it's always brilliant to let them know that we have volunteers that come and help. All the volunteers are another bright smiley face and a positive interaction for the patients who might otherwise have been having a bad day."* The last comment reflects the unintended consequence of offering social time to patients, which in itself has benefits to cognitive function and emotional wellbeing.

What Makes Us Stand Out

The "Keep Moving" sheet is the first attempt in our organisation to provide exercises to all of our inpatients, regardless of whether they have seen or need to see physiotherapy. By keeping patients at the heart of every step of the development of the sheet, we ensured its accessibility, inclusivity and relevance. The project work embodied the principles of "co-production", with patients at the front of all that was planned and delivered. We co-produced information, and engaged volunteers, with learning from our work informing the ongoing work.

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Nottingham University Hospitals NHS Trust
The Health Care of Older People Shared Governance Council's Radio Project

Category
Environment of Care

Organisation
Nottingham University Hospitals NHS Trust

Nottingham University Hospitals NHS Trust (NUH) was established in 2006 following the merger of Nottingham City Hospital (NCH), Queen's Medical Centre (QMC) and Ropewalk House. NUH employs over 18,000 staff, and provides services for the 2.5 million residents of Nottingham, Nottinghamshire and its surrounding communities. NUH has the most advanced model of Shared Governance in the UK, and regularly provides Shared Governance masterclasses to external organisations. NCH was awarded Magnet® accreditation in 2020, demonstrating its effective Shared Governance structure. There are currently more than 50 active Shared Governance councils across NUH, encompassing point of care staff that plan and implement projects to improve the experiences of service users and staff. The Health Care of Older People (HCOP) Shared Governance members work across 11 wards, and provide care to older people, within the acute medical and frailty services pathway.

Summary

The HCOPSGC identified the need to implement measures to provide cognitive stimulation and entertainment to their patients. The aim of the project was to provide each patient bay, and side room on their wards, with access to a custom-built radio. The council worked in partnership with a Nottingham Hospitals Radio (NHR) volunteer to design a radio for elderly patients, who may find modern radios difficult to navigate. These custom-built units promote digital inclusion as they have been designed to be used by patients with cognitive impairments. The radios have a simple on and off switch, and automatically connect to the NUH radio station when turned on. The council had multiple, joint stakeholder meetings with the financial team, divisional leads, and the NHR team to discuss the feasibility of the project. The council recognised they needed additional funds, and made a successful bid for funds from NUH charities. 50 radio units have been produced as a result of the project so far. Positive feedback from patients and their families is indicative of the impact and success of the project. Arrangements have been made with NHR to provide maintenance support for the custom-built units, this ensures the sustainability of the project. The HCOP SGC have disseminated their project at NUH's inclusion event and leadership council. Interest from other ward areas has subsequently accumulated including a neurology ward at NUH.

Impact

Quantitative and qualitive data has been collected to assess the impact of the project so far. **Quantitative data:** Patients were asked to complete a mood assessment before and after listening to the NHR radio show; Mood assessment categories went from happy to sad, anxious to calm, isolated to included, and bored to entertained; Within each category patients were asked to rate their mood from 1-5.; 98% of respondents gave higher ratings for the feeling 'entertained' category after listening to the NHR radio show; 54% of respondents gave higher ratings for the feeling 'happy' category after listening to the NHR radio show; 45% of respondents gave higher ratings for the feeling 'calm' category after listening to the NHR radio show. **Qualitative data:** Patients were asked what they enjoyed most about the introduction of the custom-built radios in their area, quotes from patients are detailed below: *"Makes me feel less lonely in a side room"; "Eases the silence"; "I enjoy the different genres of music"; "Makes for a fun and relaxed setting"; "Made the hours go by a bit quicker"; "I love listening to the radio, it makes me smile and time passes quickly"; "I enjoyed getting to talk to other patients about the songs they requested".* Staff were also asked about the NHR radio shows: *"I enjoyed hearing the variety of different genres"; "Patients and staff enjoy the NUH radio and have fun on the ward"; "Inclusive for staff and patients".*

What Makes Us Stand Out

Council members demonstrated their passion for the project by going above and beyond to ensure the project was successful. For example, Grace did a charity run to secure additional funds for the radios. Steve, the NHR volunteer, was not deterred when there were no availability of the materials he needed to build the radios. He managed to find a source in the USA to gather the supplies he needed. The project is special as it was co-produced with a hospital volunteer, who was able to use his additional skills and talents to have a further positive impact on patient experience. The entire project was led by frontline staff, who remained committed throughout the planning and delivery of this project.

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Oxleas NHS Foundation trust
Quick and easy access to NRT (Nicotine Replacement Therapy): Making the most of an opportunity

Category

Using Insight for Improvement

Organisation

PARTNER 1: Oxleas NHS Foundation Trust offers a wide range of NHS healthcare services to people living in South East London who have a physical or mental healthcare need. The Greenwich Chronic Obstructive Pulmonary Disease (COPD) Team provides specialist care from point of diagnosis via a COPD diagnostic clinic through to end of life.
PARTNER 2: The Tobacco Treatment Service (TTS) sits within the Public Health and Wellbeing department and offers support to residents who live in the borough. Support provided by trained advisors who offer weekly behavioural counselling and pharmacological support.

Summary

Our project we believe is the first of its kind. The driver was to help patients quit smoking during an important teachable moment. Patients are referred to the Respiratory Diagnostic clinic with symptoms of cough and/or breathlessness who often receive a smoking related diagnosis. Historically, consenting patients are referred to the TTS where many patients can be lost to follow up. We jointly asked the question- why wait for follow up? Let's make the most of this opportunity to support patients on their quit journey immediately. The project leadership team has been meeting since May 2022 supported by the Quality Improvement team. This has enabled the team to focus on: Increasing the number of those accepting referral to the TTS. Increase those achieving quit status by 20% (by December 2023). The team meet regularly and feeds into a wider smoking cessation working group with representation from all directorates in the trust. Stakeholders were invited to start a conversation on how to improve quit rates and subsequent lung cancer cases within Greenwich. Oxleas are well positioned to support and collectively address this public health issue.

Impact

Prior to the implementation of the project (Jan - June 2022) there was 16 referrals to the TTS. In the same period in 2023 this increased to 33, an increase of 106%!
Pre-project - On average 0-2 referrals per fortnight. August 2022 - One physiotherapist completed level 2 training, which saw an increase to an average of 4 per fortnight. February 2023 - Implementation of NRT and a second physiotherapist completed level 2 training, resulted average of 5 per fortnight. We designed a service user feedback survey via the SMART survey platform. Please see attached summary report where comments have helped us identify "you said, we did" opportunities. This included: "I would like to use a vape to try and quit". With support of the procurement team, we now have access to a large choice of vapes of different flavours and strengths. We are measuring success by mapping the number of patients who set a quit date, accept NRT and subsequently referred to the TTS. - comparing this to the number of referrals made prior to the implementation (13 in 9 months). Referrals are on the up and quit rates are improving. Patients describe the physiotherapists as being empathetic and supportive when discussing their quit journeys and the challenges faced. All patients who accepted the offer of NRT report being grateful to receive the products without having to wait or purchase them.
Staff report they feel better equipped to have discussions now they have completed level 2 smoking cessation practitioner training. They report they have increased confidence to have more meaningful conversations with patients and improved knowledge of the products they are offering.

What Makes Us Stand Out

Many people have mischaracterised smoking as a "habit" or "lifestyle choice" and there has often been disregard for the needs and circumstances of smokers.
Healthcare professionals are effective spokespersons for championing tobacco treatment which is now considered to be "standard-of-care." The collaboration of services instead of historical silo working has helped provide a seamless service for patients.
We do not believe this is replicated in London or further afield. Patients who have a one-stop-shop of experience from assessment, diagnosis (or otherwise) and instant access to NRT treatment should be the future.

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Pluto Play Productions
'Beneath The White Coat' play

Category
Staff Engagement/ Improving Staff Experience

Organisation
'Beneath The White Coat' play is the result of a close collaboration between Pluto Play Productions and Doctors in Distress, both charities. Pluto Play Productions was founded in 1997 by Brian Daniels and was created to take over the running and management of the New End Theatre in Hampstead, North London. It is a registered charity (number 1062498) based in Leeds with Brian as CEO and Artistic Director. There are three other members of staff working on programming, public relations and administration and three trustees. There are over 20 plays in the organisation's portfolio, all written by Brian Daniels, that address contemporary issues around health and social care including life-limiting illness and bereavement, dementia, MND, young male suicide and care homes including during Covid and lockdown. The plays in the Pluto Play Productions stable are increasingly being recognised as providing an excellent platform for the creative arts to enable education and learning for those working in the health and social care fields. Website: www.plutoplayproductions.co.uk
Doctors in Distress (number 1184953) was founded in 2018 by Amandip Sidhu following the tragic death of his brother, Dr Jagdip Sidhu, a cardiologist, who worked to the point of burnout and felt he had only one way to escape his suffering. The objectives of Doctors in Distress include promoting and protecting the mental health of health professionals and end suicides; reduce stigma around mental health in the health sector; promote a duty of care by employers for the mental health of their staff and develop and provide initiatives/interventions to promote and protect the mental health of all health workers. Website: www.doctors-in-distress.org.uk

Summary
One doctor takes their own life every three weeks; one nurse takes their own life every three days. In 2022, 366 nurses made attempts to take their own lives and six million working days were lost to poor mental health in the NHS. There is a stigma in the medical profession about asking for help and many feel they will not progress in their field if they do ask. Healthcare professionals often feel it's a sign of weakness and demonstrates a lack of resilience. Burnout and suicide rates are much higher among doctors than among the general population. The play takes place in a fictional GP surgery and involves a range of roles. Performances provide a new and unique forum for health professionals to discuss sensitive issues, such as addiction and suicide and other factors affecting their mental health, due to the demands of their work. Audiences can identify with the struggles that the characters in the play are going through and feel able to speak up in a secure environment. The play shines a light on a hidden tragedy and deserves recognition for the service it is providing, and will continue to provide, for those that need it.

Impact
The main impact from this initiative is assessed through feedback provided by those watching performances. In the words of Dame Clare Gerada, President of Doctors in Distress and President of the Royal College of GPs: *"Brian Daniels created a fictional GP practice, inspired by my book Beneath The White Coat, representing a range of practice workers and the stresses and strains they have felt in recent years……What came across loud and clear are the benefits associated to any stressed professionals provided by reflective space meetings. I wholeheartedly applaud the work of Brian Daniels and his team on delivering the play so skilfully to a large group. The feedback I received was terrific and I hope the play will be seen by many more medical professionals.".* It has been performed in front of an audience of medical students at Derby University. More performances for medical students and other healthcare professionals are planned. Feedback from audience members so far: *"Amazing;" "Glad the cameras were off;" "It normalised difficult conversations and included a bit of humour; "Very emotional."*

What Makes Us Stand Out
Using drama to highlight incredibly sensitive and stigmatised issues of depression, addiction and suicide among health professionals makes this initiative special and stand out. The ability of audience members to identify with the characters in the play and the experiences they go through, based on real stories, is very important in enabling them to consider their own positions and whether they may have issues that they need to consider and get advice on. The commitment of Pluto Play Productions and Doctors in Distress, to work together as partners in order to promote and enable as many professionals as possible, working in health and other care services, to see the play and take part in discussions afterwards and offer help where needed, is second to none.

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Public Health Agency

Listening to sign language users – improving access to how experience can be shared

Category

Engaging and Championing the Public

Organisation

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. 400 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. This includes learning from experience and feedback through the Regional Patient Client Experience (PCE) Programme, led by the PCE team within the Directorate of Nursing & AHP. 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 the experience of service users, families & carers through the vital support of Trust PCE Facilitators.

Summary

Accessibility to health and social services is of fundamental importance yet despite efforts there remain significant challenges for many groups in our population. Patient experience becomes a vital learning tool for a system that aspires to be proactive in this mission to address accessibility issues. Improving accessibility is a priority within the annual business plan of the PHA Regional PCE Programme. In 2023 the PHA co-designed a process with the deaf community to provide a method for sign language users to share their feedback through an Online User Feedback Service (OUFS) using sign language. The OUFS, Care Opinion, is embedded across the HSCNI system and provides a way for service users to share in their own words the experience of their journey of care. The small number of stories submitted on the website relating to the deaf community demonstrated the difficulties that sign language users can experience, with particular reference to effective communication. In collaboration with the British Deaf Association (BDA) the PHA committed to empower sign language users to share their experience in their own language. The process was co-designed with 4 deaf clubs across Northern Ireland an in partnership with HSC Trusts.

Impact

This project addresses the issue of accessibility and highlights importance of supporting all users of health and social care services in Northern Ireland to be able to share their experience through feedback, to have an open dialogue with HSCNI services, and to contribute to learning and improvement across the system. It demonstrates that services can make best efforts to communicate effectively with sign language users, that solutions to barriers can be co-designed, and that to learn it is essential to listen. The outcome of this project is that sign language users have a continued method to be able to share experience on health and social care services in Northern Ireland in BSL and ISL2. The impact of this is two-fold: 1. Service users will know that the system values their feedback, is listening through responses in sign language, and is addressing communication barriers; 2. The services within HSCNI can engage with feedback from sign language users, have a robust method to facilitate this, and use the learning for meaningful action through an open and transparent platform. The co-design approach adopted in this project built good relations and led to a method that was approved as fit for purpose by the deaf community. Sign language users and advocates have shaped the design of the process, tested the method in practice, and supported the positive promotion of the method.

What Makes Us Stand Out

From the beginning, the project engaged with and listened to sign language users and stakeholders within the deaf community. The project was open to all comments in a supportive manner and is a good example of co-design. At the first meeting the frustration by service users on repeated issues they experienced and little sign of change despite promises of learning was clear. The project emphasis on building relationships and co-design in turn led to a conducive environment for design and improvement. Northern Ireland are the first nation to embrace a region wide OUFS which is accessible to people who use sign language. The partnership between the PHA and BDA was vital to the project success in that every action was scrutinised to advocate for the deaf community, invitation to meetings and fora were facilitated, and the quality of the communication strived for excellence. Service users were engaged at each step and provided a meaningful contribution to the project, and their continual involvement is recognised and is the factor that makes this project stand out.

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Public Health Wales
The Public Health Merit Award Scheme

Category
Strengthening the Foundation

Organisation
Public Health Wales is the national public health organisation for Wales. Our purpose is 'working together for a healthier Wales'. We exist to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and well-being, and reduce inequalities for everyone in Wales. With a strong board and 2,000+ staff the organisation employs the majority of the specialist public health resource in Wales. Together, our teams work to prevent disease, protect health, and provide leadership, specialist services and public health expertise. We are the main source of public health information, research and innovation in Wales.

Summary
This program programme builds upon existing work implemented by Welsh youth organisations that include elements of public health within their requirements for youth badges (e.g. Scouts Cymru). Feedback suggested there would be value in a specific public health badge to bring together and reinforce public health knowledge and skills across youth organisations. We co-produced the Award Scheme with partners in established youth organisations to equip and empower young people to play their role in protecting and improving public health. The curriculum for each age group (4-11 and 11-18 years) is divided into three key aspects of public health, with a self-determined project at the end. Participants work through an age-appropriate, interactive curriculum with their youth leaders. They receive a public health badge when they can demonstrate they have achieved all of the assessment criteria. The curriculum is underpinned by three Public Health Wales wellbeing priorities: improving mental wellbeing and resilience; promoting healthy behaviours; and protecting the public from infection and environmental threats to health. We developed it following the five ways of working as defined within the sustainable development principle in the Wellbeing of Future Generations (Wales) Act 2015. We developed an a-priori logic model which provides a framework through which the programme's inputs, outputs, outcomes, and ongoing impact can be evaluated. The scheme has made good progress. The co-production of the Merit Award curriculum was led by St John Ambulance and piloted by our delivery partners – St John Ambulance, Scouts Cymru and the Army Cadets. The badge was designed through a competition, judged by PHW's Young Ambassadors.

Impact
The independent evaluation found the programme was widely accepted by children and young people. It was described as informal, flexible and it allowed for organisations to tailor it to their needs. One (aged 11) noted that it was just the right level of 'challenging' for him, and that the activity style of delivery was considered fun and positive. All children and young people interviewed were asked about their favourite topic from the programme. The key research question was: "Does the Public Health Merit Award successfully reach the target audience and convey knowledge across the three domains of public health?" The objectives were to determine, across all target groups, if it: § reaches young people equally; § meets their development and information needs; § Changes their awareness, skills, and knowledge; § has an effect on intended behaviours. Emerging findings highlight the benefits of the programme being fun and interactive for young people. The applied nature brought real world issues to life and allowed for young people to improve their knowledge and develop and build skills that would support them in later life. The evaluation to date has demonstrated the potential wider impact for increased health-related knowledge in upskilling the wider community with accessible and accurate health information.

What Makes Us Stand Out
The timing has been crucial to the early success of this scheme, capitalising on unprecedented awareness of, and interest in, public health topics at a time when children and young people were living through a global pandemic.
We have taken a partnership approach, working closely with youth organisations in Wales, and consulting young people and facilitators as well as health professionals. In particular, we developed the project element of the curriculum to encourage peer-to-peer or community sharing that has broadened the impact of the course and this has proven to be the most popular element for many participants. The emphasis on consultation, testing during the pilot stage and commissioning a detailed, lengthy evaluation to inform ongoing development will pay dividends. And, the result of all this work is the provision of an age-appropriate, interactive introduction to public health through a Public Health Merit Award that can be rolled out with partners throughout Wales.

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Royal Cornwall Hospitals Trust
Critical Care Healing Garden

Royal Cornwall Hospitals NHS Trust

Category
Environment of Care

Organisation
We are a Critical Care unit with 15 beds in Cornwall. We have approximately 100 nursing staff, 15 consultant and a unit specific AHP team covering Clinical psychology, Speech and Language Therapy, Dietician, Occupational Therapy and Physiotherapy. Our patient ages cover 0-99 and as the only general hospital in Cornwall, our patients are admitted for a wide range of reasons. Patients that require level 2 or level 3 care can need this level of support for prolonged lengths of time. Our longest resident patient stayed with us for 15months.

Summary
Although there are now a couple of hospital gardens for Critical Care patients nationwide, there has yet one that is able to accommodate ventilated patients for any prolonged time. Our garden will have the benefit of piped oxygen and outdoor electrical points to ensure the safety of our patients.
The project has been through many planning stages to enable the involvement of patients, relatives and staff. The project has been led by Robert Hague our Estates Manager who has executed the garden's development excellently. He has worked with a wide range of individuals to ensure the garden is within budget but also has an incredible layout to ensure maximum use. He has been open to feedback and together we have resolved early sticking points. We have involved patients and their relatives at each stage and valued their feedback. They helped create the vision for a garden design, helped with suggestions of suitable plants and now our first patients are trialling the space to help us write a SOP to ensure safe use of the space.
Through the use of piped oxygen the majority of our patient's will be able to use the garden. Only our critically ill and unstable patients who are orally intubated and sedated being the only patient group excluded due to safety.
Once this sort of space with piped oxygen is acknowledged as achievable, there should be no more barriers from infection control and planning to prevent more hospitals providing this in the future.
The need for an outdoor space for our patient's was recognised prior to the pandemic but the full weight of its benefits were acknowledged post pandemic. Before I started this project, we had our longest staying patient since working in Critical Care. She stayed with us for 15 months and was discharged with a ventilated tracheostomy. During this time she spent the majority of her time in her bedspace looking at four walls and a glimpse of outside life from a window sited at head height. During the last 6 months she was well enough to be transferred outside to experience some fresh air. Unfortunately our route meant crossing a carpark or just sitting just outside the 3 hospital entrances. This was just not good enough, she became self-conscious due being exposed to patient and visitor stares. This was when I decided to contact the Estates department and advocate for the allocation of a specific space for our patients that would be away from the public, but safe and functional as a rehabilitation area. Fundraising came from various donations from ex-patients and the public. A multidisciplinary team of staff held a plant and fundraising stalls at the Royal Cornwall Show in 2022 and 2023 to advertise our Just giving page for the garden. Initial consultation with patients, relatives and staff was held to create themes for the design team to consider. Second consultation to announce initial plans and discuss changes. Plans sent to tender - Cormac awarded contract. Mr Hanbury-Tenison broke ground with press coverage and further patient engagement carried out. Garden update with press and hospital management present. August Opening Party with all donors, patients and relatives currently on the unit as well as those who have been involved with the planning.

Impact
Impact is too early to measure as the garden is not officially open, but patients who have helped trial the space gave positive feedback and slept better that night. There was also an unexpected benefit felt by the staff. Taking the patient's outside also reduced the stress of the staff and early indications show their mood improved on their return to the unit. The aims we hope to achieve will be improvements in sleep length and quality, increased engagement with therapy staff and shorter length of stay.

What Makes Us Stand Out
The provision of piped oxygen for an outdoor space sets this initiative out from the others. This gives patients that require ventilation access to fresh air and a space away from normal hospital sounds and alarms for a substantial period of time.

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Sara Turle
Showcasing an Outstanding Patient Partner



Category
Patient Contribution

About Nominee
Sara Turle has been a patient partner for almost 10 years, volunteering hundreds of hours to contribute her own experiences of using of health services as a patient to improve patient experience. As Sara puts it herself, 'do with patients, not to patients'. Assisting to redesign clinical spaces, setting up and being a member of patient partnership councils, playing a pivotal role in implementing campaigns such as 'hello my name is…' and being involved in initiatives such as Patient Led Assessments of the Care Environment (PLACE) are just a few practical examples of how Sara has used her experience of being a patient to help others. Meeting, greeting and making tea for patients and carers visiting hospitals, talking to prospective NHS staff at recruitment events, speaking at regular cancer information days for patients and making and starring in cancer services information videos (for patients, by patients) are further examples of how Sara utilises opportunities to spread her reach far and wide. Pandemics, lockdowns and ill health have never stopped Sara. But not only that, Sara takes patient and carer contribution to a whole other level, using her experiences of patient partnership to educate and inspire others. Those who have had the privilege of meeting and working with Sara, know that her passion about patient partnership is contagious. They speak about how she 'plants a seed that has grown into strategy'. Throughout the comments attached to this nomination you will see just how many people Sara's journey of patient partnership has touched and inspired. From fellow patients and front line staff, to senior leaders and chief executives.. at NHS Trusts, healthcare alliances and within the charity sector to name a few, both locally and nationally. From patient experience teams, cancer services, paediatric and emergency departments, to administrative staff and facilities and recruitment teams, Sara has met, inspired, challenged and helped so many, and continues to do so. It doesn't stop there. As a Twitter enthusiast, Sara uses this medium to 'get the message out there' and to engage, reach and educate others about patient partnership. Her Twitter page contains over 40,000 tweets predominantly about patient experience and patient contribution. Never missing an opportunity to 'attend' and contribute to 'tweet chats' about patient experience, quality improvement and patient contribution and partaking weekly in initiatives such as #NHS100Miles. The best way to assess Sara's impact is to visit Sara's Twitter page, @SaraTurle.

Summary
Sara doesn't 'work' for any organisation, she is a retired teacher who experienced/ experiences some personal health difficulties. A Wife, Mum and (proud!) Granny. A volunteer, acquaintance and colleague. Some tell their story of how they were inspired by Sara spontaneously in places such as lunch queues, corridors, information days and social media. Never missing an opportunity to educate and inspire others about the value of patient contribution and involving them in her work is what makes Sara one of a kind. This quality has enabled Sara to disseminate her wisdom, passion and learnings about patient partnership to all, inclusive of job role, department or status, regardless of if you are a patient, carer or staff member. Sara's work began almost a decade ago, when patient contribution was a new way of thinking. When 'improvement methodologies' seemed foreign and terms such as 'quality improvement' and 'co-production' were the latest buzz words. Within a year of relocating to Kent Sara already has plans to develop prospective personalised care films with her local healthcare services and has already joined forums and steering groups such as the National Cancer Programme Patient Public Voice Forum, The National Quality of Life Steering Group and her local GP Patient Participation Group. Currently she is particularly interested in how she can work with her new services to improve a patients quality of life and psychological wellbeing following a cancer diagnosis and/or a repeat cancer diagnosis. This nomination does not reflect a single project or initiative, and it never had any objectives, plans or communications. It is about a single person, a patient. About their patient contribution. Sara has not only helped to design patient partnership and patient leadership with NHS Trusts, she has worked with organisations at a national level to ensure the patient voice is always heard. Sara's influence at BHRNHS Trust has brought co-design and co-production to the forefront of NHS management. There are no outcomes, benchmarking or performance measuring for Sara as a Patient Contributor as a whole. Sara's is a type of impact that can only be described and not measured. A type of impact that is not physically disseminated on a piece of paper. A type of impact that is intangible yet changes attitudes, ways of thinking and inspires. A type of impact that really does touch your heart and leave an imprint. A type of impact that 'plants a seed'.

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Sefton Training Hub, Southport and Formby Health
Sefton Training Hub PA Preceptorship

Category
Student Experience Educator of Tomorrow

About Nominee
Sefton Training Hub is a team who support the development and transformation of the primary and community care workforce through education and training across Southport & Formby and South Sefton. Part of the Cheshire & Merseyside Training Hub, our aim is to help attract, recruit and retain staff to ensure that our workforce is fit for the future and so that our patients will benefit from high quality care and services. The Sefton Training Hub is designed to meet the educational needs of the multi-disciplinary primary care team across the Sefton area. The overarching objective for the training hubs is to support with the growth and development of the primary care workforce across Sefton. Just after the Covid19 pandemic, retired GP Dr Shaun Meehan, Sefton Training Hub (Southport & Formby Health Limited) and Southport & Ormskirk Trust met to address the need to support newly qualified Physician Associates (PAs) in their role across primary and secondary care. The thought was that similar to a GP foundation course, PAs would receive support from a 2-year program that consists of 6 monthly rotation between primary and secondary care. We recruited 6 PAs who started the first cohort on the September 2021 who have just completed their last rotation and secured jobs within the primary and secondary care settings across Southport & Formby area. We have recruited the 6 PAs to start the 2nd cohort in September 2023.

At Work
Dr. Meehan has developed, led, and inspired this partnership to improve the experience of due to be qualified PAs and newly qualified PA's. His vision is that each PA will leave work knowing and understanding how to address the daily demands and the case studies they have come across. Dr. Meehan has already worked with key stakeholders across the UK who are interested with two PCNs in the Sefton Training Hub and across Cheshire & Merseyside Training Hub level.

Summary
Undertaking a series of six-monthly placements, participants gain real-time work experience across a range of hospital and community based clinical environments. This supports the development of confident, well-rounded clinicians who thoroughly understand the scope of potential for their PA skills in Primary Care. It helps to inform their decisions on career direction and enables the development of a vibrant community of PAs, benefitting patients for years ahead. We recruited 6 PAs who started the first cohort on the September 2021 who have just completed their last rotation and secured jobs within the primary and secondary care settings across Southport & Formby area. We have recruited the 6 PAs to start the 2nd cohort in September 2023. PA supervisors discussed the essential elements of the preceptorship program and agreed the content and cadence for its inception. Key areas included exposure to accident and emergency medicine, the management of chronic diseases in Primary Care, and medical/frailty rehabilitation. All of which were completed under the supervision of sector experts. Outcomes-This is a powerful demonstration of how a thoughtfully planned, and carefully enacted foundation program can bring hugely positive outcomes. Participant enthusiasm to learn and grow within the supporting walls of the program has been widespread and infectious. The PAs have met and often exceeded the expectations of their mentors. Early reports suggest Practice Teams are finding that those PAs participating in the inaugural Preceptorship Program are demonstrating increased confidence and are better equipped to deliver excellence in patient care. Benefits-The Sefton Training Hub Physician Associate Preceptorship is a 2-year programme with Southport & Formby Health Ltd and Southport & Ormskirk Trust which can benefit primary care in a number of ways: Increased Capacity: By training physician associates, primary care practices can increase their capacity to provide care to patients. Enhanced Skillset: Physician associates are trained in a broad range of medical and healthcare skills. By participating in the Sefton training hub preceptorship programme, they can develop their skills further and gain experience in a clinical setting. Collaborative Working: By working together, primary care teams can provide a more coordinated and holistic approach to patient care. Improved Patient Outcomes: By increasing capacity, enhancing skillsets, and fostering collaborative working, primary care practices can provide better care to patients. This can result in improved health outcomes, reduced hospital admissions, and increased patient satisfaction. Overall, the Physician Associate Preceptorship 2-year programme with Southport & Ormskirk Trust can benefit primary care by increasing capacity, enhancing skillsets, fostering collaborative working, and improving patient outcomes.

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Sefton Training Hub, Southport and Formby Health
Student led approach to improving healthcare for Mental Health Patients and those with Learning Difficulties in a Primary Care setting

Category

Student Experience Educator of Tomorrow

About Nominee

Just after the Covid19 Pandemic Primary Care Nurse, Maggi welcomed an LD Student Nurse who had been unable to secure a placement (there were very limited placements for students at the time). As a result of working with the student, Maggi began to realise that she could be supporting LD patients more effectively. The student had a lot of knowledge that would benefit patients particularly when undertaking annual health checks. Thinking more broadly Maggi saw that there was potential to expand in-house knowledge in other fields such as mental health.

At Work

Maggi has developed, led, and inspired this partnership to improve the experience of LD students. Her vision is that each placement cohort will leave work for the next cohort to continue and move forward. Maggi has already worked with key stakeholders across the UK who are interested with two PCNs in the Sefton Training Hub, the Humber and North Yorkshire LEAP Programme, the Cheshire and Merseyside Training Hub, the Lancashire and South Cumbria Training Hub, the Central London Integrated Care Board, and the South-East Primary Care School. Several of these areas have already adopted this as a working model. Maggi has also been asked to present the initiative to other student groups such as Nurse Paramedics, New to Practice Nurses, Student Health Nurses and existing Practice Nurses. Again, many of these have adopted the initiative in their areas. In addition to the organisations listed above, Health Education England (HEE) put on a national webinar for those working in Primary Care to learn how this initiative was developed, how it's working, and how it's making a difference. Presented by Maggi and a Student Nurse the event was very well attended with a highly engaged audience. A poll at the end of this event reported that 75% of participants would consider including a LD or MH about adopting your initiative.

Summary

Maggi identified that while Primary Care is responsible for the day-to-day care of mental health (MH) patients, and those with learning difficulties (LD), there were no opportunities for student nurses specialising in these areas to undertake placements in Primary Care. As a result, patients weren't benefiting from the specialist training these students have, and student nurses were unlikely to consider Primary Care as a career option. Setting out to resolve this imbalance, Maggi brought together key stakeholders from a GP Surgery, and Edge Hill University, to discuss a pathway for the introduction of Primary Care placements for MH and LD student nurses. Discussions explored whether this would have a material impact on the improvement of care for these patient groups, whether students would benefit from direct exposure to the Primary Care environment, whether those working in GP surgeries would benefit from the skills/knowledge of student nurses, and what would be needed to turn ideas into reality.The role of the first cohort of LD Student Nurses in placement was to design a route that Primary Care should follow to benefit from Student Nurse placements and how to develop improvements to Practice behaviours and protocols. This led to the development of the 'Aquarium' and the 'Mental Health Pathway'. This was a completely original and unique initiative which had never been tried before. It was made possible by Maggi's imagination, creativity, leadership, eternal enthusiasm, and will win. Before this initiative there were no opportunities for LD or Mental Health Student placements across the Sefton Training Hub Patch (2 x PCNs). The placements are unique because, rather than taking a passive learning approach, students use their placements to lead initiatives which will improve MH/LD patient experience in real-time. Students come up with their own ideas, plans, and materials, and work with the placement holder (the GP Practice) to enact positive change. Other parts of the country have shown considerable excitement in this placement format and are aiming to undertake similar experiences for student nurses in their areas. The success of this cohesive partnership between University and the General Practice environment has resulted in valuable and sustainable practice placements which enhance the profile and profession of the LD Nurse, increasing Primary Care Nursing capacity and enhancing the student experience whilst also having a positive impact on Primary Care staff and ultimately people with Learning disabilities. Maggi has developed, led, and inspired this partnership to improve the experience of LD students. Her vision is that each placement cohort will leave work for the next cohort to continue and move forward.

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Shrewsbury and Telford Hospital NHS Trust
Establishing an Independent Complaints Review Group

Category
Partnership Working to Improve the Experience

Organisation
The Shrewsbury and Telford Hospital NHS Trust

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is the main provider of acute hospital services for approximately half a million people across Shropshire, Telford & Wrekin, and mid-Wales. The Trust has two main acute hospital sites in Shrewsbury (Royal Shrewsbury Hospital) and Telford (Princess Royal Hospital). The Trust employs approximately 6,000 members of staff. Derbyshire Community Health Services NHS Foundation Trust (DCHS) is one of the country's largest providers of specialist community health services, serving approximately 1.1 million people across Derbyshire and Derby. The Trust has a range of community services, including 10 community hospitals and 28 health centres, and employs approximately 4,400 members of staff.

Summary

Having identified the need, in response to feedback, to introduce a new method to attain independent oversight of the complaint process, the Lead for Patient Experience at SaTH explored new, innovative ways of working. Identifying a similar methodology being adopted at DCHS, the Patient Experience Leads united to explore the approaches taken to improve the experience of care for people accessing services within each Trust, resulting in an informal partnership being formed. The Patient Experience Leads worked collaboratively with patient partners, considering new ways of working and supported the establishment of an Independent Complaints Review Group within SaTH. The group has identified opportunities for improvement and created a supportive and inclusive environment for reflection and learning, increasing awareness amongst complaint handlers and investigators, whilst ensuring that the patient is at the heart of the complaint process.

Impact

Findings from each of the complaints reviewed and discussed are captured in an action log. Themes are fed back to the Complaints Team, the Corporate Patient Experience Group, and reported in the quarterly PALS, Complaints and Patient Experience Report, providing additional transparency and governance of the process. Lack of confidence in the Complaint Service was highlighted through feedback from members of the community and patient groups when seeking their views. A range of opportunities to improve complaint responses have been ascertained through the reviews, determining, and documenting the preferred method of communication, and establishing and recording the complaints' desired outcome are two themes identified. To improve the process in response to the feedback, the Complaints Team introduced a new telephone checklist to address this gap. Consideration of the terminology used within complaint response letters has been highlighted, to ensure that information can be easily understood. Correspondingly, the use of vocabulary can on occasion diminish an apology. Feedback has been shared with the wider Complaints Team, and health literacy training is scheduled to provide further insight and support, in recognition of the benefits of simplifying responses to maximise comprehension. The structure provided by the complaint checklist was highlighted. Reviewers found that the complaint checklist was not utilised consistently in all complaint investigations, however, it provided improved rigour and assurance when in place. Feedback has been shared with the Complaints Team and completion of the complaint checklist will continue to be monitored in future reviews to observe progress. The reviewers identified that whilst learning is identified and improvements made in response to the complaint and investigation findings, response letters need to clearly identify learning being taken in response to the feedback. When examples of good practice are identified, this is fed back, in recognition of the work undertaken by the lead investigator or complaint handler. The group's recommendations have supported improvements, providing greater assurance and confidence in the process.

What Makes Us Stand Out

The simplicity of the Independent Complaints Review Group makes the initiative stand out. The work has been undertaken within the existing resources available, not requiring additional investment, making the model an easily transferable concept. The collaborative partnership formed between SaTH, DCHS, and our patient partners is collaborative, supportive, and inclusive. Empowering a patient partner to Chair the group and establishing a team to act as independent reviewers' places patients, and the people important to them, at the heart of the complaint process. Working alongside the DCHS lead and creating new opportunities for collaboration was critical in generating new avenues of support, building on the areas of improvement needed within SaTH's Complaints Team.

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Sodexo
Welcome Guide

Category
Communicating Effectively with Patients and Families

Organisation
Sodexo is the global leader in services that improve quality of life, an essential factor in individual and organisational performance. We were born from the conviction that the tangible actions and daily interactions drive real improvements to people's lives, to communities and the planet. For this reason, our purpose is to create a better every day for everyone to build a better life for all. In our Health & Care business in the UK, we help healthcare providers deliver the personal, caring and quality experience patients expect by matching their commitment to excellence with facilities management and hotel services that help to set them apart. We use the power of science, technology and innovation to deliver health management services in the private sector that consistently create the highest standards of positive patient experiences. In our UK Health & Care business, we employ around 6,000 people working across over 50 hospitals, providing a range of food and FM services. The Welcome Guide we reference in this nomination has been launched at the Wythenshawe Hospital and Oxford Road Campus (ORC) sites which are both part of Manchester University NHS Foundation Trust.

Summary
Improving the patient experience in hospitals where we operate is one of our main goals. Prior to launching the Welcome Guide, hospital staff would lose valuable time responding to different patient queries as patients had no simple and accessible method to find information and answers to any of their questions. Through its introduction, the Welcome Guide has helped not only patients, but also staff, allowing to focus their time on aiding patients' recovery. Patients are finding being able to access information at their fingertips empowering, especially in such an unfamiliar environment. Staff's focus is to provide patients with information on their health and care, however patients are also seeking information of a more practical nature to make them feel more at ease and normalise such a challenging event as being in hospital. The Welcome Guide has equally been of help to visitors, who have been able to access information even remotely so that they can inform and reassure their loved ones, as well as feeling they can aid them at a time when they would normally feel helpless. New members of staff and agency staff have also found the welcome guide a valuable tool for familiarisation and assisting patients.

Impact
To measure the success of the initiative, we conducted a feedback survey with 100 patients and 60 clinical staff to understand how beneficial they are finding the Welcome Guide. Having the Welcome Guide is saving clinical staff around at least one hour per day in answering patients' non-clinical questions. 100 percent of all patients feel they needed to ask fewer questions as they have found the information they needed in the Welcome Guide; clinical staff too felt that through its introduction fewer questions have been asked. 100 percent of clinical staff and patients also feel that the Welcome Guide and the information it provides, significantly enhances the patient experience. All patients interviewed would also recommend that other hospitals introduce the Welcome Guide. Both patients and clinical staff rated the Welcome Guide 5 stars out of 5. As well as rich data from the survey, many personal stories had been collated as to the impact having been able to access the Welcome Guide has had on patients, staff and visitors.

What Makes Us Stand Out
The Welcome Guide is a simple technology which creates a seamless patient experience at the press of a button on a smart device. Although a very simple concept, this is more than a mere information guide. It is a tool to inform and empower patients and one that aids visitors feeling informed and of help to their loved ones. It shares key information that enable patients to feel comfortable and more settled.

It gives patients time to review the full menu choices available to ensure these meet their preferences and ensures that their choice is not a rushed one when staff do not have time to share menus or all of the options.

It offers advice on how to keep well in hospital so that patients can take an active role in the journey to their recovery. It offers entertainment sections to keep patients occupied, stimulate their brain and keep their mind active, which is key to a healthy recovery.

The Welcome Guide is supported centrally by NHS E&I and we believe that it should become available across all hospitals to ensure that no matter where patients are admitted, their experience will be greatly improved.

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Sodexo
Flexible Dining

Category
Personalisation of Care

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; healthcare; 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 (Circles); security; property management and technical services through to data driven workplace strategy and design (Wx); employee engagement and recognition services (Sodexo Engage) and personal home services through Prestige Nursing + Care and the Good Care Group.

Summary
Since the inception of the NHS, patient dining mealtimes have remained almost unchanged, despite developments in eating habits and expectations. This gap was identified as one of the major challenges in supporting a patient's hydration and nutrition, which has significant impact on their experience: Only 26% of patients ate all or most of their meal – many suggested choice and timing of the meal service was the reason; 70% of patients felt that having a more flexible solution would significantly enhance their experience.
Sodexo implemented a flexible dining solution where patients could call for a ward host to order food, from a bedside menu, from 7.30am-9.30pm. Meal preparation, safety and delivery all followed our standard procedures – ensuring compliance and governance throughout. Food consumption, nutritional balance and overall satisfaction significantly increased – see impact below.

Impact
Patient food consumption, nutritional balance and overall satisfaction significantly increased:
Only 1% of patients didn't consume any protein, vegetables or carbohydrates – compared to 8% previously
96% of patients would recommend that other hospitals/wards introduce this solution.
78% of patients ate all or most of their meal with flexible eating – compared to 26% on the standard model
95% of patients agree that flexible eating significantly enhances the hospital experience
Patients not feeling up to eating a full meal could order something light, reducing wastage and encouraging patients to eat something rather than nothing if not feeling up to it.
Traditional ordering requires orders are taken the day before. Due to patient turnover and changes in appetite patients often receive a meal they never ordered or they 'didn't fancy' when it arrived.
The solution includes a dedicated 'Patient Dining' subject matter expert that is trained in food safety levels which improves patient safety. The dedicated Ward Host builds relationships with patients, familiarising themselves with specific needs, further enhancing the patient experience (i.e. remembering how a patient likes their cup of tea makes a significant difference). Clinical teams shared that this helped improve patient flow because they knew that patients would always have access to a hot meal and drink; delays to patients leaving the ward prior to and during the set mealtimes were reduced, subsequently supporting a more efficient surgical program.

What Makes Us Stand Out
As the NHS celebrates its 75th Anniversary, so much has changed, however equally some things have not reflected the changes in people's habits, and this include eating habits. Set times are no longer religiously adhered to by most and convenience, flexibility and choice has meant that most people opt to eat what and when they wish. It feels therefore natural that these changes should be reflected in a hospital environment too. This also offers some normality to patients who find themselves in an alien environment, making them feel more comfortable. Although the concept it is a simple one, but at face value challenging to deliver. However, it gives patients a clear opportunity to be empowered and feel in control of their care – something that they don't commonly experience when in hospital. It can therefore be transformative from their perspective as we understand that little things can add up to make a huge difference. Reflecting on the introduction of this initiative, it was clear that all stakeholders understood the value and were supportive of the initiative and worked collaboratively to support this, thus improving patient experience, increasing nutritional intake and satisfaction, reducing waste and aiding patients to feel empowered and expedite their recovery.

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South Tyneside and Sunderland NHS Foundation Trust
Carer Passport Scheme – Accessible to All

Category
Support for Caregivers, Friends and Families

Organisation
The Trust provides acute and community healthcare services to a population of over 430,000 people living in and around the borough of South Tyneside, the city of Sunderland and Durham and across the whole of the North East of England, serving a population of almost 1m people. We are very proud to employ over 8,000 staff, delivering compassionate care to people within our hospitals, in their own homes and from our multiple community venues and outreach services.

Summary
The Carer Passport was revised and relaunched in Carers Week 2022 introducing a Carer Pass and a Carer Partnership Agreement. The Carer Pass was designed to be issued to carers known to the local carer's centres or our community services, as this would enable early identification of a carer during a planned or unplanned visit to hospital.
The Carer Partnership Agreement was also introduced to complement the Carer Passport to encourage a partnership and personalised approach to care planning and delivery during a hospital admission and support carers to be included in physical, social and emotional support of the patients in our care.
A staff survey indicated limited awareness and understanding of carer passport amongst clinical staff. This initiated further awareness campaigns to promote the use of the passport and embed this within the clinical care record. In addition Young Carers were identified which initiated the development and co-production of the Young Carer ID card.
In line with Young Carers Action Day (March 2023), a staff survey was conducted to obtain further insight into the awareness and understanding of young carers from clinical staff and how to involve them in clinical care.
Whilst there was awareness of young carers among those who responded to the survey, it was apparent, there was uncertainty how and when to involve the young carer during episode of care supporting the evidence received from young carers.
A scoping exercise was undertaken with local authority and education partners, the Trust and Young Carers groups, followed by a number of workshops to scope views and develop a Young Carers ID card.
These focus groups, explored with Young Carers their experiences in hospital and their need for a resource which would identify, acknowledge and promote their caring role.
Co-design of the Young Carer ID card is still underway and having consulted on each design idea, is currently in the final stages of development and production of the ID card and supporting resources are in progress.

Impact
The development of the Young Carer ID card is still in progress, the anticipated impact and benefit of having a card available has been noted by the Young Carer services stating;
'as Young Carers it's so frustrating having to explain personal stories to every member of staff. Having the card will alleviate some stress whilst already dealing with an emotional situation'
'Having the Young Carers/YAC card will ensure the individuals are able to be recognised as a carer in a professional setting. Quite often within the care sector Young Carers can be dismissed by professional, due to their age. Having the Young Carers card will ensure they are easily recognised by professionals and are included in important conversations (where applicable) about their loved one. This will ensure the care pathway is as stress free as possible for all involved'

What Makes Us Stand Out
Whilst Carer Passport schemes are not uncommon in Health and Social Care settings, there are limited examples of any that have been developed in partnership and hold a dual purpose. The co-production of a Young Carer ID card in partnership with the Local Authority and Young Carers Services have enabled the development of a resource where Young Carers can be recognised and reasonable adjustments considered in a variety of settings.

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South Tyneside and Sunderland NHS Foundation Trust
Sunderland Royal Hospital Maternity Entrance Mural Project

Category
Commissioning for Patient Experience

Organisation
South Tyneside and Sunderland NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust Maternity Services, provide acute and community care to women and families within our local area. We are a fairly large tertiary unit located within the North East of England. Currently in STSFT Maternity unit we have over 300 members of staff. On average we help women birth around 3500 babies each year. Within STSFT Maternity services we have been on a journey of service improvement and throughout this journey we have had women and staff voices at the heart of the all changes we have implemented.

Summary

This year within South Tyneside and Sunderland Maternity Services the Maternity Team, Maternity Voice Partnership (MNVP) and Sunderland University all worked together to co-produce a vibrant mural to enhance the environment of the entrance way at Sunderland Maternity Unit. This project was inspired by feedback from our women and MNVPs. Members of the MNVP undertook a '15 Steps' at Sunderland Royal Hospital Maternity Department and additionally asked women for feedback on areas of the unit they felt could be improved. One of the areas that was discussed was the main entrance way to the maternity department. The MNVP stated that it looked clinical and cold and impacted on the patient journey. Due to this feedback a plan was co-produced to improve the environment. To support this work Joanna Wylie (Patient and Staff Experience Midwife) and our MNVP reps reached out to Sunderland University Art Department. Sunderland University were thrilled to be part of the project (as it supports students with their CV and also encourages them to remain in the area following graduation) and suggested a mural. The MNVP Reps created a questionnaire, and voting system to ask women and families what they would like on the mural for Delivery Suite. They also researched other maternity unit murals and designs. Additional factors were taken into consideration, for example: infection control, staff input, trust colour schemes. The mural also had to be inclusive to all service users, for example it was important that we were sensitive to bereaved families.

Following meetings with MNVP reps, senior management team and Sunderland University, three mural designs were created by an art student. These were then shared on the MNVP social media page and also with all maternity staff so that voting could take place for a favourite design. Over 300 votes were submitted and a final mural design was selected. The final mural was painted in December 2022 by the Sunderland University art student. The mural is a bright and colourful addition to the environment. It incorporates nature and local landmarks. The feedback from the mural from staff and service users has been outstanding!

Impact

The final mural was painted in December 2022 by the Sunderland University art student. The mural is a bright and colourful addition to the environment. It incorporates nature and local landmarks. The feedback from the mural from staff and service users has been outstanding! Comments have been shared such as: *"It provides women and families with a beautiful background to take photos of thier newborn baby and new addition to the family"; "It brightens up my walk into work, I look forward to walking past it everyday, knowing I voted for that design and have a say in how our maternity unit looks"; "I am thankful to everyone envoloved in the project, the mural incorperates everything we asked for as an MNVP and are so thrilled the feedback we gave was listened to and acted upon"; "I have worked within in maternity services for lots of years and never before have we had a project like this. I loved being able to vote for my favorite design and felt evolved in every step of the process. Thank you to everyone envolved in this project, it has brightend up our maternity unit"; "I love the local landmarks and how colourful the mural is. It is an asset to our maternity unit and to the women and families of Sunderland"*

What Makes Us Stand Out

The project is so special as it was co production between the maternity unit, MVPs and Sunderland University. Nothing like this mural project has ever been done before. The fact local landmarks were incorporated into the design is a key element that women, families and staff members all love. Now when women and families take photos leaving our maternity unit and post these pictures on social media it is evident where their baby was born all thanks to our fantastic mural. Families now look forward to coming to our unit to take a 'selfie' in front of the mural wall as it is something that everyone is proud of.

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South Tyneside and Sunderland NHS Foundation Trust
Improvement in Community Midwifery Services Within South Tyneside and Sunderland NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust

Category

Commissioning for Patient Experience

Organisation

South Tyneside and Sunderland NHS Foundation Trust Maternity Services, provide acute and community care to women and families within our local area. We are a fairly large tertiary unit located within the North East of England. Currently in STSFT Maternity unit we have over 300 members of staff. On average we help women birth around 3500 babies each year. At STSFT we are maternity passionate about what we do. Within STSFT Maternity services we have been on a journey of service improvement and throughout this journey we have had women and staff voices at the heart of the all changes we have implemented. Some of these changes have been innovative, creative and had a substantial positive impact on the care women and families receive and deserve to be recognised.

Summary

Following a Trust merger in 2019 and the impacts on maternity during and following COVID there was a requirement for STSFT leads to work with community midwifery teams to review and reset ways of working. Following the relaxing of restrictions following the pandemic teams were slow to go back to providing face-to-face appointments which was impacting on patient experience as well as staff. This was also impacting on our SBLCB V3compliance.

Impact

In conjunction with staff a review of the service was undertaken following which changes were made: **1.** A change of base/**office** – This created a fresh new start, moving from a call centre office where the staff worked in isolation which impacted on effective communication. The change in base has allowed the team to engage with each other, improving working relationships, staff now support each other and work together more effectively. **2.** The team establishment was increased, some from outside of the trust. This contributed fresh eyes and a challenge to the existing embedded culture. **3.** Process in place meant that the Maternity support workers worked separately and their service worked alongside the Midwives rather than with them. We invested in our Maternity support workers, encouraged and supported them to complete their care certificate. This gave them the opportunity to learn new skills, roles and responsibilities which helps support the midwives and making them an integral part of the midwifery team. This has had really a positive impact on the midwives workload and increase job satisfaction for the maternity support workers; **4.** Recruiting an administrative assistant to the team – The review highlighted the number of purely admin tasks within a midwives role impacting on the time spent with women. The addition of administrative support has improved our data collection, failsafe practices, improved communication between multidisciplinary professionals and decreased the general workload for the Midwives; **5.** To improve communication and a better rapport with women we re-introduced face to face bookings. The change in base allowed us to have more clinical space to offer this service, and due this we are now 100% compliant with our saving baby's lives care bundle data. We have moved from being none complaint to the only team now achieving 100% month on month; **6.** All evidence suggests that good continuity leads to good outcomes for women and their baby's. To improve this we now use a buddy model - women have a named Midwife and a buddy midwife. The buddy covers for the named midwives annual leave or training. Due to this our continuity has improved significantly, and now more than 60% of our women now only see their named Midwife or their buddy during their antenatal period, and this is improving month on month. **7.** Checking in on staffs wellbeing – Every day for 5 mins we have a team brief, check to make sure everyone is ok, can manage their workload, make sure they have the equipment they need etc. This is also is an opportunity to discuss any issues/new ideas and go over key messages for that week. This allows everyone to feel inclusive and an integral part of the team. **8.** Every month we encourage a team social event, an opportunity for the team to bond, to get to know each other. The dynamics of the team has changed significantly, despite us not been up to our full staffing capacity the midwives and support workers now feel more valued, not so overwhelmed with their workload and overall moral is good and we no longer have any sickness within the team. These operational changes have led to improved feedback from women and a greater level of engagement from staff.

What Makes Us Stand Out

What makes this initiative stand out is the improvement in continuity of care for face to face appointments for women the boost in staff morale the positive effect all the changes have had on the team working dynamic

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Southport and Formby Health
Improving Appointment Utilisation and Patient Experience-7-Day GP Service

Category

Measuring, Reporting and Acting ; Using Insight for Improvement

Organisation

Southport and Formby Health is a GP owned provider organisation which was created to enhance the delivery of healthcare services to people living in Southport and Formby. We are comprised of 11 member practices and provide care to over 125,000 patients in the area. Our services are provided locally, meaning fewer visits to large, busy hospitals and faster treatment in often a more convenient location for patients.

Summary

Our flagship service is our extended GP access service which is called the 7-Day GP service. The 7-Day GP service has been operational since October 2018 providing access to primary care in the evenings and weekends. Our 7-Day GP service offers a range of services including: GP consultations, Advanced Nurse Practitioner consultations, Mental Health Specialist Nurse consultations, Physiotherapy telephone triage and face-to-face appointments, Practice nurse appointments,, Asthma checks Diabetes checks, Hypertension/blood pressure checks, Cervical screening tests, Blood tests, Electrocardiograms (ECGs), Ear syringing. As an organisation, we decided embark on a project that would examine elements that would tell us how effective the service was working, what elements of the service we needed to change and to gain meaningful feedback from patients. This was a substantial change in how we collected and used data regarding the service. It was an innovative approach designed to give meaningful data and feedback about the 7-Day GP service. This initiative was a collaborative approach led by the 7-Day GP service manager and Southport and Formby Health directors. The outcomes achieved from this initiative were used to determine the number of patients seen monthly, increase appointment utilisation and gain patient feedback about the service. This data which was provided monthly meant we could adapt the service quickly and be responsive to practices and patients' needs. This initiative involved the 7-Day GP service team, we now also involve external stakeholders incl HealthWatch Sefton & community Patient Participation Groups (PPG).

Impact

We looked at the following areas: Service hours provided each week-Our new reports allow us to forecast hours and add additional clinics to adhere to contractual requirements; Number of appointments provided by clinician type-This was a new metric that we looked at for analysing how our service operates. This has been invaluable when we look at the proportion of clinician types from our service. We are aware that to have a versatile and varied service we need to have a mix of all clinicians; Practice utilisation of the service & Practice utilisation per clinician type-This was a useful piece of information to ensure that all practices were using the service to meet the needs of all patients. We can see the total number of booked appointments each month along with the patients that did not attend (DNA) from each practice. It is useful to look at this metric over a 6-month period and the data suggests that practices' use monthly varies but all practices seem to be getting an equal usage of the service over a longer period. Patient feedback-We acknowledged that our patient feedback could be improved. We also wanted our data to be more meaningful so that we could gain a true Insight into how the service operates and make any necessary changes to improve the service for practices and patients. Key findings are: Increased number of patient feedback responses. We now send a text patient survey to every patient that visits the service, and this is the reason that our number of responses has increased. This feedback is invaluable to the service. The feedback is positive with most patients either extremely likely or likely to recommend the service. The feedback is specific to each appointment and each clinician type. We ask the patient which clinician type they saw or what procedure they underwent eg Electrocardiogram, ear syringing. We then know what appointment the feedback relates to. Overall, the feedback is extremely positive, we feedback individual comments to individual clinicians – positive and negative.

What Makes Us Stand Out

We wanted our service to be responsive, proactive and accessible to all. We could not achieve this without these key elements: A unified approach to driving improvement and positive change Collaborative working and engagement Nurturing a 'patient centred' culture A supportive and passionate team; The outcomes from the changes we have made are measurable in our reports, but also by our positive feedback direct from patients. We have made GP appointments more accessible to patients in Southport and Formby. We have made the changes that patients and practices have wanted, which overall, has made this initiative a success.

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Spectrum People
Living with Lived Experience videos

Category
Engaging and Championing the Public

Organisation
Spectrum People is a charity based in Wakefield; the team comprises 10 workers/apprentices, 20 volunteers, supporting anyone with a barrier in their lives, any age, to date the youngest was 7, the oldest 92. Activities include green space social prescribing and arts based activities. Northorpe Hall is based in Kirklees and supporting over 5,500 children and young people up to age 25 every year who experience disadvantage and/or difficulties due to mental health challenges or related issues. We support their parents, carers and siblings too. Men's Talk is CLEAR's creative advocacy project for men, a charity in Kirklees, and works with men to develop new skills, build confidence and create platforms for their voices. Central to Men's Talk is encouraging other men who are experiencing mental health issues to seek the support that they need. Men's Talk has one paid member of staff and two volunteers. Circles of Life Women Together, The Samaritans, Pioneer Projects, Happy Valley Pride and The Cellar Trust are also partners. Forum Central is the collective voice for the health and care third sector in Leeds and is a charity. Their role in these videos has been as the voluntary sector co-ordinating body linking all the other VCS partners across West Yorkshire. West Yorkshire Health & Care Partnership - Gary Blake - Community Mental Health Transformation-NHS lead for this project. Jack Ballinger is an independent, local documentary film maker

Summary
Across large area and many communities using a medium for lived experience to be used for induction, training and develop understanding of all workforces. Leadership - individuals are central, giving deep and personal views via a trusted partner; these VCS organisations funded to spend time before/after filming to explain aims and share the end result; Outcomes and Sustainability - evaluated via University of Leeds, with a prelaunch attended by those filmed, early use of the films is proving transformative. Sustainability is inbuilt, these videos being widely available. Involvement and Inclusion - 30 hours of footage filmed during 2022 in many different settings and spanning all ages, with young people, men's only, LGBTQ, those with learning difficulties and many more. The original expression of interest was open to all VCS organisations across West Yorkshire with those involved able to invite anyone to be filmed, who felt comfortable doing so. The videos are all about addressing inequality. This approach is easily replicated elsewhere and the videos are already available widely in the public sector. Rationale - To co-produce videos with people with lived experience of complex mental health issues that can be used as part of staff inductions for the Health and Care workforce around mental health. Short videos with people with enduring and complex mental health needs (often referred to as Severe Mental Illness or SMI) talking about their experiences. Recognising that organisations already engaging with individuals are best placed to facilitate the filming the commissioners weren't prescriptive about how this is done and simply asked that participants are available for a one-day filming workshop. Each organisation to have its' own filming workshop that would most likely take place at their venue or another suitable location. People contributing may wish to talk about their own experiences of mental health and recovery, how it affects their daily life, their experience of accessing Mental Health services in the recent past, or all of the above. We are particularly keen to hear from people experiencing health inequalities.

Impact
The overall evaluation of this project is that its aim was clearly stated at the outset and executed with considerable focus and sensitivity. Co-production in this project was not just an aspiration, but a fundamental quality of the relationships that made it happen. People with lived experience were clearly respected and given opportunities to contribute their own voices. The expertise of partner organisations was taken very seriously. There was an opportunity for feedback and critical points were acted upon. This was an exemplary co-productive project.
Professor Stephen Coleman, University of Leeds

What Makes Us Stand Out
The key thing is that those filmed felt completely empowered to give their views, in a trusted, safe space. That they did so with such openness and giving such depth of feeling shows the difference to other approaches. This is not a tick-box approach. Northorpe Hall, one of the charities involved, said on behalf of those involved: The experience we had at Northorpe Hall was very positive … Everyone had a special experience in the filming and came out saying that they'd been listened to.

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St Helens and Knowsley NHS Trust
Specialist Palliative Care at the Front Door

St Helens and Knowsley Teaching Hospitals NHS Trust

Category
Cancer Experience of Care Award

Organisation
Large NHS Acute trust who serve a population of over 600,000 with a combined workforce of 9,000 staff.
We work as part of the specialist palliative care team within the acute trust but have set up a new service dedicated to palliative in accident and emergency.

Summary
We were keen to become more involved in ED with our palliative care/ Oncology patients and improve outcomes for our patients who often present in in a vulnerable position and often in a crisis situation. We have the experience and skills to become involved in care quickly and make changes involving other members of the MDT. This is a brand new service and from completing a scoping exercise not many other emergency departments have this service in place. Having palliative care consistently present within the department is key to offer on the spot quick support and advice. We started off this service by completing a retrospective audit and involving key people to ascertain their views and ideas on how best this service could work. As this was a brand new service it did change along the way to make sure we were capturing the right information and assessing the right patients. We were very keen to be approachable to all members of the MDT and our community teams so they knew they could call us and inform us of patients coming into ED from the community. Key stakeholders and trust members were kept up to date throughout this process. We kept an in depth data base for a full 12 months capturing all patients who were assessed by the service this included patient outcomes. We completed a pre and mid staff survey throughout the department to ask staff about the service. We have collated case studies and have a powerful patient story. It is often difficult to obtain patient and family feedback as it is such a sensitive situation. The service has been successfully running now for 18months and we have developed a business case to present to the trust to make this service permanent and increase the hours to 8am - 8pm 7 days per week. We started off by creating a working group with key members to feedback and ask for ideas from these members. We would inform patients that this service was available alongside our alert system to offer reassurance that if they did present to ED we would be made aware and see them as quickly as possible as ED can be such a busy face paced environment this service would give patients and families support and re assurance. We involved our community team so they could call us if a patient was being sent in and again we would be ready to receive patients and their loved ones 'at the front door'. Any patient with a palliative diagnosis could be referred to this service regardless of condition. This in can be mirrored across any speciality in ED. The primary goal is to provide support for patients entering a busy ED department. We have shared this practice through multiple channels and have been nominated and presented at conferences across the UK and Europe.

Impact
- 510 patients referred to the service
- 100% of patients seen on same day
- 11% of patients resulted in ERD
- 30% of patients were NH residents
- 350% increase in referrals since service started
- 23% of patients achieved PPD
- 18% of patients direct to Bevan Court
- 90% of patients have pre-existing palliative diagnosis

What Makes Us Stand Out
We are extremely proud of this service, our focus is to ensure our patients receive 5 star patient care within our ED department as soon as they arrive and to consistently improve journeys through the department. Staff education has been huge and we have now set up and work alongside dedicated link nurses who receive education from the CNS and this can then be cascaded, we have also set up full day bespoke education days for staff in ED all based on palliative care, these days are booked out until mid-2024. We have a huge amount of data and have excellent patient stories. We feel this is a unique service and we have contacted by other trusts to share our experience. We also have a palliative care alert system where patients who have been known to our hospital, hospice or community teams are placed on an alert system and we receive an email three times per day to inform us if they have attended or admitted to the hospital. We have achieved multiple nominations and awards for this service and the fact that our vulnerable patients receive such a high standard of care is something we are all proud of.

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Stand

Involvement activity to review respite provision in South Tyneside
Submitted on behalf of the North East and North Cumbria ICB

Categories

Communicating Effectively with Patients and Families ; Commissioning for Patient Experience

Organisation

North East and North Cumbria ICB is the second largest ICB in England with a £6.6 billion budget and a workforce of 170,000 people across health and care. We look after 3.1 million people across our geography. As well as strategic functions, ICB staff also work at place level, with local health and wellbeing boards in each of our 14 local authority areas. These teams also work alongside our 64 primary care networks, which are groups of local GP practices, social care teams and other community-based area providers. People with learning disabilities in South Tyneside (approximately 2,200) use a range of services to support them with their physical, social, and mental health needs. These can include day services, respite care, and other community provision.

Summary

Having a learning disability affects how people understand information and communicate. Great care was taken to ensure that tools used to engage with individuals were appropriate so individuals could have their say. Easy read documents were produced and extra steps, such as initial telephone conversations were completed before any chats took place, establishing the best ways of engaging. Specific interests were considered and adapted tools such as green screens with projected images, music and interactive sound buttons and there was encouragement to bring along their own possessions so participants felt comfortable. The workshops were peer supported by one of The Twisting Ducks facilitators who has a learning disability; she led on some of the activities and shared her views (e.g., her favourite short break), to encourage others to interact. Families contributed to a robust survey, one to ones, and through discussions at the sense checking and feedback session. System partners were involved throughout with opportunities to comment on what been fed back and offer solutions too.

Impact

Most people who took part have profound learning disabilities and do not use words to communicate. Engagement can be seen in this video https://www.youtube.com/watch?v=lG9tgtdY3CI&feature=youtu.be

All 17 families engaged with us: 17 families had initial phone calls; 17 families were interviewed; 12 surveys completed by family members a carers; 7 individuals took part in the workshops; 15 system partners joined in the conversation at the system partner workshop; 10 families came to the sense checking and feedback session, two extra families that were unable gave feedback

The quality of the feedback from all of the families involved helped us understand the individuals, what they wanted from short break provision and what good looks like. We were able to find out about the location at Elmville, and how it improved their lives and the critical role that respite and short break services play. Families were also able to give feedback on what's been recorded in the report so it was a true reflection of what's been said. They also contributed to possible solutions. From a family member at the sense checking session: *"Find a place that is similar. Families must be involved in what happens and how it's developed, working together to design a new facility."*

What Makes Us Stand Out

The breadth of feedback. Hearing directly from people with learning disabilities, empowering them to share their experiences, using adapted methods to suit them enabled us to ensure all individuals and families were fully involved and heard throughout. The variety of engagement tools we used gave us an in-depth range of data to interpret which helped to solidify the views of those for whom standard engagement approaches might not be appropriate. Working with people with learning disabilities helped to engage this group on a deeper level. We generated thoughts from system partners and all information was sense checked by families so that there was no ambiguity and gave families lots of opportunities to further feedback and ask questions. They told us they were keen to co-produce further solutions moving forward. We recognised the ongoing pressure Elmville's closure had, so we asked about the mental health and wellbeing of family members too. We established that some family members/carers would benefit from support groups of other people like them. Successful partnership working between involvement experts and experts in engaging with seldom heard groups enabled creative approaches to engage with individuals and families. Both groups had a real passion for ensuring voices were clearly heard

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Sunderland and South Tyneside NHS Foundation Trust
Improving the quality and availability of medication-related information at hospital discharge

Category

Communicating Effectively with Patients and Families

South Tyneside and Sunderland NHS Foundation Trust

Organisation

STSFT provides acute, surgical and community care for the residents of Sunderland, South Tyneside and Durham. The organisation has 8000 staff . This project has been implemented initially on a care of the older persons ward.

Summary

Our ambition is for patients to be discharge from hospital to have a clear understanding of their new medications , enhance patient experience and improve patient safety. The National Adult Inpatient Survey published by the Care Quality Commission (CQC) annually summaries the experiences of patients in hospital. Year on year this survey reports a decline in patients understanding of their medicines at discharge.

Specifically four questions are asked and 2021. Results of medicine related questions from National Inpatient survey: • Only 28% of patients were told about the side effects; • 55% were given an explanation of how to take it; • 48% received written information; • 12% of people received no information at all.

We know that post discharge medicines related harm in older patients in particular incurs an annual cost of £400 million to the NHS. • Non-adherence (10.9%); • Medication errors (3.4%).

Impact

All patients and their carers discharged in June 2022 were asked to participate and were asked five questions to establish baseline data. 1. Did a member of staff explain the purpose of the medicines you were to take at home in a away you could understand? 2.Did a member of staff tell you about the medication side effect to watch for when you went home ? 3. Were you given written information about your medications? 4.Was written information provided in a format which was easy for you to understand 5.Would you have liked a more detailed discussion about your medicines before you were discharged from hospital ?

Survey 1 - pre implementation identified that 50% of patients did receive written information however not in a way they were able to understand. 80% of patients said that side effects of the medication prescribed were not discussed therefore they were not aware of any adverse effects to look out for. 50% of patients suggested that they would have liked a more detailed discussion prior to discharge from hospital. This is comparable to the national in patient survey and suggested improvements are required to improve patient safety.

Survey was repeated post implementation of all patients and their carers who received counselling utilising MaPPs in September 2022. The results show 100% improvement where patients and their carer received written information in a way they were able to understand. 90% of patients and carers reported that they had a discussion regarding side effects prior to being discharged from hospital.

The new process whereby the project group collaboratively worked together to identify a patient who has been prescribed a new medication at board round and provided the information leaflet timely to the patient and carer has identified a significant impact and an improvement of 90%. All patients stated they received written information in a way in which they understood. 90% of patients were given information about the side effects of the medication. Both patients and carers reported a good experience.

Some sample comments were:-

Patient: - *"Side effects were explained and displayed on leaflet and hearing loss was a side effect which affected my husband. This prompted me to contact the GP immediately. His medication was promptly changed".*

Carer: – *''the pictures were helpful as I have poor eyesight''*

What Makes Us Stand Out

This initiative has significantly improved patient experience. This project is very valuable as it has improved the following: Improved patient safety; Reduced medicines related harm; Reduced complaints; Reduced length of stay; Reduced re admissions; Improved patient and carer experience; Improved concordance with newly prescribed long-term medicines; Improved personalised car; Improved Shared decision making; By doing this project the aim was to allow patients to become more familiar with the new medication prior to discharge.

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Surrey and Sussex Cancer Alliance
"What happened next after my cancer screening result was abnormal?" Videos for people with Learning Disabilities and Autism-Improving access and patient experience in cancer screening

Surrey and Sussex Cancer Alliance

Categories
Cancer Experience of Care Award ; Partnership Working to Improve the Experience

Organisation
Surrey and Sussex Cancer Alliance (SSCA) is one of 21 cancer alliances across England established by the NHS to transform cancer pathways and improve the quality of cancer services locally. We are a collective of NHS organisations responsible for commissioning and providing services; local councils who commission and provide social care and public health services; charities, community and voluntary organisations; patient representatives and groups; and academic organisations, working together in partnership. We lead the transformation and improvement of cancer care and services across our local health and social care systems.

Summary
The project developed from comments and ideas within LDA community who identified a lack of suitable material which explained what it means if screening is positive. A stakeholder Partnership Group was formed to develop and provide direction of new material to be produced. The SSCA with support from the NHS Sussex and Central Horsham PCN led the project through the final production. The Project team was communicating on a weekly basis to ensure effectiveness of the project. The LDA community had strong representation within the Project team meetings and all decisions about content and scripting were agreed with the individual actors. Four additional videos were produced including bowel cancer screening follow up (colonoscopy), cervical cancer screening follow up, what to expect during a colposcopy test and breast cancer screening follow up video. Agreement between stakeholder organisations means that the final versions are shared from a single source via multiple websites. Any future changes, updates or amendments will therefore ripple through all patient and professional facing websites, within region or nationally shared. We ensured that development of scripts and the contents was carried out with full participation from Dimensions LDA Drama group and assured by the specialist LDA teams and service providers. We received a great interest from new Drama group members to participate in new videos, as they heard from the previous participants that the filming process was very engaging and interesting. We also engaged with LDA Ambassadors group from Grace Eyre LDA charity in Hove and Impact Initiatives LDA support group based in East Brighton. Those groups gave excellent feedback about initial videos and were very much interested to see follow up videos. Some members were unsure what to expect when they attend their follow up appointment and suggested that it would be helpful if new follow up videos could be made available. The content and messaging of the videos is universal which makes all the versions transferable without the need to edit. Additionally, by disseminating the videos via Vimeo links and embedded code we have ensured that any future editorial work or content update will propagate through to anybody who has publicised these resources. All videos will also be produced in Makaton which will enable also people with visual impairments and blind people to access those videos. The videos will soon be found on the NHS Sussex and SSCA websites. They will also be included in the Primary Care screening toolkit. They will also be sent out via the Learning Disability Boards in each of the SSCA ICS areas to reach care providers and community groups.

Impact
We have started collecting all the feedback received which will help us to evaluate the product and impact achieved. The initial impact and feedback has been very positive received from patients and carers, as well as regional and national organisations. The feedback included the following: *"Those videos are great and we will share them with other teams and patient groups.", "Thank you for sharing your videos. They are great and will be very useful to share." "Excellent resource and we will include them in our Primary Care toolkit and will design a screening webpage to include those."* Further impact analysis is ongoing.

What Makes Us Stand Out
We listened to the community and carers to identify the need of the second set of videos. The project team engaged Drama group in planning, designing the proposed videos and they co-produced the scripts and content, working with specialist teams to identify visual elements and specific locations which needed to be explained.

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Teesside University
Experts by Experience: The Person's Voice Module

Categories
Personalisation of Care; Strengthening the Foundation

Organisation
The School of Health & Life Sciences (SHLS) at Teesside University seeks ways to develop, improve and progress, and regards service user/carer (SUC) involvement as an important step in this process. The main department for this initiative is the Nursing and Midwifery Department. There are 2 cohorts of BSc (hons) nursing students a year (all 4 fields) of around 350 students per cohort. Students are supported by nursing lecturers (10) and a module leader. There is an identified Service User Co-ordinator supporting our experts by experience (10) for each cohort run. The key is working directly with SUC to develop & deliver courses to meet today's health and social care needs.

Summary
Service user/carer (SUC) involvement is embedded throughout the student experience and is valued as a key component. Curriculum development for the 2019 nursing curriculum included stakeholders and partners. Following an initial consultation event we identified a shared vision to create new and innovative thinking. We developed a 10-week module for 1st year nursing students titled: Experts by Experience - the person's voice. Leadership involves partnership working by lecturers, students and SUC throughout. The intention is to positively impact on the patient experience when applied to practice, not just in the classroom. Evaluation and measurement takes place at a number of levels and stages formally and informally. The impact motivates the students to remember the real-life interaction with the SUC, adopting a person centred, inclusive practice. Our SUC represent a diversity of backgrounds and experiences promoting hidden populations. The module development process is transferrable within the School, enabling all students to benefit from this innovative module. It can be used in all curriculums, universities and demonstrates how patient experience is important across all healthcare settings. The module can be adapted for all platforms.

Impact
The School regularly evaluates SUC involvement and the student experience. Evaluation / measurement takes place formally and informally. Informally each session is evaluated from three perspectives – students, SUC and lecturer. Formal evaluation takes place via a central university system. Common themes from evaluations include: A valuable experience; It highlights the importance of good practice, how what you say and do can affect the service user; First-hand experience of patient journey and thoughts; Made me think how my care affects patients; Able to see the importance of basic skills; Being able to ask appropriate questions in an open forum; Very motivating and inspiring; It made me think hard about how I want to practice as a nurse; Brings theory to practice; Provided a very powerful message that will stay with me throughout my career. Feedback indicates that being able to probe and discuss issues and ask frank questions of SUC, in a safe environment, enables students to learn first-hand, some of the skills that will be required in the workplace. Many students give feedback directly to the SUC, thanking them for their contribution and advising how it will inform their work in the workplace. The impact of this first year is motivational, the students to remember the real-life interaction with the SUC and adopt a person centred, inclusive practice. Strengthening and measuring the impact is identified as something to consider in the future. SUC and their experiences have been used to identify the need for this project. The responses, impact and feedback the SUC get from students and staff during and after sessions indicate the value and need for this project. Experience is priceless, meeting with SUC provides students with the perspectives of what a chronic condition means to a patient and how it impacts on their lives and the lives of their families.

What Makes Us Stand Out
Co-production is at the heart of our conceptualisation, design and delivery strategy for modules focusing on lived experience. For our experts by experience modules and our peer support work in mental health provision; the learning outcomes form the basis of our module design and from there, experts by lived experience are involved in everything from content and strategic advisory groups right through to co-delivery of the sessions themselves. Our module or course advisory groups see experts by lived experience actively drive content, development of materials and share lived experience directly into learning and teaching materials. Without co-delivery by people with lived experience, students taking these modules would only hear part of the story and the service user voice may only be heard or used in a tokenistic way, thus preventing us from achieving true co-production.

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

Category
Innovative Use of Technology/Social/ Digital Media

Organisation
The Shrewsbury and Telford Hospital NHS Trust

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, delivering services across two principle sites: the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of their activity. The Trust has around 700 beds, assessment and treatment trolleys and employs more than 6,400 staff. Macmillan Cancer Support estimates that by 2040, there will be approximately 5.3 million people living with cancer in the UK. In Shropshire, Telford and Wrekin and mid Wales, around 3,680 people are told of a cancer diagnosis each year; not accounting for those living with and beyond cancer. At least 55,000 people living with and beyond cancer (LWBC) within our catchment and this is going to continue to rise.

Summary
This app was created in addition to the award-winning 'Passport to Living Well' as a digital platform that anybody could access at any time, day or night. The app has benefited from the person leading focusing on a co-production approach from early on. It was inclusive, collaborating with a variety of staff including colleagues in Powys. We created focus groups that included people with lived experience of cancer and their supporters. Gaining their insight was crucial to ensuring the app remained focused on what mattered to them, a vital element of personalised care. Measuring the usage and impact of the app is simple using the data analytics and feedback forms on the app. This data is presented to senior colleagues on several boards to show the impact it is having for people affected by cancer, ensuring the app is sustained within the Trust. As standard, when developing further content for the app, we continue to expand our focus groups to include those seldom heard and underserved voices; this is addition to the resources to support those groups through access to the Macmillan Easy Read booklets and the use of the multi-lingual function already installed on the app.

Impact
The app includes an analytics package which enables staff with access to track how many downloads, unique users, and views there have been on a daily basis. It clearly evidences the growth of the app over the 12 months since it was launched in mid-July 2022. Since launching, the app has 622 downloads and over 72250 user interactions with an average of 130 downloads per month. By using the app analytics, we can see which tiles are getting the most traffic and in doing so can push notifications to all highlighting this tile as a tile of interest. As well as the quantitative data, we have received fantastic qualitative feedback from colleagues within the Trust and in the community, patients, and their loved ones: *A simple yet effective design – easy to navigate; Full of information that is local to me – just what I needed; The app helped put my mind at ease; It has been great to use as a resource with my patients I see in the community; The layout of the app is brilliant – I can find things easily; The way you can press a button and it goes directly to the website is very 'fancy'!* The app has recently been recognised as best practice and a beneficial resource for supporting those LWBC in the digital era and featured as part of a Master's module, 'The Cancer Survivor: Developing practice supporting those living with cancer and cancer treatment' for the University of Liverpool, in collaboration with The Clatterbridge Cancer Centre.

What Makes Us Stand Out
1. Improving access to information and support for patients: keeping the information fresh, we enable the patient to choose when to access a service that may be beneficial. 2. Improving accessibility: a free app that can be accessed at the right time for them, improving patient experience and enabling them to take an element of control. 3. Improving empowerment through promoting self-management; ensuring that as well as information about the clinical teams, there is information about non-clinical services. By doing this, it can possibly reduce worries for that person, answering a question they may have had without the need to ring and speak with a CNS 4. Strengthening relationships across care sectors: supporting each other to provide the best standard of care for the patient and loved ones. The app is used in the community by professionals as a resource. We have received feedback that those with a non-cancer specific role have found the app useful as a way of signposting to other appropriate services. 5. Improving communication with those LWBC: the app encourages those affected by cancer to feedback, suggest content for the app, empowering them to continuously shape the app to suit current needs.

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uMotif Limited

uMotif: 1st New, Validated eCOA/ePRO Data Capture Innovation Since Paper on Smartphones Drives High Patient Engagement in Clinical Trials and Real-World Studies

Category

Innovative Use of Technology/Social/ Digital Media

Organisation

uMotif is a global organisation with 85+ employees, recognised for our patient-centric approach to speed the drug development process by solving the problem of how technology can improve patient data collection in a clinical trial or real-world study. Headquartered in London, uMotif was born when co-founders Bruce Hellman, Chief Patient Officer; and Ben James, Chief Design Officer, met with Parkinson's Disease patients who wanted better digital tools to manage, track and understand their disease, treatments, medication, and healthcare journey. uMotif developed a novel approach to collecting patient data, which ultimately became a new Electronic Clinical Outcome Assessment (eCOA)/Electronic Patient Reported Outcomes (ePRO) technology for clinical, real-world and post-marketing research. By building our software from the ground up with and for patients, uMotif is breaking new ground in providing unparalleled increases in patient engagement for research programs worldwide.

Summary

uMotif provides a patient-centric software platform designed to engage, motivate and encourage clinical research participants to capture required data. The cornerstone of our platform is the patented Motif. This flower-like, graphical user interface was created by a global team which uniquely combines deep clinical trial knowledge and consumer design expertise. Each Motif "petal" represents a different question. Patients simply swipe each petal to capture their data. The Motif reduces the burden of participating in research by giving patients a visually appealing app that is akin to what they are accustomed to, and expect, in their personal lives. When patients stay engaged and compliant, research sponsors can speed the discovery and delivery of new medicines. By focusing on the experience patients have while using technology, uMotif shows that a more patient-centric approach maximises compliance to a study protocol, helping sponsors run faster trials by capturing more, high quality data from truly engaged patients. Until the Motif, the eCOA/ePRO market lacked innovation for 20+ years. The Motif has engaged thousands of patients who have captured millions of data points which formed the basis of published research. Independent testing has validated the Motif as a novel technology for capturing patient data.

Impact

Case studies published on PubMed illustrate how uMotif worked with patients, research centres and trial sponsors to ideate, create and launch the Motif. The Motif was voted Best in Show by attendees of the 2023 SCOPE Summit for Clinical Ops Executives for offering patients an innovative, easy way to stay motivated, active and compliant. Hypo-METRICS: Hypoglycaemia-MEasurement, ThResholds and ImpaCtS-A multi-country clinical study to define the optimal threshold and duration of sensor-detected hypoglycaemia that impact the experience of hypoglycaemia, quality of life and health economic outcomes Hypo-METRICS: Hypoglycaemia-MEasurement, ThResholds and ImpaCtS-A multi-country clinical study to define the optimal threshold and duration of sensor-detected hypoglycaemia that impact the experience of hypoglycaemia, quality of life and health economic outcomes: The study protocol - PubMed (nih.gov) Exploring the Cross-cultural Acceptability of Digital Tools for Pain Self-reporting: Qualitative Study Exploring the Cross-cultural Acceptability of Digital Tools for Pain Self-reporting: Qualitative Study - PubMed (nih.gov)

What Makes Us Stand Out

The uMotif platform and Motif app were designed and developed by patients for patients. We are achieving patient engagement rates unheard of in the industry. uMotif was able to develop the Motif for several key reasons. This includes a truly patient-centric approach; a unique team that combines experts in clinical trial software design and consumer design; and, an earned sense of trust in our partnerships with patient groups, research organisations, and trial sponsors.

Our success in several large-scale, multi-national research programs involving thousands of patients led us to submit the Motif for independent evaluation. The highly respected, independent organisation SAFIRA Clinical Research scientifically validated the Motif as an equivalent to standard methods for capturing patient data - the first new method for encouraging patients to achieve unprecedented amounts of quality data capture in two decades.

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University Hospital Bristol and Weston NHS Foundation Trust
Bristol Sight Loss Council - making connections: building relationships

Categories

Partnership Working to Improve the Experience; Using Insight for Improvement

Organisation

University Hospitals Bristol and Weston NHS Foundation Trust brings together a combined workforce of over 13,000 staff, the Trust delivers over 100 different clinical services across 10 different sites serving a core population of more than 500,000 people. With services from the neonatal intensive care unit to care of the elderly, we provide care to the people of Bristol, Weston and the south west from the very beginning of life to its later stages.

Summary

Working effectively with people and communities is fundamental to how we work together to improve the experience of care for all at University Hospitals Bristol and Weston (UHBW). Whether it is our work with Bristol Autism Support to improve the support we offer autistic people attending our Emergency Departments; our role in the Bristol Deaf Health Partnership to advance health equity for patients who are deaf or hard of hearing; or, working with some of our most vulnerable and marginalised patients to develop a more inclusive High Impact User Service, we are out there forging new connections and growing long-term sustainable relationships with people and communities that make a practical and tangible difference to our patients, carers and staff. This submission for the Partnership Working to Improve the Experience shines a bright light on one of our most enduring and effective partnerships, that with the Bristol Sight Loss Council. The Sight Loss Council is led by blind and partially sighted Bristolians, people who are passionate about campaigning and advocating for the needs of blind and partially sighted people. They work at both an operational and strategic level in the trust making a difference where it matters and challenging us to think differently about what we do. This is an ambitious relationship that positions the Sight Loss Council as a leading community partner in our trust setting an example both for other community partners seeking an influential role and colleagues wishing to support them in doing so. Our relationship with the Sight Loss Council is all about bringing the lived experiences of those with visual impairment centre stage in to the delivery and planning of our services. We wanted to build a lasting and enduring relationship that helped improve the experience of care for visually impaired people and develop a new approach to working collaboratively with community partners. Our journey with the Council began several years ago with a focus primarily on the services provided by the Bristol Eye Hospital. It was driven by a desire to share with the Eye Hospital feedback received by the Sight Loss Council from its members and other local people with visual impairments. A quarterly meeting between Sight Loss Council members and Eye Hospital management, with support from the Trust's corporate Experience of Care and Inclusion Team, commenced and so began a process not only of sharing information but building a relationship. We are now proud to say we have a truly collaborative relationship with the Bristol Sight Loss Council that spans the strategic and operational agenda.

Impact

Impact and difference is measured in two ways. Anecdotal evidence about the reputation of the Bristol Eye Hospital amongst the visually impaired community. This is based on the appraisal of service user feedback to the Sight Loss Council which includes references to improved attitude, communications and behaviours. impact feedback from participants to the training (as attached "completion of visual awareness training"). This shows a change in behaviour amongst staff to the needs of the visually impaired community. Rachel Cifarelli, Rota Coordinator at Bristol Eye Hospital captures well the impact of our work with the Sight Loss Council in this quote:

"I believe the patient experience and service delivery has improved exponentially since working with the sight loss council. Their invaluable insight has given the staff confidence in how the assist and support patients and has made us more compassionate to how they may be feeling as they attend the hospital. Their clear, concise and informative in person training has given unique insight into the way our patients navigate the world as well as giving very practical and helpful advice for how we can make patients as comfortable and supported as possible. The training video they made was powerful and I implement what the sight loss council has taught me every day at work."

What Makes Us Stand Out

This initiative has longevity and delivers. It is built on hard earned trust and respect and accommodates, through dialogue and collaboration, the different needs, positions and interests of the parties involved. It is about working together over the long term to drive improvements.

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University Hospital Bristol and Weston NHS Foundation Trust
Dance for Dementia

University Hospitals Bristol and Weston NHS Foundation Trust

Category
Environment of Care

Organisation
This is a joint submission by the Arts & Culture Team (A&C) at University Hospitals Bristol & Weston (UHBW) and the Fresh Arts Team at North Bristol NHS Trust (NBT). Dance for Dementia (D4D) was piloted 2020. In 2022, funding, secured by Fresh Arts, for a longer, 12 month pilot project saw Fresh Arts work in partnership with UHBW Arts & Culture team to roll out D4D across three sites. NBT provides urgent, emergency and elective care to primarily in South Gloucestershire and North Bristol. Fresh Arts is the arts programme managed by NBT established in 2007. It exists to enhance patient, visitor and staff experience of its hospitals and services, create distraction, provoke thought and improve health and wellbeing. UHBW is the newly merged Trust comprising University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. The A&C programme at UHBW was founded in 2018 to improve the look & feel of the Trust's 10 hospital sites, provide creative wellbeing opportunities for staff & patients.

Summary
D4D was delivered by The Original Spinners, offering older, long stay patients enjoyment, engagement and an invitation to dance and move creatively. TOS are three dance practitioners with extensive training and experience of working with people with dementia, Parkinson's Disease and other conditions in a creative, playful and enabling way; they work with patients on a weekly basis to offer creative dance and movement using a bespoke trolley filled with props and music soundtracks to stimulate engagement. Patients are gently invited to take part in their own unique way; for some, this will mean waking from sleep, watching the dancers and perhaps tapping their toes or fingers; for others, who wish to engage more fully, props will help give them 'permission' to join in freely with the music and dance. Health practitioners are invited to take part and embed a playful approach to physical activity in their interactions with patients with cognitive impairment, re-focusing conversations and encouraging/supporting people to incorporate movement into their daily lives, including on the ward.

Impact
The Fresh Arts evaluation tools employed on this project and being analysed by UoB, include: Artists debrief after each session - thematic analysis; Numbers of patients, visitors and staff engaging in the project; Comments and feedback from patients, visitors and staff; Interviews with dancers, clinical staff, arts team, arts observer; Monthly arts observations using Daisy Fancourt tool at all three sites. From Jun23, new data is being gathered on EEU which includes 48-hour activity chart (eating, sleeping, drinking, social interactions, visitors, and physical movement (with emphasis on patient independence i.e., enablement in daily tasks if any). Documenting two patients, one patient on a dance day and one patient on a non-dance, then alternate following week. A report on activity for June - December 2022 identified the following impacts: Increased movement; Sense of lively atmosphere on the ward; Positive emotions (beauty and joy); Positive emotions (fun and excitement); Engagement/participation; Gratitude. Patient happiness scores were measured using a visual observation of patient faces rated from 1-7, with higher scores meaning better mood. Measure was taken directly before and directly after the dancers were in the bay. Since July 2022, average happiness scores - baseline = 3.8, scores after the programme were 5.3. Participation in D4D on EEU has led to greater social engagement between staff and patients, increased activity levels, reduced boredom and improved ward mood. Through the dancing, staff can assess patient ability without explicitly asking.

What Makes Us Stand Out
Visitors are taking part and seeing their relatives and loved ones differently during the sessions for example, one gentleman spoke animatedly to his daughter afterwards about the dancers visit and 'the visit by the King' (Elvis was played several times in this bay due to the enthusiasm of the patients!). His daughter reported that he *'called me by my name for the first time in . . . .'* [did not specify timescale]. She said *'it made his day, and hearing about it from him it has made my day too'.* Patient comments: *'It's really nice to stand up, I'm worried I won't be able to stand up when I go home.'; 'I'm going to sleep really well tonight.'; 'You woke up my rhythm.'; 'It keeps your wheels turning.'; 'I didn't think I could do much, but it makes me feel so much more capable, I can do more than I think.'* Staff comments: *"One man was at end of life and we had had no reaction from him until the dancers came in with the birds; it was the first time he had engaged with anything. For patients going to a pathway 1 or 2; activity like this really contributes to their recovery. Patients don't see what you do as exercise; it's hard to create that clinically."*

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University Hospital Bristol and Weston NHS Foundation Trust
Lights, Camera, Action! Making the Unfamiliar Familiar: A Patient Information Video

University Hospitals Bristol and Weston NHS Foundation Trust

Categories

Personalisation of Care; Innovative Use of Technology/Social/ Digital Media

Organisation

Within the UHBW NHSFT, the Special Care Dental department is based at the Bristol Dental Hospital (BDH) and the team manages and treats adult patients with additional needs. These additional needs include physical, mental, social, sensory and emotional impairments and also includes medically compromised patients such as those awaiting cardiac surgery or stem cell transplants. Dental treatment can be carried out under local anaesthesia (LA), conscious sedation (CS) (inhalation or intravenous) and general anaesthesia (GA). GA lists run weekly at St Michael's Hospital and are usually reserved for patients who cannot comply with treatment under LA or CS alone or who cannot safely be treated under these modalities. The SCD team at BDH is composed of two Consultants, a specialty registrar and several specialised dental nurses. The team is wholly supported by a dedicated administrative team.

Summary

Within the Special Care Dental (SCD) service, we treat and manage patients with complex medical histories, additional learning needs, sensory/physical disabilities and behavioural problems such as autism and ADHD. Unfamiliar and new environments can be anxiety inducing not only for the patient, but also a source of stress for their family members and care givers. As a way to alleviate anxieties and fears about their admission (as well as being a useful tool for parents and carers), we filmed a short video explaining the process of an admission. This highlighted routes within the hospital one may take to reach the ward, team members they may meet on the day of their appointment and noises and sensory stimuli they may come across in hospital, for example. We were successful in obtaining a grant of £1000 from Bristol & Weston Hospitals Charity to film the video and collaborated with our anaesthetic, learning disability, theatre and surgical day unit ward teams, to ensure accurate representation at all levels of an admission. The video was supported and filmed by the medical illustrations team and portrayed form a patient's perspective throughout. Subtitles were provided to help minimise any potential barriers for the audience and we piloted the video on a cohort of patients, before making small changes. The video was then published on the Trust's YouTube account and a QR code generated for direct access. This QR code has also been disseminated to the pre-admissions teams and incorporated in pre-operative patient material, which is used on the SCD outpatient department. Patients and escorts can refer to the resource in their own surroundings, away from the hospital setting, to help them prepare for their admission and help alleviate and reduce any fear they may have. This project encompasses multi-disciplinary team working with in the trust, all with the aim to better serve and care for our patients, especially those who maybe more vulnerable within society. It provides a user friendly and accessible tool, which can help support care givers for these patients.
https://www.youtube.com/watch?v=ucJC2teNAsU&t=329s

Impact

The feedback from this video and quality improvement project has been extremely positive and the project has been well received locally, regionally and nationally. The project won first prize at the national British Society of Special Care Dentistry meeting held in May 2023 and the video itself has received over 3,300 views on Youtube, as well as 41 "thumbs up' to date. Verbal feedback from patient has also been encouraging, with a lot of them remarking how useful and what an accurate representation this video has been for the actual day of admission. Later on in the year, when the second cycle of the audit is completed, we will have a tangible result as to whether our compliance with the national guidance in this field has been met.

What Makes Us Stand Out

This project is special and unique on many levels. Firstly, this project is the first of its kind within our service and has already been hugely successful, with over 3,300 views since being published on YouTube 2 months ago, as well as winning first prize at a national conference. Presenting the admission at the patient's level and filming it from their perspective, gives a real and accurate representation of the day of admission, and is something that is original and eye catching for the audience. The sensory aspects of the video also make it special and stand out from other informative videos, it helps replicate the true admission pathway for patients with sensory impairments - e.g. having the noise of the anaesthetic machine in the background of the video and knowing that this noise is normal and to be expected. Another unique quality of his video is that a QR code was generated for direct access to the video.

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University Hospital Bristol and Weston NHS Foundation Trust
Making room at the top - Young Ambassadors programme at Bristol Royal Hospital for Children

University Hospitals Bristol and Weston NHS Foundation Trust

Category

Engaging and Championing the Public and Patient Contribution

Organisation

The Bristol Royal Hospital for Children is part of University Hospitals Bristol and Weston Foundation Trust. We are a tertiary referral centre caring for young people from across the south west and in some cases nationally, in a range of specialist medical, surgical and critical care services, as well as providing local services to the Bristol, North Somerset and South Gloucestershire community. In 2021/22, our 1,691 staff looked after 2,839 inpatients across 179 acute care beds and 76,878 outpatients, both on the main hospital site and in satellite clinics across the region. Whilst many patients attend for short appointments or day case treatment, our longer stay patients can be with us for many months in certain specialities and our more complex patients may potentially visit multiple times a month.

Summary

It was recognised that whilst we sought feedback from young people the Division did not have a mechanism to hear young people's voices at every stage of service planning and discussions about all aspects of the care given at Bristol Royal Hospital for Children. To address this we invited 4 young ambassadors to participate in our divisional and leadership meetings to ask questions, challenge or support decision making. This role is recruited from our Youth Involvement Group (a group of diverse young people from 11 - 21 who are either current or ex-patients or have an interest in healthcare) and creates a strong link between the two groups, The ambassadors are supported by a mentor also attending the meeting as well as our involvement team, to ensure confidence and full participation in understanding processes used and information shared. Young people have shared suggestions, seeing things in a way that a professional might miss. The ambassadors also have a work programme, based on their priorities. Both staff and the wider Youth Involvement Group develop projects together and the outcomes are presented as part of the meetings. Evaluation from staff has been incredibly positive, and staffs have been inspired by the energy and commitment of these young people.

Impact

The programme has been running for two years and the 5 young people who have participated during that time have been exceptional. They have been pragmatic and reasoned in their approach and with growing confidence, have shared ideas and suggestions which have genuinely enhanced discussions and changed the way that the Division has responded on a range of topics. They have initiated a clear work plan around hearing young people's voices at all levels of activity and are working alongside staff to deliver this, as well as leading of feeding back around outcomes. Evaluation in 2022 showed that staff valued their contribution and were much less anxious about the risk to discussions and some staff felt that the changes made to accommodate young people also enhanced their experience of the meeting e.g. restrictions on use of acronyms or clearer context around substantive items. Our mentors commented that the experience of working closely with a young person had enhanced their wider role and encouraged them to consider work undertaken outside of the meeting in a different way. Feedback from the ambassadors themselves has confirmed that they have grown in confidence and are proud to be part of the team and feel respected and valued for their contribution. This reflects in the fact that all initial appointees chose to stay for a second term, although one needed to withdraw once her university course demands became too much.

What Makes Us Stand Out

The initiative stands out for two reasons. Firstly the is the first time young people have been part of our Divisional board and leadership meetings, this felt risky to the organisation and took time to develop the processes needed in consultation with the Divisional board to keep everyone safe. Secondly, these young people have accepted the challenge of joining and influencing an established hospital setting with open arms and been generous and thoughtful about their time, commitment and understanding in order to help make the hospital a better place for young people and to help staff find ways of working that bring them closer to the young patients that they serve. They have inspired staff at a difficult time to want to do more and to genuinely listen to children and young people and work with them to improve the experience for everyone.

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University Hospitals of Derby & Burton NHS Foundation Trust
Paediatric Medical Students Patient Experience & Quality Improvement Special Study Module (SSM)

University Hospitals of Derby and Burton NHS Foundation Trust

Category

Staff Engagement/ Improving Staff Experience

Organisation

University Hospitals of Derby & Burton NHS Foundation Trust (UHDB) is an acute trust providing urgent care, maternity care and a range of specialist medical and surgical treatments. The Trust directly manages five hospital sites: Royal Derby Hospital, Derbyshire Children's Hospital, Queens Hospital Burton, Samuel Johnson Community Hospital in Lichfield, Sir Robert Peel Community Hospital in Tamworth, and Florence Nightingale Community Hospital in Derby (end of life care and rehab services). The Trust also runs other services, including some minor surgery procedures, blood clinics, imaging, community nursing and community midwifery services across satellite sites at other hospitals and health centres. These include St Oswalds Hospital in Ashbourne, Ilkeston Community Hospital, Ripley Community Hospital, Long Eaton Health Centre, and Heanor Memorial Health Centre. Key Facts about our Trust: We see on average 4810 OP appointments per day. We are the 4th busiest Trauma & Orthopaedic outpatients department in England – an average of 2077 per week. An average of 1115 patients are seen in A&Es across our network every day – 3rd largest in the country. Our hospitals admit an ave. of 195 emergency patients daily. Last year we undertook almost 33,700 planned surgical operations in our 57 operating theatres. We are one of only 7 Trusts nationally with more than 50 operating theatres and carry out 140+ elective procedures each working day.

Summary

Our new way of thinking around medical education is partnership through collaboration with parents/ carers and patients for the benefit the future workforce and patients. We use patient stories that are recorded by our patient experience team with an introduction to patient experience.
(https://drive.google.com/file/d/1rIpvZlGo98z5xu7_YRjP5VR_mVx4_flX/view?usp=sharing).
Subsequently, an internal link of a bespoke patient experience is shared and discussed the highlight the specifics of a patient's journey. Our students co-designed project with patients to establish the added values students bring to patients and vice versa when they engage in either bedside teaching or traditional ward round. They developed a tool to support patients in being part of antibiotic stewardship via five questions patients can ask as part of the stewardship programme. Our flagship patient experience/ QI student selected module (SSM) programme is very unique and probably first of its kind for University of Nottingham. Students are given the opportunity to work with our patient experience team to understand what patients want. Engagement with complaints process and generate ideas on how to mitigate them. Provides an opportunity to work closely with the QI team. Subsequently, they practice some of the ideas or issues raised through a staged session with patients discussing issues like "duty of candour" and patient safety related scenarios using real patients. We shave shown leadership in this project and shown sustainability as the SSMs have been selected to run again this year.

Impact

Our students now have an idea of what patient journeys feel like through the patient stories; They have first-hand experience of co-designing beneficial projects for their patients; Most importantly, they have insight into what matters to patients which is in the hidden curriculum now unveiled by our SSM projects; All culminates into appropriate preparedness for practice experience for our students. We are not in any doubt that these set of students will approach patients differently in the future as noted in the reflective notes. Please also see our video, as the students describe themselves in their own words how they felt and what they learned from the experience, including how they will approach life as a doctor once qualified.

What Makes Us Stand Out

As far as we know, there is almost no dedicated teaching to medical students on patient experience matters. The students involved in the SSM had very little prior knowledge of what is even meant by the term 'patient experience'. All were surprised by the volume of feedback the Trust receives every month and found it interesting to see in patients' own words what it felt like to be a patient. They all fed back that they had been given an insight into care that they wouldn't normally get from their traditional teaching. In presentations they gave on their experiences at our Opening Event of Patient Experience Week in April, they very clearly articulated this.

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Wakefield District Health & Care Partnership
Wakefield District Health & Care Partnership Experience of Care Network

Category
Strengthening the Foundation

Organisation
Wakefield District Health & Care Partnership (WDHCP) works to improve the health and wellbeing of local people, reduce health inequalities, provide continuity of care and improve our services Home - Wakefield District Health & Care Partnership (wakefielddistricthcp.co.uk). It is a place-based partnership that includes NHS organisations, Wakefield Council, Healthwatch Wakefield, housing, voluntary and community sector organisations. We are proud to be part of West Yorkshire Health and Care Partnership.

Summary
Our Experience of Care Network is a vibrant community of interest with a passion for improving experience of care. It gives the health and care partnership a single shared view of experience of care for our population. It is innovative as the first such network for the local area and the only one we are aware of in Yorkshire and Humber. Membership has grown organically - the Network is inclusive and has been co-produced, jointly led with Healthwatch Wakefield playing a key role promoting people's voice. The range of partners is far broader than just traditional healthcare organisations and our meetings include reflective opportunities to ensure we have clear, shared priorities. The Network has achieved its initial aims of establishing itself and growing and sustaining its membership to allow us to amplify the voices of local people. We see improved experience of care from our ongoing analysis of the qualitative insight and feedback gathered from various sources. The concept of the Network is easily transferable for other places and colleagues from neighbouring areas are keen to replicate the Network. Our Network has been celebrated in a pilot project with NHS England to embed Experience of Care into the work of Integrated Care Systems.

Impact
Our key aim for Year One was to establish the Network and grow its membership - there were eight health and care organisations and Healthwatch Wakefield at the first development session in November 2021, and membership has grown to 16 partner organisations by June 2023. The spread of organisations is becoming more diverse. A participant noted the Network was *"not just information sharing but focus on actions, learning, solutions and support".* We agreed four success criteria in our aims and objectives: a greater positive sentiment in experience of care feedback - Q1 2022/23 19% positive sentiment increased to 31% in Q1 2023/24 demonstrate how feedback has informed and influenced improvements in service delivery and transformation - achieved through our themed discussions proactive engagement and commitment from all partners across the district. There have been some positive unintended outcomes: We produced an A-Z for Wakefield District which lists data sources and contacts from different organisations which everyone can view - this has widened the information and range of feedback that can be used by organisations looking for relevant data. We have a mutual and shared understanding of local issues and brought solutions – for example a session where feedback gathered by the network about problems getting a GP appointment was presented to the primary care team. The discussion identified the need to raise awareness and promote the role of different professionals working in general practice so Healthwatch Wakefield produced public facing communications on what people could expect and how to prepare for an appointment with a member of the general practice team 'How to' guides - Healthwatch Wakefield We have promoted and facilitated closer working among partners who may not have previously worked together. During our 'show and tell' event, the Young Lives Consortium and one of our local hospices made a connection and have begun to look at how the hospice could support the wider family, incl. young people, when their loved one is receiving care in the hospice.

What Makes Us Stand Out
Our Network is unique. The broad range of partners involved means it embodies the concept of integration and adopts the idiom that the 'whole experience across a care pathway is more than the sum of its parts' as we review and discuss feedback throughout a person's health and care journey. In line with the ICB's values, our experience of care topics are data-driven and focus on emerging challenges and themes from the vast array of feedback mechanisms that partners have. The Network has championed the importance of working together to make improvements in quality and develop and deliver against what matters to people. The culture is beginning to change with experience of care becoming embedded as part of the transformational work of the Partnership's priority programmes and pieces of work rather being overlooked or seen as an extra task.

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Walsall Healthcare NHS Trust
Little Voices

Walsall Healthcare NHS Trust

Category
Communicating Effectively with Patients and Families

Organisation
Walsall Healthcare NHS Trust is an integrated Trust and provider of NHS acute care, serving a population of 286,700, providing inpatient and outpatient services at the Manor Hospital as well as a wide range of services in the community. Walsall Manor houses the full range of district general hospital services under one roof. The £170 million development was completed in 2010 and the continued upgrading of existing areas ensures the Trust now has a state-of-the-art Critical Care Unit, Neonatal Unit, Obstetric Theatre, and Integrated Assessment Unit facilities. Work has also been completed on our new multi-million pound new Urgent and Emergency Care Centre.

Summary
As our youngest patients, children have a unique perspective on their wellbeing. Their views and experiences can differ from what we, as adults, assume or expect. When we listen carefully to children, their experiences and opinions enrich and even alter the course of our decisions and the plans that we make. Little Voices helped inform and support our ambition towards delivering care in a setting that is child-friendly and equitable for all children. The amplification of the children's voice, children of such a young age provided meaningful participation that was not just child led but provided for an understanding of what accessing care is really like for a child, seen through their eyes and not that of a parent or carer. Our initiative opened an opportunity to shape both place and purpose which has resulted in actions that demonstrated we have listened and acted on the feedback our 'little voices' have given. The importance of hand hygiene, mealtimes that matter, play that is engaging, reducing fear and anxiety improve the way that we involve children in care that is provided to them. 'all about me' becomes the norm.

Impact
Back to Basics' was the improvement plan that was a catalyst for this innovative piece of work. This meant a focus on responding to the less favourable outcomes of the 2021 CYP National survey and to attest that we were improving the recommendation scores in the FFT and associated themes. Using a themed analysis of paediatric FFT comments, the trust can track changes in positive and negative comments over time. Since January 2023, inpatient paediatric services have received consistent positive comments about staff attitude, with PAU seeing an increase in comments throughout the period to June. On average, paediatric services have maintained 40% or more positive comments received during the period specifically mentioning staff attitude in a positive light. This improvement in staff attitude, whilst following an improving trend across inpatient areas, is proportionately higher than the trust inpatient average of 30%. From a review of complaints and concerns there has been a 70% reduction from 21/22 to 22/23 (30 and 9 respectively) and of the mystery patient comments received all were positive in relation to staff courtesy, environment and facilities, dignity and respect and involvement in care (themes from the national survey). In addition, a clinical group was set up to put into effect the actions arising from the Little Voices + feedback. The motivation is to utilise this group to track and monitor improvement actions and to mirror survey the questions against those in the National Survey as we prepare for this year's sampling. This renewed focus on patient and carer involvement also led to paediatric services being open to include volunteers in their engagement with children and their parent/guardians. We now have four young volunteers working across the service – called EWE's (Enhancing the Ward Experience) who work on placement from Walsall College as part of their protected services course.

What Makes Us Stand Out
This is a unique approach that has ignited excitement on a multi-professional level in the importance of levelling up the involvement of children in service design and improvement. It has been child led, it affirms the core principle of article 12, it provides staff with insight that enhances practice and adds greater depth of understanding from a child's perspective. This is a different approach because it's not conventional in terms of the way we would usually obtain feedback and act on it. The key elements of our success have been the partnership with a school, sometimes children are not in the hospital setting long enough for meaningful engagement to take place or are too poorly, however they have all either had or have familial experiences of coming into or accessing hospital services. Another success marker has been the creativity of the programme to adapt to the children's viewpoint when it has differed to that which we anticipated. This has led us to act on areas which we did not consider to be a problem at the time – sometimes a simple solution e.g. changing a mirror in the sensory room viewed by a child to have potential danger.

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Walsall Healthcare NHS Trust
The Power of a Cup Tea

Category
Staff Engagement/ Improving Staff Experience

Organisation
Walsall Healthcare NHS Trust

Walsall Healthcare NHS Trust is an integrated Trust and the only provider of NHS acute care in Walsall, serving a population of 286,700, providing inpatient and outpatient services at the Manor Hospital as well as a wide range of services in the community. Walsall Manor houses the full range of district general hospital services under one roof. The £170 million development was completed in 2010 and the continued upgrading of existing areas ensures the Trust now has a state-of-the-art Critical Care Unit, Neonatal Unit, Obstetric Theatre, and Integrated Assessment Unit facilities. Work has also been completed on our new multi-million pound new Urgent and Emergency Care Centre which houses a new Emergency Department (including Children's Emergency Department), co-located Paediatric Assessment Unit, Acute Medical Unit and Urgent Care Centre. This opened officially in June.

Summary

Our project was set up to support staff well-being as a catalyst to improving Patient Experience which was impacted during the COVID 19 pandemic and increased winter pressures. Given the impact on patient outcomes, all healthcare staff who interact with patients should have the time and space for reflective practice – spaces where they have protected time to come together to talk about the emotional impact of their work. Identified spaces must be confidential, facilitated and within the working day of healthcare professionals not an added extra which they are expected to do in their own time. During the peak of the COVID pandemic the Trust had partnered with Project Wingman, a charity of furloughed airline staff supporting the front-line NHS by providing a space for staff to step away from their immediate pressure to help manage stress and to 'recharge'.

We wanted to do something that could build resilience and provide a sustainable legacy. We partnered with a VCSE organisation, Manor Farm, and with their expertise and bank of volunteers, set up the Manor Lounge wellbeing space thus maximising the benefits to our staff by working with an embedded, respected community organisation.

Impact

The lounge has been exceptionally popular with staff. When surveyed, 100% of those that used it gave a '5-star' rating, and 100% of staff recommended the lounge as a place to go for a welcome break away from the workspace. It has however been about much more than the success of the facility itself.

The new space, and the trolley service has helped to improve the culture and attitude around staff breaks, making it not only acceptable but understood as hugely important to take a break - something that can easily be 'lost' in an exceptionally busy and challenging environment. The trust now promotes a take a break initiative, empowering staff at all levels to take breaks to enable them to better perform in their vital roles.

Having the space and service encouraged staff to look after themselves in order to be able to sustain safe and effective care and many said how much just a 10- or 15-minute time-out from a clinical area really helped improve their mental health and wellbeing.

When surveyed, 100% of staff felt the lounge had helped them unwind and take a break.

"It's always a warm welcome. It helps with my mental health at work as we do not have a rest room to take a break or eat lunch in. We have to eat and drink at our desks, so we never switch off"

"It's saved my sanity at times and Zoe (volunteer co-ordinator) is so kind and caring"

"This service makes more of a difference than you can even imagine to staff who can't get to the shop, and who only have five minutes spare, please keep it going!"

"Relaxing space whether it be for 2 minutes or a full half hour."

What Makes Us Stand Out

Promoting staff and their wellbeing is renown for providing a better experience for patients. The Manor Lounge and the mobile offer was unique in providing staff at times of increased pressure with more than a compliment. This initiative said, 'Thank you' in a way that literally re-plenished the well with good old fashioned 'tea and empathy'. It afforded opportunities for networking beyond traditional staff disciplines, it allowed staff and volunteers to engage with each other in a casual setting and in turn helped build understanding and appreciation of each other's roles, it screeched 'value you' and the collaborative approach between staff, VCSE cemented its success.

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Warrington and Halton Teaching Hospitals NHS Foundation Trust
The implementation of Family Integrated Care (FiCare) model within the Neonatal Unit

Category
Communicating Effectively with Patients and Families

Organisation
Warrington and Halton Teaching Hospitals NHS Foundation Trust is a large District General Hospital which covers two sites, Warrington and Halton. Over 400 babies receive the expert care of the unit each year. Whilst the unit mainly cares for babies born locally, staff also take in babies from further afield as part of the neonatal network which ensures that babies get the care they need as soon as possible, even if local units are full. The Neonatal Unit comprises 3 Intensive care cots, 3 High Dependency Care & 12 Special Care cots. The Neonatal Unit is staffed by an expert MDT incl consultant paediatricians, highly trained neonatal nurses and a full team including nursery nurses.

Summary
FiCare is a recognised model used across all Neonatal Units. At Warrington & Halton staff went above and beyond implementing the 4 pillars of FiCare. An education package for staff has been developed which is now included within the mandatory training package and is embedded into the daily MDT working. Parent Education - the main focus was how to get our parents and families involved, a timetable of teaching events was shared with families, each family would receive a passport which would document their learning and teaching supported with teaching crib sheets, a tool to ensure consistency of information provided by staff to parents. "Tell us Tags" are a way of families communicating their progress to the Neonatal team, it can be as simple as *"please do not change Billy this morning I would like to bath him when I arrive".* Neonatal Environment - A large acorn tree (painted on the wall) greets you on arrival to the unit, symbolising growth, "from the smallest of acorns a mighty oak will grow", next to this is the "going home bell", families will ring this bell as a celebration of their journey and of going home. The "all about me tree" is placed at every cot side, this displays information about the baby and their families as well as the team caring for them i.e. their named nurse. The unit comprises a family overnight room whereby families can stay overnight to be closer to their baby, each cot space has a recliner next to it to provide comfort whilst giving skin to skin. A kitchen is available as a quiet area, and parents are provided with a snack pack during their visits. Psychological support - Wire warriors are our units Peer support, this group is made up of parents who have had babies on our unit they provide support to our current families. A monthly gathering takes place a local soft play areas where all families are invited. Dad matters visit the unit once per week to provide additional support, there is a monthly walk in the local park. During the Covid pandemic we did our upmost to ensure that babies were not separated from their mothers, should the mother have tested positive for Covid. We linked in with our infection control team, created bubbles, and were able to ensure that mothers could still visit their babies.

Impact
FiCare is about empowering parents to be partners in the care of their baby, by doing this length of stay to the NNU is reduced. Babies receiving their mother's milk increases, infection is reduced and readmission following discharge is less likely, this is due to parents confidence. Parents feedback has been positive: *"….FiCare on the unit gave me and Theos Dad the chance to feel like we still had a big input in his cares, needs and bonding experiences.We were shown how to tube feed, take temperatures, get Theo in and out of incubator, draw up medications and a lot of the day to day needs. This made us a lot more confident in being new parents with a baby in the neonatal unit and would advise parents to get as involved as possible."*

What Makes Us Stand Out
FiCare is different from any other project we have undertaken as parents take the lead and dictate the pace they wish the initiative to be delivered. Staff are happy to support where required and work together for the best outcome of the baby and their families. Preliminary research suggests that infants admitted to the NICU and cared for under the FICare model grow faster and have less stress, spend fewer days in the NNU, and are less likely to be readmitted to hospital after discharge compared to infants cared for primarily by staff. These infants are also more likely to be breastfed and for a longer time which provides a host of long-term health benefits. The improved confidence and skills of parents in FICare increases parental readiness for the transition from hospital to home which improves management abilities at home and lowers parental anxiety. Parental involvement helps staff feel more confident in the abilities of the parent which will help facilitate getting everyone home as soon as possible.

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Warrington and Halton Teaching Hospitals NHS Foundation Trust
Your Future Your Way

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Category

Strengthening the Foundation

Organisation

Warrington and Halton Hospitals NHS Foundation Trust manages two major hospital sites - Warrington Hospital and The Nightingale Building at Halton, Captain Sir Tom Moore Building on the Halton site. The majority of our emergency care and complex surgical care is based at Warrington Hospital whilst The Nightingale Building in Runcorn is a centre of excellence for routine surgery. The Captain Sir Tom Moore Building is home to our orthopaedic surgery services. The organisation is supported by approximately 4500 staff.

Summary

The diversity of our workforce is not reflected in our senior management teams with just nine senior AHPs and 24 nurses/ midwives in Band 7 and 8 roles being from an ethnic minority background. The Your Future Your Way programme was created to begin our journey to reach equity whilst also providing opportunity to further enhance the experience of our patients. We created a bespoke leadership programme that was twofold. Part A was for our lead nurses, matrons, and therapy managers – to equip them with the skill set to act as sponsors and understand their impact of self on others, while addressing bias, allyship and exposing them to the lived narrative of individuals who had experienced career barriers due to ethnicity. The programme 'Your Future Your Way' aimed to build an understanding of the barriers that nurses, midwives and AHP colleagues from an ethnic minority face during their career and develop skills to promote equity across the workforce. We invited guest speakers from a range of external agencies to talk about their own lived experience, barriers, racism and discrimination they had experienced and the human impact of this. Support and guidance was then given to the attendees of part A to act as sponsors to the part B cohort, take accountability for improving equity and supporting their sponsor, make connections and create opportunities. The second part to the Your Future Your Way programme, Part B, aimed to: Provide support to harness and develop existing talent; Develop leadership skills through the work based project aligned with a level 3 CMI in house programme, learn and share lived experiences with colleagues on the programme; Have the opportunity to make new connections and build a career progression network; Create an opportunity to have open discussion with the senior team; Support our workforce from an ethnic minority to believe in their own potential, with an opportunity for leadership development and sponsorship from a member of the SMT. The first Your Future Your Way cohort had 28 attendees on Part A and 22 attendees for Part B. Since completing the first cohort in April 2023 we have 2 staff who have secured interviews for promotions and a further 2 staff who were successful at interviews and have gained a promotion. We have a waiting list of 22 delegates for the next cohort. The subjective feedback that was captured during the celebration event at the end of cohort one was inspiring. It is rare to see such an immediate impact of interventions, that evoke such emotion in others. In addition, delegates completed projects of change that had a direct impact on the experience of staff and patient care. Examples of projects included discharge planning, falls reduction, falls alarm processes, and staffing rotas.

Impact

The programme created a platform that resulted in colleagues of different grades and backgrounds working together and creating social networks and connection opportunities. This was achieved by establishing the unwritten permissions for colleagues to work together in this way and underpinned through the sharing of lived experience of attendees, which encouraged learning and was impactful and powerful. Improvement e.g. **Staffing Rotas Project:** "The implementation of an admission allocation to promote teamwork and improve risk assessment compliance" Impact on risk assessment compliance - "In the March audit the unit managed to achieve 100% compliance on risk assessment within six hours of admission as per trust policy."; **AKI project:** Improve the Point of Care Test among AKI patients via education and promotion of the test; To achieve timely prescription of routine medication in pre-operative period or 2 hours after surgery and review for continuation in post-operative period by 80% from baseline for patients undergoing surgery in A5 elective ward by the end of May 2023'.

What Makes Us Stand Out

What makes this initiative special? Quite simply the impact on people, the collaboration of teams working together to make a difference and a greater cultural understanding of others. Feedback has been hugely positive from all involved incl. external guest speakers. The experiences shared within this programme have stayed with all involved.

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Xploro
Xploro Digital Therapeutics Platform

Category
Cancer Experience of Care Award

Organisation
Xploro is a tech4good start-up based in Manchester, with 10 members of staff. I is a clinically validated patient education platform that uses augmented reality, gameplay and an artificially intelligent Avatar Guide to reduce anxiety for young patients visiting hospitals. Dom Raban (CEO) set about developing Xploro after his 13 year old daughter had been through successful cancer treatment. He realised the impact poor information provision has on the mental health of young patients.

Summary
New Thinking: Our AI chatbot uses synthetic phonics to understand the ways children misspell words. Augmented reality interactive models explain complex equipment. Our avatar guide can be viewed in augmented reality allowing children to form a connection with their avatar and game-based rewards encourage behaviour change. Leadership: Reducing procedural anxiety is embodied in our Articles of Association and embraced by the team and Board. This mission is driven by the CEO's experience when his daughter went through cancer treatment. Team members work closely together to deliver the mission. Outcomes: A clinical study compared children who received Xploro before their procedure with those who received standard information . Children using Xploro demonstrated: • Less procedural anxiety; • Higher levels of procedural knowledge; • Higher levels of patient satisfaction. Involvement: Our Expert Advisory Board, a diverse group of 8-16 year olds, ensures that everything we do is appropriate for children. We meet regularly to share feedback and ideas for new features. Their input is central to the development of Xploro. Transferability: Xploro is easy to deploy, requiring no special equipment or time from healthcare professionals to facilitate patient engagement. We are helping young cancer patients understand their treatment in the UK, USA, Canada,Spain, Ghana, Malawi and Cameroon.

Impact
As part of our development and feedback process, we have designed surveys that are sent to patients, parents and healthcare professionals to enable us to create quarterly Impact Reporting, using three key outcomes:- Reduced pre-procedural anxiety and stress among young patients; Reduced demands on hospital resources
Perception of increased confidence, control and autonomy in young patients using Xploro
Our feedback reports that:-
93% of patients feel less nervous about treatment after using Xploro
86% of patients feel more in control of their treatment after using Xploro
93% of patients feel they know more about what is happening when they go into hospital after using Xploro
100% of HCP's (Healthcare Professionals) felt that patients had been better informed after using Xploro
92% of HCP's felt that patients are less anxious after using Xploro
Alongside our Impact Reporting, we also currently have current research studies with OHSU Doernbecher Children's Hospital, Boston Children's Hospital, Hospital San Joan de Deu and Ormskirk General Hospital.

What Makes Us Stand Out
Xploro is not the only company trying to reduce anxiety for young patients, however with this being an emerging market with companies tackling very different approaches to addressing the problem, there are a few things that set us apart, which we feel makes Xploro special and contributes to the success: We're Scalable - We can be deployed to any healthcare organisation, from individual clinics to national health boards, without the need for re-engineering; We're Comprehensive - We have detailed information about a wide range of conditions and procedures, rather than focusing on a single treatment or conditions; We're Customisable - Our solution can be customised to the needs of different health organisations serving patient groups with widely different needs. Our management portal allows site-specific information to be customised and deployments can carry customer branding as well as creating bespoke hospital environments; We're Easy To Deploy - We don't need any special equipment (such as VR headsets) or time from healthcare professionals to facilitate patient engagement. With minimal training for clinical staff, we can be up and running in the hands of patients very quickly; We're Proven - Our published research shows that children using Xploro, demonstrates a significant reduction in anxiety and increases in patient satisfaction and knowledge about procedures.

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Information about our Partners

Picker is a leading international research charity in the field of person centred care. We have a rich history of supporting those working across health and social care systems, measuring patient and staff experience to drive quality improvement. Picker believes that everyone has the right, and should expect, to experience person centred care and that it should be ingrained into the fabric of health and social care services. As a charity, we strive to influence, inspire and empower care providers, practitioners, and policymakers to implement person centred approaches and to improve people's experiences of care. To learn more about our work, visit **www.picker.org** or follow us on social, Twitter @pickereurope, LinkedIn @picker-institute-europe and Facebook @pickereurope

NHS England believes that improving experiences of care is everybody's business. Good experiences of care are associated with improved clinical outcomes and contributes to people having control over their own health. We also know that good staff experience is fundamental for ensuring people have good experiences of care. In partnership with a wide range of NHS systems, providers, charity, voluntary and non-profit sector, NHS England seeks to improve the experiences of everyone, particularly the most disadvantaged, and to reduce health inequalities. We have a strong focus on embedding experiences of care throughout clinical programmes, driving participation and co-production with people using services and their unpaid carers, and on using insight from both people with lived and learnt experience to identify what is working well and what needs to be improved. These 3 principles are articulated in the National Quality Board shared commitment to improving experiences of care that was published in October 2022. It is also reflected in NHS Impact (Improving Patient Care Together) the new, single, shared NHS improvement approach, where co-production with people with lived experience is identified as one of the key enablers for improvement.

NHS England is committed to sharing examples of practice to inspire consistent good experiences of care across the NHS. You can find out more about our work at: **www.england.nhs.uk**

What are the experiences that people using services, their families and unpaid carers 'Always' want to happen? What can we learn from improvement science to assist us?

If these are questions you are thinking about too, perhaps Always Events® can be of help? **Always Events®** are defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system". NHS England are working with Picker Institute Europe and the **Institute for Healthcare Improvement (IHI)**
developing, implementing and spreading an approach, using quality improvement methodology to reliably listen to what matters to people using services, their families and unpaid carers and then improve together.

Genuine partnerships between people using services, their families and unpaid carers, and staff 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/**

Indicators of how well the NHS services are doing and what should be their focus for improvement work can be found across a range of national surveys - 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, with some results available in easy read, as we recognise the importance of accessibility of information for all people.
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/

The School of Nursing and Advanced Practice at Liverpool John Moores University are delighted to be sponsoring two award categories: Patient Experience Educator of Tomorrow and Patient Experience Advocate 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: Laura Kinsey – email: L.Kinsey@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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The home of customer centric business in the Middle East. Blending collaboration, education and assistance in delivering accelerated impact for people and organisations within a framework dedicated to the development needs and success of the region. Developing people to be the best they can be. COLLABORATION - CXSA Platform, Conferences & Awards, Webinars, Media & Research. EDUCATION - Advanced training framework, Learning Pyramid, Wide Education Base, Local Certification. ACCELERATION - Advisory assistance, Respected global experts, Significant Impact
www.cxsamiddleeast.com

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

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

Platform81 are an award winning agency built from the ground up offering an unrivalled technical ability within website development and digital marketing. Offering targeted campaigns with digital channels such as SEO, PPC and Social Media
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

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.

SPARK® TSL is a leading provider of WiFi and engagement solutions for healthcare organisations. Founded in 2003, the company serves customers across the National Health Service (NHS) and already has partnerships with 120 Trusts in the UK offering a suite of products and services designed to help NHS trusts and hospitals enhance patient experience, improve staff productivity, and drive better health outcomes through technology.
SPARK® TSL enables healthcare organisations to share pertinent health information, deliver telehealth services, enable wayfinding, and boost patient satisfaction, all while driving efficiencies in staff time and cost savings. Looking ahead, SPARK® TSL plans continued growth as a leader in powering the digital hospital experience across the UK and has a mission to deliver innovation, that makes life better.
www.sparktsl.com

National Wound Care Strategy Programme

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

Aisha Minhas	Gillian Radcliffe	Lucy Bosher
Allie Cusick	Gurpreet Kahlon	Marie-Louise Allred
Amanda Tabor	Hayley Parker	Marsha Jones
Amanda Riches	Helen Lee	Maureen Dale
Andrew Ryder	Henry Blunt	Michael Molete
Angel Bellott	Hilary Baseley	Michaela Tait
Anna Rarity	Jacqueline McKenna	Michelle Jones
Anna Neill	Janet Coninx	Nichola Duane
Anna Tee	Jean Tucker	Nick Medforth
Anna Walsh	Jennie Negus	Nicky Beecher
Azmina Rose	Jenny King	Nikant Ailawadi
Bev Cannell	John Dale	Nikki Thomas
Birte Harlev-Lam	Jonathan Littledale	Onyinye Enwezor
Boba Rangelov	Josh Panther	Paul Sanguinazzi
Bonnie Green	Julia Holding	Paulette Burgess
Carina Georgiades	Karen Bowley	Peter Williamson
Carol Munt	Kath Evans	Rebecca Mortimer
Carol Duane	Kathyrn Gilmore	Richard Littledale
Chris Graham	Keely Clawson	Richard Ashworth
Clare Enston	Kenny Holmes	Sally Picken
Dany Bell	Kevin Brent	Sam Bray
Darren Hudson	Kim Rezel	Selina Trueman
Dave Bracher	Kimberley Bennett	Sharon Hui
Dawn Lee	Kuldeep Singh	Sophie Cherrington
Deani	Lady-Marie Dawson-Malcom	Sue Honour
Denise Harvey	Laura Kinsey	Suze Mellor
Elaine Marshall	Lee Bennett	Theresa Graser
Emma Friddin	Linda Tomlinson	Tony Kelly
Ester Ayoola	Lini Raju	Tracey Ryan
Fran Gonnella	Lisa Young	Tracy Haycock

Judges' Comments:

"Thanks so much for the opportunity to read these inspirational pieces of work. The work has been enjoyable, interesting and sometimes emotional."

"It was such a privilege and very moving at times to review these submissions. Many thanks for letting me be a part of the process again. It was as always very difficult to judge as they are all so fantastic!"

"To see the amazing work that runs throughout the country makes may heart smile and gives hope that one day this will be transferred to unified and acceptable experiences for all patients."

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

"Some great projects with some fantastic work with people from different communities and with experience of services."

"As always, it was such a pleasure to see some fantastic work going on across NHS services, working hand in hand with patients, other services and commercial enterprises. Well done them!"

"Thank you for letting me be part of this, I found it so interesting to read about work that organisations have been doing and the impact on patient experience!"

"I have been overall impressed with the submissions this year, with almost half getting over 400 marks from me."

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

Your Notes

Your Notes

Your Notes

Your Notes for Voting

Category	Winner	Your notes	Your rank

Our Partners:

Picker

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National Wound Care Strategy Programme

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