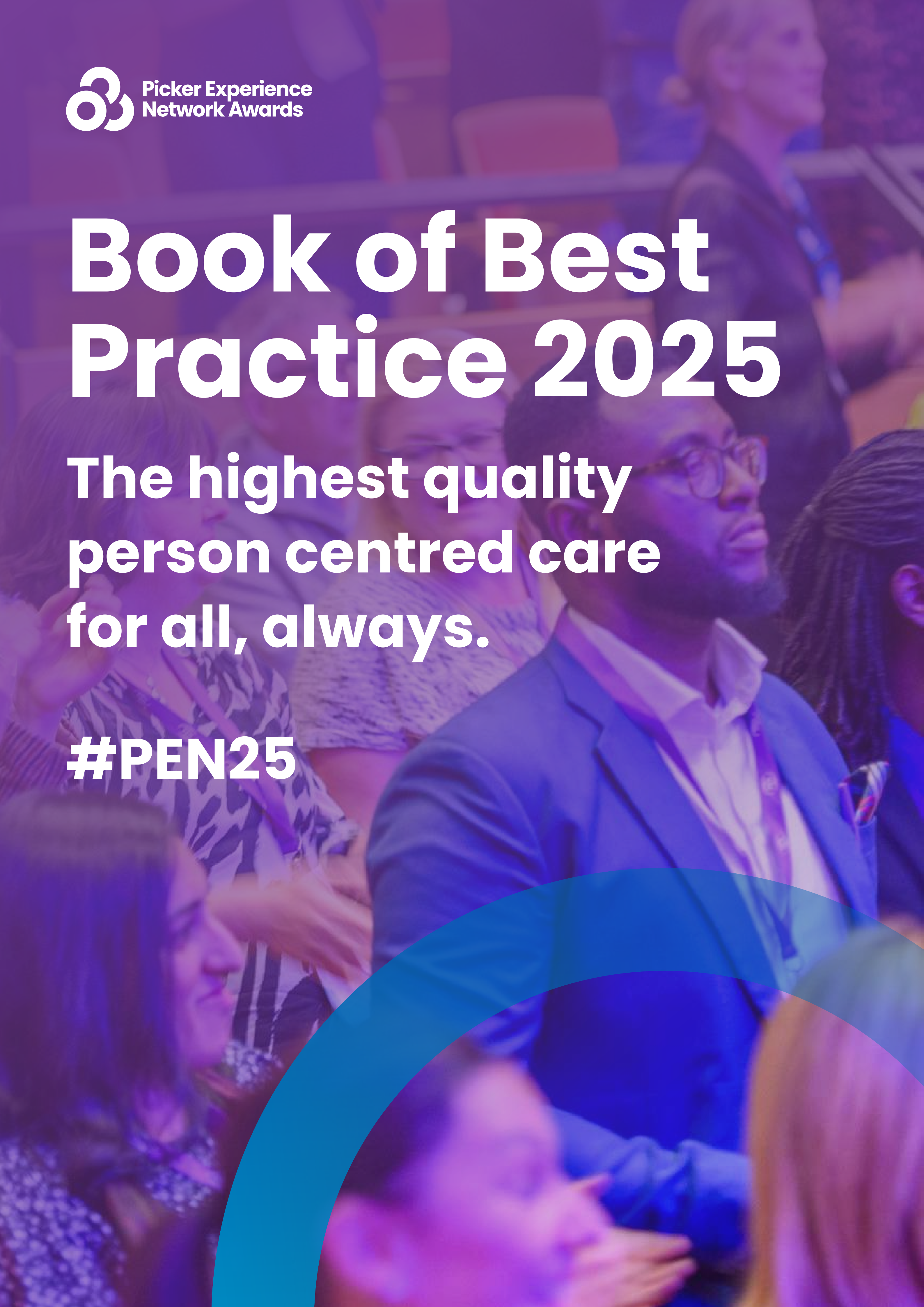

Picker Experience
Network Awards

Book of Best Practice 2025

The highest quality person centred care for all, always.

#PEN25

Picker Experience
Network Awards

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Foreword

Welcome to the Picker Experience Network Awards 2025 – the UK's leading celebration of excellence in improving people's experiences of care.

This is our second set of annual awards since the Patient Experience Network became part of Picker in 2024. Now, as then, we're excited to be sharing and recognising some incredible examples of best practice, learning, and improvement.

At Picker, we have a simple but ambitious vision: that everyone who uses health and care should experience the highest quality person centred care, always. Achieving this vision means ensuring that services are organised around what matters most to their users - we believe that co-design with people and communities should be the default. It also means that every patient and service user should have the opportunity to be an active, informed partner in their own care - and they should be treated and cared for by staff who feel valued and supported to find joy in their work.

These awards are special because they recognise the vital work that goes into delivering person centred care. They shine a spotlight on outstanding projects that are demonstrating real, sustainable improvements in people's experiences across care settings, sectors, and communities. Each of the shortlisted projects represents an important part of a movement to put people at the heart of care - and every winner is an exemplar of what can be achieved when we focus on understanding, listening to, and improving people's experiences.

This year is undoubtedly one of transition across the NHS and the wider health and care landscape. In England, the "Ten Year Health Plan" provides a vision that is built around person centredness and that calls for a shift in power to the frontline and to patients. The work that we celebrate through these awards is already leading on this vision, and a vital part of securing the future of health and care.

To every team that has entered the awards; to our expert judges; to our generous sponsors; and to all of today's attendees: thank you. Your dedication and your support for person centred care offer not just hope, but a roadmap for how we can all do better, together. On behalf of all of us at Picker, we are honoured to be celebrating with you.

Chris Graham
CEO - Picker

PEN Partners

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

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Amazon Business helps millions of customers worldwide—from small businesses, schools, hospitals, non-profit organizations, and government agencies, to large enterprises with global operations—reshape their procurement with cost and time-savings, greater productivity, and insightful purchasing analytics.

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The DAISY Award®
FOR LIFETIME ACHIEVEMENT
HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

The DAISY Foundation™ is a not-for-profit organisation, established in memory of J. Patrick Barnes, by members of his family. Patrick died at the age of thirty-three in late 1999 from complications of Idiopathic Thrombocytopenic Purpura (ITP), an auto-immune disease. (DAISY is an acronym for Diseases Attacking the Immune SYstem.) The care Patrick and his family received from Nurses while he was ill, inspired the creation of The DAISY Award® for Extraordinary Nurses, an evidenced-based means of providing Nurse recognition and thanking Nurses for making a profound difference in the lives of their patients and patient families. The DAISY Foundation expresses gratitude to the nursing profession internationally in over 7,400 healthcare facilities and schools of nursing with recognition programs for nurses wherever they practice, in whatever role they serve, and throughout their careers and through several lines of research grant and evidence-based practice projects funding.

Said Bonnie Barnes, FAAN, Doctor of Humane Letters (h.c) and Co-founder, The DAISY Foundation "Collaborating with the Picker Institute Europe to launch The PEN DAISY Lifetime Achievement Award is a thrill for all of us at The DAISY Foundation. We have long admired the work our new partners do to elevate the patient experience around the world. Together, we will shine a light on the vital importance of leaders who have demonstrated their commitment to patient-centered, compassionate culture for decades in their careers as nurses."

GREENS

Greens was founded in 1919 and has traded profitably ever since as a single-source, full-service print and communications business working in specific markets, such as the financial, healthcare and pharmaceutical.

We have evolved to become a solutions led business – we specialise in the production, fulfilment and logistics of producing critical documents for niche market sectors with stringent regulatory requirements. As of 2023 Greens is now Employee Ownership Trust (EOT) - An exciting new chapter in our 100 year history and enables all our staff to have a meaningful stake in the success of our business. Greens are a proud supplier to Picker and support in their national survey programs.

Our LinkedIn page is:
https ://www.linkedin.com/company/greens-ltd

PECS DATA SERVICES

Originally founded in 1972, as a data capture company, PECS Data Services has progressed and grown to become one of the world's leading business processing outsourcing (BPO) companies, specialising in data capture, document scanning and management, as well as inbound and outbound contact centre solutions.

PECS Data's success has been built on providing innovative technical services and solutions uniquely tailored to the requirements of our clients, allowing them to stay focused on their core business, while we focus on what we do best delivering our services and solutions through our unique global delivery model, that is built on honest family business values and keeping things simple.

With offices located in the United Kingdom, Mauritius and South Africa, our passionate, knowledgeable and experienced team, guarantee to deliver every project accurately and on time, every time.

Constantly exceeding standards on the NHS England's Data Security and Protection Toolkit, PECS currently provide both inbound helpdesk services, as well as survey, data capture and data cleansing solutions on behalf of Picker for the NHS, as well as many other high-profile companies and organisations around the world. Without doubt the most important consideration when outsourcing any voice or data related project is data security and we don't disappoint at all. We obviously tick all the boxes when it comes to our systems security (ISO27001, ISO9001, Cyber Essentials Plus) but what makes us a little different is that our head office was a former bank and that means our servers and your data are sitting in our large walk in, bomb proof vault and we think that makes us one of the most secure facilities, if not the most secure facility of any outsourcing company in the UK, which gives our clients total peace of mind that their data is completely safe.

Visit: www.PecsData.com
or contact us on +441215266039
or theteam@pecsdata.co.uk
to find out more on why PECS should be your partner of choice for data and voice related projects.

Picker Experience
Network Awards

Judging panel

The Picker Experience Network would like to extend its grateful thanks to all of the judges who gave their free time and expertise in judging this year's awards.

- Nikant Ailawadi
- Fatima Anwar
- Sarah Barley-McMullen
- Hilary Baseley
- Dany Bell
- Angel Bellott
- Charles Bennett
- Kimberley Bennett
- Danby Bloch
- Henry Blunt
- Louise Blunt
- Sharon Boyd
- Kevin Brent
- Beverley Cannell
- Hazel Carter
- Sophie Cherrington
- Keely Clawson
- Janet Coninx
- Angela Coulter
- Linda Craig
- John Dale
- Carol Duane
- Nichola Duane
- Emily Ellis
- Kath Evans
- Ruth Evans
- Carolyn Fox
- Kathyrn Gilmore
- Lesley Gledhill
- Fran Gonnella
- Chris Graham
- Bonnie Green
- Sarah Gunn
- Sam Guymer
- Amy Hancock
- Birte Harlev-Lam
- Tracy Haycock
- Kenny Holmes
- Sue Honour
- Darren Hudson
- Katharine Hurwitz
- Tony Kelly
- Jenny King
- Bimpe Kuti-Matekenya
- Dawn Lee
- Claire Marshall
- Elaine Marshall
- Clare Maxwell
- Jim McCafferty
- Nick Medforth
- Suze Mellor
- Victoria Miles-Gale
- Hassan Mohammad
- Michael Molete
- Rebecca Mortimer
- Jenny Negus
- Anna Neill
- Bianca Nimmo
- Yewande Okuleye
- Nick Palmer
- Hayley Parker
- Jane Pickard
- Olli Potter
- Boba Rangelov
- Kim Rezel
- Geoff Rollason
- Tracey Ryan
- Kuldeep Singh
- Magdalena Skrybant
- Phil Stylianides
- Vita Steina
- Emma Stone
- Michaela Tait
- Amy Tallett
- Anna Tee
- Victoria Thomas
- Sarah Tilsed
- Selina Trueman
- Jean Tucker
- Jon Twinn
- Tony Watkin
- Sean Whenham
- Eloisa Whiteman
- Reece Woolley
- Lisa Young
- Michael Young


BCGC
C

Picker Experience
Network Awards

Roll of Honour

We are delighted that we are now entering our 15th year of celebrating the highest quality person centred care for all, always. Here are all of our previous 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

Chat Health School Nurse Messaging Service

2015

Common Room and Great Ormond Street Hospital

MeFirst: Children and Young People Centred Communication

2016

Bradford Teaching Hosp
Baby View

Neonatal Intensive Care
Conferencing Project

201

Wals
NHS

Infor

itals -

e Video

7

all Healthcare
Trust

med and Empowered

2018

Nottingham University
Hospitals NHS Trust

Carer2Theatre - Improving
the Theatre Experience for
Confused Adult Patients

2019

University Hospitals Plymouth
NHS Trust

#RehabLegend

2020-2021

Calderdale and Huddersfield
NHS Foundation Trust

Bereavement Support Service

2022

Nottingham University
Hospitals NHS Trust

Improving our Colorectal
Cancer Pathway Patient
Experience

2023

Walsall Healthcare
NHS Trust

Little Voices

2024

University Hospitals
Plymouth NHS Trust

The Secret Garden –
a fresh air space for
everyone

Picker Experience Network Awards

A breath of fresh air

The story behind the 2024 Picker Experience Network Awards overall winner, University Hospitals Plymouth (UHP) NHS Trust.

UHP is the largest hospital in the English South West peninsula, providing comprehensive secondary and tertiary healthcare, including a major trauma centre.

For many, time spent in an Intensive Care Unit (ICU) marks a profound, life-altering chapter, not just for the individual, but for their families too. In 2018, a patient's longing for something as simple as fresh air became the seed for a project that would grow to reshape how care is delivered. Injured abroad and left paralysed after an assault, he yearned to see his dogs and escape the four walls that confined him.

His story ignited a vision within the clinical team, setting into motion the creation of the Secret Garden.

"It's something most of us take for granted, but for those patients, their family/loved ones, and those caring for them the opportunity to see the sky, breath fresh air and feel part of the real world again is an enormously uplifting thing".

An unused courtyard near the ICU was identified in July 2018. By Christmas eve that same year, it opened its doors. But this was only the beginning.

Through relentless fundraising, over £750,000 was secured to transform the space into a fully equipped outdoor ICU environment, complete with medical gases, power supplies, and weather protection.

When the COVID-19 pandemic struck in 2020, the garden became a lifeline: the first in the UK to offer fresh air therapy for ICU patients and their loved ones during unprecedented times of isolation.

Yet, beyond the technical achievements, the Secret Garden is a testament to what happens when care extends beyond clinical walls. Patients, families, and staff describe the garden not as an extension of the hospital, but as a sanctuary where life feels a little more normal.

"Time in the garden meant she existed outside of Neonatal Intensive Care Unit… the wind through her hair, the sun on her face… it meant everything to us".

The project faced multiple hurdles, from construction delays to budget overruns, but the commitment to creating a healing space never wavered. Since its official opening in 2022, over 5,000 patients, families, and staff have experienced the garden's benefits, proving that when teams unite around a shared goal, extraordinary transformations can unfold.

Now, the garden's success is shaping national guidelines for fresh air therapy in partnership with the Intensive Care Society, with aspirations to inspire similar spaces across the UK. The Secret Garden is more than just a project: it is a reminder that the simplest human needs, like a breath of fresh air, can spark revolutions in care, transforming experiences and supporting improved outcomes for all.

"We are overwhelmed by the support and expertise of our interprofessional teams who support the garden everyday, to offer every patient and their loved ones a place of calm and peace when they need it.

The PEN Awards award has facilitated support and awareness from our senior teams to build further provision for fresh air spaces and end of life care for our neonatal patients and their loved ones."

Kate Tantam
Specialist Sister ICU,
University Hospitals Plymouth NHS Trust

In three years,

over 500

patients, families and staff have experienced the garden's benefits.

Picker Experience Network Awards

2025 Patient Partner Co-host

Cheryl Tackie – Chair, PPV NHS England National Cancer Programme & Lived Experience Patient Partner (SELCA)

Cheryl has over 30 years business experience specialising in Executive Leadership & Change Management and have been fortunate enough to work across all sectors of private, public, community and third sector organisations. Her maternal and paternal heritage is Ghana & Nigeria, so food is often a topic of conversation in her household, and she is a very proud mama of two daughters (14 & 16) and a son (3) but is actually their dog!

Cheryl feels that it has been such a positive experience becoming a PPV Partner that she often forgets that she was diagnosed with cancer. Cheryl believes there is so much good work being done behind the scenes despite the politics and bureaucracy and she feels it is important to make sure the unsung heroes' voice (medical staff and patients) are heard. Cheryl believes there is positivity to be found in every 'negative' situation if you choose to find it.

"The work of PEN and the Awards have been a welcoming and now significant part of my life - an organisation I didn't know before, but now couldn't do without.

A 'family' that comes together once a year to celebrate and acknowledge all the amazing and good work of the healthcare and patient community. It's just inspiring."

**Cheryl Tackie,
PPV Partner**

2025 Keynote Speaker

Freya Williams - Paediatric Nurse

"My name is Freya, and in 2024 I graduated from Liverpool John Moores University with a First-Class Bachelor of Science degree in Paediatric Nursing. I also live with a long-term genetic condition called Ehlers-Danlos Syndrome, which has given me valuable insight into both the patient and professional sides of healthcare. This dual perspective has deepened my understanding of the strengths and challenges within patient care and fuels my passion for continuously improving the patient experience.

During my training, I had the opportunity to deliver a recorded lecture on enteral and parenteral nutrition, focusing on how to support patients receiving artificial nutrition in the most effective and compassionate way. I also authored an article for RCNi discussing the realities of nursing with a disability and how to manage a long-term health condition alongside a demanding degree. In 2024, I was proud to be named a finalist for the Student Nursing Times "Most Inspirational Student Nurse of the Year" award.

One of the most meaningful moments of my journey so far was attending the PEN Awards 2024, where I received the 'Student Patient Experience Advocate of Tomorrow' award in recognition of my efforts to promote diversity within the NHS workforce. PEN 24 was an unforgettable experience that left me deeply inspired and incredibly proud to be among so many dedicated individuals working to improve healthcare.

Enhancing patient experience is central to everything we do in this profession. We must always aim to provide the best possible care for those who place their trust in us. The PEN Awards are a powerful celebration of innovation, gratitude, and compassion within the NHS, and it shines a light on those who go above and beyond for their patients. It is a true honour to return for 2025 as the keynote speaker, and I am so excited to be inspired once again by the incredible people in attendance."

The Finalists

Cancer Experience of Care

- Hywel Dda University Health Board

  Leri Cancer Unit - Arts, Poetry and Health

- Northumbria Healthcare NHS Foundation Trust

  Innovating the Traditional Lung Cancer Patient Pathway

- Royal Devon & Exeter NHS Foundation Trust

  Optimising Cancer Personalised Care and Support Offers with Digital Solutions

- The Clatterbridge Cancer Centre

  The Urgent Cancer Care Programme

- West Yorkshire and Harrogate Cancer Alliance

  Dementia and Cancer Together Project - A collaboration to improve patient experience for patients with cancer and dementia

Commissioning for Patient Experience

- East of England Provider Collaborative

  Transforming Patient Experience “Better care, closer to home and outside of hospital where possible”

- Nottingham University Hospital NHS Trust

  Maternity Patient Information Mat

- University Hospital Bristol and Weston

  The Clinical Navigator Role

Communicating Effectively with Patients and Families

- **Cheshire & Wirral Partnership NHS Foundation Trust**

  Hear My Voice' Co-Produced Educational Films

- **Cygnet Health Care**

  Improving the Communication and Co-Production of Discharge Pathways with Service Users

- **Leeds Teaching Hospitals NHS Trust**

  Adult Cystic Fibrosis, Patient Focus Group

- **NHS Blood and Transplant**

  Eye Donation in Palliative and End-of-life Care Settings

- **Nottingham University Hospital NHS Trust**

  Maternity Patient Information Mat

- **Nottingham University Hospital NHS Trust**

  Digital follow-up of high-volume low complexity (HVLC) General Surgery patients

- **University of Bristol & University of Nottingham**

  The Lichen Sclerosus Guide: A coproduced online information resource about vulval lichen sclerosus

- **Warrington and Halton Teaching Hospitals NHS Foundation Trust**

  Collaboratively improving the experience of the d/Deaf community

---

DAISY PEN Lifetime Achievement Award

- Ann Marie Riley
- Jane Pickard
- June Brown
- Sarah Colebrook

The Finalists

Engaging and Championing the Public

- Barts Health NHS Trust

  Health Equity Action Leadership (HEAL) Project: A people-powered approach to transforming health equity

- Cedar Foundation

  User Forum

- Liverpool University Hospitals NHS Foundation Trust

  The Engagement Partner Programme

- Nottinghamshire Healthcare NHS Foundation Trust

  East Midlands Cancer Alliance Centre for Psychosocial Health - The Patient Involvement Collaboration

- Oxleas NHS Foundation trust

  Importance of integrating Co-Production into whole systems quality

- University Hospital Bristol and Weston

  Young people setting the strategy: the Role of the Youth Involvement Group at UHBW

- University Hospitals Plymouth NHS Trust

  Championing the Voice of Young People

Environment of Care

- Betsi Cadwaladr University Health Board

  Alternative to Admission (A2A) Hub

- Hywel Dda University Health Board

  Leri Cancer Unit - Arts, Poetry and Health

- Lancashire Care NHS Foundation Trust

  Working Collaboratively

- Leeds Teaching Hospitals NHS Trust

  Supporting Every Smile: Improving the patient journey for children and young people with additional needs or neurodivergent conditions at Leeds Dental Institute

- Lime

  Enhancing Patient Care at MFT: Lime's Art + Music for Health Programme

- Moorfields Eye Hospital NHS Trust

  Improving the Hospital Experience for Children with Special Educational Needs and those that care for them

Independent Sector

- CardMedic

  Breaking down communication barriers to enable more equitable maternity care

- Cleveland Clinic London

  Service Excellence, You+Us=Together initiative

- Connect Health

  Engaging, educating, and empowering whole communities to improve the lives of people impacted by chronic pain

- Cygnet Health Care

  Improving Psychology Group Engagement

- Personal Homecare Pharmacy

  The Power of Innovation: Digital solutions within a Clinical Homecare setting

- Sciensus Pharma

  Improving our Complaints Process to Enhance Patient Satisfaction

---

Innovative Use of Technology, Social and Digital Media and Data Management and Protection

- AnalytAIX

  Empathetic Always On Support' - Empowering Patients across Literacy. Language and Knowledge Barriers, on demand

- Great Ormond Street Hospital

  Patient Bedside Digitisation Platform

- Liverpool University Hospitals NHS Foundation Trust

  Using technology to enhance stroke rehabilitation care and empower patients, in both inpatients and community stroke rehab

- Nottingham University Hospital NHS Trust

  Digital follow-up of high-volume low complexity (HVLC) General Surgery patients

- Personal Homecare Pharmacy

  The Power of Innovation: Digital solutions within a Clinical Homecare setting

- Sciensus Pharma

  The Sciensus InTouch App Improves Patient Safety

Picker Experience Network Awards

The Finalists

International

- AnalytAIX

  A Multilingual Empathetic Agentic AI Agent for Inclusive Access, Insight, and Action-Across Languages, Literacy, and Borders

- Health Information and Quality Authority

  National End of Life Survey

- NFU -

  Patient Experience Monitor (PEM) embedded in Dutch University hospitals

- Solothurner Spitäler

  We make listening possible – even when conditions aren't ideal. Where there's a will, there's a way

Measuring, Reporting and Acting, Using Insight for Improvement

- Barts Health NHS Trust

  Empowering Champions: From Measurement to Meaningful Change

- NFU

  Patient Experience Monitor (PEM) embedded in Dutch University Hospitals

- Northumbria Healthcare NHS Foundation Trust

  Go Decaf!

- Nottingham University Hospital NHS Trust

  The Noise at Night Project

- Nottingham University Hospital NHS Trust

  Digital follow-up of high-volume low complexity (HVLC) General Surgery patients

- Southport and Formby Health

  Extended Service Access to Cervical Screening

- The Royal Devon University Foundation NHS Trust

  The Power of Data and Voice: Innovating Patient Feedback for Real Impact

Partnership Working to Improve the Experience

- Belfast Health and Social Care Trust

  Make My Voice Heard: Experience of Women and Children seeking international protection (PSIP) accessing health and Social Care in Northern Ireland

- Northern Health and Social Care Trust

  Connect North - Community Appointment Day

- South Eastern Health and Social Care Trust

  Hear Our Voice' Co-produced Lived Experience Documentary produced by people living with Dementia, facilitated and supported by Dementia NI, Southern and South Eastern Health and Social Care Trust staff

- Southern Health & Social Care Trust, HSCNI

  Seasons of Life

- Surrey and Sussex Cancer Alliance

  South East Regional Lynch Syndrome Transformation Project

- The Clatterbridge Cancer Centre

  The Urgent Cancer Care Programme

- University Hospital Bristol and Westonn

  The Clinical Navigator Role

- Word360 & University Hospitals Birmingham NHS FT

  Transforming Accessibility at Scale: UHB and Word360's Digital Inclusion Partnership

- Yorkshire Cancer Community

  Cancer SMART

Patient Contribution (Single & Group)

Single

- Belfast Trust

  New Belfast Community Palliative Care Hub - Excellence in Partnership and Collaboration.

- Cheshire and Merseyside Cancer Alliance

  Patient Recognition

- Cora Health

  Flippin' Pain: Changing the way people think about, talk about, and treat chronic pain

- Liverpool University Hospitals NHS Foundation Trust

  Liz Farrington

- Patient and Client Council

  Mental Health Engagement

- Public Health Agency

  Service User/Carer involvement in HSC system in Northern Ireland

- University of Bristol & University of Nottingham

  The Lichen Sclerosus Guide: A coproduced online information resource about vulval lichen sclerosus

Group

- Barts Health NHS Trust

  Whipps Cross Patients' Panel - 20 years of support

- Kings College Hospital

  The Kings Cancer Patient Voices Advisory Group (The Voice) - Working in partnership to drive improvement at Kings

- The Independent Neurology Liaison Group

  The Independent Neurology Liaison Group. Service users, carers and family members working to improve patient safety, governance and accountability in health and social care

The Finalists

Personalisation of Care

- Birmingham Community Healthcare NHS Foundation Trust and Thomas Pocklington

  A Vision for Sight Loss

- Calderdale and Huddersfield NHS Foundation Trust

  Person Centred Care

- Cheshire and Merseyside Cancer Alliance

  Using powerful stories from patient storytellers to create significant impact, and deliver measurable and identifiable improvements to patient experience.

- Kent and Medway Cancer Alliance

  “Limbo Land”

- Moorfields Eye Hospital NHS Trust

  Improving the hospital experience for children with Special Educational Needs and those that care for them.

- Northumbria Healthcare NHS Foundation Trust

  Innovating the Traditional Lung Cancer Patient Pathway

- Shrewsbury and Telford Hospital NHS Trust

  ‘Men Like Us’ - A cancer support group ‘Men Like Us’

- Worcestershire Acute Hospitals NHS Trust

  #CallMe - Because names matter

Staff Engagement and Improving Staff Experience

- Calderdale and Huddersfield NHS Foundation Trust

  Complex professional MDT

- Cedar Foundation

  Leading Workplace Wellbeing Through Staff Engagement and Experience.

- Central & North West London NHS Foundation Trust

  CNWL Our Voice: Creating an Employee Experience Listening culture.

- Plymouth Hospitals NHS Trust

  Patient and Staff Feedback Event on Abdominal Free Flap Breast Reconstruction

- University College London Hospitals NHS Trust

  High Quality Care for Patients through Exceptional Care for Staff: UCLH Staff Engagement and Wellbeing Success Story

Strengthening the Foundation

- Barts Health NHS Trust

  Dementia and Delirium Mandatory Learning Training Package & Introduction Video - The Patients voice is key

- Cardiff and Vale University Health Board

  The development and validation of the People's Experience Survey for NHS Wales

- Northern Health and Social Care Trust

  Connect North

- Nottingham University Hospital NHS Trust

  The Noise at Night Project

- Nottingham University Hospital NHS Trust

  Leaving Hospital - Improving the Joint Discharge Process

- University of Greater Manchester

  The PaCT Workshop: Embedding Lived Experience in Nursing Education

---

Student Patient Experience Advocate of Tomorrow

- Liverpool John Moores University

  LJMU Midwifery Society - advocating for students and service users

- Ulster University

  Improving the use of syringe drivers and anticipatory medications in primary care : a QI project in General Practice

- Ulster University

  Beyond the Prescription: Metabolic Monitoring of Atypical Antipsychotics in Primary Care

- Ulster University

  Increasing the uptake of physical annual health reviews for those with severe mental illness

- Ulster University

  Teddy Bear Hospital

- University of Southampton

  What helps and what hinders: An exploration of self-management and living well with coexisting physical and mental long-term conditions in the community

The Finalists

Support for Caregivers, Friends and Family

- Barts Health NHS Trust

  Co-Designing Compassion: Inclusive Feedback That Drives Change

- Contact

  Contact, By Your Side Team

- Dementia UK

  Admiral Nurse Helpline: Dementia 'What's Next?' Webinar

- Healthwatch Essex

  Carers Voices

- NEC Care

  Support for patients with diabetes and a learning disability and their carers

- University Hospital Bristol and Weston

  Snowdrop Appeal and the Bereavement Spaces Refurbishment

Team of the Year

- East & North Hertfordshire Teaching NHS Trust

  Compassion in Action' A Project on Elevating Patient Experience in the Unplanned Care Division

- Nottingham University Hospital NHS Trust

  Transforming Paediatric ENT

- Patient and Client Council

  PCC Support in the Community

- The Walton Centre NHS Foundation Trust

  Brain Tumour Therapy Coordinator Service

The Patient Experience Network National Awards 2024

Recognising excellence in healthcare

WINNER

This is to certify that

Liverpool John Moores University

Freya - Empowering healthcare professionals and young patients with a disability to attain their goals

Is the Winner in the

Student Patient Experience Advocate of Tomorrow

Judges

PEN National Awards 2024

Picker Experience
Network Awards

Introduction to the Finalists

Picker Experience Network Awards 2025.

It is a joy to introduce this year's Picker Experience Network (PEN) Awards finalists. The projects you'll read about in this brochure are a testament to the passion, creativity, and determination of individuals and teams working to improve experiences of care, for patients, families, carers, and colleagues alike.

We know the context remains challenging. Health and care services continue to adapt to unprecedented pressures and shifting expectations. But what shines through each of these case studies is a refusal to stand still, an unrelenting focus on doing better, together.

This year we received an incredible range of entries, spanning settings, populations, and priorities. Many projects represent grassroots innovation; others are part of broader system transformation. They all share one thing in common: they demonstrate what is possible when people come together to understand experience and take action to improve it.

Whether you are a finalist, a supporter, or simply looking to be inspired, we hope these examples will spark new ideas, collaborations, and ambition.

Thank you for everything you do to champion person centred care

Ruth Evans MBE

Shortlisted finalists included on the following pages are listed in alphabetical order by organisation name.


Welcome to:
PATIENT EXPERIENCE NETWORK NATIONAL AWARDS 2023
PEN
Digital Welcome

AnalytAIX

Pi3.14™: Empathetic Always On Support Empowering Patients across Literacy. Language and Knowledge Barriers, on demand.

Category

Innovative Use of Technology, Social and Digital Media and Data Management and Protection & International

Organisation description

AnalytAIX is an AI applications company founded by two MIT alumni, headquartered in the United States, with a growing international presence across Europe, the Middle East, and Africa. We specialize in maximizing the combination of powerful, existing and evolving AI technologies to build purpose-driven, ethical, human-centered applications designed for real-world complexity, especially in healthcare organizations, device manufacturing, and other highly regulated environments. Our mission is simple: to apply intelligence with intention, bridging humanity and systems at scale for meaningful impact. Always, in service of the human.

Unlike companies focused on building base AI models, AnalytAIX excels in adapting, training, and ethically applying these tools to solve problems, often where traditional systems fall short. Through ongoing, human-in-the-loop feedback and domain-specific tuning, our team ensures these tools are culturally responsive, linguistically appropriate, and emotionally attuned to each population they serve, maintaining their dignity.

With a tight-knit team of under 10 strong SMEs, and our collaborating hospital systems, and large employers, AnalytAIX is proud to lead the way in delivering AI that listens, learns, and lifts people up, wherever they are, and however they communicate. No one should feel left behind or feel psychologically vulnerable to seeking knowledge about things that impact them.

Summary

Pi3.14™ is an AI-powered video companion that enhances healthcare communication by empowering clinicians, patients, and employees. Developed by MIT alumni with expertise in AI for healthcare and a former USAF Commander who led AI strategy, Pi3.14™ integrates empathy, cultural intelligence, and clinical accuracy into a HIPAA-compliant, multilingual platform.

Clinicians rely on Pi3.14™ for concise, whole-person briefings that combine clinical status and social context, enabling personalized interactions. Patients receive compassionate explanations in their preferred language and literacy level, improving comprehension of diagnoses, treatments, and customized behavior recommendations.

Pi3.14™ communicates fluently with neurosurgeons in technical shorthand and explains complex conditions to patients in plain language to patients, maintaining clarity, dignity, and relevance in every interaction. In HR deployments, Pi3.14™ reduced inquiry volumes by over 50 percent and improved engagement significantly. Now co-developed for clinical settings with continuous input from frontline users, patients, and providers, Pi3.14™ is elevating patient experience, including Arabic-language pilots with prayer-time-aware medication guidance.

Scalable, culturally adaptive, and always learning, Pi3.14™ detects emotionally charged moments and offers to connect users with a human supervisor. At a fraction of the cost of a human counterpart, it delivers high-impact, responsible AI that is transforming how care is delivered and experienced.

Impact & results achieved

Although it is too early to quantify long-term outcomes such as cost savings or improved health indicators, early signals point to Pi3.14™'s effectiveness in reaching historically underserved populations, while preserving dignity, trust, and cultural sensitivity. We are working with clinicians and patients to identify metrics, and are currently tracking over 30 metrics identified by them to then present results back from various pilots. Some of them include responses to standard patient experience surveys like "my clinician cares about me" or "I felt treated with dignity and respect" while more hardened metrics like readmission rates are also being tracked. We also have a questionnnaire designed in conjunction with clinicians for clinicians where we get consistent feedback and this is utilized through the governance group to either include in the next iteration or seek further clarification or dialogue.

What makes this initiative stand out?

What sets the Pi3.14™ initiative apart is its frictionless access, radical simplicity, and deep personalisation. From a user's perspective, it feels more like support than technology.

Pi3.14™ challenges the assumption that digital tools must be impersonal, complex, or exclusionary. Unlike conventional platforms that merely digitise content, Pi3.14™ humanises access. It offers culturally attuned, conversational support that empowers patients and employees, regardless of literacy level or technical ability.

Its true distinction lies in the seamless integration of empathy, approved knowledge, and real-time responsiveness. While the AI avatars themselves are not proprietary, the innovation lies in their application and training. Pi3.14™ combines large language models and machine learning with client-approved content, cultural sensitivity, and real-world feedback. This allows it to serve everyone - from a neurosurgeon using medical shorthand to a grandmother learning about her medication, in their own language, literacy level, and context, with clarity and compassion.

Key factors contributing to its success include:

- A user-centred design shaped by frontline voices
- 24/7 multilingual access across any device
- A consistent focus on dignity, inclusion, and plain-language communication
- Embedded feedback mechanisms to ensure ongoing refinement
- Ethical implementation aligned with global data privacy standards

Pi3.14™ is more than a digital assistant. It is a trusted, always-available companion, providing clarity, confidence, and connection when people need it most. In a world full of complexity, it brings access, equity, and humanity.

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Barts Health NHS Trust

Co-Designing Compassion: Inclusive Feedback That Drives Change

Category

Support for Caregivers, Friends, and Family

Organisation description

Barts Health NHS Trust is one of the largest and most ethnically diverse NHS trusts in England, providing care to a population of more than 2.5 million people across the vibrant and multicultural communities of East London.

The population served by Barts Health is marked by exceptional ethnic, cultural, and linguistic diversity. More than 60% of residents identify as being from non-White British backgrounds, making the area one of the most demographically varied in the UK. While this diversity brings richness and vibrancy, it also presents complex challenges in healthcare provision. Several of the boroughs within the Trust's footprint rank among the most deprived in England, with many individuals and families experiencing lower household incomes, housing insecurity, and limited access to services. These social determinants have a significant impact on health outcomes, contributing to increased levels of chronic illness, poorer health literacy, and entrenched health inequalities across different population groups.

The Trust is deeply committed to ensuring its services are inclusive, responsive, and equitable, recognising that truly high-quality care must meet the needs of all patients, especially those from marginalised or disadvantaged backgrounds. Reducing health disparities remains a central strategic priority, and the Trust actively works to address the structural, social, and cultural barriers that can affect access, experience, and outcomes of care.

Each year, Barts Health supports families through over 3,500 adult deaths. The Trust places a strong emphasis on delivering end-of-life care (EoLC) that is compassionate, personalised, and respectful of the cultural, religious, and social values of each individual. This includes working closely with families, faith leaders, and clinical teams to ensure care is sensitive, inclusive, and dignified, supporting patients and their loved ones through what can be some of the most difficult moments of their lives.

Summary

Historically, the NHS has lacked consistent methods for gathering feedback from families after a patient's death, missing a key opportunity to improve care. Poor end-of-life care (EoLC) can intensify grief, and families often want to share their views without resorting to making a formal complaint.

Barts Health introduced its bereaved carers' survey in 2011 and has continually refined it to improve sensitivity, inclusivity, and accessibility. The latest version, launched in 2023 and co-designed with bereaved carers, patient groups and staff, is a clear, compassionate four-page colour booklet.

The survey supports those with neurodiversity, limited English, and low health literacy. It combines Likert-scale and free-text responses across eight themes, including communication, respect, spiritual and cultural sensitivity, and bereavement support, and is posted alongside a condolence card.

This approach reconnects the Trust with families and drives meaningful change. Examples include: developing communication training scenarios based on real feedback; revising the property policy to improve how belongings are returned; improving information about the coroner and registration processes; and highlighting outstanding care in high-pressure settings like Emergency Departments (ED).

It is a scalable, sustainable, and transferable model that places bereaved voices at the heart of continuous learning and compassionate, person-centred care.

Impact & results achieved

The active engagement of key stakeholders in the redevelopment of the bereavement survey has reinvigorated the programme. This is reflected in a notable increase in the response rate, rising from 4% in 2022 to 10% in 2024.

When compared with national tools such as NACE Bereaved Carers' Survey (National Audit of Care at the End of Life), the Trust's survey demonstrates consistently stronger engagement. For instance, during the same period, the Trust's response rate to the NACEL Survey was 1%. Unlike NACEL, which excludes deaths in ED etc., our survey includes all cases, allowing us to capture crucial often overlooked feedback.

The initiative has led to deeper and more meaningful engagement with bereaved families. By combining qualitative and quantitative data, the survey has surfaced powerful feedback that is directly informing targeted improvements in EoLC.

Insights from the survey have driven concrete changes to services, such as updates to the Trust's property return policy and clearer communication with families about the coroner's role and the process of registering a death . Staff working in high-pressure environments, such as the ED, have been commended by name, highlighting the profound impact of compassionate care, even in challenging settings. Conversely, feedback has also brought to light unexpected concerns in areas previously thought to be performing well, resulting in targeted training and meaningful improvement.

Some teams have gone further still, contacting families who consented to follow-up to gather oral accounts of their experiences. These narratives are now being used in EoLC teaching sessions, helping to bring written feedback to life and embedding key learning themes in staff education.

An education lead shared: "The feedback is incredibly powerful. These are the real voices of people who have recently experienced our care, offering honest, constructive reflections on what went well and what could be improved. We've seen students really engage with the narratives, showing empathy and a genuine willingness to learn from the feedback."

What makes this initiative stand out?

This initiative is distinctive in its focus on the needs of bereaved carers, its accessibility, and the quality of the final product. It has been co-designed with input from all relevant stakeholders ensuring it reflects a wide range of perspectives and needs. The survey is short, easy to complete, and non-intrusive, with the option for respondents to remain anonymous. It allows families to share both praise and concerns, often naming staff who made a difference. Approximately 70% of comments are positive.

The survey is a transferable model for the wider NHS and offers a simple, effective way to collect data that would otherwise be missed. It has evolved through user feedback and collaboration, ensuring it remains relevant and valued.

Importantly, it generates insight in areas that may be overlooked by formal complaints or incident processes. The written responses provide powerful learning for clinicians and teams, particularly those who may be resistant to training or unaware of how their care is perceived.

This is not only a technical tool, but a cultural one. It normalises honest, compassionate feedback and helps ensure that lessons are learned from every patient, even after death.

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Barts Health NHS Trust

Dementia and Delirium Mandatory Learning Training Package & Introduction Video - The Patients voice is key

Category

Strengthening the Foundation

Organisation description

Barts Health is one of the largest NHS Trusts in the country employing over c24,000 members of staff, and one of Britain's leading healthcare providers.

The Barts Health group of five NHS hospitals is entering an exciting new era on our improvement journey to becoming an outstanding organisation with a world-class clinical reputation. Having lifted ourselves out of special measures, we now have the impetus and breathing space to chart a fresh course in which we are continually striving to improve all our services for patients.

Barts Health is well on its way to achieving our vision of being a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in East London and beyond. That means being a provider of excellent patient safety, known for delivering consistently high standards of harm-free care and always caring for patients in the right place at the right time. It also means being an outstanding place to work, in which our WeCare values and behaviours are visible to all and guide us in how we work together.

Barts Health is one of the country's leading teaching Trusts and is proud to have its own Education Academy that provides training and education to all its members of staff across various roles and supports many students from Higher Education Institutes also. The Education Academy currently provides clinical placements for 2,500 medical undergraduate students and trains 1,040 resident doctors, over 800 children, adult nursing and midwifery students and 275 AHPs annually. Our overall aim is to continuously develop, deliver and evaluate a portfolio of education and training which promotes a patient focussed learning and multi professional culture, anticipates and responds to the changing demands of the health economy, and helps to ensure an appropriately skilled workforce, equipped to deliver new models of care.

Barts Health values training and continuous education to ensure our patients receive the very best care that aligns to the latest research, resulting in gold standard care for our local population. We value the patient voice and endeavour to utilise this to shape the education and training as well as the care we provide as we strive for continued improvement and best practice.

Summary

Dementia and Delirium training is part of the Trusts mandatory learning for all c24,000 staff across the organisation. With Dementia believed to affect 1 in 3 people in the UK, it is a subject that will affect us all, so imperative that staff can support patients and families adequately, ensuring patients receive gold standard safe and compassionate care.

Working collaboratively with the Trust Patient Experience leads, Patients with lived experience and Subject Matter Experts, we have worked together to build and shape a new training package reflecting the patients voice throughout, resulting in improved understanding and experience for learners.

Studies show that when learners are exposed to real patient experiences it appeals to a deeper level of intellectual capacity, allowing the learner to emotionally connect to the learning, improving the longevity of the learning with better results in lasting changes, improvements in practices and better health outcomes.

This is an innovative method not used in mandatory learning historically, with our intention being to apply this method to all other subjects in the future, emphasising the patient voice and experience to shape training. We have shared this method with NHSE who are designing other Statutory training packages (See evidence 5).

Impact & results achieved

Impact of this training and initiative will be measured through an evaluation included at the end of the training (See evidence 3). We aim to do a sample size qualitative feedback from staff who complete this training to gather insight into the effectiveness of appealing to them emotionally, lasting learning and what changes in practice this has resulted in. Initial feedback from a paediatric staff member indicated they felt the training was much more appealing due to the patient voice and felt they better understood the relevance of the training. Given the prevalence of Dementia, we are also interested in how this learning has impacted on the staff members lives and actions outside of work.

What makes this initiative stand out?

By working collaboratively with the subject matter experts, patients and their families with lived experience, and the patient experience leads, we are able to produce training packages that appeals to a deeper level of learning for staff, helping them better understand the relevance of the subject from a holistic perspective, really appreciating the patient at the centre of all we do. Hearing directly from the patients has a unique impact that could not be achieved otherwise.

Research suggests that incorporating social and emotional learning into training programs can significantly enhance learning effectiveness by fostering engagement, motivation, and improved knowledge retention. Studies show that when training connects with learners' emotions, they are more likely to pay attention, remember information, and apply their learning. Appealing to learners' emotions can significantly enhance their learning experience. By connecting with learners on an emotional level, educators can create more impactful and memorable learning experiences. (University of Queensland, 2022) (The university of Wollongong, 2023).

Another very important aspect of improved learning on this subject has far reaching affects, as Dementia is ever increasing, it not only supports staff to provide better care within the organisation, but it can also support them in their personal lives should they encounter or have family members or friends on the dementia spectrum. This provides better care and understanding, reaching far beyond the hospital walls and is a positive approach that benefits people

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Barts Health NHS Trust

Empowering Champions: From Measurement to Meaningful Change

Category

Measuring, Reporting and Acting -
Using Insight for Improvement

Organisation description

Whipps Cross University Hospital, part of Barts Health NHS Trust, is a major acute hospital serving a highly diverse population of around 350,000 across Waltham Forest, Redbridge, and nearby boroughs. With 47% of residents identifying as from minority ethnic backgrounds and an area that faces significant health inequalities.

An ageing population and a high prevalence of complex, long-term conditions, Whipps Cross sees a greater proportion of patients in the final stages of life. As a key provider in a densely populated and socioeconomically challenged area, the hospital plays a critical role in delivering end-of-life care.

Our vision is to embed this model within shared governance frameworks and continuous improvement, scaling the Champion-led approach and ensuring every patient receives compassionate, dignified, and personalised care at the end of life and other quality.

Summary

At Whipps Cross, over 40 End-of-Life Care (EOLC) Champions (including nurses, HCAs, and AHPs) were empowered across every ward to lead change using Quality Improvement (QI) tools, shared learning, lived experience, and real-time data. What sets this apart is its scale, structured approach, and sustainability. Champions received QI training and co-designed ward-specific interventions, embedding compassionate care practices such as pain assessment prompts and bereavement story-based training tailored to local needs. This ensures dignity, symptom control, and cultural sensitivity are consistently prioritised, regardless of ward or specialty.

The innovation lies in shifting from top-down initiatives to a frontline-led, data-driven, and system-aligned model. Whipps Cross is one of the first hospitals to embed this model, integrating shared governance, QI methodology, and lived experience into a replicable framework. This model is now being adopted in other areas like health and safety.

This isn't just a new application of existing tools; it's a fundamental redesign of improvement culture, driven from the ground up. It demonstrates that when frontline staff are supported to lead with purpose, meaningful and lasting transformation is not only possible but achievable.

Impact & results achieved

1. Quantitative Improvements: Measuring What Matters

Over the past three months, we have begun to see tangible improvements in key areas of end-of-life care directly informed by NACEL priorities and ward-level feedback. Notable progress includes:

- Pain management compliance, tracked via ClickSense dashboard, has improved from a baseline of 38% to 53%. See Appendix: B

- Nutrition and hydration monitoring in the last days of life rose from 67% to 75%, reflecting a growing emphasis on essential comfort measures. See Appendix B
- Communication and involvement in care decisions is also showing improvement, with anecdotal feedback and ward observations confirming more consistent, compassionate interactions.

Bereaved relative Anonymous, "Communications were good overall and we were contacted to keep us informed of key changes in our loved one's health."

Metrics and feedback are monitored monthly with Champions, who own their ward's data. Where progress slows, Champions co-develop new change ideas. This iterative process of reflection, testing, and adaptation ensures sustained progress and shared responsibility.

EOLC champion A.K "My team is very focused on improving the pain scores and being able to have the results every month is very helpful."

2. Qualitative Impact: Listening to Patient and Family Voices

While quantitative metrics are essential, the emotional truth of care is captured through qualitative feedback, particularly our bereavement surveys and family interviews. These tools offer rich insight into the lived experience of patients and carers, highlighting both excellence and missed opportunities.

When surveys reflect distressing or suboptimal care, bereaved relatives are invited to share their story with the EOLC Facilitator and Patient Experience Lead in a safe, supportive space. These compassionate conversations have become a cornerstone of our learning model, not only validating experiences, but transforming them into actionable learning.

- Bereaved Relative Anonymous "The doctor was excellent, taking time to ask what my uncle would like to listen too, what sort of a man he was etc.."
- Bereaved Relative Anonymous "The nurse was so respectful when I went to visit the body. She knocked on his door and comforted me."

3. Co-Production in Action: From Story to System Change

From these conversations, we have co-produced deeply moving bereavement story videos, narrated by family members themselves. These stories are not symbolic, they are used in ward-level training, Grand Rounds, and team development sessions, helping staff connect emotionally with the impact of their care.

For staff, these stories provide:

A humanised, reflective learning experience Greater empathy and insight into family perspectives A deeper sense of professional purpose and accountability For families, the process is often cathartic and meaningful, giving their experience value and helping ensure that others benefit from their honesty and courage.

Staff feedback from training, "A very powerful session listening to the relatives' experiences, reflecting on what we could have done for better practice. Helped me to understand the needs of patients and how to empathise with them"

Senior management: "We shouldn't hide from difficult truths, however, learn from this and progress."

Overall percentage of 98% of staff who attended training gave a satisfaction score of 10. See pre and post confidence scores of staff following training on Appendix B.

What makes this initiative stand out?

What makes this initiative stand out is its scale, inclusivity, and sustainability, an approach that reimagines how quality improvement is done in end-of-life care.

It is not a one-off intervention or a response to external scrutiny, it is a cultural shift. The work is co-facilitated by a single End-of-Life Care Facilitator and a QI Matron, proving that transformational change is possible even with limited resources when you invest in people. Champions are not just trained but continually mentored, connected across wards, and guided by data to own their improvement journey.

What further distinguishes this project is its compassionate, human-centred design. Families' stories from bereavement surveys have been turned into powerful learning tools that are shared ensuring that feedback is not lost in reports but becomes a living, emotional driver for better care.

Finally, its success is not just measurable in data, but in the sense of pride and ownership growing across the hospital. This is grassroots transformation with system-level vision, and it offers a replicable model for other trusts aiming to improve experiences of dying, death, and bereavement with dignity and compassion at the core.

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Barts Health NHS Trust

Health Equity Action Leadership (HEAL) Project: A people-powered approach to transforming health equity.

Category

Engaging and Championing the Public

Organisation description

TELCO (The East London Citizens Organisation) is the founding chapter of Citizens UK. TELCO is an alliance of over 50,000 people from more than 80 member institutions across East London, including schools, universities, churches, mosques, migrant groups and other community organisations. Together, they organise to overcome injustice and win change on the things that their local communities care about most.

Barts Health NHS Trust is made up of five hospitals: St Bartholomew's Hospital in the City, The Royal London Hospital in Whitechapel, Newham Hospital in Plaistow, Whipps Cross Hospital in Leytonstone, and Mile End Hospital. Our group provides a huge range of clinical services to people in east London and beyond. Each hospital has a unique mix of specialist skills and cares for their local communities.

Our vision is to be a high-performing group of NHS hospitals known for leading innovation, reducing inequalities, and transforming lives by championing excellence and providing outstanding healthcare. We're moving towards a future that focuses on combining specialties and clinical expertise, prevents ill health, embraces digital innovation, and expands our care closer to home. Aligned with national NHS goals, this transformation puts patients first and is shaped by the experiences, insights and voices of the people we treat.

The services we offer are driven by the unique needs of our people in one of the most diverse and fast-growing populations with some of the most deprived and under-privileged communities in the country. Every day, we provide a mix of specialist and routine care for over 7,000 people. Working as a group enables us to combine our strengths, share expertise, and deliver consistent, high-quality care for more than 2.5 million people.

Summary

The Health Equity Action Leadership (HEAL) project is a transformative partnership that aims to redefine how the public is supported to influence and shape healthcare, at Barts Health and beyond. TELCO is an alliance of over 80 diverse institutions including faith groups, schools, and third-sector organisations, trusted by local communities and traditionally under-served groups across the Barts Health patch.

At the partnership's core is the HEAL Champions initiative which aims to develop health leadership capacity in local communities. Developed following structured community listening, the co-produced programme provides innovative training in health literacy and community organising to equip leaders to support their communities to navigate healthcare, not only as service users, but also as transformation partners. Champions lead peer engagement, collect lived-experience feedback, and co-design campaigns that tackle systemic healthcare barriers.

The pilot has already yielded powerful results: 100% of HEAL Champions report increased confidence in navigating and advocating within healthcare systems, rebuilding trust with providers, and fostering wider participation. Our scalable and sustainable framework grounded in local leadership, cross-sector partnership, and ongoing community feedback, offers a replicable model that deserves recognition as a bold, people-powered approach that engages, uplifts, and champions the public in the transformation of health equity.

Impact & results achieved

Rooted in equity, the HEAL initiative is creating a paradigm shift in East London, empowering communities to advocate for themselves, breaking down systemic barriers and laying a foundation for sustained, community-driven change.

To assess the impact of the HEAL Champions project specifically, the Steering Committee agreed pre- and post-training surveys, qualitative feedback, and engagement metrics, each designed to capture changes in knowledge, confidence, and behavioural intention, and the broader relational impact between the partners.

Key Outcomes:

Participant Empowerment: Attendees described HEAL Champion training as eye-opening and empowering, providing clear guidance, fostering trust, and inspiring them to engage others. Confidence Transformation: Before training, 87% of participants felt not at all confident giving feedback or finding information about healthcare services. After the session, 100% reported being very confident in both areas. Direct insight: The insights from our HEAL Champions feed directly back into TELCO campaigns and Barts Health's experience of care insight governance structure. Wider Engagement: HEAL Champions now serve as trusted connectors, leading Health Bank Surgeries themselves and engaging residents in meaningful dialogue about their healthcare experiences.

What makes this initiative stand out?

What makes the HEAL initiative truly stand out is it's deep foundation in relational, community-led action. Unlike traditional top-down interventions, HEAL is rooted in the lived experiences and leadership of local people. The initiative centres on trust-building, shared learning, and long-term collaboration between healthcare professionals and communities most affected by health inequalities. HEAL's potential for far-reaching impact lies in it's flexibility, alignment with national health priorities, and it's proven ability to engage communities that are often left behind.

The Barts Health Director of Patient Experience and Community Engagement captured this essence: "Whilst NHS Trusts have a duty to tackle health inequalities, we know we cannot do it alone. The HEAL partnership provides an opportunity to focus on our shared resources and build trusted relationships to support those most affected."

HEAL Champions are not just traditional trained health champions that signpost one-way to services, they are skilled in community organising and are embedded community leaders who engage in genuine dialogue with residents and healthcare providers. This two-way relational sharing of insight feeds directly into Barts Health's continuous service improvement and TELCO's campaign priorities.

The success of HEAL lies in its relational values, community accountability, and its shift from an illness-based model to one focused on equity, wellness, and shared leadership making it a blueprint for transformative change in public health. The initiative has the power to bridge cultures and drive system change through collective action.

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Picker Experience Network Awards

Barts Health NHS Trust

Whipps Cross Patients' Panel - 20 years of support

NHS
Barts Health
NHS Trust

Category

Patient Contribution

Summary

The Whipps Cross Patients' Panel represents the very best of partnership working in the NHS. Formed in adversity, sustained through commitment, and strengthened by trust, they are a model of what long-term, patient-led engagement can look like.

They are not token voices around the edges. They are architects of change.

Their reach is wide, their insight is sharp, and their influence is lasting. Over the past year alone, they have shaped hospital strategy, strengthened digital access, helped co-design recognition schemes, contributed to quality improvement, and supported the implementation of the Hospital's Patient Safety Incident Response Framework. They have been advocates, educators, allies, and challengers. Always acting with integrity, compassion and an unwavering belief in the value of lived experience.

The Panel's formation during a time of existential threat instilled a deep sense of purpose. That purpose has never faded. Over the years they have fought to protect the hospital, contacting MPs, regulators, health boards, and national programmes to make the case for Whipps Cross. Even when government delays have dashed hopes for redevelopment before 2032, they have continued to work on service redesign and patient representation with grace and tenacity.

Today, they are as relevant and impactful as ever. With a new generation of members stepping into leadership roles and continued collaboration with clinical teams and Trust leaders, their future is bright.

This award would not only recognise their extraordinary contribution over the past year, but honour more than two decades of service, advocacy and improvement. They are an anchor for the hospital, and a shining example of what it means to truly put patients at the centre.

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Belfast Health and Social Care Trust

Make My Voice Heard: Experience of Women and Children seeking International Protection Accessing Health and Social Care in Northern Ireland

Category

Partnership Working to Improve the Experience

Organisation description

Belfast Health and Social Care Trust is the largest integrated health and social care Trust in the United Kingdom.

We deliver integrated health and social care to approximately 340,000 citizens in Belfast and provide the majority of regional specialist services to all of Northern Ireland. We have an annual budget of £1.3bn and a workforce over 20,000 (full time and part time). Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.

Summary

'Make my Voice Heard', a unique regional project, directly engaged women seeking international protection to hear about their experiences accessing health and social care (HSC) in Northern Ireland (NI). Led by Belfast HSC Trust in partnership with other HSC organisations and Office of the Mental Health Champion, the Steering Group set clear objectives to include the status/definition of the people to be engaged and involvement model to be implemented.

A regional involvement project to directly engage with women seeking international protection has not been undertaken. Challenges included, groups being hard to reach due to language and also mistrust with government organisations.

Project demonstrated success by hosting 19 focus groups across NI engaging 167 women. Focus groups, facilitated by HSC Leadership Consultant as independent and unbiased approach, identified barriers to accessing HSC and explored across key themes with resulting co-development of recommendations for change.

Learning can be shared to include the involvement approach to hear directly from women in community settings utilising established trusted relationships and also involvement methods including using female interpreters or digital devices when not available and other factors for success.

Partnership based approach leading to consistency of practice for clear recommendations for change.

Impact & results achieved

'Make my Voice Heard' set out to engage with women seeking international protection to hear their experiences of access HSC.

The measures we set were to:

- Directly engage with women seeking international protection
- Identify barriers to accessing HSC
- Develop recommendations

The engagement process was co-designed by the Steering Group and sought to ensure representation across key groups and geographic locations.

As a result:

- A total of 20 sessions were scheduled, with one session having no attendance. In total, 167 women from 15 nationalities, including Syrian, Ukrainian, Sudanese, Afghan and Iraqi communities, were engaged with and had opportunity to share their experiences.
- 6 thematic barriers were identified in areas including GP Services, mental health services, maternity, public health nursing and social services. Language barriers and interpreting services were identified as a significant challenge.
- Recommendations have been developed addressing three key issues: cultural, language and navigation. The six recommendations set out action for change which have been presented to the Department for Health. Work has commenced to review and up-date the regional interpreting service and to embed a HSC Cultural Competency Framework.

What makes this initiative stand out?

'Make my Voice Heard' is unique as it actively directly engaged with 167 women seeking international protection to hear their experience about accessing HSC in NI. This is the first time that this has been undertaken as a regional partnership approach across urban and rural areas. The commitment o with key success elements:

- strong leadership through Belfast HSC Trust who chaired the Steering Group and project managed. Involvement of not only organisations but representative Officers from the key areas to be explored including maternity, mental health, social work, public health nursing alongside community development and equality.
- engagement and commitment of five HSC Trusts and partner organisations makes it a strong regional project to avoid duplication and to maximise resources.
- HSC leadership centre as an independent approach to engage women to provide consistency and professionalism of approach on a regional basis
- engagement and working with community sector which enhanced inclusion, recruitment and openness in trusted settings.

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Belfast Health and Social Care Trust

New Belfast Community Palliative Care Hub - Excellence in Partnership and Collaboration

Category

Patient Contribution

Summary

Clare-Marie Passmore has been an integral member of the team that has established the Belfast Community Palliative Care Hub - a project that is unique in the region, bringing statutory and voluntary sectors together to provide seamless and coordinated care for the sake of patients in the Belfast area.

Clare-Marie became involved in the Belfast Community Palliative Care Hub project in September 2023 when the project was first established and has been a core member of Project Board ever since. She had supported both her mother and father at the end-of-life and was passionate about improving services for patients at this most vulnerable time. Personal Public Involvement (PPI) is a statutory requirement) and Belfast Trust aspires to ensuring effective PPI from the outset. As an integral member of Project Board, Clare-Marie supported and positively challenged the teams involved in the project throughout the process and quickly became a valued member of the planning team. Her commitment was unwavering and she has represented Project Board at learning events.

Clare-Marie brings lived experience of caring for family at end-of-life and provides an invaluable patient/family perspective. As a clinical professional by background, she understands and empathises with both Project Board and also the clinicians involved in the new service and has earned the respect of everyone in the project. She has a unique skillset, excelling in communication, strategic understanding, empathy and commitment to a common goal. She is passionate about providing the very best palliative and end-of-life care for patients and improving the experience of their families at this most vulnerable time.

It is our opportunity now to publicly acknowledge the unique and valued contribution of Clare-Marie Passmore in establishing our new service. She has helped steer the project over a 2-year period from planning to implementation. Her contribution cannot be underestimated. The Belfast Community Palliative Care Hub is a better model of care for patients at end-of-life because of her input. She has truly made a difference.

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23 FINALISTS ARE:
Celebrating Success
Nominee
Submission Title
re and Wirral Partnership
HS Foundation Trust
Patient and Carer Experience Team
re and Wirral Partnership
HS Foundation Trust
A Needs Led Community Rehabilitation Service - Working as part of a WholeSystem
e of Wight NHS Trust
Building and developing a team whilst changing our approach to complaint handling
ool University Hospitals
Foundation Trust
Development of Innovative CPAP large events to Enhance Patient Experience and Improve Access to Treatment.

Betsi Cadwaladr University Health Board

Alternative to Admission (A2A) Hub

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

Category

Environment of Care

Organisation description

Betsi Cadwaladr University Health Board (BCUHB) is in North Wales and is the largest health board in Wales covering 6 the counties of Flintshire, Wrexham, Conwy, Denbighshire, Gwynedd and Anglesey with a workforce of over 19,000 staff. The health board offers a wide range of health services within 3 Integrated Health Communities (IHC's).

Child and Adolescent Mental Health Services (CAMHS) offer comprehensive assessment and psychological intervention to children and young people (CYP) aged 0-18 who are struggling with their mental health.

CAMHS crisis and unscheduled Care (CUSC) services offer timely assessments and brief psychological interventions to young people experiencing a mental health crisis. There are 3 CUSC teams within CAMHS, one in each IHC area with an overall under 0-17-year-old population of around 133,750 (according to 2021 figures). For this award submission we are showcasing an exceptional piece of work developed within the Central IHC CUSC team.

This area has an overall 0–17-year-old population of 39,950.

Young Carers:

There are 1526 young carers living within the Central IHC region.

Young people from ethnic minority backgrounds (including Gypsy, Traveller and Roma backgrounds):

Children from Gypsy, Traveller or Roma families and backgrounds are recognised as being particularly at risk of poor mental health, though they are a relatively small population.

The number of young people from ethnic backgrounds other than white Welsh or other white British identities was relatively low in North Wales in 2021 – 10,700 in total across the region, or 8.0% of the population aged 0-17. This compared to the Welsh average of 12.5% or an average of 32.1% for England and Wales. Each year the Central IHC CUSC team (referred to hereafter as CUSC) provide assessment and intervention to around 560 young people in crisis (2022/2023 yearly data).

Summary

For CYP experiencing emotional distress, it can be overwhelming and leave them asking 'where do I turn to for help?'. Across North Wales, immediate early help is limited, often leading to further deterioration in mental health and increased crisis presentations in acute hospital settings.

Our ambition is listening to CYP to deliver the right care at the right time and in the right place for those at risk of, or experiencing mental health crisis. The 'Alternatives to Admission' (A2A) pilot is an inspirational, innovative, and collaborative project offering an opportunity to provide timely, specialist mental health support in a safe, non-clinical, comfortable space when acute/medical intervention is not required.

The project scope and brief were developed in line with the funding criteria set out by Welsh Government and included several enabling workstreams with identified clinical leadership and project management;

Estates – to identify/develop suitable estate to accommodate the service.

Workforce – workforce recruitment to support delivery.

Pathways – develop safe and effective pathways overall Service Specification .

Communication & Engagement – to ensure effective and wide-ranging communication and engagement with stakeholder groups and opportunities for co-design that are inclusive and accessible for individuals sharing different protected characteristics.

Impact & results achieved

To understand impact, benefits, and evidence of improved outcomes, we are collating qualitative and quantitative data.

By analysing referral demand and activity against baseline data, we can demonstrate where improvements are driving progress toward desired outcomes.

From April 2024 - 22nd December 2024 (prior to A2A launching), 66% of CYP accessing CUSC were admitted to an acute ward, 30% were not admitted but were seen within the ED and only 1% accessed the necessary crisis interventions at a community level.

Since launching on 23rd December 2025, we have achieved an 8% reduction in number of avoidable ED presentations by providing timely interventions at the A2A hub in the first instance. As a further result of this work, the rate of acute admission has also reduced by 16% during this time.

Qualitative data is gathered and analysed with feedback from CYP and family collected through various methods, demonstrating a significant increase in service satisfaction.

What makes this initiative stand out?

A2A stands out for several key reasons; It is the first of its kind in the region, addressing CYP needs in an innovative and impactful way. This A2A hub model is also the first of its kind in Wales as it offers an alternative pathway for CYP in mental health crisis to access support and intervention outside of an acute setting thus providing CYP with a more flexible and supportive approach.

Another standout feature is the co-production and co-design approach, where CYP have been actively involved in shaping the project. This ensures services are directly aligned with their needs, as their voice is central to our shared decision making. The initiative is notable for its responsiveness to feedback, ensuring that changes are made based on what CYP, parents and carers express as necessary and helpful.

One of the unique and thoughtful elements is the provision of 'coping boxes' – a starter pack that can be developed within the hub that CYP can take home and add to over time. These boxes are designed to help CYP develop coping strategies and support their emotional well-being. By offering these tangible resources, it ensures that CYP not only receive immediate help in the hub but also have tools they can continue to build on and use in the future.

We also provide CYP the opportunity to simply be in the hub to decompress and can provide a variety of drinks and snacks. The rooms are each designed with a different purpose in mind. The 'earth room' in earthy colours is a space for assessment, 'peace room' has mood lighting, a darker colour palette and reclining chair and couch with soft blankets or weighted blankets, and 'zen room' which is brighter for therapeutic activity.

With these resources and a focus on CYP's needs, A2A offers a personalised, flexible, and supportive approach that stands out as a model of exceptional practice in CAMHS

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Birmingham Community Healthcare NHS Foundation Trust & Thomas Pocklington Trust

A Vision for Sight Loss

NHS
Birmingham
Community Healthcare
NHS Foundation Trust

Category

Personalisation of Care

Organisation description

Birmingham Community Healthcare NHS Foundation Trust – and its 5,000 staff deliver the best care they can to patients, carers and the public, creating Best Care for Healthier Communities (BCHC).

The team delivers over 100 NHS services for people of all ages – from birth through childhood and adult life to older years and end-of-life.

We provide community health services for a million people in Birmingham and a range of specialist rehabilitation and dental services for the 6.5 million people across the wider West Midlands region.

Thomas Pocklington Trust is a leading advocate of equality for blind and partially sighted people. They are a charitable organisation with a dedicated staff team, over half of whom are either blind, or partially sighted, and they have over 200 dedicated volunteers who have lived experience of sight loss. Their core mission is to support blind and partially sighted people to bring about equity and inclusion in every aspect of society.

Summary

During the pandemic, Birmingham Community Healthcare NHS Foundation Trust heard a tragic story of a blind patient's passing. Around the same time, Patient Experience and Engagement Lead Alex Evans lost his blind uncle, inspiring him to collaborate with Senior Engagement Manager Louise Connop from Thomas Pocklington and local district nurses. Together, they co-designed a forum to improve care for blind and partially sighted patients, rooted in lived experience.

The project reshaped nursing standards and was nationally recognized for its co-production approach. Under Alex and Louise's leadership, the Trust Chief Executive elevated Sight Loss Awareness, enabling hundreds of nurses and therapists to be trained in accessible, personalised care.

Patients like Steve Keith introduced innovative solutions, such as a secret word system for safer home visits. The initiative expanded through films, training sessions, and nationwide collaborations, engaging 50+ blind and partially sighted individuals over two years. Learning was shared at national conferences and with the Chief Nurse for England.

Impact & results achieved

One patient and expert-by-experience Steve Keith, wanted to design a secret word system so that any nursing or therapy patient who was blind or partially sighted could have a secret word created on their care record which a nurse gave when they arrived for a home visit. Steve recalled fearing the knock at the door because you "never know if it might be your nurse, or a con artist". "Giving me my password made me feel like I mattered, that they understood my needs."

Over 20 patients in the first year of the project had a secret word created, including a gentleman called Winston, a Jamaican citizen currently living in a retirement home. Alex was invited to meet Winston and they created a film about Winston's life, including the importance of tailoring NHS services to better meet the needs of communities. Steve and Louise also took part alongside a special licence granted by Film Birmingham to showcase the importance of person centred care in sight loss. The project was gathering pace, and it was Engaging the Public in new and innovative ways, not seen before, according to the Sight Loss Council Conference in the UK.

Traditionally, they recounted that NHS services has been near impossible to engage with but several patient forums have now taken place, including 12 training days, special seminars and events where Louise and the Birmingham Sight Loss Council joined Alex on nursing days and roadshows to train over 700+ nurses how to improve services for their community.

A holistic approach was taken to measure the process and impact of the initiative, with over 700+ nurses and therapists trained, 20+ patients having a secret word / password created / getting changes made to the clinical system to allow reasonable adjustments and communication preferences to be created.

Celebratory patient stories delivered at the International Nursing Day conference about Winston's Bladder and Bowel Service personal story whilst losing his vision; Steve's BCHC NHS Board story presented about the value of being a co-design leader on our journey together and how being involved has helped uplift and inspire him that change is possible, Louise and Alex co-creating the documentary film to raise national awareness of sight loss awareness.

These live a breath both qualitative and quantitative methodologies and speak volumes about the power sharing potential when you truly involve patients and the public in the design and delivery of NHS services.

1. Cultivating Empathy and Understanding: By actively involving 50+ patients, carers, and staff in the co-design process, BCHC fostered a culture of empathy and understanding. Through shared experiences and meaningful dialogue, participants gained a deeper appreciation for the challenges faced by sight loss patients, fostering compassion and empathy in care delivery.

2. Strengthening Relationships: The initiative served as a catalyst for building stronger relationships between healthcare providers, Thomas Pocklington and Birmingham Sight Loss Council. By valuing patient perspectives and incorporating them into decision-making processes, BCHC strengthened trust and collaboration, fostering a sense of partnership and mutual respect, seeing over 700+ nurses and therapists trained.

3. Changing the clinical record and implementing the secret word for 20+ patients reduced their anxiety about who was in their home, fostered respect and showcased the power of person centred care.

4. Nurturing a Culture of Continuous Improvement: The initiative instilled a culture of continuous improvement and reflection within BCHC, guided by the principles of humility and openness to learning. By embracing feedback and embracing a growth mindset, BCHC demonstrated its commitment to ongoing evolution and adaptation, ensuring that the needs of sight loss patients are met with sensitivity and responsiveness.

What makes this initiative stand out?

The initiative's emphasis on inclusivity, collaborative partnerships, patient engagement, and personalised care sets it apart, driving its success and impact.

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Calderdale and Huddersfield NHS Foundation Trust

Complex professional MDT

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Category

Staff Engagement and Improving Staff Experience

Organisation description

Calderdale and Huddersfield NHS Foundation Trust deliver compassionate care to a diverse population of around 450,000 people from our two main hospitals, Calderdale Royal Hospital and Huddersfield Royal Infirmary as well as in community, sites, health centres and in patients' homes.

A team of over 7,000 staff and 200 volunteers provide a range of services including urgent and emergency care; medical; surgical; maternity; gynaecology; critical care; children's and young people's services; end of life care and outpatient and diagnostic imaging services to meet the individual needs of our diverse population. 18% of our population are from an ethnic minority group, and 26% of our population live in a level of deprivation higher than the national average.

Summary

The Complex Needs Professional MDT is a pioneering initiative that has transformed how we support patients with complex needs, while also empowering staff across disciplines and organisations. It provides a psychologically safe space where colleagues can share concerns, co-produce care plans, and learn together—ensuring that the patient remains at the centre of every decision.

This MDT is unique in its inclusive, cross-system collaboration, bringing together nursing, medical, AHP, pharmacy, mental health, and social care professionals. It enables real-time clinical decision-making, alternative care pathways, and rapid access to specialist input—often resulting in patients returning home rather than entering long-term care.

The initiative has had a profound impact on patient outcomes, staff wellbeing, and organisational culture. It fosters learning without judgement, builds leadership capacity, and promotes innovation through co-production and continuous feedback.

Its success is sustained through strong leadership, digital infrastructure, and alignment with person-centred care training. The MDT is now a model of best practice, inspiring others and setting a new standard for compassionate, collaborative care.

The referral process is not rigid and allows for anyone to refer in with any concern they may have which is unique and inclusive to all staff across the organisation and partner organisations.

This MDT has strengthened relationships with partners that impact in other areas that learning has influenced changes to policies and procedures such as rapid tranquilisation. It has enabled changes to practice and creative approaches that we have now adopted.

This initiative deserves recognition for its measurable outcomes, system-wide engagement, and its unwavering commitment to delivering the right care, in the right place, in the way the person wants to receive it.

Impact & results achieved

The MDT has had a direct and meaningful impact on both staff and patients, transforming how complex care is delivered and experienced.

Staff Empowerment and Organisational Support:

- Staff attending the MDT feel heard, valued, and supported by the wider organisation.
- The initiative has helped reduce burnout by providing a structured, compassionate space for shared problem-solving.
- Ward teams report increased confidence and morale, knowing they are not managing complexity in isolation.

Innovative, Person-Centred Care Planning:

- The MDT has enabled alternative care management plans tailored to individual needs, often diverging from traditional pathways.
- Therapeutic models of care are prescribed in collaboration with the Enhanced Care Team and therapy services, ensuring holistic support.

Real-Time Clinical Decision-Making:

- Pharmacy colleagues play a pivotal role, adjusting medications in real time based on MDT discussions, including mental health input.
- Referrals to specialist services such as orthotics, neurology, and others have resulted in next-day ward visits, expediting reviews and urgent equipment provision.

Improved Patient Outcomes:

- The MDT has supported complex discharges, contributing to reduced length of stay.
- Most notably, patients previously expected to transition into care homes have instead been safely discharged home, reuniting with families—an outcome that is both clinically and emotionally invaluable

What makes this initiative stand out?

This initiative is truly special because of its transformational impact—not only on patients and carers, but also on the colleagues delivering care. In a relatively short time, it has significantly improved experience, satisfaction, and health outcomes across the board.

Key Elements That Make It Unique:

- Profound Human Impact:

The MDT has changed lives—patients have returned home instead of entering care, families have been reunited, and staff feel supported and empowered. These outcomes speak to the heart of compassionate, person-centred care.

- Inclusive, Cross-System Collaboration:

What sets this initiative apart is its breadth of engagement. It brings together professionals from across disciplines and settings, breaking down silos and reinforcing the message that we must work cohesively to improve care.

- Inspiring Culture Shift:

Patients, carers, and staff are proud to be part of this initiative. It has inspired colleagues to rethink and transform their approach to complex care, creating a ripple effect of innovation and compassion throughout the organisation.

- Leadership and Engagement:

The leadership approach has been collaborative, visible, and values-driven, ensuring that all voices are heard.

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Picker Experience Network Awards

Calderdale and Huddersfield NHS Foundation Trust

Person Centred Care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Category

Personalisation of Care

Organisation description

Calderdale and Huddersfield NHS Foundation Trust deliver compassionate care to a diverse population of around 450,000 people from our two main hospitals, Calderdale Royal Hospital and Huddersfield Royal Infirmary as well as in community, sites, health centres and in patients' homes.

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Summary

This ambitious initiative resulted in a shared understanding of person centred care, amplifying and improving person centred approaches across all staff groups at the Trust, transforming the experience individuals have. Our commitment to providing care which is inclusive and supportive of all our communities whilst ensuring individuals feel respected, valued and able to participate in their care is at the heart of the initiative.

The initiative had 3 main elements:

- Co produce a shared definition of person centred care which works in practice to improve experience of care.
- Explore and promote what person centred care means to people and the impact it has.
- Develop resources to support, empower and engage colleagues, patients and carers in person centred approaches which enhance individual experiences.

The compassionate and committed leadership of the initiative, with a level of diversity in the project team membership rarely seen, coupled with collaborative working and a focus on co production has resulted in an innovative initiative which has raised awareness of person centred care locally, regionally and nationally. It has transformed practice, empowering and engaging individuals in their care, and making a significant difference to the experience patients, carers and colleagues.

Impact & results achieved

- The promotional film has had over 635 views, with many of those to a larger audience than 1 person.
- Feedback received demonstrated the success of the film:

Thanks for sharing; it will make her day. (Patient, Carer Feedback)

It seems really good. Clear. Concise and to the point. Very what we want to happen. (Patient, Carer Feedback)

The breadth of staff taking part, and taking the time to interact with patients is really special to see (HealthWatch)

I really liked that on many of the clips it shows the staff at eye level with the patients not playing out power dynamics

(NHS England, Head of Quality)

I absolutely love this, what fabulous work… it's such a great example of co-production (NHS England, Joint Regional Chief Nurse)

Its great, covers all settings and the quotes really add to the depth as they come from real people (National Institute of Clinical Excellence)

Its really lovely, we will share it (Calderdale Local Authority)

This is fab I've shared it with colleagues (Staff feedback)

Patient, carer and colleague feedback demonstrated the impact and success of the initiative:

"This allowed me to express how I want people to listen to what I have to say" Patient

"I feel like I have more control about what will happen to me" Patient

"Great initiative which everyone can contribute to" Colleague

"When everyone is engaged with our expectations and knew what we wanted, our hospital experience is better" Patient and Carer

Metrics were introduced into our leadership assurance programme to provide quantitative data and monitor progress

We heard directly how raising awareness of person centred care motivated individuals and teams to change practice from a ward clerk ensuring no one is referred to as a condition or bed number, to a matron understanding that time outside would make all the difference to a patient and facilitating this.

Using digital stories and the personal information boards to involve patients, carers and colleagues has been a really effective method of involvement which has supported people to learn how they can be involved in their care; share what is important to them; and help the teams at the Trust to understand what matters most to the person. It has also helped teams to see the person rather than the patient, and understand more about them. Making the human connection between data, insight and the difference we can make by strengthening person centred approaches has evaluated well in terms of helping people to learn from the Executive Board members to people providing support in booking appointments and delivering face to face care.

What makes this initiative stand out?

It has had a profound effect on patients, carers and colleagues and their experience, satisfaction and health in a short space of time.

The leadership and approach to engagement has resulted in a special initiative with lots of different staff groups and settings included in all elements. This helped to emphasise that person centred care is a critical component of all our roles, and in every area.

The consistent engagement and co production with patients, carers and colleagues has resulted in an initiative that is owned across the Trust. Patients, carers and colleagues are proud to be part of the initiative and it has, and continues to inspire colleagues to transform their approach.

It has gained national interest and support from system partners, amplifying the opportunity for impact across a wider footprint.

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Cardiff and Vale University Health Board

The development and validation of the People's Experience Survey for NHS Wales

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Category

Strengthening the Foundation

Organisation description

This project was initiated by Welsh Government (WG), working in partnership with the Patient Experience teams in all of the Welsh Health Boards, and NHS Wales Performance and improvement, Value Transformation Directorate, Welsh Value in Health Centre (WViHC). They commissioned CEDAR, an NHS research group to lead this project. The project had a steering group with representation from WG, NHS Shared Service Partnership, Welsh Risk Pool (NWSSP WRP), Patient Centred Care lead at WViHC, and a member of the Research team. The reach of the project was national covering all of Wales.

Summary

Patient experience data is integral in quality improvement, involving Patient Reported Experience Measures (PREMs) and patient surveys. However, these tools should be well developed ensuring they are relevant to the population, and collect accurate data. While development and use of patient reported outcome measures (PROMs) is systematic and supported by well-developed processes, patient experience tools are often less robust. We utilised scientific methods used to develop PROM tools, to develop and translate a "People's Experience Survey" (PES) for Wales.

Initiated by WG, this project involved key leadership and patient experience teams across Wales. Groups including Llais (the Citizens body), Cwm Taf People First, Cardiff Third Sector Council, Service User Involvement Group for Substance Support Services, British Deaf Association Wales, and Cardiff Lupus, were involved ensuring a broad representation of views. Sign language interpreters and carers/support workers were involved to support inclusion.

The PES development involved almost 800 responses. It includes questions on demographics, people's experience of care, and ability to communicate in their preferred language during healthcare interactions. It is in use across NHS Wales supporting engagement, and collecting data for quality improvement work. A manuscript detailing the process is under review as part of our shared learning.

Impact & results achieved

The project had clear, SMART objectives, and a realistic timeline for delivery. Clear processes and methods, which followed accepted standards, were agreed prior to the start of the project.

We involved a wide range of services users with self-reported health conditions, including hearing impairment, sight impairment, mobility problems, and issues with memory, stamina, dexterity, and mental health. Participants represented different demographics across Wales ensuring a wide range of opinions were represented. Numerous stakeholders expressed their gratitude in being invited, and enjoyment in taking part.

Opportunities were built into the project to allow both patient and professional groups to provide feedback so that iterative changes could be made to both the PES and the process plans.

A bilingual report detailing the project activities was produced and shared with the steering group, WG and NHS colleagues. The PES was presented to national and organisational forums, receiving endorsement from key leadership groups. This included the NHS Leadership Board (Chief Executives), NHS Planning Leads, AHP Leads, Medical Directors, Executive Directors of Nursing, and the WG Executive Delivery Team. It was also shared across WG departments and discussed with professional groups including a WRP Safety & Learning Network for Patient Experience Leads, Deputy Directors of Nursing, and Llais. These engagements were critical in gathering feedback and ensuring the final version of the PES was evaluated against its original aims prior to release.

The PES has been available for use from the start of the 2025 financial year, meeting timelines and aims.

The methods used to develop and validate the PES mean teams can be assured it is fully inclusive, representing the needs of the people of Wales. It can collect accurate, meaningful, and robust data to support service improvement initiatives.

What makes this initiative stand out?

This initiative stands out for a number of reasons, not least due to the huge range of service users and staff representatives involved. A very wide range of patient and community groups were included with people from different backgrounds and lived experiences.

Involvement of staff from across Wales ensured expectations were managed and staff inclusion gave people buy-in and a sense of ownership. Patient engagement was excellent for both phases of the project and people reported a sense of inclusion.

The 'Once for Wales' approach is noteworthy due to resource savings, and in providing a conduit to collect and analyse national data via a single process. This significantly improves the value of the data collected, giving it utility in local, interdepartmental, inter organisational, and cross-boundary improvement initiatives. The robust validation methodologies and detailed report have proven useful in explaining processes and rebutting challenges.

"It has been incredibly rewarding to work with different groups, be heard, and collaborate on the development of this important survey which aims to gather feedback from people in Wales, improve our health service and make a difference". Dalila Tremarias, Member of the public.

"The final validated People's Experience survey will be used across the NHS in Wales to collect real time experience data to drive service change and deliver equitable and quality services to our communities" Judith Lewis, System Lead – Service User Feedback, NWSSP WRP.

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CardMedic

Breaking down communication barriers to enable more equitable maternity care

CardMedic
Fluent in Healthcare

Category

Independent Sector

Organisation description

CardMedic is a UK-based health technology company supporting inclusive care across the NHS and internationally. With a small team of under 20 staff, it provides a digital platform to help healthcare professionals communicate with patients facing language, cognitive, or sensory barriers. Used in urgent, maternity, and routine care settings, CardMedic offers clinically validated medical scripts in over 50 languages and accessible formats, including BSL and Easy Read. Designed by clinicians, it is aligned with the Accessible Information Standard and Core20PLUS5 health inequalities framework, helping organisations deliver safer, more equitable care. CardMedic is used by healthcare providers across the UK and US to improve communication, outcomes, and patient experience.

Summary

CardMedic is a digital communication tool transforming patient-clinician interactions by overcoming language, cognitive, sensory and literacy barriers. This entry highlights its significant impact within the North East London Integrated Care System (NEL ICS), a region with over 250 languages and pronounced health inequalities.

Focused on safer, more equitable maternity care, CardMedic provides clinically validated scripts in over 50 languages and accessible formats like BSL, Easy Read, and Read Aloud. Its design for immediate, online/offline use on any device makes it uniquely adaptable to high-pressure clinical settings, ensuring ease of deployment and sustained utility. The tool directly aligns with NHS England's Patient Safety and Healthcare Inequalities Reduction Framework, where it is recognised as an effective communication solution.

Led by a dedicated maternity team and frontline staff, NEL ICS achieved rapid, widespread adoption across three major trusts, demonstrating exceptional implementation and collaboration. CardMedic's commitment to continuous input from both patients and staff underscores its patient-centred approach and ongoing relevance.

Already being considered for broader application within NEL and adopted by other NHS and US providers, CardMedic's inclusive, scalable design and proven impact on communication and equity make it a highly sustainable and transferable solution deserving of recognition.

Impact & results achieved

The implementation of CardMedic within NEL ICS maternity settings has yielded profoundly positive and measurable impacts, significantly enhancing patient safety, satisfaction, and health equity. Our early results are not merely encouraging; they validate prior service evaluations which demonstrated a remarkable 28% increase in patient confidence in understanding healthcare staff when CardMedic was used, going from 67% to an exceptional 95%.

CardMedic has demonstrably empowered NEL ICS to deliver truly culturally competent care. This critical shift enables service users to gain a far deeper understanding of their maternity journey, fostering a proactive approach to shared decision-making about their care. Clinicians consistently report improved interactions with patients from diverse backgrounds, leading to enhanced staff satisfaction and a tangible reduction in misunderstandings.

Beyond language barriers, CardMedic's versatility has proven invaluable in overcoming a broader spectrum of communication challenges, including those posed by visual and cognitive impairments. The tool has been used thousands of times across NEL maternity settings, seamlessly integrating into routine workflows and demonstrating its essential role in daily operations.

Crucially, early feedback overwhelmingly indicates improved patient safety, particularly in emergency scenarios where timely and accurate communication is paramount. CardMedic has also fostered greater family involvement, as its accessible communication tools enable carers to better understand and actively support their pregnant relatives throughout their journey. These combined results underscore CardMedic's transformative power in creating a more inclusive, safer, and more equitable maternity care experience for all.

What makes this initiative stand out?

CardMedic stands out as a pioneering initiative due to its innovative application of digital technology to address profound health inequalities, while also enhancing both staff productivity and the patient experience. Its core strength lies in its ambition to tackle systemic health disparities at scale through digital innovation, reaching diverse populations who often face significant communication barriers.

A key element of its success is its unwavering commitment to inclusivity. CardMedic is meticulously designed to cater to individuals facing language, literacy, hearing, visual, and cognitive barriers, ensuring no one is left behind in critical healthcare conversations. The agility with NEL ICS has also been remarkable, demonstrated by its rapid deployment within weeks across three major NHS trusts, highlighting its efficiency and ease of integration into complex healthcare environments.

The tangible impact of CardMedic is what truly sets it apart. It enables crucial two-way communication where it was previously lacking, directly leading to increased patient safety and fostering greater patient empowerment. Its inherent scalability ensures long-term viability and broader adoption and it is designed to seamlessly integrate with existing clinical workflows and align with national guidelines, such as the Accessible Information Standard and CORE20PLUS5 initiatives. This thoughtful design makes it a sustainable solution for widespread implementation.

Finally, CardMedic's exceptional quality and effectiveness have garnered significant recognition. It is referenced in NHS England's 2025 Patient Safety Healthcare Inequalities Reduction Framework as a vital tool in combating health disparities. This, coupled with its status as a winner of multiple awards and recent investment from SBRI Healthcare and Innovate UK, underscores its proven value and potential for even wider impact.

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Cedar Foundation

Leading Workplace Wellbeing Through Staff Engagement and Experience

Cedar
Opportunity Choice Inclusion

Category

Staff Engagement and Improving Staff Experience

Organisation description

The Cedar Foundation is a leading charity in Northern Ireland dedicated to creating an inclusive society for all. Our mission is to support individuals and families living with disability, autism, and brain injury to live the lives they choose. We do this by providing services that promote opportunity, choice, and inclusion, guided by our core values of Collaboration, Equality, Dignity, Achievement, and Resilience (CEDAR).

Cedar is proud to be Northern Ireland's oldest regional disability charity, celebrating 85 years of continuous service next year. Our vision is of an inclusive society for all, and in the past year alone, we have supported over 3,000 disabled people, empowering them to work and learn, connect, and live.

In 2024/25, we supported over 3,000 individuals to live independently, connect with others, and access work, education, and community life. Our services spanned all five Health Trust areas, and we maintained high standards of care and impact. 99% of service users reported satisfaction with their support, while 100% of residents expressed contentment with their care. Additionally, 95% of participants reported gaining new skills or experience to support employment, progressing into or sustaining meaningful jobs.

Our team remains at the heart of everything we do. Services were delivered by 492 dedicated employees, supported by 131 bank staff, bringing our total staffing complement for 2024/25 to 623. We continue to invest in our workforce, holding Investors in People Platinum accreditation, and we prioritise staff development, wellbeing, and retention.

Through these efforts, Cedar continues to lead by example delivering meaningful support, strengthening inclusion, and ensuring that the voices of people with disabilities remain central to everything we do.

Summary

Our Health and Wellbeing Programme represents a bold and innovative shift from reactive support to a preventative, holistic approach that embeds mental health at the heart of organisational culture. What sets this initiative apart is its co-designed structure developed by an innovation team of frontline staff, not just leadership ensuring relevance, relatability, and wide engagement. It reflects fresh thinking by blending traditional support tools (e.g., counselling) with modern, emotionally resonant initiatives like "Ester's Blog" and "Mindful Monday," creating new use cases for familiar ideas that spark connection, reduce stigma, and prompt reflection.

Leadership was key: objectives were clear, communication inclusive, and implementation strategically paced to enable sustainable impact. Leaders modelled vulnerability and resilience, embedding a compassionate culture and encouraging open dialogue.

Success was measured through engagement data, reduced absenteeism, and strong feedback 98% of staff felt the strategy created a compassionate workplace. Inclusion was embedded through diverse voices, accessibility considerations, and addressing underrepresented needs (e.g., menopause, financial wellbeing).

This initiative's impact has been transformative and lasting. Its grassroots design, adaptability, and clear outcomes make it transferable to other organisations and sectors. It's a powerful example of people-led innovation that redefines wellbeing support in the workplace.

Impact & results achieved

The initiative has had a measurable and meaningful impact on staff wellbeing, engagement, and organisational culture. Our primary aim was to reduce mental health-related absenteeism, improve access to support, and embed a compassionate, resilient workplace culture and our outcomes reflect significant progress in these areas.

We used a combination of quantitative and qualitative methods to measure impact:

Key Measures:

- We tracked sickness absence related to mental health, observing a clear reduction following the implementation of the strategy. This indicated that preventative support and early intervention were effective.
- Surveys to gauge awareness, engagement, and perception of the Mental Health and Wellbeing (MHWB) Strategy and its initiatives.
- We monitored participation in programmes like Mindful Monday, use of resources on the Cedar Hub, attendance at training and wellbeing sessions, and feedback on initiatives such as Ester's Blog.
- Qualitative feedback via surveys and focus groups, sharing how the initiative helped them personally and professionally.

Outcomes:

- 98% of staff said the strategy fostered a compassionate, supportive environment.
- 88% expressed interest in further coping strategies indicating positive engagement and trust.
- 65% accessed wellbeing resources, with 71% finding them helpful.
- Ester's Blog was valued by 81% of staff, helping to reduce stigma.
- Overall morale, retention, and wellbeing improved, with stronger alignment between staff satisfaction and service delivery.

What makes this initiative stand out?

This initiative stands out for embedding wellbeing into organisational culture, creating lasting change rather than short-term fixes.

- **Culture of Compassion:** 98% of staff reported a more open, supportive workplace where they feel safer to discuss mental health, reducing stigma and isolation.
- **Reduced Absence:** Mental health-related absenteeism has declined, supported by tools such as Mental Health First Aiders and wellbeing resources.
- **Stronger Engagement & Retention:** High participation in activities like Mindful Monday (73%) and Ester's Blog (81%) has helped staff feel valued and motivated, improving job satisfaction and retention.
- **Empowerment Through Education:** My Mind Matters equipped staff with coping strategies and mental health literacy, with 67% finding it beneficial and 88% wanting further support.
- **Better Service Delivery:** A more resilient workforce is delivering consistent, compassionate care, confirmed by positive feedback from service users.

This initiative has delivered measurable, lasting benefits for staff and services alike—a sustainable, people-first model that places wellbeing at the heart of organisational success.

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Cedar Foundation

User Forum

Cedar
Opportunity Choice Inclusion

Category

Engaging and Championing the Public

Organisation description

The Cedar Foundation (Cedar) is a leading charity in Northern Ireland dedicated to creating an inclusive society for all. Our mission is to support individuals and families living with disability, autism, and brain injury to live the lives they choose. We do this by providing services that promote opportunity, choice, and inclusion, guided by our core values of Collaboration, Equality, Dignity, Achievement, and Resilience (CEDAR).

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In 2024/25, we supported over 3,000 individuals to live independently, connect with others, and access work, education, and community life. Our services spanned all five Health Trust areas, and we maintained high standards of care and impact. 99% of service users reported satisfaction with their support, while 100% of residents expressed contentment with their care. Additionally, 95% of participants reported gaining new skills or experience to support employment, progressing into or sustaining meaningful jobs.

The Cedar User Forum plays a key role in shaping and improving services. With 51 active members, the Forum responded to 51 consultations across internal and external policy areas, contributed to co-producing service pathways, and participated in recruitment and governance processes. This strong voice for lived experience ensures that the people we support help to shape the very systems that impact them.

Our team remains at the heart of everything we do. Services were delivered by 492 dedicated employees, supported by 131 bank staff, bringing our total staffing complement for 2024/25 to 623. We continue to invest in our workforce, holding Investors in People Platinum accreditation, and we prioritise staff development, wellbeing, and retention.

Summary

New Thinking: The User Forum is a strategic, co-producing body not just advisory, placing disabled people at the centre of service delivery, recruitment, and governance. With 56 members across all five Health Trusts (63% service users), it redefines inclusion using digital tools, training, and engagement groups. It stands out for its scale, structure, and impact and innovative approach.

Leadership: Strong leadership at all levels from Executive to local Forum Chairs ensured clear objectives, inclusive planning, and effective delivery. Challenges like digital exclusion tackled, co-designed recruitment panels, and peer support. The Forum adapted with resilience to funding and staffing changes, maintaining consistent voice and influence.

Outcomes & Sustainability: The Forum exceeded its targets responding to 51 consultations (target: 15), contributing to 38% of recruitment panels, and influencing key internal policies. It improved user satisfaction (99%) and demonstrated self-advocacy.

Embedded in Cedar's strategy, the model is fully resourced, benchmarked, and continuously reinvested in.

Involvement & Inclusion: User Forum are involved at every stage through co-production and engagement groups. The Forum proactively includes seldom-heard voices through accessible formats and tailored support.

Transferability: The model is replicable, supported by resources, shared learning, and external recognition as a best-practice example of co-production.

Impact & results achieved

The User Forum has transformed how we engage with disabled people moving from tokenism to genuine co-production. With 51 members from all five Health and Social Care Trusts (63% of whom are Cedar service users), the Forum ensures lived experience shapes strategy, design, and delivery. Supported by 24 User Champions and 12 Engagement Groups, it drives change at local, regional, and organisational levels.

In 2024/25, Forum members responded to 47 external and 15 internal consultations far exceeding expectations influencing policy in health, transport, social care, and accessibility. Members led five advocacy sessions and played key roles in service improvement, training, and recruitment. Fourteen Forum members completed HR-led recruitment training, and 38% of interview panels (231) included their input. Forum members also co-delivered disability awareness training to over 260 staff and stakeholders.

Co-production Week has become a flagship event. In 2023/24, 92% of surveyed participants agreed Cedar supports co-production well. In 2024/25, Forum members co-produced and co-delivered a major workshop with over 70 delegates in attendance, with the Public Health Agency and Patient Client Council, reinforcing user voice in public services and health and social care. The Forum's influence spans from co-authoring policy to shaping inclusive communication, service design and innovation.

What makes this initiative stand out?

What makes our User Forum truly special is that it shifts the paradigm from engagement as consultation to engagement as co-leadership. Unlike many initiatives that involve disabled people at the margins, the User Forum is embedded at the core of our governance, strategy, and service delivery. This is not tokenism it's structural transformation. It's our forum members that make this special and make the impact happen.

What sets it apart is its scale, its authenticity, and its sustained commitment to shared power. The Forum isn't a project it's a lived system of participation that is resourced, measurable, and accountable.

Key elements that have contributed to its success include:

- True Co-Production: The initiative was co-designed with service users, not for them. Every element from strategy to delivery is shaped by lived experience.
- Organisational Integration: Co-production and user engagement are very different, both are built into our KPIs, scorecard, and governance. It's part of our DNA, not an add-on.
- Diversity & Representation: With members from all five Trust areas and a focus on seldom-heard voices, the Forum reflects the broad reality of disabled people's lives.
- Dedicated Support: Specialist staff roles, tailored training, and mentoring ensure everyone can contribute meaningfully.
- Wider Influence: The Forum's work impacts not only Cedar, but wider policy, public understanding, and sectoral best practice.

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Central & North West London NHS Foundation Trust

CNWL Our Voice: Creating an Employee Experience Listening Culture

NHS
Central and
North West London
NHS Foundation Trust

Category

Staff Engagement and Improving Staff Experience

Organisation description

CNWL is a large, diverse organisation, providing healthcare services for people with a wide range of physical and mental health needs; employing over 9000 staff providing 300+ health services across 150 sites and in the community, in a range of diverse communities, with 100+ first languages spoken.

Services offered are across mental health, addictions, sexual health, community health, health and justice services (across prisons in London), and physical health services, prioritising delivering care as close to home as possible.

CNWL covers the London Boroughs of Brent, Harrow, Hillingdon, Kensington and Chelsea & Westminster, as well as Milton Keynes and Surrey.

CNWL's organisational culture is guided by a SCARF behavioural framework: Safe, Compassionate, Accountable, Reflective, and Fair.

Summary

CNWL's "Our Voice" initiative, represents a transformative shift from a static annual NHS Staff Survey to a dynamic, real-time Employee Experience program powered by Qualtrics. This innovative approach, granted special dispensation by NHS England, empowers us to listen continuously across the employee journey, analyse data swiftly, and equip managers with actionable insights.

"Our Voice" exemplifies strong leadership by establishing a central, holistic system to enhance engagement, productivity, and reduce attrition and burnout. We've provided managers with interactive dashboards and personalised insights, linked with action planning and signposting to organisational resources and interventions to support team performance. "Our Voice" gives our leaders control and responsibility to drive up employee engagement and experience.

Our inclusive strategy also incorporates exit interviews, a culture diagnostic, a diversity & inclusion dashboard; and supports business transformation impact assessments, a productivity dashboard, surveys for medical consultant recruitment, and assessing improvements in clinical supervision; demonstrating transferability and the effective dissemination of good practice across the Trust. By collaborating with staff and professional groups across the organisation, "Our Voice" fundamentally improves staff experience - directly impacting the quality of patient care - by fostering a culture of continuous learning, improvement and employee listening.

Impact & results achieved

Our core aim was to democratise access to staff survey insights and accelerate the conversion of feedback into meaningful action. Previously, the sheer volume of data, coupled with a centralised, delayed reporting mechanism, hindered effective manager response.

We introduced a new, interactive results dashboard platform, measuring its success through quantitative adoption metrics and qualitative feedback. Key indicators included speed of insight dissemination, manager engagement, action planning uptake, inclusivity of reporting, and strategic alignment. Before, comprehensive results took months to disseminate, and small teams received no specific data, fostering a perception of unheard voices.

Accelerated Insight Delivery, shared with our executive team within two weeks of the survey closing, allowing them to grasp key themes months earlier than previous years.

Empowered Frontline Management & Engagement: Dashboard were sent to all team managers with guides and videos, leading to a 300% increase in manager logins during our "Staff Survey Feedback and Action Week" with over 60% of CNWL's clinical managers accessing Our Voice. The platform's intuitive interface, helps managers digest complex data and identify improvement levers, crucial given their busy schedules.

Enhanced Inclusion and Equity: Our analytics also enabled persona analysis, identifying colleagues whose experience deviates significantly from the average, supporting highly targeted inclusion efforts and addressing health inequalities for seldom-heard voices.

Driving Targeted Action & Best Practice: The centralised action planning tool allows managers to gather ideas and resources. Managers have created numerous action plans on critical topics like feeling valued, burnout, and development. During the "Action Week," frontline managers with high-scoring teams in wellbeing and compassion shared their culture-building strategies, bringing scores to life and promoting best practices.

Influencing Organisational Strategy: The platform's ability to analyse the key drivers of outcomes like Engagement & Morale, alongside open comment feedback for themes, sentiment, and emotion directly influenced our Recognition Strategy. Analysis revealed that feeling recognised by the organisation was the number one driver of employees' intention to stay with the Trust.

What makes this initiative stand out?

Our success stems from embracing technological innovation and a strategic cultural shift. We've democratised insights, empowering all managers with personalised dashboards and action guidance, fostering a proactive, team-level improvement culture. This, coupled with extensive collaboration across internal teams and external partners, allows "Our Voice" to extend into patient experience, linking workforce data with performance & productivity. The integrated & future proof system ensures sustained impact on both staff welfare and the quality of patient care at CNWL.

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Cheshire and Merseyside Cancer Alliance

Patient Recognition

Category

Patient Contribution

Summary

Kevin, a passionate and resilient advocate for patient voice, has transformed his personal cancer journey into an opportunity to shape and enhance services for countless individuals. His commitment to improving cancer care pathways in Cheshire and Merseyside makes him an exceptional candidate for special recognition.

Kevin's journey with stage 3b colorectal cancer has shaped his unyielding dedication to making a difference. His experiences navigating the healthcare system—marked by challenges such as insufficient support, late effects of treatment, and personal frustrations—fuel his determination to ensure that others facing cancer receive the care and respect they deserve. Despite enduring health setbacks, Kevin rejoined the CMCA Patient and Carer Representative Team with enthusiasm, displaying a level of dedication that is both admirable and inspiring.

Kevin's work has consistently demonstrated the importance of listening to those with lived experiences. Whether through storytelling, document reviews, focus groups, or research proposal development, his input has shaped projects and initiatives that have far-reaching implications for cancer care. Kevin's blend of personal experience, professional insight, and unwavering dedication has created a lasting impact on local healthcare services.

Kevin's ability to turn adversity into advocacy, combined with his contribution and dedication to improve cancer care services, makes him a deserving candidate for special recognition. His work embodies the power of patient voices in driving meaningful change. Kevin's input is not only impactful but deeply inspiring, setting an example for others to follow in creating a more compassionate, equitable, and effective healthcare system.

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Cheshire and Merseyside Cancer Alliance

Urgent Cancer Care Programme

Category

Cancer Experience of Care Award & Partnership Working to Improve the Experience

Organisation description

The Clatterbridge Cancer Centre (CCC) is a tertiary cancer centre providing highly specialist cancer care to a population of 2.4m people across Cheshire and Merseyside, and the surrounding areas, including North Wales and the Isle of Man. The Trust's three main sites are in Liverpool (CCC-L), the Wirral (CCC-W), and Aintree (CCC-A). It has 1,920 staff and treats 38,000 patients per year. It delivers a range cancer services including radiotherapy, systemic anti-cancer therapy and urgent cancer care. CCC has also pioneered several cutting-edge treatment technologies including CAR-T cell therapy and eye proton therapy.

The Cheshire and Merseyside Cancer Alliance (CMCA) brings together organisations, patients and others affected by cancer to drive improvements in clinical outcomes and patients' experience of the care and treatment they receive. It is hosted by CCC but collaborates with health and care partners across the Cheshire and Merseyside region, including acute and community trusts, GPs, charities and grassroots community organisations. CMCA's transformational projects span the entire cancer pathway, from prevention, screening and early diagnosis to urgent care and end-of-life.

Summary

Urgent Cancer Care (UCC) is a crucial component of the cancer journey, with many cancer patients frequently visiting emergency departments (ED). Whilst transforming Urgent and Emergency Care (UEC) and improving cancer outcomes are individually national priorities, their separation results in a lack of focus on UCC.

Previous work in Cheshire and Merseyside (C&M) identified key gaps in UCC provision, leading to avoidable ED attendances and poor experiences and outcomes:

- Lack of alternatives to ED.
- Limitations in Acute Oncology Services (AOS) structure, pathways, and workforce.
- Lack of standards, governance, and processes for patients with malignancy of unknown origin (MUO).
- Ineffective communication flows between care teams across organisations.

In response, C&M Cancer Alliance (CMCA) Urgent Cancer Care Programme Board (UCCPB) was established; bringing together stakeholders in UEC and oncology, providing the expertise required to drive change. CMCA UCC Programme's vision is for cancer patients with urgent care needs to receive timely, effective and equitable treatment.

This system wide innovative integration model is improving patient care, experience and outcomes, whilst creating system wide capacity in an NHS that is facing unprecedented challenges; a universal model with an opportunity to upscale and transfer to every region in the UK.

Impact & results achieved

Given the breadth of senior and clinical roles within the UCCPB and each partner organisation of the integration, they have the expertise, capability and reach to bring significant system wide positive impact:

Outcome 1: Increase cancer referrals into Same Day Emergency Care (SDEC) and Urgent community response (UCR) services, through building system-wide pathways into alternatives to ED and improving cancer triage.

Implications: Equitable cancer patient access to same-day discharge and UCR services. Improved patient experience. Lower risk of infection for cancer patients, especially those immunosuppressed.

Outcome 2: Reduce ED attendance, ensuring patients with greatest need can quickly access high quality emergency care.

Implications: Shorter ED wait times. Improved patient experience and outcomes. Prioritisation of highest acuity patients.

Outcome 3: Avoid admissions with short length of stay (0-3 days) and ensuring timely discharge for patients who need hospitalisation.

Implications: Fewer inpatient bed days and lower pressure on hospitals. Lower risk of hospital-acquired deconditioning.

Outcome 4: Introduce service standards, regional performance metrics, and workforce education for UCC.

Implications: Improved equity due to consistent provision of UCC regionally.

Outcome 5: Agree and implement an overarching governance structure within and across organisations to ensure sustainable change.

Implications: More accountability and oversight for UCC.

Achievements to date include: Acute oncology transformation: A universal data capture tool has been created to use across organisational boundaries, supporting quality and performance metrics;

Brain/MUO pathways: Standardised pathway creation gives local ownership with specialist regional support, timely patient information, named key worker, rapid inpatient review, electronic referral, specialist triage, and MDT access;

What makes this initiative stand out?

This initiative stands out because of the significant impact it has to patients, carers, services and the wider health system. The UCC Programme addresses unplanned care needs of patients who become acutely unwell due to a new emergency presentation of cancer, cancer complications or disease progression, side effects of treatment, and complexities of other competing comorbidities.

The UCC Programme will benefit each patient group, and in turn demonstrate greater effectiveness and productivity in UEC services:

- Shifting cancer diagnoses away from emergency settings; ensuring patients access expertise, cancer support systems and speak with staff who are subject specialist clinicians best placed to have these sensitive conversations.
- Enhanced oncology knowledge and skills for wider urgent care staff, which will increase confidence in managing cancer effectively.
- As cancer progresses, it becomes increasingly important to maximise a patient's quality of life. UCC improvements will support patients to spend more time outside of the hospital, avoiding repeated admission.

As the prevalence of cancer and complexity of treatments increase, cancer patients account for an increasing proportion of UEC patients. The UCC Programme provides UEC services with training and resources to manage people with cancer and improved information sharing between organisations. ED diversion and minimised bed days will also relieve pressure; providing patients with the right care in the right in place, first time.

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Picker Experience
Network Awards

Cheshire and Merseyside Cancer Alliance

Using powerful stories from patient storytellers to create significant impact, and deliver measurable and identifiable improvements to patient experience.

Cheshire and
Merseyside
Cancer Alliance

Category

Personalisation of Care

Organisation description

Cheshire and Merseyside Cancer Alliance (CMCA) brings together organisations, patients and others affected by cancer to drive improvements in clinical outcomes and patients' experience of the care and treatment they receive.

CMCA hosts the Health Inequalities and Patient Experience (HIPE) team. The HIPE team, made up of 5 team members, produce groundbreaking programmes of work that challenge inequalities and place the patient voice at the heart of everything we do. The team also supports others to do the same including delivering the patient voice into the centre of service design and improvement.

Working at a more strategic level than a typical Trust Patient Engagement team, we collaborate with a diverse group of 58 patient/carer representatives to better understand and draw upon their experience and skills. We ensure they can share their views in an honest, safe and blame free forward-thinking style.

Our patient/carer representatives are recruited, inducted and supported to a gold standard, ensuring two things; they feel confident to deliver their story and we feel confident their experience will help us to deliver change.

Summary

May 2022 we invited our first patient storyteller to our CMCA team day. The impact of hearing a patient's personal cancer journey inspired our colleagues across the Alliance to want to invite patients to share their stories to support their programmes of work. 73 stories have been shared since 2022 and 6 significant changes have resulted, including access of diagnostic tests and patient accessibility review across cancer services. Storytelling has also now been embedded into board agendas for CMCA and the Diagnostics Programme.

The impact of sharing patient stories is difficult to measure, as listeners may not make immediate changes. However, these stories leave a lasting impression, keeping the patient voice present as services are developed.

Patients feel empowered when sharing their story, and storytellers have been asked to be involved in projects resulting in them receiving support.

Patient: "...it's always so amazing to know people hear what I say and take it in."

Impact & results achieved

Our patient stories have inspired teams across the Cheshire and Merseyside region to incorporate the patient voice into their work improving services including:

CMCA board meeting - Storyteller shared their story of barriers they faced along their cancer care journey due to being a wheelchair user; this led board members to request a system wide accessibility review of their services.

Diagnostics - Storyteller shared her cancer diagnosis experience at a Cheshire and Merseyside Diagnostics away day, highlighting 'scanxiety' and the need for better blood test access. This inspired the programme to improve test delivery including more appointment availability at local Community Diagnostic Centres and a detailed review of patient letters. A Storyteller also now speaks at each Diagnostics Board meeting, and another has joined the Pathology Network Transformation Board to provide ongoing insight.

C&M Provider Collaborative - After sharing her breast cancer story, a Storyteller was invited to speak to the CandM Provider Collaborative. This inspired the creation of a People, Communities, and Experience toolkit to help all programmes include community and patient voices in their work.

Cervical screening - Patient Representative shared how attending a screening led to a cervical cancer diagnosis at a Liverpool City Region event, inspiring many women to book their own screenings. Her story gained media attention and interviews on BBC Radio Merseyside and BBC Northwest News.

Bowel screening - Patient representative given the opportunity to share his story promoting bowel cancer screening via local radio which prompted his son to visit his GP resulting in him having polyps removed.

Wider reach – Patient Representative shared her story at multiple events, which was later picked up by local media

"Sharing a patient journey can feel daunting at first, but knowing my words help others gives me hope and helps me to heal," Jo Williams, CMCA Patient Representative

What makes this initiative stand out?

Storytelling is common, but this type of outcome focused storytelling, targeted at those who can create a change, is rarer.

We have such a diverse range of powerful experiences so we can appropriately allocate them to support the best outcome possible.

This empowers our Storytellers to see they are campaigning for change. We ensure we share the outcomes on any project they have been involved with

There is a shared power between all stakeholders and colleagues working together, and our Patient Engagement approach is built into the governance of our organisation, guaranteeing sustainability.

It has also cascaded across the wider region inspiring change within other organisations and collaboratives, which enables teams to consider the voice of people and their communities within projects. We are currently navigating a way to offer the patient voice in association with our ICB at a strategic level.

"It's important to be a Patient Representative as it gives patients a voice on changes that affect them," KW, Patient Representative.

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Picker Experience Network Awards

Cheshire & Wirral Partnership NHS Foundation Trust

‘Hear My Voice’ co-produced educational films

NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

Category

Communicating Effectively with Patients and Families

Organisation description

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is the Lead Provider for Level Up, Cheshire and Merseyside, Young People and Families, Lead Provider Collaborative (LPC) (referred to as Level Up) and hosts the Centre for Autism, Neurodevelopmental Disorders and Intellectual Disabilities (CANDDID)

Level Up LPC places Experts by Experience at the centre of all core service planning and decision making. This approach ensures the views and ideas of young people, and their families help to shape service developments across Cheshire and Merseyside.

This submission aims to celebrate the amazing work of some of our young autistic people and those with a learning disability, together with their families and professionals providing support, to identify and share what helps them when they are in a crisis. Their unique perspectives have been captured within 5 films which are summarised under the title – Hear My Voice.

Summary

Level Up LPC and the Centre for Autism, Neurodevelopmental Disorders and Intellectual Disabilities (CANDDID), with funding from NHSE, co-produced five educational films which focus on approaches that are helpful in managing a crisis (often referred to as a ‘melt down’). These films capture the views of young autistic people and those with a learning disability, carers and families and broader professionals and the aim was to use these as training materials both locally and nationally.

The young people were recruited from a group called Jigsaw, facilitated by Cheshire East Local Authority. The core theme running across all five films is on the young people sharing how a crisis may manifest itself and what has proved helpful in managing this.

The films focus on prevention, de-escalation techniques, effective communication, the importance of listening to parents/carers and ensuring a young person-centred approach.

The five films explore this theme from different perspectives which are:

Young people with learning disabilities and/or autism, Parent Carers, Young Carers Clinicians, Communication specialist

Impact & results achieved

In March 2024, the films premiered at an independent cinema in Macclesfield to an audience of over 100 people. Experts by Experience took centre stage on the night and received awards for their invaluable contribution.

The films have been widely circulated both locally and nationally – they were praised by NHSE and have been referenced in developing professional mandatory training in autism support. The feedback has been overwhelmingly positive. Parent carers described the films as “fantastic,” “emotional,” and “so true to our journey.”

The young people who helped shape the films gave them a resounding 10 out of 10. They loved being interviewed, enjoyed the filming process, and true to form rated the pizza just as highly. But beyond the fun, their pride in the final product was clear. They were not just participants but were creators, and their voices mattered.

The films have been shared at a variety of events and conferences, and published online for free so anyone can access them:

CANDDID Stakeholder Conference 2024 (To stakeholders from across the region including third sector groups, universities, NHS providers, NHS Commissioners and Local Authorities)CWP Big Book of Best Practice Event Community Champions event March 2025 Level Up Website and CANDDID Website YouTube, with a combined 8,000+ views Lead Provider Collaborative Transformation Events Cheshire and Wirral Partnership and CANDDID social media channels Presented to and shared with NHS England to use as education tools in the future. Shared widely across Cheshire and Merseyside through LPC newsletters and CWP partnership update that go out to over 400 organisations.

What makes this initiative stand out?

This initiative stands out because the series wasn’t made about young people, families and carers but was made with them. From the very beginning, the project was co-produced even including which production company we worked with – this gives the series a level of authenticity and genuine inclusion.

Each film provides an opportunity for young people, parents and carers to express themselves on their own terms, in their own words, and the feedback and testimonials demonstrate how impactful this has been:

Expert by Experience Anna:

“Thank you for everything, it’s been the opportunity of a lifetime and I’ve loved it! The moment everyone waved at me made me feel AMAZING I was grinning from ear to ear the whole event and that moment that you made me so involved and the whole room waved to me, it really touched me. The way you met my needs so well and I got every opportunity the in-person people got, it meant more than you’ll ever know and I hope you know just how much it meant and how grateful I am.”

Annie Britton Cheshire East Participation Lead:

Cheshire East Council are thrilled to have worked collaboratively with the Cheshire and Wirral Partnership on “Hear My Voice” ensuring that the voices and lived experiences of children and young people are at the heart of all we do.”

Cheryl Simpson MBE - Co-Founder and CEO, Space 4 Autism:

“After watching all these fantastic films, I can honestly say these will be so helpful for anyone who wants to understand ASC a little more. They are brilliantly filmed, edited and the content is perfect and very easy to understand. I hope these will be shared far and wide and congratulations to all involved.”

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Cleveland Clinic London

Service Excellence, You+Us=Together Initiative

Cleveland Clinic London

Category

Independent Sector

Organisation description

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.

Through collaboration and learning, Cleveland Clinic London combines the best of Cleveland Clinic with the best of U.K. healthcare.

Summary

At Cleveland Clinic London, delivering world-class clinical outcomes has always been a cornerstone of our care model. However, we recognised that exceptional patient experience must match this clinical excellence – not just in isolated instances, but consistently, across every caregiver and every department. In response, we created You+Us=Together, a Service Excellence initiative designed to embed a sustainable, organisation-wide culture of compassionate, consistent, and person-centred care.

New Thinking:
What makes this initiative stand out is its bottom-up, co-designed approach. We started by listening – gathering insights from nearly 200 Caregivers (staff) and extensive patient feedback. From this, we developed a unique two-part framework:

Patient Promises: what patients can expect from us.

Principles of Service Excellence: how Caregivers (staff) will fulfil these promises in every interaction.

Unlike traditional customer service programmes, You+Us=Together recognises that internal culture shapes external experience. Every department, including those without direct patient contact, was empowered to interpret and embed the principles in a way that worked for them. This adaptable model represents a new, inclusive standard for healthcare service culture.

Leadership:
This initiative was driven by strong and distributed leadership. Service Excellence Ambassadors were recruited in every department to lead locally and champion the vision. Senior leadership endorsed and supported the rollout, aligning the initiative with strategic priorities and governance structures. A phased implementation – including early adopters, a soft launch, and full activation during Patient Experience Week – allowed for iterative learning and continuous engagement. Barriers were met with dialogue, flexibility, and local ownership, demonstrating resilience and commitment throughout.

Outcomes and Sustainability:

The initiative is delivering clear, quantifiable improvements in patient experience. Since launch:

"Welcome on Arrival" scores rose from 85% to 92%

"Respect and Dignity" now scores 100%

"Overall Experience" increased from 85% to 94.3%

Feedback demonstrates emotional impact: patients consistently describe staff as professional, warm, and reassuring. Sustainability is secured through an accredited training programme (World Host), embedded performance metrics, regular ambassador meetings, and continuous feedback review. Service Excellence is now a permanent fixture in our organisational culture, not a time-limited project.

Involvement and Inclusion:

This initiative was co-created with Caregivers (staff), patients, and families from the outset. It reflects the voices of frontline staff and service users, not just senior leadership. It includes departments often overlooked in patient experience initiatives, recognises diverse shifts and working patterns, and is actively evolving to address accessibility and health equity. Future plans include targeted adaptations for neurodiversity, language inclusion, and further outreach to seldom-heard voices.

Transferability and Dissemination:

You+Us=Together is designed to be shared. Its principles are universally relevant across healthcare and beyond. The framework has already been adopted in induction programmes and is inspiring uptake in both clinical and non-clinical settings. It has potential to be scaled across the Cleveland Clinic global network and among partner organisations seeking to integrate service culture into their operational DNA.

Impact & results achieved

By introducing the? You+Us=Together Service excellence framework and building on the foundation we have created it will help us provide an overall excellent patient experience which will align with our excellent clinical outcomes. Our ambition to deliver consistently excellent patient experiences is beginning to yield measurable results.

We continue to attend team meetings and convene monthly gatherings of Ambassadors to share successes and troubleshoot challenges. The framework is a consistent agenda item, reinforcing visibility and cultural momentum. We have also launched Service Excellence Awards to formally recognise Caregivers (staff) who exemplify our principles.

We have also integrated You, Us, Together composite data measures in both our monthly Governance meetings and Continuous Improvement Council meetings to ensure we are measuring and collating relevant data which shows our progress under each specific patient promise.

What makes this initiative stand out?

We didn't want this to be something we prescribed, we wanted it to have meaning and for everyone to connect to the contents. We have introduced this throughout every department, including the departments who do not have direct interactions with patients, as this is about how we interact with each other, internal customers as well as external?

We have empowered the various departments to tailor the framework to suit their specific needs, ensuring inclusive participation and collective growth within the framework.

- It is co-created, not top-down.
- It is holistic, involving every department and role.
- It balances ambition with practical tools for everyday behaviours.
- It fosters cultural ownership through champions and awards.
- This is not a one-off initiative but the foundation of a long-term cultural transformation.

Contact details

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Contact

Contact, By Your Side Team

Category

Support for Caregivers, Friends, and Family

Organisation description

From our own direct experience, we know that having a child in hospital can be a time of overwhelming stress and insecurity. Contact compassionately listen and support families who struggle to leave the hospital as their children need them by the bedside.

As well as emotional strain, parents often face a raft of practical challenges. Families can be left feeling confused by the medical system, uncertain about where to turn for help, and struggling under increased financial pressure as they reduce work hours to spend more time with their child.

Our By Your Side parent advisers are in hospitals, where they guide parents through the maze of medical departments and jargon they face. We can answer parents' questions and make sure they have the information they need – all without needing an appointment.

We help families with their most pressing issues, including benefits – such as Disability Living Allowance payments when in hospital – getting the right support at school and accessing social care. We guide families through condition-specific services, help them find local support groups, and signpost to local organisations. For more complex matters, we can refer families to our rare conditions officer, our specialist helpline or a local Contact office.

Summary

The PALS team explained to Contact, By Your Side Team, that Birmingham Children's Hospital do not have residential Social Workers. Often criteria to gain support and or financial assistance is more readily available directly through social care. Contact are ambitious to not see this infrastructure as a barrier and proceed to find innovative ways around families seeking support and advice, mainly through gaining evidence to support family's application to services via other means with clear advice to families on what wording to use in applications, to aid clarity and communication as to why they didn't have access to a social worker and/or what their specific needs are.

The PALS team and the Interpretation Team have expressed their appreciation of the support Contact, By Your side Information and advice stand and walkabout and ward visits offers. Wards can ring Contact who can support a family directly within the hospital, linking the family with Contacts support instantly. This service has removed financial barriers as families already residing in hotels near the hospital or in ward accommodation can go directly to the Contact information stand, removing transport barriers, especially as families do not want to leave the children's hospital and/or have disabilities themselves and limited funds. Families do not need to book an appointment. We have specially designed guides for grandparents and siblings which freely available. Sustainably many guides are available online, in video format and in other languages.

Laura often attends FPAG Families and Patients Advisory Group meetings and Family Support Worker group meetings. Laura has a specialist interest in services being trauma informed and has attended and contributed to ethics committee meetings and enjoyed participating in discussions on NHS projects linked to longer admissions. Soon, Laura would like to join The Colab partnership and work more closely with the discharge team. Contact are also hoping to reach out to families at the Park View Mental Health unit. PALS will work collaboratively with Contact to produce ward flyers in advance of future, additional pop-up information stand. We are dynamic in that we can work in different locations and in spaces where parents sometimes feel their time is idle i.e. queues. The effective structure is easily replicated, and the format has successfully delivered at numerous hospitals and trusts.

Feedback was sought, regarding support for families, from questionnaire between October and December 2024:

- 100% feel better informed about how to get the support they need
- 100% feel more confident
- 100% feel better able to deal with stress
- 100% feel less isolated
- 100% feel better informed about their rights to benefits and grants
- 89% have a better understanding of the ideas and resources that can help support them and their family
- 89% would recommend Contact services to others

2024 parent quotes:

'Informed I have passed my [...] degree with honours today. I couldn't have done this while managing my [...] children, who have additional needs, and all the challenges with the local school and social work without all the help, support and numerous phone calls, you have been my voice of reason at my darkest points and I couldn't have achieved this without your support. I can't tell you how much you have helped me'.

'It is good to know that there are places where I can get support, ask questions and learn. This is our first child with ASN and everything is new to us so we are learning everyday and at every stage of this journey'.

Involvement and Inclusion Volunteers are greatly valued Contact with approximately 87 volunteers currently supporting various projects, are part of committees to shape our delivery.

Impact & results achieved

Through directly working with families in hospitals and our other sites, our Enquiries and 1:1 advice data reveals that:

Our helpline responded to 9,851 enquiries. This includes the Family Finances team responding to 785 benefits enquiries and delivering 424 in-depth call-backs. Additionally our teams in the regions, nations, By Your Side and London teams attended to 6,436 enquiries/1:1 appointments. This includes 392 Listening Ear appointments. The Parent Participation team provided 5950.65 hours of support during 2024/25.

Fledglings - marketed with samples in BCH via The By Your Side Team stand.

Average daily sales rose from £1547 to £16524,807 New items include sensory furniture and a travel safety collection as well as more sensory toys and new ranges of incontinent swimwear including for teens. We are also an official supplier of the only UK registered anti choking device LifeVac. We also launched the virtual coffee mornings, they have been very popular and booked up until June.

What makes this initiative stand out?

BYS Contact think of the smaller details and personalise the advice. We are aware what it is like to juggle a carer and have disabled family members or sick children in hospital. Therefore we come from a learned perspective. For instance, we consider impact on the wider family and on creative, well being days, we include siblings. Our information stand includes sensory toys and, books and fun activities for children to engage in. We stand out through compassion and being holistic.

Contact details

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Cora Health

Engaging, educating, and empowering whole communities to improve the lives of people impacted by chronic pain

Category

Independent Sector

Organisation description

Cora Health (Cora) is an independent provider of community-based healthcare services, including musculoskeletal (MSK), pain management, rheumatology, diagnostics, and day case surgery. Formed through the recent merger of two established providers - Connect Health and Healthshare - Cora now employs approximately 700 clinicians and delivers out-of-hospital care to over 700,000 patients annually across 26 NHS Integrated Care Systems (ICSs).

In 2019, inspired by the Pain Revolution movement in Australia (led by renowned pain scientist Professor Lorimer Moseley AO), Connect Health created Flippin' Pain. Learning more about how pain works has been proven to change the way people see and treat persistent pain: it can reduce the fear around it and can even change how pain feels. This is why Flippin' Pain shares the latest science of pain with the people who need it the most, combining community outreach and professional training in a range of unique, engaging and accessible ways.

Flippin' Pain is distinct from the rest of Cora in that it operates as a public health movement and not a commissioned service. It operates nationally with a small core team (2.1 WTE) and an ever-growing network of health-professionals and individuals with lived-experience who are volunteers or sessional contributors.

Summary

Flippin' Pain is a bold, multiformat initiative by Cora that's transforming how chronic pain is understood and managed. Using a population health and whole-community engagement approach, it combines public awareness, healthcare professional education, and health literacy events, placing lived experience at its heart.

What truly sets Flippin' Pain apart is its unwavering commitment to co-production. People living with persistent pain are not just consulted: they are equal partners in designing, delivering, and leading the campaign. Their voices are platformed alongside world-leading clinicians and researchers, creating a powerful, inclusive narrative that challenges stigma and outdated beliefs.

This is fresh thinking in action: a scalable model that flips the traditional top-down approach to healthcare. It has reached over 250,000 people through community events, digital media, and national press, with measurable improvements in public understanding and individual empowerment.

Flippin' Pain is not a one-off campaign: it's a sustainable, evolving movement with a clear plan for growth and replication. Its inclusive approach, prioritising accessibility, lived experience, and seldom-heard voices, makes it meaningful across multidisciplinary teams. This is a campaign that doesn't just inform: it transforms.

Impact & results achieved

Flippin' Pain has made a wide-reaching impact—engaging over 250,000 people through events, webinars, and digital content, with thousands more reached via national media.

Success is measured using a mixed-methods approach, including:

- Quantitative surveys assessing changes in knowledge, beliefs, and behaviours.
- Qualitative interviews capturing personal stories of transformation.
- Engagement analytics from events, social media, and web traffic.
- Feedback from clinicians on changes in practice and confidence.

Evaluation shows improved public understanding of pain science, with participants reporting greater confidence, less fear, and more control. Clinicians also reported shifting from biomedical to more person-centred, guideline-based care.

Since 2023, Flippin' Pain has delivered strong outcomes aligned with evidence-based pain management: 50% of attendees previously unlikely to reduce opioid use became more open to it 90% said they were likely to increase physical activity 63% of professionals felt more confident supporting people with persistent pain 72% of attendees reduced outdated biomedical beliefs 97% would recommend our events to others (NHS FFT score) These results reflect meaningful shifts in attitudes, behaviours, and clinical confidence-demonstrating the campaign's real-world impact on both individuals and professionals.

Importantly, the campaign has also helped reduce stigma and isolation for people living with pain, by validating their experiences and connecting them with others. The combination of scientific credibility and lived-experience authenticity has proven to be a powerful driver of change. This can be evidenced by the positive feedback we receive nearly every day:

"I finally feel like I have found a community that not only listens but more importantly hears!"

"GP's, whilst sympathetic, have absolutely no idea what it is like to live with it. Hearing from people who understand and offer a pathway out of the situation was so good."

"I feel so motivated that I have spoken to GP to start reducing meds for the constant pain and I now feel more in control of me!"

"For the first time in a long time I feel empowered in regard to managing my conditions."

What makes this initiative stand out?

Flippin' Pain stands out for several key reasons:

- Focus on chronic pain: a complex, invisible, and increasingly prevalent condition with major personal, societal, and economic impact. Misunderstanding and mismanagement are common, and traditional healthcare often falls short. Flippin' Pain offers a fresh, evidence-based, sustainable model—unlike any other UK intervention focused on pain science education.
- Deep commitment to lived experience: people living with pain are equal partners in every aspect—from naming and branding to co-producing resources and delivering events. This ensures the campaign is empathetic, accessible, and relatable, fostering ownership among advocates and building public trust.
- Evolving, multi-modal approach: spanning public engagement events, professional education, outreach roadshows, peer support groups, digital learning, webinars, festivals, and conferences—making it uniquely adaptable and impactful.
- Collaboration-first mindset: Flippin' Pain actively seeks multi-stakeholder partnerships to maximise reach, influence, and learning. Regional NHS-led projects have expanded to include Sport England Active Partnerships, third sector organisations, and local authority leisure providers.
- Commitment to continuous improvement: through formal research partnerships and a pragmatic test-and-learn approach, the initiative evolves based on evidence. Evaluations by Teesside University and the University of South Australia have led to published and upcoming research.

Contact details

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Cora Health

Flippin' Pain: Changing the way people think about, talk about, and treat chronic pain.

cora
HEALTH

Category

Patient contribution

Summary

Libby is the embodiment of courage, empathy, and impact. After a life-altering diagnosis of Complex Regional Pain Syndrome, she turned profound adversity into a powerful force for change. As a Community Pain Champion with Flippin' Pain, Libby brings her lived experience to the forefront of public education and professional training: breaking down stigma, building understanding, and reshaping how chronic pain is perceived and treated.

Her authenticity and compassion resonate deeply with audiences, helping people to feel seen, heard, and hopeful. She uses her story as a bridge between patients and professionals, promoting inclusion, co-production and patient-centred care.

Libby's contributions have reached thousands, consistently improving the quality and emotional resonance of our work. She is not only a strong leader, but an anchor for Flippin' Pain, providing us assurance in our work, delivering thought provoking speeches, and providing a wonderful, 'always on' face to the organisation. She has helped us to think differently, create new projects and continuously improve old ones.

In addition to her role with Flippin' Pain, Libby has expanded the ways in which she seeks to improve care by committing to begin a PhD and securing an additional employed role as Disability Qualified Tribunal Member. In all these ways, Libby continuously strives to improve the lives of people with pain.

Her voice has become essential to our mission—honest, insightful, and profoundly human. Through vulnerability and strength, she inspires change.

We are proud to nominate Libby for the Patient Contribution Award. She is more than a participant—she is a changemaker, a role model, and a beacon for what compassionate, co-produced care can look like. And we thank our lucky stars that we met her!

Contact details

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Cygnet Health Care

Improving Psychology Group Engagement

Category

Independent Sector

Organisation description

Cygnet Healthcare, founded in 1988, is an independent UK provider of health and social care for individuals with diverse needs, such as mental health conditions, autism, and brain injuries. They partner with the NHS, ICB, and local authorities, supporting over 7,500 people annually across more than 150 services, employing 11,500 staff. Cygnet Hospital Blackheath offers inpatient, low secure, and PICU services for men with mental health illnesses, handling urgent admissions and prison referrals. Specifically, their Meridian ward, a 16-bed low secure unit, focuses on balancing therapy and security to help service users with complex mental health and offending histories prepare for independent living.

Summary

This project was undertaken at Meridian Ward, Cygnet Hospital, Blackheath. It aimed to improve attendance, engagement, and the value of psychology sessions on their low secure ward, following an initial group attendance rate of only 16%. The project successfully employed the Quality Improvement methodology and the 'Model for Improvement' to systematically identify issues and implement changes, with patient involvement and feedback guiding every step. The primary focus was on enhancing inclusivity, accessibility, variation, and quality of sessions, along with initiatives to raise patient and staff awareness, improve ward processes, increase patient confidence, and offer incentives for attendance. This project deserves recognition due to strong project management, effective use of data and measurement, collaboration across the multidisciplinary team, and ongoing consideration of the patient's voice.

The benefits extend beyond Blackheath Hospital. The project has been shared across Cygnet and is now inspiring other sites to co-develop schedules and evaluate the accessibility and diversity of their groups. By careful application of QI methodology and effective measurement and data analysis, this project serves as a strong example of a QI initiative for other sites to review and learn from within the organization.

Impact & results achieved

The primary goal for this project was to reduce the number of service users declining to engage with psychology groups. The primary SMART objective for this project was to reduce the non-attendance of psychology groups from 84% to 70% by August 2025. As such, the outcome data collected were attendance figures for all groups, which were coded to record whether a service-user attended, partially attended, refused, was asleep, absent, or not invited. Those who were not invited or absent were not counted as a 'decline', but those 'in bed' were counted as a decline. The baseline score of 84% was achieved after an average of six weeks, which helped mitigate some variation.

Attendance data were analysed to produce a percentage decline for each group, which was averaged into a weekly figure and plotted on a run graph to monitor changes between each PDSA. PDSA cycles were sequentially implemented in isolation from one another and plotted on a run graph to monitor which ones were having a positive impact.

In terms of results, the first three PDSA cycles demonstrated significant improvement, with the percentage of service users declining to attend groups decreasing from 84% to 59% by February 2025 (see attached graph). To put this into context, in the September baseline, an average of 1 service user would be present in each session. By February 2025, this was an average of 4.

Throughout the project, a culture shift on the ward toward psychology groups was observed. More staff became aware of the timing, content, and benefits of the sessions, enabling them better to promote attendance and support risk management during group sessions. Notably, the project also examined the accessibility and timing of sessions to reduce the likelihood of service users being absent. As a result, the number of service users invited to attend sessions increased from an average of 10 out of 16 patients at baseline to 12 out of 16 by May 2025. However, the percentage of individuals declining to attend appears to have risen again, despite the average attendance remaining at 3 per session. Based on these points, a new graph was created focusing on 'non-attendance' rather than 'declined', to better illustrate improvements in the groups' accessibility and inclusivity (see attached). Additionally, qualitative data was gathered throughout the project to assess the quality of the groups and collect valuable insights from the service users attending the sessions.

What makes this initiative stand out?

One of the main reasons this project has been successful is the holistic lens used in problem-solving and the systematic, structured approach taken during the implementation of change. The project employed several tools and methods.

While exploring the problem, the project lead used various tools and sources to investigate the potential causes of low engagement. The first step was to use a fishbone diagram to identify the root causes of low attendance and engagement. The main issues identified included: patient availability, staff availability, patient lack of awareness, patient lack of interest, accessibility problems, lack of incentives, and issues related to patient energy, motivation, and concentration. Data were then collected and organized to identify the major contributing factors for patients not attending these sessions, and these factors were plotted on a Pareto chart (see attached). The results were as follows: Overall group session attendance was 16% (124 participants). Refusal was the most significant reason for non-attendance, accounting for 48%. Other reasons for non-attendance included 27% being in bed, 19% absent from the ward, and 6% not invited due to their mental state or behavior considered inappropriate for a group session at that time.

Process maps were then created to explore the groups within the ward context and identify any barriers that may interfere with a patient's ability or interest in participating (for example, medication rounds, ward rounds, S17 leave windows, meal times, one-on-one interactions with nurses, etc.).

To take the problem exploration one step further, service users were interviewed and surveyed to gain a deeper understanding of their reasons for not engaging in groups. The ideas generated during this exercise were prioritized when developing the project plan and driver diagram.

Service users have played an active role in several areas throughout the project. For example, providing feedback on group attendance through surveys, co-creating group awareness posters, offering feedback on each PDSA, sharing views on existing groups, and contributing ideas for developing new groups in community meetings, all while reflecting on the effectiveness of group interventions to inform ongoing service improvement.

Contact details

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Cygnet Health Care

Improving the Communication and Co-Production of Discharge Pathways with Service Users

Category

Communicating Effectively with Patients and Families

Organisation description

Cygnet Sedgley House and Cygnet Sedgley Lodge is a 34 bed high support inpatient rehabilitation (level 2) service for men with complex needs. Residents at this service have a primary diagnosis of mental illness with complex comorbidities such as substance abuse, Autism Spectrum Disorder, and learning disabilities. Typical diagnoses at this service include Schizophrenia, Schizoaffective Disorder, Bipolar Affective Disorder, or Depression. The service places a strong focus on community re-integration and has a strong multidisciplinary team. There are around 80 staff within the organisation.

Summary

The primary focus of this project was to improve the communication and co-production of discharge planning, after discovering that most service-users reported they did not feel aware of, or involved with goal setting and discharge plans. Despite our client group having longstanding difficulties with motivation and engagement, we surpassed our ambitious goal by co-producing this project with our residents and created meaningful change within our hospital culture. Additionally, innovation was at the heart of our project as we transformed an ineffective method of communication into a visual and accessible tool which empowers service-users with a plan they understand and helped to create.

This project deserves recognition due to its excellent advocacy for the patient voice and their co-production throughout the project. This stakeholder engagement has meant that the initiative has been informed by their lived experience and our service-users feel empowered to take an active role in their treatment and discharge planning. Furthermore, the initiative had strong project management and QI methodology application; a systemic and structured approach which will ensure continuous learning and lasting change. Our project has also had good dissemination of learning within the organisation with the aim to support other services to implement these successful changes.

Impact & results achieved

As the project was patient-led, we decided to use repeated self-report measures to assess change. After collecting the data via surveys, we observed that we had exceeded our primary objective by improving service-users awareness of their treatment needs to 82% after only three months. We also found that 66% of service users now reported being involved in a discussion regarding their treatment plans over a four week period, an increase from 14%. As a process measure, we audited 3 months of care plan summaries and the visual discharge plans (VDP) to see how our changes impacted the percentage of goals being achieved every four weeks and found an increase from 55% to 62%.

Additionally, we improved patient involvement during key meetings, i.e., ward rounds and CPA meetings, as discussions now centred around setting and reviewing personalised goals and discharge planning, a culture which fosters empowerment of our residents. This also led to improved staff awareness and understanding of patient needs, as the MDT has been able to co-ordinate efforts and work collaboratively toward shared goals.

Furthermore, outside of meetings there has been a marked improvement in service-user-led dialogue around their care, including goal setting and care preferences, a profound improvement for individuals who experience challenges with motivation. Importantly, patient experience has been improved as service users are sharing a sense of pride and achievement from seeing their progress and accomplishing goals, which supports with building confidence to continue on their discharge pathway.

What makes this initiative stand out?

Moving house is recognised as one of the most stressful life events as it requires adapting to a new environment and potentially leaving behind established support networks. This is no different from people transferring from hospital to the community, especially if admission has been lengthy. This project gave the opportunity to explore developing better ways to support the lead up towards that process, whilst working collaboratively with service users and a full MDT. By co-producing this project with service users, we ensured that the initiative was shaped by patient needs, our outcomes are sustainable, and we have strengthened the long-term relationship between staff and service-users.

The key element which contributed to its success was the change in hospital culture, particularly within key meetings i.e., ward rounds and CPAs, in making conversations between the MDT and service user meaningful, relevant, engaging, and important. Not just a token part of the agenda, but a solid informed discussion and review with all disciplines and the service user in one room. These more regular and supportive conversations helped goals to become smarter, achievable, and relevant. With the introduction of the visual discharge plan and improved communication with service users, this allowed them to take more control of their treatment, for the MDT to understand what is important to them, and make discharge feel achievable. All of this supports service user confidence and builds skills ready for home or the community.

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Dementia UK

Admiral Nurse Helpline
"Dementia: what next" webinars

Category

Support for Caregivers, Friends, and Family

Organisation description

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. 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 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 fourteen full time Admiral Nurses, twenty-four part time Admiral Nurses and thirty-three sessional Admiral Nurses?

Summary

This unique model fills a gap for post-diagnostic advice to families following dementia diagnosis.

This submission highlights and celebrates a response to a common theme amongst Admiral Nurse Helpline users. There are approximately 982,000 people living with dementia in the UK (Alzheimer's.org 2024). In January 2025, the dementia diagnosis rate in England is 65.4% (dementia statistics.org 2025). There is a tangible sense amongst those diagnosed of having been "abandoned" and being left to flounder, not knowing where to access the right information. Evidence shows lack of post-diagnostic information regarding driving, medication and lasting power of attorney (Alzheimer's Society 2022). Complimenting the Helpline and Clinics (specialist nurse dementia support and advice) we established a series of webinars covering almost every aspect of the journey. This represented an innovative model of sharing key information with a cohort of people in which a deficit has been identified.

These operate on the first three Fridays and first three Tuesdays monthly. Attendees are sent the recording after to enable viewing. We have gathered data on this service. The programme comprises three different stand-alone sessions: "what is dementia", "financial and legal advice" and "planning for the future". Each was delivered three times in the evaluation period.

Impact & results achieved

In the first two months of the programme, 419 individuals attended at least one 'Dementia: what next?' session. The busiest session had 114 attendees, with session three – Planning for the future – proving the most popular overall.

- The "Dementia: what next?" programme was evaluated covering a period between November 2024 and January 2025.
- 51 surveys responses were received from attendees. Of these all who answered (n=45) responded that the session was "very good" or "good".
- All except one, said they were "very likely" or "quite likely" to recommend them.
- Almost all respondents told us they got all or most of the information they needed, and that their understanding of dementia and knowledge of the next steps to take had increased.
- Although most commented that the 90-minute duration was "just right", a small number commented that it was "too long" (particularly session 3)
- Of the 1,490 registrations, 691 attendances were recorded.

What makes this initiative stand out?

The "What next" webinars provide the only comprehensive program to address whole post diagnostic pathway for dementia.

They are developed and delivered by dementia experts who can gauge if attendees should be directed to the helpline and clinics for further support.

As a national charity and helpline this fits our core model of ensuring wide access to specialist information and advice. The model is nurse-led and all content was developed, edited, revised and agreed upon by Admiral Nurses working with helpline and clinics. Wider charity involvement was also key including our LEAP members who viewed the content and made valuable contributions. Nurses were able to identify where wider charity support was needed, for instance the recording and hosting via Zoom involved support from the charities IT team.

Equity and consistency are maintained. Wherever the person accesses the webinars from they will receive the same content.

We recognise that when families struggle to access or understand support services or are unaware of essential information around dementia the risk of crisis increases. The introduction of webinars complements the key role the charity has of enabling access to expert advice to families living with dementia when they need it.

Contact details

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East and North Hertfordshire Teaching NHS Trust

Compassion in Action – Elevating Patient Experience in the Unplanned Care Division

Category

Team of the Year

Summary

The Unplanned Care Patient Experience Team at East and North Hertfordshire NHS Trust shows what compassionate, patient-focused care can look like. This transformation has been possible thanks to the Chief Nurse's inspiring leadership and the dedication of many people working together. From the Divisional Director and Deputy Divisional Director to the Patient Experience Nurse, clinical staff, non-clinical teams, and ward champions, everyone has played a part. Together, they have turned a division that once faced high levels of concern into one known for listening to patients, acting quickly, and always striving to improve.

This team has not just met expectations , it has redefined what patient experience can look like across Unplanned Care Division. From launching a first-of-its-kind Patient Experience Folder to creating a dedicated FFT (Friends and Family Test) infrastructure using both digital QR codes and traditional paper formats, every step has been inclusive, thoughtful, and results-driven. Importantly, the team ensures that feedback is not only collected but acted upon, with monthly reports, ward huddles, and data-led Quality Improvement projects like the communication initiative in the Short Stay Unit. Since the Patient Experience team was established, the division has consistently achieved and often surpassed its Friends and Family Test Survey targets.

The introduction of a 24-hour concern resolution model and proactive patient check-ins reflect a culture of immediate care and genuine accountability. The development of a Patient Experience module on ENH Academy, the establishment of ward and individual awards, and the growth of a Champion network demonstrate a long-term strategy to embed values of empathy, listening, and improvement at all levels.


VOLUNTEERING ACTIVITIES
Network Rail – BEAP
TFL
Heathrow Airport
Imperial War Museum
Wellcome Collection Gallery
Tower of London
Eastenders
Sadlers Theatre – Whose Life Is It Anyway
SGUL – OT/Physio Committees
Guest Lecturer
Judge – photography competition
Rethinking the Experience
@PEN_NEWS #PENNA
PEN

East of England Collaborative Provider

Transforming Patient Experience “Better care, closer to home and outside of hospital where possible”

Category

Commissioning for Patient Experience

Organisation description

The East of England (EoE) Provider Collaborative is a partnership of six specialist mental health, learning disability and autism NHS Trusts. Established in 2021 as part of the NHSE Mental Health Long Term Plan, the Collaborative is dedicated to commissioning specialist mental health care services in the Eastern region with focus on improving outcomes for patients by providing better care and alternative to admission treatment so patients can stay and be treated closer to home and reducing placements outside of hospital where possible. Provider Collaborative is actively listening to patient voices and working with involvement partners with lived experience, as well as carers, to improve care pathways. This ensures that appropriate mental health specialist care is in place and accessible for the local population.

Summary

By placing our patients at the heart of everything we do, they play a full and active role in decision making processes, in development and delivery of services. There is a consistent, patient centred approach across the region. The measurable outcomes and consistent benchmarking demonstrate the effectiveness and impact of their initiatives. The Provider Collaborative has a structured partnership programme for engaging people with lived experience. Our community members with lived experience have expressed a preference to be referred to as “involvement partners.” Within our Provider Collaborative, these involvement partners play an active role in the design, delivery, and governance of specialised mental health services across the eastern region. Their contributions are integral at every level, from ground-level operations to board decisions, ensuring their voices shape the services we provide. The partnership model integrates partners with both professional learned experience and people with their own personal lived experiences. Involvement partners with lived experience are equal partners equipped with the skills and work with the wider group such as clinicians reviewing the patient pathway, ensuring it meets local needs: “I have had the opportunity to speak out on aspects for service developments, such as the service user booklet for new services, and the SOP (Standard operating procedure) which gives details on how the program will run. I feel that my thoughts and opinions have been listened to and incorporated into the programs.” – Involvement partner with lived experience.

They are involved in regular strategic governance meetings where they are working together to identify priorities, improvement of services and be a centre of decision for transformation opportunities. All transformation opportunities have a strong co-production. The involvement partners with lived experience say they also benefit from gaining experience and access to training opportunities which provides them with skills for future employment and social skills, within the Provider Collaborative or elsewhere: “Being part of the Provider Collaborative advisory group has increased my confidence to speak out. I now attend LGBTQ events and am proud of who I am, prior to the staff in the Provider Collaborative having belief in me I wouldn’t have been able to do this.” – Involvement partner with lived experience.

Impact & results achieved

Introduction of Expert by Experience teams:
The Collaborative is the only one in the country to have introduced Expert by Experience teams in the adult eating disorder pathway, ensuring that families of those in care received dedicated support. It has strengthened our partnership between patients, families and services, improving communication advocacy and overall patient and carer experience: "I've felt so left out and ignored by the unit that it was all hopeless. Thanks for speaking to the ward for me. They have really started to listen and give me much more information on how my daughter is doing." – Anonymous Parent

We have achieved zero out of area placements in some of our services, allowing individuals to receive care closer to home and outside of hospital, which has reduced distress for patients and their families. We have developed and seen success in alternative admission opportunities, which were co-produced, designed, and implemented with partners who have lived experience, demonstrating that sustainable model: "I wish I had known about your role when my daughter was first admitted. We had so many questions and struggled to understand what the process would be. Speaking with you has made such a difference." -Anonymous Parent

Quality Standards Pillars & Shared Learnings: Quality Standards Pillars set up ensuring a consistent co-produced approach across all mental health services that we commission. By integrating the lived experience of Experts by Experience who have been inpatients themselves, we maintain a high standard of quality oversight, ensuring patient centred care remains at its core. Regular workshops and shared learning events provide a platform for providers to exchange insights, showcase exceptional practices and drive continuous improvement. The Collaborative promotes innovation and excellence, greatly improving patient experience.

Establishing alternative to admission services: In line with our ambition of 'closer to home, outside of hospital where possible,' and with involvement partners with lived experience at the forefront, we have successfully co-produced and developed alternative admission services. This has reduced the need for inpatient care while ensuring patients receive the right support at the right time.

Services developed: CYP Eating Disorder Pathway – Implementation of Eating Disorders Intensive Day and Virtual Service across region. Virtual Intensive Treatment (VIT) ?– virtual intensive service ICS Regional Pilot – Expansion of community team to include an intensive pathway to prevent admissions and readmissions and reduce length of stay.

Sensory workaround initiatives: We have introduced sensory walkarounds where Experts by Experience assess the sensory environment of inpatient and community services. These walkarounds help identify areas for improvement, making the services more therapeutic and person-centred.

Recruitment and development opportunities: EoE Provider Collaborative provide training for people with lived experience and carers, providing them with skills and confidence to contribute meaningfully. This ensures they are not just consulted but equal partners in decision – making strengthening the patient voice at every level.

What makes this initiative stand out?

Our genuine commitment to involving patients with lived experience as active partners rather than passive contributors. We move beyond traditional methods such as surveys and feedback forms by involving individuals at every stage of our work – from preparation and planning to delivery and review of the services. We show appreciation for their time and expertise through financial reimbursement recognising the value they bring. This involvement also offers professional development opportunities as individuals gain skills and experience through our recruitment and onboarding process. Many go on to secure roles within Provider Collaborative or use their experience to pursue opportunities elsewhere.

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Great Ormond Street Hospital

Patient Bedside Digitisation Platform

Category

Innovative Use of Technology, Social and Digital Media and Data Protection and Management

Organisation description

Great Ormond Street Hospital for Children (GOSH) is a Tertiary/Quaternary hospital treating children with a range of rare and complex conditions. We are committed to enhancing patient experience through innovative digital solutions which also take into account the different neurodevelopmental stages throughout childhood and in the context of the young person's health condition. In addition, many children have long inpatient stays, sometimes in protective isolation.

The Bedside digitisation project is a partnership between GOSH and Lincor solutions* with the aim of developing a personalised digital hub in response to the growing need for a more inclusive, equitable, engaging, and supportive bedside environment for young patients, we have created an app-based solution on a bedside touch screen that is configured for each patient to allow access to their personal health records, health and educational material and entertainment media. We have ensured focus on equity of access and inclusivity. This innovative system was developed in a collaboration between digital teams, clinicians and patients to provide improved communication about health and support the wellbeing of patients.

The partnership between GOSH and Lincor has created a bespoke and personalised solution that is first of its kind in the UK and an exemplar for other NHS organisations. The platform has enabled further content development and collaboration with organisations including Universal, Paramount, Singing hands** , Carbs & Cals*** and Sunrise – Wheels Up!****.

* Lincor Solutions, an established leader in patient engagement technologies, was selected following a comprehensive procurement process. Their platform met GOSH's complex specifications, including robust hardware capable of supporting close to 400 patients at bedside, accessibility features for children with varying needs, and seamless integration with key hospital applications. The system offers a wide range of entertainment options, educational tools, social interaction features, and access to digital health apps. Lincor have worked very closely with GOSH to build a child friendly, platform with accessibility at the forefront.

** Singing Hands – (Our story - Singing Hands) – A company that provide signing through Makaton. Teaching language through a way that it is motivating, engaging and most of all, fun! They demonstrate music, songs, stories, games and activities. They have provided GOSH with a library of content that gets updated regularly on the Patient Bedside Digitisation platform.

*** Carbs & Cals – (Carbs & Cals | Dieting & Calorie Counting Books & App) have provided GOSH with a read only version of the app that has the latest directory of food and drink to help patients monitor nutrients in each food type. This is a very useful tool for patients, families and staff in advising and monitoring nutrients at the bedside.

**** Sunrise Wheels Up! – (Wheels Up - Sunrise Association) access to updated content showcasing new adventures with every episode of Wheels Up! Travel to new cities, explore playgrounds and museums around the world, discover incredible animals, play games, make fun crafts and so much more.

Summary

GOSH's Bedside Digitisation Project leverages digital technology to create an equitable, accessible, user friendly platform for health information, education and entertainment. The simplicity of a touchscreen user interface with familiar apps and icons hides the filtering, security and APIs that link each screen so that it is bespoke to the patient in that bed.

The system was co-created by patients, carers, clinicians, ICT, Lincor and external partners after an extensive period of research. We focussed on usability and linking to accessibility tools such as touchpads. We created a small library of accessibility hardware and headphones which are linked by Bluetooth. Apps and icons minimise issues with text and language.

The project was approved at executive level and a steering group was set up including the stakeholders. An ICT project manager oversaw the process from research to implementation.

The platform is installed in 390 bedspaces. Usage metrics show high engagement across entertainment, education, and healthcare features (see utilisation attachment). We have continuous user feedback. Lincor can now offer this platform to other healthcare organisations and customise the content as needed. We have demonstrated the ability to link with electronic health records in a meaningful manner.

Impact & results achieved

There is now a Lincor digital bedside monitor for every bedspace in the trust. We have replaced outdated TV screens and worked with estates to set up new terminals where TV monitors had not previously existed. This has overcome the issue of inequality of access as all patients/carers now have access to digital content.

We are able to continuously monitor the content viewed and have created numerical utilisation reports for apps, TV and video on demand. In May 2025, the top-ranking app, TV and video on demand were YouTube kids, CBeebies and Wicked.

The patient portal for health information ranked very high in the utilisation report demonstrating that there is a demand from patients and carers to see blood results, healthcare information and to be able to message clinical teams.

We have had very positive feedback from the members of the Young Peoples Forum. The Friends and Family test comments have been only positive. There is a feedback form that patients/carers can complete on the bedside terminal which has also been positive.

Example of the positive feedback:

- FFT feedback - 'Very good T.V available at the kids bed, with good TV Programmed, film's and internet'.

PBE Survey:

- 'It is fantastic, and it is moveable and able to watch football and other entertainment'.
- 'Really good and connected to the arms. Nice distraction and really pleased with it'.

Young People's Forum:

- Easy to navigate.
- Good that it updates when you transfer beds and also that its closes everything down when you are discharged.

The Dietetic and medical teams report that the Carbs & Cals app has been hugely helpful to patients. The benefit of this app is also being demonstrated during diabetes education sessions for the ward nurses.

Sensory workaround initiatives: We have introduced sensory walkarounds where Experts by Experience assess the sensory environment of inpatient and community services. These walkarounds help identify areas for improvement, making the services more therapeutic and person-centred.

Recruitment and development opportunities: EoE Provider Collaborative provide training for people with lived experience and carers, providing them with skills and confidence to contribute meaningfully. This ensures they are not just consulted but equal partners in decision – making strengthening the patient voice at every level.

What makes this initiative stand out?

This project is an exemplar of putting digital equity and accessibility at the heart of innovation. All patients have access to touch screen hardware technology with an option to link their own accessibility devices or to borrow from our hospital inpatient hardware library. The available apps and content are age appropriate, engaging and up to date.

Linking bedside monitors to the electronic health record (Epic) allows personalisation and empowers the patients/carers to access healthcare information. This is filtered in such a manner that safeguarding concerns can be mitigated.

The success lies in preliminary stakeholder research and the co-production with children, families, and staff.

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Health Information and Quality Authority

National End of Life Survey

Category

International

Organisation description

The National End of Life Survey was conducted by Ireland's National Care Experience Programme (NCEP). The NCEP is a partnership between the national health services regulator (Health and Information Quality Authority, HIQA), the national public healthcare service provider (Health Service Executive, HSE), and the Department of Health, the government's principal advisor on health policy, governance, and performance oversight of the health sector. Public and Patient Involvement representatives are part of NCEP governance groups providing expertise at all levels from strategic oversight through to operations and implementation. The NCEP aims to learn from people's feedback about the care received in health and social care services to find out what is working well, and what needs to be improved.

The NCEP in based in the Health Information and Quality Authority, and has 12 staff based in Cork, Dublin and Galway. The Health Information and Quality Authority. The Health Information and Quality Authority is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

Summary

The National End of Life Survey was the first national survey covering all end-of-life care settings in Ireland. Internationally, such surveys are rarely carried out due to the sensitivity of the topic.

The success of the survey was largely down to the efforts undertaken to involve stakeholders. The partnership approach underpinning the NCEP and support of the Irish Hospice Foundation were essential to gaining buy-in across care providers, as well as demonstrating credibility to bereaved people.

The survey aimed to improve care, and significant efforts were made to ensure the findings were acted upon. Evidence of upskilling of staff, creation of dedicated family support rooms, and other improvements is already apparent and their impact will be assessed in the next iteration.

Involvement of bereaved relatives throughout the process was essential. They reviewed all communications material and provided insights on the key topics to include, as well as guiding the final reporting of the findings.

We have recorded the entire process from development through to implementation in our technical report, review of processes and other documents to share the key learning from the project. Sharing the findings with stakeholders has been an essential and rewarding part of the survey journey.

Impact & results achieved

A report of the findings was published on the NCEP website in April 2024. In total, 4,570 bereaved people participated in the first National End of Life Survey, representing a 48% response rate.

It was clear that the people who died experienced a variety of pathways of care, involving multiple care settings and services in the last months and days of their lives. Participants whose relative or friend died in a hospice were more likely to rate their end-of-life care as 'good' or 'very good' (98%), when compared with a nursing home or residential care facility (92%), hospital (84%) or those who died at home (89%). There were a number of other notable differences in responses to questions based on where the person died. For example, 99% of participants whose relative or friend died at home said that they had died 'in the right place', compared with 94% for hospices, 89% for nursing homes and 75% for hospitals.

Across each of the four main settings included in the survey, participants highlighted their confidence and trust in staff, the kindness and compassion of staff, as well as symptom management and the respect and dignity with which the person who died was treated. However the continuity, availability and responsiveness of care were highlighted as areas which required improvement, along with meeting the emotional needs of the person who died.

Care providers were given access to an online dashboard where they could access their survey results. Multiple training sessions were offered to assist dashboard users. In addition, six information sessions were organised for people working in end-of-life care services to make them aware of the findings, with over 500 people attending.

The dashboard was made available in advance of the publication of survey results, and stakeholders were encouraged to use the data to develop plans to address their survey findings and improve end-of-life care. Formal responses to the survey were provided by:

- The public healthcare provider (HSE)
- Two bodies representing nursing home providers
- The Irish Hospice Foundation

The HSE response document outlined actions taken to address survey findings, with specific actions for each care setting. One of the key elements of the action plan was a commitment to the full rollout of the 'Caru' programme. The Caru programme is a partnership between Irish Hospice Foundation, the All-Ireland Institute for Hospice and Palliative Care and the HSE. The aim of the programme is to ensure patients and their families receive compassionate, person centred palliative care that enhances quality of life as well as a good death, while easing the bereavement process for families and staff.

What makes this initiative stand out?

Overall, the National End of Life Survey was a very valuable, impactful and meaningful initiative. For the first time, it gave a dedicated national avenue to bereaved people to share their experiences of care. The data generated from the survey generated fascinating insights on how end-of-life care works, and particularly the areas where people experience challenges. It was deeply humbling for the survey team that so many people took the time to share such intimate stories and we would like to express our gratitude to them once again.

The time and effort taken to involve bereaved people at all levels and ensure that all communications were sensitive and appropriate was a key driver of the success of the initiative.

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Healthwatch Essex

Carers Voices

Category

Support for Caregivers, Friends, and Family

Organisation description

We are an independent charity set up under the 2012 Health and Social Care Act to listen to the views and experiences of the public to inform changes in health and social care. We also provide an information and signposting service to patients on how to navigate health and social care. We cover the whole of Essex (except Southend and Thurrock). We are a relatively small organisation with 21 members of staff.

Summary

Our approach to engaging with carers stands out because we make the effort to go to carers, rather than expecting them to find us. We have visited many locations across the county to ensure we reach as many carers as possible.

Our key stakeholders have been the carers themselves - this is why we set up our ambassador programme, Carer Experts by Experience, to ensure that their voices were fed into the design of each element of our work.

We track the number and key demographic details of carers we engage with, to ensure we are reaching a diverse range of carers. The feedback we receive from carers is more valuable to us - they share the positive impact of talking to our team, of being properly listened to and being given a bespoke signposting journey.

Carers are a seldom heard group, but within the broad range of carers we've also done targeted work with other seldom heard groups - faith, ethnicity, refugees, LGBTQ+.

We have shared our learnings with other organisations. Most notably with our 'Susan's Law' initiative, we have encouraged other organisations to remove lanyards from focus groups and instead aim to make everyone equal.

Impact & results achieved

We measure the number of carers we connect with. So far, we have engaged with over 3400 carers as of March 2025, allowing them all to have their voices heard and offering signposting to supporting services.

We track the reach of our carer related posts on social media to ensure that we are continuing to reach new audiences.

Two of our Experts by Experience came to Parliament with us to discuss carers issues with the MP Chris Vince, amplifying the issues affecting carers on a national platform. The ambassadors felt that Chris was genuinely interested in their conversation. They left Parliament feeling heard and confident that they had effectively represented carers - https://healthwatchessex.org.uk/2025/03/a-memorable-day-at-parliament-healthwatch-essex-meets-chris-vince-mp/. Other carers have felt empowered to raise issues of their own, with another carer visiting parliament to raise awareness of the condition ARFID, sharing her experiences on our podcast series and on the local radio

- https://creators.spotify.com/pod/show/healthwatch-essex/episodes/Our-Journey-with-ARFID-and-Perthes---Michelles-Story-e2k0r79/a-ab9tm7v.

We gather lots of feedback from the carers we support. Here are a selection of quotes:

''Sometimes the carer requires more support than the cared for person. Thank you for asking how I am.'' "Thanks to the Carers Voices team for making a difference in my life. It's so hard to navigate the services out there, but Healthwatch Essex were there to help.'' "I feel really disempowered as a carer especially visiting hospital with my mum, where staff don't listen to me even though I have vital information to share about her. I spoke to the Carers Voice Team on leaving hospital and have kept in touch. They have really helped me consider wider options and I feel better informed and more in control."

What makes this initiative stand out?

We go to the carers - the sheer number of outreach events we attend means we have the best chance of catching carers out in the public - at hospitals, GP surgeries or even at the supermarket. With our new outreach van, we can reach even more rural locations and offer people a pleasant, private space to have a conversation.

We truly listen and don't close the door - people come back to us because we helped the first time. Many people feel that other services dismissed them or sent them round the houses. We have referred carers quickly to organisations and services that have made an immediate difference to carers and the cared for and saved them time, energy and precious resources. Carers have told us that if they are given the resources, advice and guidance and access to local and appropriate services early in their caring journey the less likely they are to need more support in the longer term.

We take action - we received feedback from a carer that due to professionals wearing lanyards in a focus group she didn't feel like her thoughts were as important. Since then we do not have lanyards at our meetings and encourage everyone to interact on an even footing. We've implemented this internally as 'Susan's Law' and are encouraging other organisations to do the same.

Some of our team have lived experience of caring themselves, so they can relate to those they are supporting.

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Hywel Dda University Health Board

Leri Cancer Unit - Arts, Poetry and Health

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ariannwyd gan
Funded by
Elusennau Iechyd HYWEL DDA Health Charities

Category

Cancer Experience of Care & Environment of Care

Organisation description

Hywel Dda University Health Board (HDUHB) is responsible for delivering healthcare services to approximately 385,615 people across the rural counties of Carmarthenshire, Ceredigion, and Pembrokeshire in West Wales. The Health Board operates four acute hospitals, including Bronglais General Hospital in Aberystwyth—the smallest general hospital in the UK and the location of the Leri Cancer Unit project.

HDUHB employs around 13,000 staff and faces unique challenges in delivering equitable healthcare across a large, rural geography with limited transport infrastructure. Despite these challenges, the Health Board is committed to innovation and patient-centred care.

Bronglais General Hospital provides vital cancer services to patients from Ceredigion, south Gwynedd, and north Powys. For many years, the Bronglais Chemotherapy Unit delivered high-quality care in an environment that was no longer fit for purpose. The opening of the Leri Cancer Unit in 2025 marked a transformative step forward.

In 2024, HDUHB launched its Arts and Health Charter, pledging to integrate the arts into healthcare delivery. The Arts & Health team, based within the Patient Experience Directorate, works across the organisation to embed creativity into care environments—supporting healing, wellbeing, and community connection.

Summary

Opened in May 2025, the Leri Cancer Unit at Bronglais General Hospital is a groundbreaking initiative by Hywel Dda University Health Board, redefining cancer care through the integration of public art into clinical design. The first capital project of its kind within the organisation, it exemplifies new thinking—transforming a clinical space into a healing, bilingual environment that reflects the local Welsh landscape and culture.

Led by the Arts and Health team and a multidisciplinary Public Art Group, the project demonstrated strong leadership, and was co-produced with patients, staff, and artists. This inclusive approach ensured the unit's design was shaped by those who use and deliver its services.

The initiative has already shown measurable impact: patients report feeling safer and more cared for, while staff morale has improved. A mixed-methods evaluation strategy is in place to assess outcomes and guide future improvements.

Deeply inclusive and culturally sensitive, the Leri Cancer Unit sets a precedent for sustainability and transferability. As a flagship model, it is influencing future developments across the Health Board, supported by development of new policies and practices. The Leri Cancer Unit stands as a compelling example of how creativity, co-production, and compassion can transform healthcare environments.

Impact & results achieved

The integration of art into the Leri Cancer Unit has had a profound impact on patient and staff experience, transforming the clinical environment into a space of healing, dignity, and calm. Feedback from patients, staff, and the wider community has been overwhelmingly positive, with many describing the unit as "modern and beautiful," and "a place that makes you feel safe."

To measure impact, a mixed-methods evaluation approach was adopted, including surveys, interviews, and feedback forms. These tools captured feedback on patient wellbeing, staff morale, and perceptions of the environment. Early results show improved patient satisfaction, enhanced emotional comfort, and increased staff pride and motivation.

Quotes from patients and clinicians highlight the emotional resonance of the project: "The arts and health scheme surpassed our expectations," and "It makes me feel better," reflect the initiative's success in creating a therapeutic atmosphere. Staff also noted that the environment "lifts mood and inspires better care."

The project added significant value beyond architectural improvements, with the art scheme described as "the icing on the cake." It has also provided valuable learning for the Health Board, reinforcing the importance of holistic, patient-centred design in future healthcare developments. As expressed in the below service user feedback.

"From 11 years ago bringing my mother to the old unit to seeing the new unit and being able to have helped raise money towards the new unit is a awesome feeling as the new unit is phenomenal for current and future patients, we could not be more thankful to the wonderful team of staff who have made it what it is and we will be forever thankful to each and everyone involved. It is so nice to have a unit fit for purpose, compared to always being an afterthought, it now feels like a together place."

What makes this initiative stand out?

The Leri Cancer Unit project is a truly unique and deeply human initiative that stands out for its scale of community involvement, cultural sensitivity, and emotional impact. What makes it exceptional is not only the integration of art into a clinical setting, but the way this was achieved—through years of dedication, co-production, and shared vision. Read more about the artist approach here

The initiative brought together patients, healthcare professionals, artists, and the wider community in a Public Art Group that shaped every aspect of the unit's design. This collaborative culture fostered a sense of ownership and pride, ensuring the final environment was not only functional but emotionally resonant.

Located in the UK's smallest general hospital, the unit reflects the identity of its rural Welsh community. The bilingual artwork, created by local artists, honours the region's heritage and landscapes, creating a space that feels both healing and familiar.

This project exemplifies innovation in patient experience, demonstrating how creativity, inclusion, and compassion can transform healthcare environments. Its success lies in the love, time, and thoughtfulness invested by all involved—making it a model of excellence that is both replicable and deeply rooted in place.

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Kent and Medway Cancer Alliance

Limbo Land

NHS
Kent and Medway
Cancer Alliance

Category

Personalisation of Care

Organisation description

Kent and Medway Cancer Alliance is one of 21 alliances across England, bringing together clinicians and managers from health, social care and other services to transform the diagnosis, treatment and care for cancer patients.

These partnerships enable care to be more effectively planned across local cancer pathways. The alliance is made up 22 members of staff and many stakeholders.

Summary

"Limbo Land" is a powerful and innovative series of films co-designed with the patient partners of Kent and Medway Cancer Alliance Working Together Group and health care professionals. These deeply personal films capture the raw reality of navigating the stages of waiting on a cancer pathway – the "what next", anxiety and not knowing. What makes "Limbo Land" unique is its focus on emotions not clinical process, told through the open and honest voices of patients and professionals.

From start to finish, the project was led by patients working with staff in a truly co-produced process. They had identified a need to raise awareness and improve information for cancer patients about the unknowns on a cancer pathway.

The reaction to the films has been overwhelmingly positive. Chris Wheal, a patient partner said "I hope patients will take inspiration and comfort from watching the video as well as realising they are not alone." They are on the Alliance's website, YouTube, and have been integrated into staff training and patient support pathways.

"Limbo Land" is designed for longevity – with scalable potential across other illnesses and diseases, by giving a voice to the unseen emotional struggle.

Impact & results achieved

Although the film was launched only three weeks ago, Limbo land has already begun to make a meaningful impact across the cancer care community. Showcased at several professional and patient meetings, it has received overwhelmingly positive and emotional feedback. Viewers described it as insightful, relatable, and an essential tool for helping patients feel seen and supported during the uncertain stages of their cancer journey.

Feedback has been a key indicator of early success. Attendees at these sessions have provided enthusiastic responses, with many offering suggestions for wider promotion, including integrating the film into clinical settings, patient support groups, and professional training. This level of engagement highlights the relevance and timeliness of the resource.

To measure broader impact, we are monitoring YouTube views, website clicks, and social media engagement. These digital metrics were chosen for their ability to reflect reach, visibility, and viewer interest across diverse audiences. In the short time since its release, the film has generated encouraging view counts and increased traffic to the Kent and Medway Cancer Alliance website.

While long-term outcomes are still emerging, early indicators suggest that "Limbo Land" is already resonating with patients, professionals, and carers—opening up vital conversations and filling a much-needed gap in emotional cancer support.

What makes this initiative stand out?

What makes the Limbo Land initiative truly special is that it has been created by patients, for patients. It is grounded entirely in lived experience—developed and delivered by individuals who have personally navigated the emotional uncertainty of waiting during a cancer pathway. These are people who have been, or still are, in "limbo land", and they have chosen to speak openly and honestly to help others facing similar moments of fear, isolation, and vulnerability.

Unlike many healthcare resources that focus on clinical pathways, treatment options, or medical information, Limbo Land addresses the emotional side of care. It doesn't tell patients what they should do—it simply shares what others have been through and how they have managed it. Health professionals in the film offer support, and acknowledge the emotional impact of waiting, without directing or prescribing. This creates a more compassionate and human connection between professionals and patients.

The strength of this initiative lies in its authenticity. The honesty and vulnerability shared by patients allow others to recognise their own emotions and feel less alone. It provides reassurance that these feelings are valid and shared by many and that it is ok to not be ok.

Additionally, the collaboration between patients and professionals shows a genuine model of co-production, where patient voice shapes the message and outcome. The result is a resource that resonates deeply, not just because of what it says, but who is saying it—and why. That human connection, that emotional truth, is what makes Limbo Land stand out from other projects, and what will continue to make it impactful and meaningful for a wide audience.

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Picker Experience Network Awards

Kings College Hospital

The Kings Cancer Patient Voices Advisory Group (The Voice) - Working in Partnership to Drive Improvement at Kings

King's College Hospital
NHS Foundation Trust

Category

Patient Contribution

Summary

The King's Cancer Patient Voices Advisory Group have and continues to provide an invaluable service, allowing us to include the voice of patients in all areas of improvement in cancer services at King's. Each member of the Voice offers their time and commitment in helping us to drive improvement. This amazing group go over and beyond what we ask of them, offering suggestions in current projects and helping us to scope out future areas for improvement. They have helped underline:

- The power of partnership working – keeping patients at the heart of what we do
- How to create environments for voices to be heard in quality improvement
- The art of thinking independently, together
- Managing language and messaging for patient communication

The below is a quote from one of the members of the Patient Voices group

It is great we can continue to move forward in a positive, proactive manner and that we never lose sight of our main objectives. It is also good to hear we are raising awareness of what we are looking to achieve at an Executive level.

Patient Voices member

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PEN

Lancashire Care NHS Foundation Trust

Working Collaboratively

NHS
Lancashire Care
NHS Foundation Trust

Category

Environment of Care

Organisation description

Lancashire and South Cumbria NHS Foundation Trust (LSCft) is an organization that provides a wide range of mental health, learning disability, autism, and community-based health services across Lancashire and South Cumbria. They serve a population of approximately 1.8 million people and employ around 7,000 staff across more than 400 locations, according to the Trust's website. LSCft offers both inpatient and community-based services, including specialist services like perinatal mental health, forensic services, and support for children and young people. Guild Lodge is a Forensic inpatient facility (164 beds) that offers medium, low secure and step down services – including women, men and the only NHS brain injury service in the UK.

Summary

There are not many events where you can have the chief executive, along with the Dean of a University – mixing with service users, family members, students and members of the public - having conversations about art and related subjects. There is so much stigma around service users being within a forensic setting and the creative arts allows for a conversation, as well as important roles to be established outside that of just being a "service user". The arts are safe, allow for creativity and exploration- and at Guild Lodge we have managed to lift creativity to a higher and recognised level – it is not just about craft – it encompasses the real world of art and offers our service users to showcase their work – bringing in staff and students.

Having individuals art work on display and out of the hospital gets you away from the institution and invites and challenges what the public think about a "forensic setting". The galleries that we have used (PR1 at the University of Lancashire and the Haworth Gallery in Accrington) are now established venues- as a result of consistent searching, developing relationships with local communities - with service users at the centre. Success is seen in the faces and comments of our service users - whose self esteem and identity have massively grown. We are now a known quantity - with the art work being shared on social network sites and communications within the trust- having opening previews for all the exhibitions. In the words of Albert Einstein "Creativity is contagious – pass it on"- we continue to pass it on.

Impact and results achieved

There is always the ongoing conundrum in the arts – namely process versus end product- and I think we have ticked both these boxes- despite the restrictive environment. Staff, service users and students have all been involved in the process of planning and "doing" – working on their creative pieces. Having an end goal of an actual exhibition, engaging and setting goals towards this is so important for self-esteem and identity. In addition to this our singing group now has partners in the local community and we currently are in the process of having a music studio built within the hospital. Our service users now have a range of meaningful creative activities and roles – not only within the restrictive environment of the hospital – but also within the community. The reputation of our creative arts pathway has led to us being used in a range of events – such as LGBTQ and Black History Months; summer fayres etc

What makes this initiative stand out?

As stated previously - there are so many restrictions within a forensic setting - from the actual environment our service users live in; the sections of the mental health act and how staff can be institutionalised in their approaches and thinking. We have passionate and caring staff who think outside the box - and the arts have enabled us to get out there and safely challenge the restrictions. Our service user group have had experiences of teaching at university; co facilitated creative workshops; been able to have clear goals leading up to exhibitions - and showcased their creative work in established galleries. They have become artists. Our drive and ambtion as both therapists and artists provdie the perfect combination.

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Leeds Teaching Hospitals NHS Trust

Adult Cystic Fibrosis, Patient Focus Group

NHS
The Leeds
Teaching Hospitals
NHS Trust

Category

Communicating Effectively with Patients and Families

Organisation description

The Leeds Centre for Cystic Fibrosis (CF), the third largest in the UK, is part of the Cardio-Respiratory Clinical Service Unit at the Leeds Teaching Hospitals NHS Trust (LTHT). The service has expanded rapidly as a result of new interventions, for example in 2020 triple therapy was commissioned for 90% of CF patients. In the last five years the service has grown 12.5% and now supports over 455 adults with CF from a broad geographical area; reaching from the North Sea coast to the western boundaries of Yorkshire. We deliver highly specialised care and are strongly research active, providing regional acute and chronic disease management across hospital and community settings.

The multi-disciplinary team (MDT) runs the CF Unit and includes core ward nursing staff, specialist nurses, dietitians, pharmacists, physiotherapists, medics, and patient representatives who actively contribute to service and research development.

The MDT remains adaptive and responsive to these changing needs, working closely with patient focus

groups to identify and address their emerging challenges. As evidence-based interventions continue to advance, the Leeds Centre for CF is committed to growing and evolving to meet the ongoing needs of its patient community.

The result of increased life expectancy brings additional challenges to this lifelong condition and other co-morbidities are coming to the forefront including, diabetes, cardiovascular disease, renal failure and cancers. In light of the ever changing patient population, and disease profile, person centred empowered care needs to be a the heart of everything we do.

Summary

We created a Patient Experience Improvement Group in response to patient feedback to reduce feelings of isolation and increase their voice in the management of their service.

The ward manager has taken a proactive leadership role, working in close collaboration with patient advocates and members of the MDT to establish a dedicated group focused on enhancing the patient experience. This group was formed to identify and address key concerns and areas for improvement raised by patients, ensuring their voices directly shapes the care they receive. This rapidly became a forum where patients became less isolated from each other and their MDT and proactively taking a lead in shaping their care, practical and social aspects of their ward stays and outpatient experiences. The group meets bi-monthly, guided by an agenda that addresses patient feedback and priorities. What began as a small initiative with just two or three dedicated patients, who were already actively sharing insights from the wider CF community via Facebook (FB) groups and podcasts; has grown into a vibrant forum of approximately 15 members, including 12 patients and 3 staff .

The group aims to serve as a driving force in several key areas:

Empowering Patients: Encouraging active patient involvement in shaping CF care, from influencing clinical guidelines to advising on service-related purchases. Amplifying Patient Voices: Ensuring that patient perspectives are not only heard but acted upon. Driving Innovation Through Collaboration: Tackling important patient-identified topics, with a focus on improving wellness through participation in research and co-creation of new initiatives. Given that many of our patients are lifelong service users, their ability to see tangible changes as a result of their involvement has been both empowering and motivating. Their continued engagement is helping us design and deliver services that truly reflect their needs and priorities.

Impact & results achieved

The Group has had a significant impact on care quality and patient experience.. Meeting regularly, the group provides open, honest feedback which has led to practical, patient-led improvements, for example:

One of the early concerns was the poor condition of some patient furniture raising infection control risks. With their support we secured funding from charitable partners for new furniture. Patients chose both the design and NHS rainbow colour scheme, brightening rooms and improving comfort. Their involvement meant decisions were made quickly and with clear alignment to patient needs.

The group also highlighted how anxiety, especially during night-time hospital stays, can affect their wellbeing. They proposed the introduction of mood lighting to support rest, reduce stress, and enhance the environment for end-of-life care. These have now been installed and are positively received by patients, their families, and our staff.

Patients now contribute to the ward newsletter, ensuring that the content reflects what matters to them. For example: staff changes, and recognition of individual contributions. They've also helped shape more meaningful staff farewells and retirements, enhancing the sense of community for everyone on the ward.

Importantly, the Group offers constructive feedback. They praise staff who they consider go 'above and beyond'. They raise concerns about care delivered by unfamiliar bank staff. This inspired us to change how we support temporary staff, (with more robust ward induction and easy to follow checklists) which patients say has already improved their experience.

The Group has supported our research and data collection efforts. When we launched a questionnaire about the impact of CF on oral health, the group promoted it across patient networks, helping us achieve a 30% return rate from 400 patients. This action has directly informed current care and future research.

In response to a Group request, our dietitian attended a session to discuss and educate about healthy diet and ward menu options. The group discussed the challenges of reduced appetite, taste changes and the importance of high calorie diet. A unanimous vote to keep prawn cocktail crisps on the snack menu. Our social worker has been invited to attend a future meeting.

The Group have become trusted and valued members of our MDT, our patients are now strongly and clearly at the heart of decision-making and service improvement.

What makes this initiative stand out?

This is a truly patient-led and person-centred project, It was born from patients reaching out to us, expressing a strong desire to be actively heard and involved in their care. We worked together to create a model where patients don't just receive information from the MDT, they are an integral contributor of the CF service.

This dynamic partnership ensures that patient voices' genuinely influence their care delivery, research, and quality improvement.

What makes this group special is its real-time, ongoing inclusivity, collaboration and critique. Patients actively support one another, engage in open discussions about challenges, and contribute directly to shaping improvements and changes within the service.

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Leeds Teaching Hospitals NHS Trust

Supporting Every Smile: Improving the patient journey for children and young people with additional needs or neurodivergent conditions at Leeds Dental Institute

NHS
The Leeds Teaching Hospitals
NHS Trust

Category

Environment of Care

Organisation description

Leeds Dental Institute (LDI) is a Clinical Service Unit (CSU) within Leeds Teaching Hospitals NHS Trust (LTHT), one of the largest and busiest acute hospital trusts in the UK. The LDI comprises several departments representing all disciplines of dentistry.

The Paediatric Dental Department at the LDI, with a satellite hub at Chapel Allerton Hospital, is a large, consultant-led regional service dedicated to providing specialist dental care to children and young people (CYP) below the age of 16 years, across Yorkshire and the Humber. Approximately 45 new patient referrals are received every week.

Together, we deliver care to children who face barriers accessing routine services, including those with severe anxiety, medically complex children, or those with additional needs due to learning disability, autism or other neurodivergent conditions. In addition to providing routine dental care for this patient cohort, we see children who have sustained complex trauma, or those with oral developmental defects

Approximately 25% of new patient referrals received are for CYP with a confirmed diagnosis of learning disability or autism (LDA), or who are awaiting assessment. LTHT have a learning disability and autism (LDA) team who provide support to all Trust service users with a confirmed diagnosis, however, they are unable to support CYP without a diagnosis. In 2024, there were 6 datix reportable incidents involving CYP with LDI attending LDI. For our 104 GA admissions from January to May 2024 we had a WNB rate of 7% (n=7) and cancellation rate of 11% (11). Of the cancellations, 73% (n=8) had LDA, and the majority were cancelled on the day due to anxiety and not being prepared. Of the WNBs, 29% (n=2) had LDA.

Summary

A significant number of CYP with confirmed or suspected LDA and other neurodivergent conditions access our service. To support this group of patients, the department established a multidisciplinary working group of “champions”, across different dental departments, focused on improving access and experience for these patients, their families, and staff. We are supported by the LTHT LDA team.

In the paediatric dental department, we have carried out a number of projects to help improve the patient journey, some of which have been supported by charitable funding. Of these, to our knowledge, setting up a reasonable adjustments clinic and pathway has been a unique innovation that is not currently in place in any other UK dental hospitals. Other projects included acquiring sensory items and toys, developing social stories and video resources, some of which were co-produced with staff and families.

We believe the pathway model is robust and sustainable and could be adopted by other teams. We have received positive patient feedback and hope to demonstrate increased staff confidence and a reduction in number of clinical visits, WNBs and reportable incidents involving patients with LDA.

Impact & results achieved

The initiative has delivered measurable improvements in accessibility, patient experience, and staff awareness across our paediatric dental services. We have created a more inclusive and supportive care environment for CYP with LDA and other neurodivergent conditions.

The impact and outcomes include (please refer to additional supporting evidence to access resources developed):

For our 104 GA admissions from January to May 2024 there was a cancellation rate of 11% (n=11). Of the cancellations, 73% (n=8) had LDA, and the majority (75%) were cancelled on the day due to anxiety and not being prepared. For the same time period in 2025, there were 102 GA admissions and the cancellation rate overall was 6% (n=6), where two CYP (33%) had LDA. Both cancellations were related to sickness rather than anxiety or behavioural challenges, suggestive of a positive influence this initiative is having on GA cancellation rates. Datix reportable incidents this year to date have reduced to 2 compared to 6 last year. Securing charitable donations for sensory items and toys, which are now regularly used in our children's department and day-case unit. Structured feedback questionnaires were collected from patients, parents, caregivers, and staff and 100% reported a positive improvement in patient experience and outcomes, citing reduced anxiety, improved cooperation, and overall comfort. Producing patient information leaflets, social stories, and dental procedure posters. Setting up a reasonable adjustment telephone clinic, funded by Leeds Hospitals Charity. Developing a paediatric dental department webpage including resources and accessibility section. Created video walk-throughs of our clinics at 2 hospital sites. Business Case submitted for a play specialist for dental team. Learning resources regarding reasonable adjustments for new clinical and administrative staff.

This model has proven both sustainable and scalable, while delivering meaningful improvements in care. The initiative directly supports national priorities to improve equity of access for people with LDA, with inclusivity and patient and staff collaboration at its core.

What makes this initiative stand out?

This initiative offers a holistic, proactive approach, not just adapting care reactively, but embedding accessibility and inclusion into the very structure of our patient pathways, breaking down accessibility barriers.

It stands out by aligning with our organisational strategic priorities:

Sustainability – by reducing failed appointments and cancellations through tailored preparation, we minimise unnecessary journeys and multiple visits, supporting a reduced carbon footprint.

Compassion – this initiative allows patient-centred care that prioritises their emotional and physical needs.

Team – multi-disciplinary working group underpins the success of this initiative, bringing together clinicians, nurses, administrators, and educators across departments.

Resources – a broad range of accessible resources has been developed, including visual guides, social stories, videos, and virtual consultations.

Improvement – a structured feedback and audit process drives continuous refinement.

Inclusivity – patient voice and staff feedback has shaped the design of our social stories and resources, including co-producing materials with families and children themselves.

Excellence – pioneering a unique pathway within a UK dental teaching hospital reflects our commitment to best practice.

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Lime

Enhancing Patient Care at MFT: Lime's Art + Music for Health Programme

lime.
arts in health through
innovation and creativity

Category

Environment of Care

Organisation description

Lime is Manchester University NHS Foundation Trust's (MFT's) Arts + Health team, delivering art + music projects in hospital and community healthcare settings. MFT's Charity has supported Lime's visionary arts programme for over 50 years recognising the value in the important work being provided for both patients and NHS staff. Each year Lime enables over 20,000 MFT staff, patients and visitors direct access to the arts in all their vibrancy.

Lime sits within the Division of Workforce and falls under the umbrella of the MFT Charity. The team is made up of three full time members of staff; Lime's Director Dawn Prescott, Arts Project Manager Samantha Lynch (Arts PM), and Arts Project Assistant Greg Mutton. As a team, they each have a specific role in overseeing the operational and day to day running of the core programme - including Lime's flagship staff wellbeing programme Create+ and the ward-based patient & staff participatory arts programme. Lime's Director reports to the MFT Charity Board and the Director of Corporate Workforce regularly.

Summary

Moving beyond traditional models of music therapy or passive performance, the programme focuses on 'humanising' the clinical space and improving the conditions of hospitalisation for patients and visitors, and the work environment for staff through the use of art + music interventions. With regular and consistent sessions, Lime has pioneered the role of an Art +Music for Health practitioner who is increasingly embedded within the hospital setting.

What makes the programme radical is its consistent integration into everyday care. Staff call on practitioners to support with physiotherapy, distract during difficult procedures, or accompany patients between wards and during their care pathway.

The success of the programme relies on bringing together a team of practitioners to regularly deliver between 10-15 sessions each week across multiple wards at three different hospital sites. The Arts PM plays a pivotal role in scheduling, coordinating, and liaising between ward staff and practitioners. Recent innovations include the adoption of Deputy, a scheduling software tool that enables transparent, flexible planning and improves communication across stakeholders.

Consistent reflective practice is encouraged and facilitated through quarterly meetings where practitioners share learning, address challenges, and evolve their practice

A dedicated project team consisting of Lime's Director, the Arts PM, the Lead Music for Health Practitioner and Researcher meet regularly to review outcomes, identify training needs, and ensure quality and safety

Between April 2024 – March 2025, Lime delivered 363 two-hour music, dance + visual art sessions across 22 wards identified as 'high priority' at Manchester Royal Infirmary, Wythenshawe and Trafford hospitals. Each session reached between 10 and 21 people, totalling 3,630 to 7,623 direct engagements.

Lime collects qualitative data that includes interviews with staff and feedback from patients and families which consistently shows patient benefits include enhanced mood, increased mobility, reduced anxiety, and stronger social connections. Some long-stay patients have even acquired their own instruments to continue making music. Clinical teams report that music often supports treatment goals: prolonging movement during physiotherapy or easing distress during invasive procedures. Staff report that music softens the ward atmosphere and reduces their stress, often they will pause to join in with the music or invite practitioners into sensitive moments such as end-of-life care.

Lime is committed to ensuring the programme's growth and sustainability by investing in practitioner development. This is done through ongoing training and CPD. A new best-practice model—developed in collaboration with Musique et Santé—will also offer a framework for excellence, helping secure the longevity and transferability of this work.

Far from an isolated project, Lime's Art + Music for Health programme is a scalable, evidence-informed model that continues to evolve and reach more patients and staff at MFT each year.

Patients, family members, and staff shape each session, and they can happen as group activities in day rooms where patients are invited into shared decision-making and repertoire choices, or with individual patients at their bedside. Practitioners don't perform for people—they make art + music with them. The model is intentionally flexible: content changes based on mood, setting, clinical need, or language.

Impact & results achieved

Evidence to support the success of the programme includes interviews with staff, feedback and testimony from patients + family/visitors, plus photographic/film documentation commissioned on a regular basis by Lime to include in reports, art exhibitions and events. More information can be found in the supporting documents.

Lime has also commissioned a study which will involve assessing the impact of art + music interventions on an adult ward which has been highlighted as a priority area - either due to staffing or patient issues (i.e poor staff morale, high staff turnover, challenging patient behaviour or poor results from family/visitor satisfaction surveys).

What makes this initiative stand out?

What stands the programme apart from many other similar initiatives is the focus on embedding practitioners within the healthcare setting, and the dedication the Lime project team show to facilitating this through nurturing and maintaining strong relationships with ward staff including Matrons, Ward Managers, Activity Coordinators and Healthcare Assistants.

The clear strategic direction and vision of Lime's Director to 'professionalise' the artist/musician within the hospital environment allows for senior leaders, board members and the Trust's Charity to get a clear sense of what makes the programme more than just visits from performing musicians - often facing the challenging task of advocating for an arts + music programme in a scientific and results driven environment. Through regular engagement with these stakeholders, via committee meetings, monthly nursing huddles and regular visits for Board Members to observe practitioners at work, the Lime team have been able to showcase the specialism of the practitioners and the difference the programme is making on the environment in high priority wards where patients are most vulnerable and staff are under the most stress.

Lime also funds regular CPD for practitioners and provides ongoing opportunities for them to share their practice with one another in a supportive environment, including singing workshops, reflective practice sessions and mentoring from leading Music for Health Specialists.

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Liverpool John Moores University

LJMU Midwifery Society - Advocating for Students and Service Users

Category

Student Patient Experience Advocate of Tomorrow

Summary

The LJMU Midwifery Society have shown commitment and determination in their aim to support fellow students and vulnerable groups that are pertinent to midwifery care. They are selfless in their approach, actively helping others and have shown that they are future leaders within the health care system. The MidSoc are focussed on providing the best care and positive change within maternity services, as well as raising awareness of important issues and vulnerabilities. They have shown that action can be taken to enhance patient / service user care and satisfaction and experience in practice, as well as the student experience within university. All of this has happened in their own time, whilst also studying full time on their Pre Registration Midwifery BSc Degree. I am proud of their dedication, passion and motivation, and fully support this nomination.

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NHS University Hospitals of Liverpool Group

Liz Farrington

NHS
University Hospitals
of Liverpool
Group

Category

Patient Contribution

Summary

As an Engagement Partner, Liz continues to have a voice in quality improvements and service developments at the Trust with her particular focus on End-of-Life Care. Liz is able to join other Engagement Partners with lived experience of palliative and end of life care at the Trust and together we have a growing representation using their range of experiences to inform their feedback and participation. We have a continued relationship with Liz and she has an ongoing role and invitation to participate in a range of projects at the Trust as a voice on steering and focus groups and coproducing improvements and patient information.

Liz's feedback has formed a significant part of this eclectic repository and diversity of experiences.

Traditionally, it can be challenging to collate meaningful feedback from bereaved relatives with fear of imposition of adding to their distress, however it was testament to Liz's courage and resolve that we were able to engage with her at this time and for her sharing of such rich data to inform our service improvements.

In addition, Liz consistently provided very balanced feedback, in recognising that her understanding and experiences may differ from other people's and promoting a flexible, individualised approach rather than a homogenised policy or process.

Our ongoing relationship with Liz demonstrates the importance of involving and including patients and relatives in health service development. Involving patients and relatives in this way needs to be approached with a sensitivity and individualised approach to ensure that we can engage in an accessible and inclusive way that the patient/relative feels able to contribute and participate in a way that is comfortable and meaningful for them. From our initial meeting, Liz was open and authentic, her grief was raw and painful and yet, she demonstrated enormous courage and determination, always wanting to continue to engage and wanting to make a difference for other families in the future.

In developing my relationship and working with Liz, she told me that it was important that I also got to know her dad who sadly I never met. I was very privileged that she shared the Eulogy from his funeral that she wrote herself. In it, she described how her Dad was always there for her, he would listen to her worries and always say "right, how are we fixing this?" . Liz wanted to ensure that her Dad's Story and her own experiences were shared widely across the Trust to ensure that lessons could be learnt. We have worked hard to present the experiences on a number of different platforms to facilitate staff awareness and learning. We hope that we have provided Liz this opportunity and that the resultant changes and improvements at the Trust together with the nomination for this award will form a lasting legacy of her lovely Dad, who she adored so much and her own sense of "fixing it" in his name.

It is with our sincere and grateful thanks that we make this nomination.

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NHS University Hospitals of Liverpool Group

The Engagement Partner Programme

NHS
University Hospitals of Liverpool
Group

Category

Engaging and Championing the Public

Organisation description

NHS University Hospitals of Liverpool Group (UHLG) was formed on 1 November 2024, born from a shared aim to improve the care we provide our communities in Liverpool.

We operate from four hospital sites: Aintree University Hospital, Broadgreen Hospital, Liverpool Women's Hospital and the Royal Liverpool University Hospital, alongside a host of community services.

We are one of the largest employers in region, with over 16,800 colleagues who are dedicated to caring for our communities - from birth and beyond.

For the 630,000 people across Merseyside, we are their local NHS. We provide general and emergency hospital care, alongside highly specialised regional services that extend to more than two million people in the North West.

Aintree University Hospital is the single receiving site for adult major trauma patients in Cheshire and Merseyside, and hosts a number of regional services including an award-winning stroke facility. Broadgreen Hospital is home to several elective surgical, diagnostic and treatment services, together with specialist patient rehabilitation. Liverpool Women's Hospital specialises in the health of women and babies, delivering over 7,200 babies in the UK's largest single site maternity hospital each year. The Royal Liverpool University Hospital is the largest hospital in the country to provide inpatients with 100% single en-suite bedrooms and mainly focuses on complex planned care and specialist services.

Summary

The Engagement Partner Programme was developed in April 2023, to provide a broad and evolving patient representation to provide meaningful feedback and the lived experience of members to steer a range of quality improvements and service developments at the Trust. The programme recruits' patients, carers, relatives, 3rd sector organisations and the general public from our local communities who look to have a voice and representation in Trust services and strategic priorities and planning. Engagement Partners use their lived experience, knowledge or understanding of specific services and specialties to provide rich, informed comment and contribution.

The programme offers a growing and ongoing patient and public representation with a focus on underrepresented groups and communities including those with high levels of social deprivation and patient cohorts that experience patient inequalities such as the Deaf and visually impaired. It offers an innovative and sustainable model to ensure that patient voice is central across a range of specialties and Trust activities including quality improvement, research, innovation and clinical audit.

Impact & results achieved

Project performance has been measured by:

1. Engagement Partner recruitment and diversity

By the end of Quarter 4 2025, over 120 Engagement Partners had been registered, including 10 third sector organisations taking part in a range of engagement activities. Engagement Partners have been recruited via the Trust website, following their patient experience feedback in the development of patient stories or completion of patient experience surveys and during engagement events both externally across the community and within the Trust.

The 10 third sector organisations registered as Engagement Partners share project details with their members providing an additional reach and scope for engagement.

Representation covers lived experience and knowledge of a range of Learning Disabilities, Dementia, a diversity of Neurological conditions, a variety of Cancer and tumour sites. End-of life and bereavement, carers, digestive conditions, renal failure and haemodialysis treatment, heart conditions, homelessness, blindness and visual impairment, deafness and hearing impairment, Diabetes, Neurodiversity and haematological disorders.

2. Engagement Partner Activity

Since the programme launch in April 2023, Engagement Partners have participated in 56 projects at the Trust- coproducing a range of quality improvements, providing feedback on patient information, participating in focus groups and Engagement Events and supporting our Research & Innovation Portfolio.

Examples of Engagement Partner Activity include:

- Participation in a number of focus groups to explore how we best support the nutritional needs of our patients living with dementia and providing peer support for patients living with Inflammatory Bowel Disease (IBD).
- Co-producing patient experience surveys to ensure that we capture valuable patient feedback on a range of services, including the experience of cancer patients as part of a project led by Cheshire and Merseyside Cancer Alliance, the merge of diabetic retinopathy services at the Trust, and working with Picker in the development of the 2023 Care Quality Commission (CQC) National Inpatient Survey.

What makes this initiative stand out?

At the Trust, we want to ensure that patients and the public are at the heart of everything we do. Listening to the people who use and care about our services, we can then understand their diverse health needs better, focus on and respond to what matters to them. We want the patient voice to be central to all quality improvements and service developments at the Trust and this provides the overarching principles and ethos of the Engagement Partner Programme.

The difference that the programme has made can be seen in reviewing the Engagement Partner activity, we can evidence that the patient voice has been central to a diverse and broad range of projects at the Trust including the development of patient information, involvement in steering groups, participation on interview panels, representation on Research projects and clinical audits, and a powerful steer in quality improvements and focus groups.

As such, we are developing a model of coproduction that involves people who use our services, carers and communities in equal partnership and engaging at the earliest stages of service design, development and evaluation. The Programme acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives and as such provides a person-centred framework for all quality improvements at the Trust.

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NHS University Hospitals of Liverpool Group

Using technology to enhance stroke rehabilitation care and empower patients, in both inpatients and community stroke rehab

Category

Innovative Use of Technology, Social and Digital Media and Data Management and Protection

Organisation description

Liverpool University Hospitals NHS Foundation Trust (LUHFT) is one of the largest acute hospital trusts in the North West of England. Serving a diverse population across Liverpool and the surrounding areas, LUHFT provides a comprehensive range of specialist and general hospital services.

Our mission is to deliver outstanding, patient-centred care through innovation, research, and collaboration. We work in partnership with community providers, primary care, and regional networks to ensure patients experience high-quality, joined-up care across the entire pathway – from hospital through to rehabilitation at home.

Our vision is shared by our partners: we work together to support our communities to live healthier, happier, fairer lives.

It draws upon our shared foundations of passion and pride in our roles, a desire to provide great care, community spirit and teamwork, and a willingness to speak up for what we believe in.

We are working together with our partners and with the communities we serve, to deliver our strategy. To succeed, we are listening and to do things differently, living the values that form our culture of being caring, fair and innovative.

Summary

This project uses innovation to address the patient experience of not receiving enough stroke rehab to enhance their recovery. We need to provide opportunities for more stroke rehab but without any more staff. Using technology we have given stroke survivors more control, connection, and confidence in their recovery. Faced with limited access to therapy (1–2 sessions/week), we asked: what if patients could do more – on their own terms – without waiting for the next face-to-face appointment?

By tailoring digital rehab to each individual's capabilities, motivations and environment, and providing a dedicated tech support role, we enabled more patients to access more therapy. This approach is simple but powerful - increasing therapy dose, improving outcomes, and most importantly, transforming how patients feel about their recovery: more hopeful, more engaged, less alone.

Co-designed with patients, carers, therapists and tech partners, the initiative embraced inclusivity and digital accessibility. It was delivered across the Liverpool Stroke Recovery Partnership(LSRP) and South Sefton Early Supported Discharge team (ESD) over 12 months, and early outcomes show improved confidence, function and satisfaction.

The model is low-cost, adaptable and sustainable – easily transferable across community rehab teams. Most of all, it changes stroke rehab from something done to patients, to something done with and for them – a shift that puts patient experience at the heart of care.

Impact & results achieved

The initiative delivered a measurable and meaningful impact on both patient experience and staff practice. Success was assessed through a combination of staff and patient surveys, usage data, and qualitative case studies.

Staff attitudes toward technology improved dramatically. Initial confidence in tech's value for rehab rated just 3.6/10; by project end, this rose to 8.2. Frequency of tech use also increased from 1.5 to 7.7 out of 10, reflecting its full integration into routine practice. Satisfaction with available support improved from 1.4 to 4.3 out of 5, highlighting stronger infrastructure and staff empowerment.

Patients also reported significant benefits. Through surveys and interviews, many described feeling more motivated, hopeful, and in control of their recovery. The use of gamified and interactive tools was seen as enjoyable and helped reduce the isolation often felt during rehabilitation. Importantly, therapy could now happen more frequently and at the bedside, particularly benefiting patients with fatigue or mobility challenges.

Patients reported an Improved quality of life. We used the Stroke Impact Scale (SIS) aa stroke-specific, self-report, health status measure.

Providing SIM cards addressed digital exclusion, especially in Liverpool—one of the UK's most deprived cities—by ensuring patients without Wi-Fi could still engage in digital rehab. The Band 4 tech support role was essential in enabling our typical stroke demographic, often older and digitally excluded, to access and benefit from technology confidently.

The initiative also enhanced efficiency – reducing travel time and allowing therapists to monitor progress remotely through data-driven insights. These improvements translated into more personalised care, increased therapy dosage, and a stronger sense of ownership and achievement for stroke survivors.

What makes this initiative stand out?

What makes this initiative stand out is its bold shift from traditional rehab models to an accessible, patient-driven digital approach. It bridges the inpatient-to-community gap by exposing patients to technology early, allowing smoother transitions and continuous care. Rehab no longer relies solely on face-to-face therapy in gyms—it happens at the bedside, at home, and at the patient's own pace. This is especially vital for those with fatigue, mobility limitations, or low confidence.

A key strength lies in the project's commitment to inclusivity and co-design. Patients unfamiliar with technology, particularly older adults, were supported by a dedicated Band 4 tech role, ensuring they felt confident, safe, and engaged. Devices and apps were tailored to individual needs, covering upper limb function, speech, cognition, and more—making therapy more meaningful and motivating.

Despite logistical challenges around procurement and app deployment, the team remained agile. Equipment arrived quickly due to proactive supplier engagement, and when demand exceeded expectations, budget flexibility allowed further investment. This responsiveness, along with visible leadership support and creative problem-solving, ensured project momentum.

The measurable impact is another standout: therapy contact rates increased, rehab intensity doubled, and clinical outcomes—especially in arm function—surpassed expectations. Staff confidence in using tech soared from 3.6/10 to 8.2/10, while patients described the tools as empowering and enjoyable.

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Picker Experience Network Awards

Moorfields Eye Hospital NHS Trust

Improving the hospital experience for children with Special Educational Needs and those that care for them

Moorfields Eye Hospital NHS Foundation Trust

Category

Environment of Care & Personalisation of Care

Organisation description

Moorfields is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. We have a reputation for providing the highest quality of ophthalmic care, which our staff are committed to sustaining and building on. We are made up of several site across central, south and north London, providing care city wide to those that need it. Excellence, equity and kindness are our values at the heart of everything we do.

Moorfields at Croydon, forming part of the South Division, paediatric team is made up of a dedicated group of Consultants, Orthoptists and Optometrists along with our Paediatric nurse and Play Specialist. We have over 4000 paediatric attendances each year to our department alone with a significant number of these attendances by children with special educational needs, neurological or physical disability. We are trained and dedicated to assessing and treating these children to the highest standard of care.

Summary

Our project, with the clear initiative to improve the hospital journey of children with Special Educational Needs (SEN) is far reaching in its benefit and value. It positively impacts and includes staff, patients (children and young people), parents and carers. We have explored multiple areas of improvement and personalisation of care through patient engagement, audit and 'See the whole person' patient experience action labs projects to name but a few. The results are evident in new equipment, improved access and communication and a new dedicated clinic for children with SEN built from the information gathered by the voices that matter. Not only are the results of this project sustainable, continuing to improve the hospital experience of those in our care now and into the future, but it also has the prospect to be transferred to other trusts and organisations caring for those with SEN.

Striving to improve and personalise care of those that are vulnerable or require additional support should never stop. This project has opened our eyes to how important fresh thinking and ambition to develop is to make good care- great.

Impact & results achieved

The first part of our project, the sensory equipment, arrived in November 2024 which has proven to be more beneficial than we could have hoped for, both from clinician feedback and patient feedback collected in questionnaire format. What matters to us is the real, lived experience and therefore hearing the voices of those that have started to benefit from this project is most important.

The results of our parents survey found:

- 100% of parents, family members and carers said their experience of the equipment has been positive (25%) or extremely positive (75%).
- 100% agreed that this equipment very positively supports good care
- 100% said that the equipment has changed their hospital visit experience, 63% saying it has greatly improved and 37% saying improve.

Comments included:

“Thank you for such an amazing gift. We love it!”

“Excellent start. Let’s make more waves to encourage hospitals to have dedicated spaces for SEN children”

“A calming piece of equipment that helps my child’s sensory needs.”

“Other Moorfields sites should have this machine. The more sensory items in playrooms the better.”

And from the staff that use it:

“We love the looks on the children’s faces when they see what it can do! It can provide fun during a long day or distraction during a procedure a patient is finding difficult. We are very thankful to The Geoff & Fiona Squire Foundation for their support.”

“Clinics are difficult environments for children. If they have challenging experiences, it doesn’t help them want to come back for future appointments if they’re scared. This equipment is something from my wildest dreams.”

Although at the time of writing, our dedicated clinic has not started, the whole team has absolutely no doubt that it will be a success given the lengths we have gone to, to ensure we are providing care personalised to the requests of the parents and their children. Parents have provided positive responses when offered follow up appointments in our new dedicated clinic, or to attend our community-based centres. We look forward to the start of the monthly clinic in June 2025 and collating feedback on improvements made and future progression.

What makes this initiative stand out?

This initiative feels special because of all the people who have been involved to make it a success and all the people it will reach and help from today and into the future. There are possibilities to expand and continuously work on the same project adding more layers to improving hospital experience for children with SEN.

The passion and contributions from the team and parents/carers is evident from its success. All the elements that come from truly wanting to make change makes this initiative special.

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Picker Experience Network Awards

NEC Care

Support for patients with diabetes and a learning disability and their carers

NEC
NEC Care

Category

Support for Caregivers, Friends, and Family

Organisation description

NEC Care provides diabetic eye screening services across the UK and Ireland, helping patients with diabetes live healthier lives through excellent, high-quality, and innovative screening services for the NHS. Our goal is to offer a seamless service to all our patients.

Our screening programmes are delivered nationally to meet the needs of local populations, adhering to the standards set by the National Service Framework (NSF) and the National Screening Committee (NSC).

Currently, we offer comprehensive eye screening services in BaNES, Swindon and Wiltshire, Dorset, Central Mersey, and South West London and across all of Ireland.

Headquartered in Worcester, NEC Care is part of NEC Software Solutions UK, which is a division of NEC Corporation – a global leader in IT and network technology integration.

This initiative is developed by the Improving Screening Uptake Officer of the Central Mersey Diabetic Eye Screening Programme (DESP) in the North West of England. This programme serves 50,000 eligible service users with diabetes in Halton, Warrington, St. Helens, and Knowsley.

Summary

As part of the Health Equity Audit (2024-2025), this initiative aims to enhance the user experience for service users with diabetes and a learning disability, and their carers. A holistic approach includes database development, case follow-up, reasonable adjustments, standard operating procedures, and community awareness.

Significant milestones were achieved, and our target group was effectively engaged.

Be seen: We identified and coded 348 service users with a learning disability. Previously, only 24 (18 eligible) were identifiable due to data sync issues. This comprehensive database made contacting and following up possible.

Be heard: Data analysis helped identify those who persistently missed or had unsuccessful screenings. We contacted service users or carers to understand their needs for attending appointments.

Be respected: Reasonable adjustments were made for service users. The Central Mersey DESP screeners received training on handling service users with a learning disability and using picture charts for visual acuity tests for those unable to recognise alphabets or with communication barriers.

Be valued: Beyond screenings, we connect with organisations and charities serving people with a learning disability. For instance, we are members of the Learning Disability Health Forum in Knowsley and have provided talks to individuals with learning disabilities in Warrington.

Impact & results achieved

No. of LD Record: Before the initiative, staff couldn't identify service users with a learning disability or understand their needs. Only 18 active service users were coded as "Learning Disability" in the system, and call handlers and screeners relied on past screening comments for background information. With the comprehensive list of 348 service users now available, staff members are more confident in communicating and meeting with these individuals.

Uptake Rate: Tracking the uptake rate for service users with a learning disability became possible with this initiative. Since its launch in March 2024, the uptake rate has been significantly increasing.

Year 2023 – 13 screened / 23 invited (56.5%)

Year 2024 – 83 screened / 136 invited (61%)

First Half of 2025 – 92 screened / 131 invited (70%)

Some direct quotes from Patient Survey Received:

"I enjoyed my visit to the outset for my diabetic eye screening. Kelly who did my eye screening was lovely and kind to me. Especially as I have autism and Asperger syndrome. Looking forward to seeing you next year 2026"

"I am answering on behalf of my son, I am his carer, he always dreaded the scan because of the eye drops, but the young lady who done the test listened to how we give my son eye drops, he could not believe the difference, brilliant."

What makes this initiative stand out?

This initiative aims to address health inequalities within the community, specifically focusing on individuals with a learning disability. Although they represent only about 1% of the programme's service users, it is important to take meaningful action to support them. The key elements that have contributed to its success including:

Holistic Approach: The holistic approach will encompass all aspects, including data collection, analysis, follow-up, and education.

Sustainability: With established standard operating procedures and continuous follow-up, this group of service users will receive the attention they need during screening appointments.

Community Connection: The DESP engages with the community, with our Improving Screening Uptake Officer collaborating with organisations and charities that support individuals with a learning disability and their carers. Together, they raise awareness about diabetes and the importance of diabetic eye screening.

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NFU and UMC NL

Patient Experience Monitor (PEM) embedded in Dutch University hospitals

Category

International and Measuring, Reporting And Acting – Using Insight for Improvement

Organisation description

The Dutch Federation of University Medical Centres (NFU) represents the seven University Medical Centres (UMCs) in the Netherlands, located in Amsterdam, Groningen, Leiden, Maastricht, Nijmegen, Rotterdam, and Utrecht. Together, these Dutch UMCs employ more than 80,000 professionals, and combine highly specialised patient care with scientific research and academic education.

The NFU facilitates collaboration among UMCs and with other healthcare and academic institutions, both nationally and internationally. It plays a key role in coordinating national programmes and fostering healthcare innovations that support quality, safety, and patient-centred care.

One example of such collaborative innovation is the Patient Experience Monitor (PEM). A nationwide initiative developed by the UMCs to systematically capture and learn from patient experiences. By using the PEM, the NFU promotes shared learning, transparency, and sustainable improvement across the Dutch healthcare system.

Summary

The Patient Experience Monitor (PEM), launched by the NFU in 2019, is a national, continuous measurement tool that systematically captures and uses patient feedback to improve care quality. Used across all seven Dutch UMCs, PEM reflects a collaborative and innovative approach to embedding patient experience in daily healthcare improvement. It includes person-centred themes such as trust, communication, and shared decision-making. In partnership with Pharos - the Dutch centre of expertise on health disparities - the questionnaires were adapted to be accessible for people with limited health literacy, ensuring inclusive participation (https://www.pharos.nl/english/). The PEM continues to evolve, with planned translations of the questionnaires to reach a broader patient population.

PEM supports quality improvement at multiple levels: nationally through benchmarking, at individual UMC level, and within departments. Results are partially publicly available on www.ziekenhuischeck.nl and individual UMC websites to promote transparency. Furthermore, the data is also used for accountability. A real-time dashboard enables staff to quickly take action based on patient input.

This initiative stands out for its national coordination, innovative leadership, inclusive design, and real-time insights. A Development & Management Group, comprising representatives from all UMCs and a patient representative, ensures shared leadership and long-term sustainability. The PEM uses a standardised set of core questions, while allowing UMCs to add locally

relevant topics, such as remote care, hygiene or items from the PDSA cycle, making the tool both practical and adaptable. The PEM includes both closed-ended and open-ended questions. Responses to open-ended questions are analysed using text mining techniques, providing deeper insight into patient experiences. From the start in 2019, in total 1,585,247 patients filled in the PEM questionnaires.

Impact & results achieved

Since its implementation, the PEM has empowered Dutch UMCs to gather and act on patient feedback in a structured, real-time way. Its combination of closed and open-ended questions provides both measurable outcomes and rich insights. The yearly national benchmark report is a key outcome, identifying variation across UMCs and highlighting best practices and improvement areas. It serves as a foundation for shared learning and improvements.

A clear example of impact comes from Radboudumc in Nijmegen. PEM responses revealed that many patients had not received information about how (increasing) waiting times were communicated. In response, Radboudumc, as well as Amsterdam UMC and Erasmus MC, made targeted improvements. The following year, the benchmark report showed a marked improvement in their performance on this aspect by better communication and informing the patient on (increasing) waiting times. Conversely, MUMC+ in Maastricht continued to score lower on the same theme. This prompted MUMC+ to engage with Radboudumc to learn from their approach. Together with UMCG in Groningen, they are now exploring strategies to enhance the visibility and communication of waiting times at their own hospitals, as both hospitals use the same EPD system.

Another example is the development of a text mining tool to process the large volume of responses to the open-ended questions. Since qualitative input is essential for understanding patient experiences in depth, this tool helps identify recurring themes, emotions, and concerns expressed in patients' own words. These insights allow PEM users to detect patterns that may not emerge from closed-ended questions alone. The identified themes can help UMCs further improve person-centred care and can be used for new PEM questions.

These examples embody the principle: "Ask what matters, listen to what matters, do what matters." The PEM enables UMCs to translate patient voices directly into action, fostering tangible improvements across the healthcare system.

What makes this initiative stand out?

The PEM stands out due to its national scale and reach, inclusive design, and real-time applicability. It enables the collection of patient experiences from large groups. By combining standardised questionnaires with the flexibility to add locally relevant questions, the PEM is both consistent and adaptable. Developed through co-creation with patients and professionals, the PEM is now fully embedded in daily practice across all UMCs. Benchmarking is a key success factor, enabling continuous learning and targeted improvements based on patient feedback.

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Picker Experience Network Awards

NHS Blood and Transplant

Eye Donation in Palliative and End-of-life Care Settings

NHS Blood and Transplant

Category

Communicating Effectively with Patients and Families

Organisation description

NHS Blood and Transplant (NHSBT) is a national organisation that is responsible for the supply of blood, organs, tissues, and stem cells. It collects and supplies blood to hospitals in England. NHSBT is a special health authority, sponsored by the Department of Health and Social Care and is the organ and tissue donation organisation for the UK.

Organ and Tissue Donation and Transplantation (OTDT) is the directorate within NHSBT that is responsible for organ and tissue donation, retrieval and allocation of organs and tissues from donors across the UK.

The Regional Tissue Donation Nurse Specialist Team (RTDNS) is the team within OTDT that is responsible for the Hospice project and future delivery of similar projects within End-of-Life Care settings, such as Palliative Care units within hospitals and the community.

The Team consists of 4.5 WTE and is led by the Lead Nurse for the project. The Team report directly to OTDT Senior Management Team (SMT).

Summary

There are over two million people in the UK currently living with sight loss with an increase to over 4 million by 2050 predicted1. Low donation rates of eye tissue has been a persistent problem for NHSBT OTDT2. The NHSBT aim of achieving a weekly stock of 350 eyes so that 70 eyes were available every day for treatment or research has not been met. From April 2021 to March 2022, only 13 eyes were available per day2.

Until this initiative no multicentre research had been undertaken to find out why, in the face of positive attitudes toward donation, eye donation remains low. Therefore, to generate an evidence-based initiative to increase eye donation, early discussion with members of NHSBT's Donor Family Advisory Group, (comprising of donor and recipient families, staff and academics), led to the co-creation of a bid to the National Institute Health Research to fund a study into the barriers to eye donation from Hospice and Palliative care settings where early work3 had indicated there was potential. The bid was successful (NIHR ID 17/49/42) and the three-year EDiPPPP mixed-methods study was completed in 20234 with implementation of the evidence-based intervention commencing in March (2024)

Impact & results achieved

The impact of this initiative can be measured in the following ways.

- Increases in eye donor referrals and donations,
- Development of new ways of working,
- Increased service provider confidence and knowledge, and
- Increased public awareness.
- Increased eye donation referrals and donors

To assess impact, data outlining referral and donation rates from the pilot sites, pre pilot data was collated and compared to that base line figure (see Figure 2). NHSBT have a business model that informs all initiatives and therefore there was an expectation set for referrals and donors. (See linear line on Fig 2). Since October 2023, 20 hospice sites have generated 335 referrals leading to 205 eye donations which is meeting and exceeding the business model requirement. (See Fig 2).

Quality referrals

A key aim for NHSBT is quality referrals resulting in a high conversion rate (number of referrals who become donors). Poor quality referrals do not become donors. Whilst some supply pathways generate large numbers of referrals, they do not use the EDEAC tool, therefore the conversion rate is lower than the 60-70% being achieved by this initiative.

New ways of working

The initiative has led to new ways of working in clinical sites. All patients who are admitted to the hospice (in-patient unit or living well centre) are now assessed using the EDEAC tool. If eligible, the patient's clinician will discuss the option of eye donation with the patient as part of end-of-life planning conversations. Usual practice is for eye donation not to be discussed with patients or family members.

Impact on service providers knowledge and motivation to embed eye donation into routine hospice care practice.

Clinicians supported conference presentations to share their experiences and changes to practice. Presentations have been co-created with the educational subgroup and RTDNS team and are informing the wider hospice community of practice. (see refs 6 –13).

Public awareness

Partnership with external stakeholders and collaboration with NHSBT Digital and Communication team is impacting public awareness (as outlined in final paragraph on page 3).

What makes this initiative stand out?

This project is special because despite advancements in the treatment of eye diseases, without eye tissue for use in transplant operations and medical research, sight saving and sight restoring surgery cannot take place. This initiative is impacting the supply of eye tissue in the UK and moving toward being able to supply the 5000 corneal transplants required annually1. This initiative is different from other eye tissue supply pathways due to the implementation of an evidence-based intervention that is generating quality referrals. Furthermore, this project aligns with ethical practice, national health service priorities, and social responsibility by addressing the disparity between demand and supply.

The implementation of eye donation in hospices and end-of-life care settings is a life-affirming approach that enriches patient experience and impacts families, recipients, and service providers. Ensuring the option of eye donation is raised with patients as part of end-of-life planning ensures their voice and views are heard and their decision respected and acted on. By carefully integrating donation into Hospice and palliative care, this service also strengthens healthcare collaboration and contributes significantly to public health in reducing the waiting list for patients needing surgery that requires eye tissue. With strategic planning, interdisciplinary cooperation, and sustained public engagement, this initiative has the potential to enhance end-of-life care, leaving a lasting impact on individuals, families, and the broader health care community.

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Northern Health and Social Care Trust

Connect North

Northern Health and Social Care Trust

Category

Strengthening the Foundation

Organisation description

The Northern Health and Social Care Trust (NHSCT) is the largest of five Health and Social Care (HSC) Trusts in Northern Ireland employing approximately 66,000 people to provide a range of services to approximately 479,000 people across 1,733 square miles including Rathlin Island.

In 2019, Trust senior managers determined a need to review all signposting, navigation and social prescribing services offered within the NHSCT area to rationalise delivery and expenditure in line with outcomes. Workshops and engagements with stakeholders and service users resulted in a unique, new, co-designed and integrated model for social prescribing – Connect North: Your Pathway to Wellbeing. Connect North aims to provide a holistic and comprehensive social prescribing service to clients over the age of 18 who are experiencing a range of social, practical or emotional issues and supporting them to connect with services available within their local community to improve their health and wellbeing. Connect North is unique in that it is delivered in partnership across two sectors: Health and Social Care (HSC) and the community and voluntary (C&V) sector by the NHSCT and Age NI respectively.

Age NI is the leading charity in Northern Ireland dedicated to helping everyone make the most of later life, employing approximately 200 people.

Summary

Connect North is the result of a comprehensive lens co-design process with stakeholders, service users and carers. It is a needs-led, integrated, person-centred and sustainable model for social prescribing in the NHSCT. Uniquely delivered in partnership by 2 organisations across 2 sectors working as one team combining leadership, resources and expertise for maximum impact.

The creation, publication and widespread sharing of our online directory of services enables more and earlier access to support for individuals, their families and their health and care community. Our model includes community connectors, community information points, self-service, signposting and the option to refer to Connect North link workers (CNLW's), maximising system wide capacity. Public access to the directory means individuals can access information and support to improve their own health and wellbeing, that of a loved one or someone they provide health, care and support services for, when they need it and at the level they require. This prevents dependence on a "help by referral" system and frustration experienced by being passed from pillar to post to access basic information and support. There are less delays in client care journeys as information is available at the point of need further improving the client experience.

Impact & results achieved

Partnership working, integration and digitalisation, though challenging, has streamlined the client journey and created a more sustainable model for social prescribing in the NHSCT area. Our directory lists over 1,100 services and activities attracting 182,000 views and 8,100 new users in the last year. The creation and publication of the directory promoted more opportunities to support more clients earlier in their care journey without delay, strengthening the foundation for community based care by supporting a clear and accessible stepped model of care to make every contact count (Diagram 2).

Community Connectors/ Information Points:

Through their everyday encounters, community connectors can signpost others to the directory. Since March 2025 we have supported 13 establishments to become community information points and trained aver 82 community connectors.

Self-Serve:

For clients who are able to access the directory for themselves, information and support is readily available.

Signposting:

Those who need support to connect with helpful information and services are afforded earlier and improved opportunities to connect with services via signposting at health and care related contacts, enhancing their overall experience.

Referral:

Clients who are not able to access the directory, aren't known to others who do have access the directory or where the information and support provided from the directory hasn't been effective or appropriate, can be referred to the CNLW service to receive specific and tailored 1:1 support.

To date Connect North have supported over 2,000 client referrals, conducted over 28,000 client interactions and trained 291 referral agents from 27 different organisations.

Top referral reasons include: dementia, connecting to groups/activities and loneliness and isolation. 86% of referrals are for clients over 65years. More than 2,500 social prescriptions and approximately 5,600 signposts have been made. Using a validated assessment (chosen by service users) of client health and wellbeing 90% of clients report a stabilisation or improvement in their primary wellbeing concern and 84% of clients report an overall improvement or maintenance of their health and wellbeing. 100% of clients report a positive experience finding the service helpful and informative (Diagram 3). This is despite more than 70% of clients living with a progressive illness.

What makes this initiative stand out?

Connect North is authentic and builds a sustainable model to deliver an improved client experience, better care and efficient use of resources maximising capacity. Clients and their carers co-designed the model to meet their social, practical and emotional needs when they need it and in ways which best suits their needs. Building self-efficacy and client autonomy we are reducing the burden on primary and secondary care services, shifting care left.

Robust data collection and reporting capability within signposting and social prescribing services in Northern Ireland (NI) remains novel and broadly unique to Connect North. Our needs-led and data driven approach to service improvement are strengthening the foundation for HSC and social prescribing services in the NHSCT area, NI and further afield.

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Northern Health and Social Care Trust

Connect North - Community Appointment Day

Northern Health and Social Care Trust

Category

Partnership Working to Improve the Experience

Organisation description

The Northern Health and Social Care Trust (NHSCT) is the largest of five Health and Social Care (HSC) Trusts in Northern Ireland employing approximately 66,000 people to provide a range of services to approximately 479,000 people across 1,733 square miles including Rathlin Island.

In 2019, Trust senior managers determined a need to review all signposting, navigation and social prescribing services offered within the NHSCT area to rationalise delivery and expenditure in line with outcomes. Workshops and engagements with stakeholders and service users resulted in a unique, new, co-designed and integrated model for social prescribing – Connect North: Your Pathway to Wellbeing. Connect North (CN) aims to provide a holistic and comprehensive social prescribing service to clients over the age of 18 who are experiencing a range of social, practical or emotional issues and supporting them to connect with services available within their local community to improve their health and wellbeing. One referral pathway is to provide support for clients newly diagnosed with dementia, and their carers.

The increasing number of referrals to Connect North (CN) for clients diagnosed with dementia mirrors the national picture and is predicted to continue to rise rapidly for the next decade and beyond.
This evidence required innovative approaches to resource management while maintaining a high quality and person centred service. We planned and successfully piloted a "Community Appointment Day" (CAD) initiative to assess, engage and connect clients newly diagnosed with dementia (and their carers) to helpful services and supports within a single appointment, without delay to their assessment and with improved and earlier uptake of community and voluntary sector services to support client and carer health and wellbeing.

Our CAD event was delivered in partnership with a range of community and voluntary sector services (including Age NI, Police Service of Northern Ireland (PSNI), local Councils, Alzheimer's society, Dementia NI, Carer's hub, Northern Ireland Fire and Rescue Service (NIFRS) and Libraries NI) working closely together to support and improve the client and carer experience following the devastation of a dementia diagnosis.

Summary

Connect North is the result of a comprehensive lens co-design process with stakeholders, service users and carers. It is a needs-led, integrated, person-centred and sustainable model for social prescribing in the NHSCT. Uniquely delivered in partnership by 2 organisations across 2 sectors working as one team combining leadership, resources and expertise for maximum impact.

Increasing referrals for clients newly diagnosed with dementia highlighted a need for innovative approaches to resource management, while maintaining a high quality and person centred service for this vulnerable group. We designed and successfully piloted a "Community Appointment Day" (CAD) initiative to assess, engage and connect clients to helpful services and supports within a single co-ordinated appointment, without delay in assessment or connection to support services.

Data analysis supported us to approach the top 10 organisations and services our clients most commonly require. All parties welcomed the opportunity to work in partnership to co-deliver the CAD to support clients newly diagnosed with dementia and their carers to better manage their health and wellbeing now and into the future.

Evaluation from all parties was positive - "I wish Connect North was in every Trust area" and partnerships formed have been maintained and strengthened following our initial CAD.

Impact & results achieved

Data analysis and partnership working resulted in the successful delivery of our first CAD for clients newly diagnosed with dementia and their carers. 100% of the clients and carers who attended felt comfortable, listened to, involved in decisions and better informed about supports/services available. Clients spent an average of 72 minutes at the event and felt they had sufficient time with their CNLW. All stated they would recommend the service to others (Diagram 2) with one client offering us "20/10"!

The CAD demonstrated an improved model to meet client and carer needs - 71% uptake compared with usual care (51%). It offered a cost saving of £20.18 per client compared to our standard link worker appointment, without compromising their personalised assessment, care planning and quality of care. Two additional connections to support services were made per client. All connections and referral outcomes were immediate avoiding delay and failure.

All partner organisations felt the day was "personalised and professional", "very person centred" and "more effective". They also commented that the "calm and friendly atmosphere was vital and stress free" feeling like "clients and carers were considered in every detail" and that the opportunity for networking for clients and themselves alike was really useful (Diagram 2). Co-delivery partners referenced improved uptake and outcomes for their services despite a smaller volume of clients/carer compared with their usual events acknowledging the benefits of targeting services to meet need thereby improving the client and carer experience.

What makes this initiative stand out?

Connect North is uniquely authentic, needs led and co-designed. Our approach to partnership working begins with clients and their carers and extends to statutory, community and voluntary sector organisations. Our CAD is a tangible demonstration of partnership working to improve the experience.

Data monitoring (locally, regionally and nationally) predicts steady growth in referrals for clients newly diagnosed with dementia. Robust data collection and reporting capability within social prescribing services in Northern Ireland remains novel and broadly unique to Connect North, affording us capability to respond to the imminent threat of increased waiting times.

Efficiently managing resources to maximise capacity while continuing to deliver high quality care was only possible through working closely with others, pooling resources and sharing a collective vision to deliver a positive client and carer experience. This has simultaneously and positively impacted the experience of our staff, partners and providers.

Our CAD was the first in our Trust area and was founded on our knowledge, understanding and evidence of client and carer needs (lived and learned experience and data collection), the strength of our relationships and partnerships with clients, carers, NHSCT colleagues, Age NI, our communities and other statutory and C&V sector partners.

We aren't aware of any other CAD style initiatives for any client group in any HSC Trust in Northern Ireland and are unaware of any CAD's for clients with dementia across the UK or Ireland.

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Northumbria Healthcare NHS Foundation Trust

Go Decaf!

NHS
Northumbria Healthcare
NHS Foundation Trust

Category

Measuring, Reporting and Acting - Using Insight for Improvement

Organisation description

Serving one of the largest geographical areas of any NHS Trust in England, Northumbria Healthcare provides a wide range of services to more than half a million people living in Northumberland and North Tyneside. It is one of the few Foundation Trusts in the country to have been twice rated 'outstanding' overall by the Care Quality Commission. It is consistently one of the best-performing NHS organisations in the country. More than 12,000 dedicated NHS staff are employed to provide services across health and care sites and the wider community. Our teams deliver care from hospitals, in a range of community venues and in people's own homes.

Summary

The 'Go Decaf' initiative is a pioneering, staff-led Quality Improvement project addressing the overlooked risk of caffeinated drinks contributing to toileting-related falls in older patients. By challenging the default provision of caffeinated beverages in clinical settings, it applies fresh thinking to patient safety, hydration, and wellbeing, grounded in NICE guidance and frontline staff insights. This innovative approach combines learning from another Trust's experience, and evidence with practical action.

Leadership was key, with clear, measurable aims communicated through multidisciplinary collaboration spanning falls prevention, continence, nutrition, pharmacy, and patient representatives. The project used robust QI methodology with iterative PDSA cycles across 15 wards and community settings, ensuring inclusive patient choice and informed consent.

Outcomes show a 20% reduction in toileting-related falls, improved sleep, reduced agitation, and better incontinence management, confirmed by quantitative data and staff feedback. Patients and carers were involved throughout, co-creating materials and participating in taste challenges that fostered engagement and acceptance. Efforts explicitly addressed inclusivity.

The initiative's simple, scalable design promotes sustainability, with Trust-wide adoption underway and interest from 15 other NHS Trusts. Learning has been actively disseminated through forums, social media, and publications, demonstrating strong transferability and sector-wide relevance.

Impact & results achieved

The initiative demonstrated promising impacts on patient safety and wellbeing, although it is important to note uncontrolled variables and confounding factors influencing outcomes.

Measurement Approach:

We primarily measured success through Datix-reported toileting-related falls across pilot sites. Additionally, qualitative feedback was gathered via questionnaires from ward and site managers to capture observations on patient sleep and agitation rather than using routine delirium assessment data (4AT).

Patient Experience:

- Throughout, patient experience was monitored via the PeP Health dashboard and monthly ward dashboard reports. No direct feedback related to the pilot was reported.
- All ward and home managers (n=12) reported positive or neutral feedback from patients and carers, indicating acceptance and no negative impact on patient satisfaction.

Quantitative Outcomes:

- During Cycle 1 and 2, 19-21% of inpatient falls reported Trust-wide via Datix were toileting-related, in pilot sites this figure decreased to 11-15%
- Overall, toileting-related falls decreased by approximately 20% across sites, with seven wards achieving reductions greater than 50%.
- No consistent pattern in fall reduction linked to ward specialty (e.g., Care of the Elderly or Orthopaedics) or time of day (day vs. night)
- At the Care Home, overnight pad usage decreased by 20% Qualitative Outcomes:
- A questionnaire completed by ward managers revealed that more than three-quarters observed improvements in patient sleep quality and reductions in agitation.
- Feedback highlighted calmer patients, fewer toileting-related falls, improved sleep, and better incontinence management. Notable comments included:

"We have noticed a huge difference: less waking/wandering—especially overnight—and better sleep."

"We noticed a significant reduction in falls from admission once starting the decaf, including where the falls are. We have also noticed a reduction in incontinence during the night improving skin integrity and sleep."

What makes this initiative stand out?

The 'Go Decaf' pilot stands out because it transformed a long-standing conversation into meaningful action—what had been talked about for years was finally done. It's a simple, low-cost change with wide-reaching impact, driven by the voices of staff and patients.

Through the Enhanced Care for Older People (EnCOP) programme, we created a space where frontline staff could voice their ideas, concerns, and enthusiasm. Their passion was met with the specialist insight of teams in falls, continence, nutrition, pharmacy, and more—bringing together expertise and lived clinical experience to co-create practical, person-centred change.

Unlike many projects that are top-down, this was staff-led, patient-informed, and clinically grounded. It addressed real concerns on the ground—falls, sleep disturbance, incontinence—and empowered teams to act, while still respecting patient autonomy and choice.

The initiative's success also lies in its collaborative nature. It drew on learning from a fellow NHS Trust (UHL), and is now helping to shape practice across 15 other Trusts, inspiring work nationally. From co-producing materials with patients and carers, to presenting at national forums, this project shows how change that starts small can create a ripple effect far beyond its origin.

Ultimately, Go Decaf proves that simple ideas, when backed by evidence, staff voice, and patient experience, can lead to safer, calmer, and more dignified care—especially for our most vulnerable patients.

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Northumbria Healthcare NHS Foundation Trust

Innovating the Traditional Lung Cancer Patient Pathway

Category

Cancer Experience of Care Award & Personalisation of Care

Organisation description

Serving one of the largest geographical areas of any NHS Trust in England, Northumbria Healthcare provides a wide range of services to more than half a million people living in Northumberland and North Tyneside. It is one of the few Foundation Trusts in the country to have been twice rated 'outstanding' overall by the Care Quality Commission. It is consistently one of the best-performing NHS organisations in the country. More than 12,000 dedicated NHS staff are employed to provide services across health and care sites and the wider community. Our teams deliver care from hospitals, in arange of community venues and in people's own homes.

Summary

Thinking

Northumbria Healthcare established the country's first Lung Oncology Virtual Ward to ensure that patients who are high risk or needing more intensive clinical oversight and care planning in the pre-palliative phase have a dedicated Senior Lung Cancer Nurse Specialist review daily.

Leadership

The development of this project was led by the team responsible for delivering care to this group of patients. They adopted a co design approach to improving the experiences of patients, families, carers and staff alike.

Outcomes & Sustainability

Evidence shows that patients have better outcomes when they are in their own homes. This Virtual Ward timely access for acute symptom management and / or deterioration whilst ensuring that patient have timely access for acute symptom management and / or deterioration.

Involvement & Inclusion

Staff, Patient and Carer experience remains an integral part of this innovation and associated service redesign programme – it is without doubt the absolute driving force behind the innovation to continue to improve experience and outcomes.

Transfer & Dissemination

This innovation and change to the clinical service model is clinically innovative by challenging existing practice – as such is the success of this innovation that best practice is now being shared across the North Est and North Cumbria region and at a national level.

Impact & results achieved

Evaluation of the patient, family and staff experience was overwhelmingly positive with analysis of interview transcripts identifying several key areas that broadly fit under the following headings:

- Delivery of high-quality care
- Efficient and effective services
- Patient and family/carer experience
- Staff experience

Below are a selection of staff and family comments that evidence each of the 4 areas:

Delivery of high-quality care:

"I think the virtual ward helps make the care feel seamless to the patient because of the well run, organised and cohesive nursing team that act as the key workers that help to see the patients through it".

"They were always very responsive and all it took was one phone call and a community nurse was straight out to see us. The nurses would always listen to what we had to say, we were able to ask any questions we had, put our opinions across and talk about our concerns".

Efficient and effective services:

"There was a time when XXXX was particularly poorly, he was in a lot of pain, and he was shaking all over because I couldn't get his temperature down. I rang the contact number I was given, explained what was going on and they sent a community nurse out to our house to see him. I didn't even know that they did that. She was brilliant with him, she thoroughly checked him over and I can honestly say that I don't think he would have received that level of care had he been admitted into hospital. Even though it was in our home, the nurse was able to do tests, take his bloods and give him some treatment that previously he would've only been able to get if he had been admitted to hospital. It was excellent".

Patient and family/carer experience:

"Again, I cannot express the difference it made having someone just on the other end of the phone. They knew XXXX, knew all about his case, they had his notes, so things didn't have to keep on being repeated. It was almost like 1-1 care".

"I think it feels like a great bridge for those patients who may not be well enough to see me in clinic, but where we can avoid them becoming an inpatient. I feel there is also a reassurance both for me and for the patient knowing there is someone looking after them and there is a named contact for them".

Staff experience:

"Our team was very much involved in the development of the Lung Oncology Virtual Ward. Having meetings at the very start before it came about and then liaising with the community virtual ward team. There were a lot of things to establish, how it was going to run and what resources were available. So yes, we were heavily involved, with management as well and we also had the wider team sharing with all of us, so everyone knew the principal of it and how we were going to use it, how we were going to refer to it etc".

What makes this initiative stand out?

The Northumbria Lung Oncology Virtual Ward was the first virtual ward of its type in the country, and it has been developed by acute and community trust staff who are responsible for involved delivering care to lung cancer patients.

The term individualised and personalised care is used quite a lot in the NHS. The Lung Oncology Virtual Ward is a truly personalised approach to care for lung cancer patients and their families. It also provides an essential link between community and secondary care ensuring a consistent and coordinated experience of care for patients.

In November 2024 the team won the Innovation Champion Award at the 2024 Bright Ideas in Health Awards. This award recognised the hard work of the team, who had introduced several developments to their service including the lung oncology virtual ward.

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Nottingham University Hospitals NHS Trust

Digital follow-up of high-volume low complexity (HVLC) General Surgery patients

Nottingham University Hospitals NHS Trust

Category

Communicating Effectively with Patients and Families, Measuring, Reporting and Acting - Using Insight for Improvement & Innovative Use of Technology, Social and Digital Media and Data Management and Protection

Organisation description

Nottingham University Hospitals NHS Trust (NUH) is one of the largest acute teaching hospital trusts in the United Kingdom. Located in Nottingham, England, it operates across multiple sites, including the Queen's Medical Centre, City Hospital, and Ropewalk House. NUH provides a wide range of acute and specialist healthcare services to over 2.5 million residents in Nottinghamshire and the wider East Midlands region. The Trust employs approximately 19,000 staff, making it one of the biggest employers in the region. As a major teaching hospital in partnership with the University of Nottingham, NUH is engaged in advanced clinical care, research, and training across a wide range of medical specialties, including emergency medicine, cancer care, surgery, maternity services, and more.

Summary

Patients having High Volume, Low Complexity (HVLC) General Surgical procedures have limited or no follow-up leading to increased reattendance rates in emergency and triage services.

To address this issue, we embarked on a 1-year pilot study for Digital follow-up of HVLC general surgical patients that is safe, acceptable to patients and saves resources (0-29 Day Reattendance to Surgical Triage Unit). It demonstrates highly innovative and forward-thinking approach to post-operative care. By introducing digital wound monitoring via the ISLA digital platform, the initiative represents novel use of mobile and digital health technology to address longstanding systemic challenge.

Rather than defaulting to resource-intensive in-person or telephone follow-ups, this project uses asynchronous, patient-led digital interactions, empowering patients while reducing clinical workload. The seamless integration of patient-submitted data, including wound photographs, into a review process by surgical care practitioners marks a shift toward more scalable, proactive, and personalised post-operative care. This is modern, well-executed reinterpretation of post-surgical monitoring, where innovation lies not just in the tools used but in their application within high-volume surgical context.

Reattendance rates dropped to 5.6% for study patients, compared to 8.6% in 2023, 9.7% in 2024, 90% Patients reported improved satisfaction, Resources were saved by reducing unnecessary in-person follow-ups.

Impact & results achieved

The digital follow-up initiative for high-volume, low-complexity general surgical patients has made a significant and measurable impact on patient care, service efficiency, and system-wide resource use. The impact was evaluated across clinical outcomes, patient experience, and operational efficiency, using clear and relevant metrics to track progress and effectiveness.

Each metric was selected for its ability to objectively demonstrate success in these core areas and to provide data for continuous improvement. The digital follow-up model achieved several key outcomes including:

Improved early complication identification, reducing unnecessary emergency presentations. Early detection of complications is essential for safe post-op care. The digital platform facilitated early identification of issues such as wound infections, allowing timely intervention. Patients were escalated appropriately without requiring emergency services. Lower reattendance rates (0–29 day post-op), compared to historic data. Reattendance is a key indicator of post-op care quality. Reducing it reflects better patient outcomes and system efficiency. A noticeable reduction in reattendance among digitally followed-up patients, particularly those with timely wound issue identification and appropriate triage through digital means. 5.6% of those included in the study attended Surgical Triage Units as compared to 9.7% of patients who did not participate in the study. Increased patient satisfaction, as measured by post-discharge anonymous surveys. Understanding patient experience is crucial for determining acceptability and areas for improvement. 90% patients were happy with the process and 84% patients felt reassured by the digital follow-up process. 87% felt that it saved time and 46% avoided transport cost. Reduced clinical workload associated with face-to-face and telephone follow-ups. A significant proportion of patients were discharged digitally, contributing to reduced clinician time, fewer outpatient appointments, and more efficient use of workforce capacity. Ensure patient safety while reducing unnecessary face-to-face contact.

These outcomes were tracked through structured data collection (e.g. reattendance rates, patient feedback) and enabled ongoing evaluation. They validate the project's design and support its scalability and long-term sustainability within the Trust and beyond.

What makes this initiative stand out?

This initiative is an excellent example of how digital transformation can enhance patient care while alleviating pressure on the NHS. It reflects bold thinking, compassionate leadership, and measurable success, with the potential to redefine follow-up care across the health system.

We believe this work exemplifies the spirit of innovation, sustainability, and patient-centred improvement and deserves recognition for its impact and potential to influence broader system change.

This digital follow-up programme is innovative in transforming post-operative care through technology, leading to measurable improvements in safety, patient satisfaction, and efficiency. By enabling early complication detection and reducing unnecessary clinic visits, it enhances patient safety and experience. The initiative also significantly lowers clinical workload and resource use, demonstrating strong evidence of success through relevant metrics. Its scalable, patient-centred approach exemplifies how digital innovation can drive system-wide change within the NHS, making it a standout example of sustainable, compassionate healthcare transformation.

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Nottingham University Hospitals NHS Trust

Leaving Hospital - Improving the Joint Discharge Process

NHS
Nottingham University Hospitals
NHS Trust

Category

Strengthening the Foundation

Organisation description

Nottingham University Hospitals NHS Trust (NUH) is a large, dynamic Acute Care Trust, situated in the heart of Nottingham. We provide services to over 2.5 million residents of Nottingham and its surrounding communities, and specialist services for a further 3-4 million people from across the region. We have a national and international reputation for many of our specialist services, including stroke, renal, neurosciences, cancer and trauma. In 2020 we achieved Magnet ® and Pathway to Excellence ® accreditation.

We are one of the largest Trusts in the UK, comprised of Nottingham Children's Hospital, Queens Medical Centre, Nottingham City Hospital, Ropewalk House and Nottingham Treatment Centre. NUH is an ambitious teaching hospital, playing a central role in the education and training of nurses, doctors and other healthcare professionals. Our Patient Partnership Group (PPG) comprises of 12 patients/carers, several of which are QSIR Fundamentals trained.

NUH has an Integrated Discharge Team (IDT) of specialist practitioners who support the identification of patient need for post discharge community care. There is also an Integrated Transfer of Care (IToC) hub co-located at NUH, who work closely to assess the information they receive within the Discharge-to-Assess (D2A) form to determine and allocate the appropriate resources required to then support patients on discharge from the acute hospital.

Please see appendix 1 for a full list of abbreviations, acronyms and glossary of terms.

Summary

This project required an innovative transformational approach built on strong foundations that were data driven, clinically led, and empowered staff and patients to deliver quality change.

The ambitious aim of the Leaving Hospital project brought together multi-disciplinary members involved along the patient's discharge journey from within NUH and beyond, including members of the Integrated Transfer of Care (IToC) hub, our system partners and members of our Patient Partnership Group (PPG) to identify bottlenecks and co-design improvements for:

- efficient and timely discharge
- better experience and outcomes for our patients/carers/staff
- enhanced and enjoyable partnership working

With operational and clinical leadership, this group have worked with the shared purpose of reducing the unnecessary in-hospital stay of medically safe patients whilst ensuring that the entire discharge process keeps the patient, carers and family at the centre of discussions and decision making. Commencing with tests of change in trial areas, improvements were then spread across the Trust with wide scale change.

A dashboard was co-produced enabling dissemination of information and impact assessment for all stages of the discharge process. This has identified a significant reduction in the number of medically safe patients at NUH since the commencement of this project.

Impact & results achieved

We held the overarching vision; to apply improvement methodology through an EBCD approach and evaluated our PDSAs through:

-Quantitative measurement for improvement with digital enablers and visualisation of data through bespoke Trust dashboards, giving collaborative insight and meaningful data, emphasizing the measurement journey through the improvement interventions. This promoted confidence in staff feeling able to implement change initiatives enabling spread by empowering front line teams to lead change

- Qualitative, feedback enabled PDSAs that were co-designed by staff/patients/partners. This became an important enabler to support the collaborative operating model to sustain impact and new ways of working.

Quantitative improvement (appendix 2):

- Medically safe supported patients >24 hours; 204 to 115
- D2A submitted to IToC hub 24 hours pre-PDMS; 2% to 32%
- Post medically safe length of stay; 4.3 to 3.1
- Abandoned discharges; average 25 to 15 per week

Qualitative feedback from our stakeholders (appendix 3)

What makes this initiative stand out?

Our approach has been truly transformational, built on strengthening our foundations which are data and insight driven and clinically led, empowering staff and patients on the front line to deliver quality change.

We have captured hearts and minds in our approach to this work, giving commitment and energy to focus on sustaining our improvements. Traditional focus is on the physical and intellectual aspects, but value has been driven through other energies that have been captured – the social aspect gave a sense of 'us' through collaborative working, while spiritual/psychological energy through EBCD has been recognised as changing the language and approach taken to co-produce new ways of working. Working closely with system partners and 'joining up the discharge experience' has truly traversed barriers to improve this experience with patients at the heart.

Robust communication of programme outcomes and benefits presented by stakeholders increased the visibility of improvements, generated enthusiasm, and fostered a culture of learning and an environment that nurtures continuous change.

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Nottingham University Hospitals NHS Trust

Maternity Patient Information Mat

NHS
Nottingham
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NHS Trust

Category

Commissioning for Patient Experience & Communicating Effectively with Patients and Families

Organisation description

Nottingham University Hospitals NHS Trust (NUH) is one of England's largest and busiest acute hospitals and major trauma centres. We care for more than one million people a year.

NUH Maternity Services support between 7-9000 births annually, offering a continuum of care from community-based antenatal services to specialised obstetric and neonatal care. The Trust is committed to delivering safe, personalised, and compassionate maternity services, continually striving for excellence through innovation and feedback.

In response to past challenges and to enhance the quality and safety of maternity care, NUH has implemented a comprehensive Maternity Improvement Programme (MIP). This programme addresses findings from Care Quality Commission (CQC) inspections, feedback from service users and staff, and recommendations from national reviews. Key components of the MIP include:

Establishing a dedicated Maternity Oversight Committee to monitor progress and provide regular reports to the Trust Board. Collaborating with independent reviews to ensure transparency and accountability. Enhancing staff training and ensuring consistent risk assessments to safeguard women, babies, and staff. Improving communication and information sharing, particularly for non-English speaking communities, to ensure inclusivity and equity in care delivery. Complementing these efforts, NUH actively collaborates with the Nottingham and Nottinghamshire Maternity and Neonatal Voices Partnership (MNVP). The MNVP is an independent NHS working group comprising service users, healthcare professionals, and stakeholders.

Through the combined efforts of the Maternity Improvement Programme and the MNVP, NUH demonstrates a steadfast commitment to delivering high-quality, safe, and inclusive maternity care that meets the needs of all service users.

Summary

The Patient Information Mat at Nottingham University Hospitals (NUH) is a simple yet powerful innovation transforming maternity care. Co-designed with staff, service users, and the Maternity and Neonatal Voices Partnership (MNVP), the mat provides essential information at each bedside through clear visuals and QR codes linking to videos and resources. This low-cost, high-impact tool has reduced repetitive questions, improved patient autonomy, and standardised communication across wards.

It has saved an average of 142.76 midwifery device hours monthly and up to 40.77 minutes per day answering routine queries. FFT submissions increased by 191 year-over-year, and DAISY/TULIP Award nominations rose by over 30% post-implementation. Service users rated the mat 100% readable and 76% useful or extremely useful. While some challenges around staff awareness and QR code functionality were identified, the initiative continues to evolve, with digital versions and translation plans now in place.

The mat's design is transferable, scalable, and already in use across other specialties. Recognised by the Deputy Chief Nurse and widely shared across the Trust, it exemplifies co-production, inclusivity, and sustainable innovation. It deserves recognition for its creativity, measurable impact, and potential to improve patient experience across the NHS.

Impact & results achieved

The introduction of the patient information mats has resulted in clear, measurable improvements in both patient and staff experience. Notably, the QR code linking to the discharge video alone has saved an estimated 142.76 hours of midwifery device-sharing time per month. Similarly, questions around visiting times have decreased significantly, saving between 22.77 and 40.77 minutes of staff time per day. These time savings were calculated based on the average video length, number of discharges performed by NUH in 2023, and the average number of questions asked per shift, factoring in the time it takes to walk between the furthest and nearest ward areas.

Further positive outcomes include a rise in Friends and Family Test (FFT) submissions and an increase in DAISY and TULIP Award nominations, with the mat likely playing a contributory role. Post-implementation, monthly DAISY Award nominations increased by 30.5%, and TULIP nominations rose by 38.5%. Comparing July–December 2023 to the same period in 2024, FFT submissions increased by 191.

All 70 respondents (100%) found the mat easy to read, with 76% rating the content as useful or extremely useful. Thematic analysis of open-text feedback showed that most users felt the mat was complete, with comments such as "got everything you need" and "all information seems to be on it." Users also praised its clarity and practicality, describing it as "a really good idea" and "a handy sheet to know when things will happen and all the necessary info being in one place."

However, some areas for improvement were identified. QR code functionality was inconsistent, with users reporting broken links. Some patients interpreted the mat's schedule as a strict timetable rather than a guideline, leading to mismatched expectations. Additionally, 32% of service users reported that no staff member had discussed the mat with them, reflecting wider staff engagement challenges. Staff feedback echoed this, with 79% admitting they did not regularly use the mat—primarily due to lack of awareness, availability, and the high number of new starters.

Following reports of mats going missing—believed to be taken home by families—the mat was reprinted and made available digitally via Badger Notes and the hospital website to ensure continued access. Staff education emerged as a key area for future development.

Encouragingly, 72% of staff agreed that the mat helped reduce repetitive questions. Despite low response rates and considerable workforce changes since the mat's initial launch, the feedback has been resoundingly supportive. Staff described it as "a fantastic idea" and "a nice introduction and ice breaker."

What makes this initiative stand out?

This initiative stands out through its simplicity, reach, and co-produced design. It improves patient experience, reduces staff workload, and enhances digital access—all without relying on expensive infrastructure. What makes it truly special is its grounding in real needs, identified by frontline staff and service users, and developed collaboratively with the Maternity Voices Partnership. Its thoughtful, accessible format has sparked interest across 21 wards and specialties. By addressing everyday challenges with a practical, scalable solution, it has become a model for patient-centred care and quality improvement that is easily transferable and sustainable across healthcare settings.

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Picker Experience Network Awards

Nottingham University Hospitals NHS Trust

The Noise at Night Project

NHS
Nottingham
University Hospitals
NHS Trust

Category

Measuring, Reporting and Acting - Using Insight for Improvement & Strengthening the Foundation

Organisation description

Nottingham University Hospitals NHS Trust (NUH) is one of England's largest and busiest acute hospitals and major trauma centres. We care for more than one million people a year across three main sites; The Queen's Medical Centre, Nottingham City Hospital and Ropewalk House, as well as in the community.

With more than 19,000 colleagues, we are the largest employer in Nottinghamshire, with a budget of £1.7bn. As a specialist centre for a range of national and internationally renowned services, including stroke, renal, neurosciences and cancer services, we care for people from across the East Midlands and beyond.

We are home to the East Midlands Major Trauma Centre, the Nottingham Children's Hospital and in partnership with the University of Nottingham we host a Biomedical Research Centre carrying out vital research into hearing, digestive diseases, respiratory, musculoskeletal disease, mental health and imaging. As a teaching hospital, we are instrumental in the education and training of doctors, nurses and other healthcare professionals. We have strong relationships with universities across the East Midlands, including the University of Nottingham, Nottingham Trent University and Loughborough University.

Summary

The idea was to rebrand existing resources as a 'Sleep Pack' to raise awareness and encourage usage. Recognising staff engagement as key to success, we presented the idea to the Shared Governance Council in 2023, and to the CEO, with work beginning in early 2024. Leadership for the initiative was shared with frontline staff, rather than led top-down.

Once linked with the Improvement and Transformation team, we began the discovery phase, collecting both qualitative and quantitative data from ward staff, colleagues and patients.

We agreed to conduct repeated Plan-Do-Study-Act (PDSA) cycles to demonstrate proof of concept before scaling Trust-wide (see 'Next Steps' for embedding and sustaining the initiative).

Impact & results achieved

The agreed aim was to reduce the lack of sleep for patients from 54points to 44points (by 10 points) and improve patients' overall quality of sleep on the national iwantgreatcare scores.

Taken from the national iwantgreatcare sleep scores, data from the ward in the 1st PDSA cycle, which is the longest data we have, demonstrates that a reduction of 25points has been made when asking patients if they have not been prevented from sleeping at night, so exceeding the original target by 15points. (Appendix 2)

Please see other quantitative and qualitative results within the appendices.

What makes this initiative stand out?

This initiative addressed a long-standing patient concern with a simple, cost-neutral solution. Results clearly demonstrate its effectiveness.

Patients being able to sleep better in our hospitals mean that they can better engage in hospital rehabilitation exercises that they were previously just too tired and fatigued to do. Patients are more likely to engage in physiotherapy and work with our Active hospital's initiative ensuring our patients leave hospital stronger, fitter and less likely to be re-admitted in the future. This will hopefully help long term with bed management and patient flow throughout the hospitals.

In its progression throughout the pilot, patients were able to tell us what the real sleep concerns were. They felt listened to, and that action was being taken as a result, making them want to give feedback and engage with us for further future improvements. Wards were able to act on new concerns quickly and effectively and where possible make small changes to the environment on the wards improving patient experience further with 'quick wins'.

With the financial state that the NHS is in it is also a significant factor that no additional costs were needed for this project as it was a 'fresh eyes' approach using existing resources. This being financially sustainable adds to the engagement, uptake and impact that can be made by the spread of this work, not just qualitative with patients experiencing better quality sleep but also patients that sleep better can heal quicker and thus be discharged earlier and so flow could also be positively affected by this work.

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Nottingham University Hospitals NHS Trust

Transforming Paediatric ENT

Category

Team of the Year

Summary

The Paediatric ENT team has achieved remarkable advancements in patient care through innovative approaches and unwavering dedication. This team stands out for its exceptional ability to reduce waiting times and streamline processes, significantly enhancing the patient experience. They have reduced the waiting list by 48%, treated 1,360 patients within six months, and decreased appointment wait times from 65 weeks to less than [adjusted time].

The team's success is underpinned by their willingness to embrace creative solutions in managing patient flow. For instance, they implemented a text message system to confirm appointments, ensuring that care was prioritized for those most in need. Additionally, they developed clinical guidelines for referrals, shared with community providers to maintain consistent quality across services. Both approaches have greatly reduced unnecessary wait times and stress for patients, delivering care in a timely and efficient manner.

The ENT team exemplifies outstanding teamwork and collaboration. By engaging various service members—from nursing staff to theatre teams—they fostered an inclusive environment during the discovery phase of their comprehensive service review. Regular presentations at monthly meetings kept colleagues informed and allowed for efficient task delegation, demonstrating the team's approachability and responsiveness. This level of communication and inclusion has created a better experience for both staff and patients, ensuring that patient care is delivered seamlessly and effectively.

The team's leadership has been pivotal in transforming what seemed like an insurmountable project into a successful initiative. Their trust in colleagues, willingness to delegate tasks, and facilitation of inter-team collaboration have led to a better experience for both staff and patients. The team's proactive approach and innovation have set new standards in patient care management. By empowering team members and fostering collaboration, they have created an environment where staff feels valued and patients receive the best possible care.

Their continuous curiosity and innovation have enabled the team to navigate complexities and pressures, particularly in reducing wait times for children and young people. Through personal review of patient responses and proactive triaging of new referrals, the team has significantly optimised patient flow and improved care delivery. These efforts have resulted in a more efficient service, reducing wait times and improving the overall patient experience by ensuring that care is timely and targeted to those in need.

In summary, the Paediatric ENT team's dedication to enhancing patient experiences, combined with their innovative and collaborative approaches, make them highly deserving of special recognition. Their achievements reflect an unwavering commitment to excellence in healthcare, setting a benchmark for others to follow.

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East Midlands Cancer Alliance Centre for Psychosocial Health – The Patient Involvement Collaboration

Category

Engaging and Championing the Public

Organisation description

The East Midlands Cancer Alliance Centre for Psychosocial Health is a regional psycho-oncology service proving teaching to cancer care staff, specialist mental health support for cancer patients, and impactful research output. The service operates across the East Midlands Region supporting patients from five integrated care boards (ICBs), eight NHS Trusts, and over 20 primary care networks.

The team is made up of 10 registered practitioner psychologists, 2 pre-qualified psychology professionals, trainee psychologists, and 2 administrative staff. The team work collaboratively with other local psycho-oncology services to share resources and learning.

Teaching and Training

The service provides psychological screening and intervention training to cancer care professionals across the region to improve the psychosocial support for cancer patients.

Clinical Practice

The service provides highly specialist mental health support for cancer patients experiences the highest levels of psychological distress.

Research

The service engages actively in evaluation and research to ensure services are achieving the best outcomes for patients and share learning with others. The service is currently running a randomised clinical trial on improving therapy outcomes by preparing patients for therapy through a digitally supported single session intervention.

Summary

EMCA CPH strives to put patient experience at the centre of its decision-making processes. To facilitate this, it has dedicated funding to establish a Patient Involvement Collaboration (PIC), ensuring rapid patient involvement in service planning and development decisions.

Patient involvement is often project specific, in this novel approach, we have established a patient involvement group within a clinical service to contribute to decisions across the patient pathway as well as on research design and delivery.

The PIC is facilitated by two clinicians from the team alongside a public involvement lead, with the Terms of Reference decided by the group itself. The leadership of the group and the service supports the PIC but is also held accountable by the group, ensuring feedback, guidance and advice is implemented.

The impact of the PIC is directly linked to the impact the service has on patient care. The service achieves mental health recovery rates above the 99th centile when benchmarked against NHS Talking Therapies services nationally. The PIC is sustained through dedicated funding to ensure group members are adequately compensated for their time.

This model of patient involvement could be replicated by other services and is a model for integrated patient and public involvement.

Impact & results achieved

The service currently achieves outcomes in the 99th centile for recovery rates and reliable improvement when benchmarked against 159 national NHS Talking Therapy services. Drop-up rate (at 9%) is half of what is typical for similar mental health services with high patient reported satisfaction reported. Service innovations with contributions from the PIC help patients start their journey to recovery before their first appointment (e.g. our clinical trial (PROSPER) delivering a single session therapy preparation intervention).

The service pathway has been designed to speed up assessment and treatment as well as increase patient choice. Preliminary data (i.e. a current service evaluation) shows the gains achieved during the talking therapy phase, is maintained at 12-month follow-up for those who have received our relapse prevention planning intervention with digital follow-up, again co-designed with involvement from PIC members.

The PIC itself continues to receive excellent engagement at both the routine meetings as well as for specific calls for additional input on time sensitive projects.

What makes this initiative stand out?

This initiative is unique in the rare focus on people who have experienced cancer, mental health issues and received treatment for those difficulties. As a result, PIC members can give a personally, experientially-informed perspective on how such care could be improved.

The breadth and depth of involvement opportunities through which the PIC can influence change are unique. This includes influence over the way that NHS clinical services are delivered and developed over a large geographical area; informing the way research in designed and delivered to improve care, and contributing to commissioning discussions, so decision-making at the highest level is informed by the voices of patients' who have personal experience of targeted problems. Furthermore, several care innovations benefit from partnerships with health technology industry - The PIC helps to maintain the focus on patient benefit from such partnerships.

The approach to facilitation employed also makes this initiative standout: The PIC is co-facilitated by an expert in Patient and Public Involvement leadership; a clinical psychologist with expertise in patient group facilitation, and patient representatives with experience of contributing to public involvement groups. This combination has enabled the group to obtain unique insights that would not be possible from any individual group alone.

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Picker Experience Network Awards

Oxleas NHS Foundation Trust

Importance of integrating Co-Production into whole systems quality

Category

Engaging and Championing the Public

Organisation description

Oxleas is a community NHS Trust, providing services to people of all ages, living in South East London and to people in prison across South East and South West England. Our services include community health care for adults and children, such as district nursing, care for people with learning disabilities and mental health care such as psychiatry, nursing and therapies. We are one of the largest providers of prison health services providing healthcare to prisoners across Kent, South London and South West England. Oxleas has approximately 5,000 staff work in many different settings including hospitals, clinics, prisons, children's centres, schools and people's homes.

Summary

Across the healthcare sector, evidence of patient involvement leading to positive outcomes is ever-growing however little movement seems to have been made. In Oxleas we have been working to increase involvement across all aspects of our Trust, not only in patient facing services but within Corporate services.

In 2021, Oxleas' Quality team implemented the Improving Lives internal assurance programme, where staff use frameworks and tools to support the assessment of services and prepare clinical teams for CQC inspections. In 2023, Quality team identified that feedback from users was not being prioritised during reviews. Following discussion with the Involvement Team, Quality Team evidenced how lived experience could improve outcomes and user satisfaction within this capacity. The role of "Lived Experience Reviewers (LXR)" was co-developed with those with lived experience and introduced into quality systems. This method was based on feedback and population need and is an innovative approach to enabling those with lived experience to have a say in how our services are running.

The LXR role has been implemented into the review process and has continued to sustain for the last two years; qualitative and quantitative feedback have been collected to continuously analyse the impact the role is having.

Impact & results achieved

Both qualitative and quantitative data has been collected throughout this project to monitor the implementation of the new process and the impact the role is having on each of the stakeholder groups.

We are actively collecting and analysing feedback from Quality team members, services visited and LXR's to determine the impact of the role on the programme, as well as ideas for further changes to improve the effectiveness of the role. Three surveys were designed by the project team, one for each stakeholder group. The survey for Quality team members was focused mainly around how they found the process of having people with lived experience on reviews as this was an area individuals were hesitant about when the role was introduced. Responses have been highly positive despite hesitation and nervousness at the start of the project. Quality team have given an average impact rating of

9/10, stating that the LXR role supports the programme in an innovative way and brings new perspectives to assurance visits.

For the teams being visited we asked them what impact they felt the role had on the review process, again positive feedback including "When being assessed for how caring and responsive a team is, the opinion of someone with Lived Experience is unique and possibly more in line with that of our service users. This will make the results more "real" from a patient's point of view." When asked the impact on a scale of 1 to 10 teams rated the role an average positive impact rating of 8/10.

Feedback to date from Lived Experience Reviewers themselves shows the implementation of the role has been a success, they report to feel supported throughout the training process, visits and post-visit. With comments such as "being part of the improving lives programme has given me a different outlook and understanding of Oxleas and the NHS. I might add a far more positive one. I feel overwhelmed by the support and work that goes into a patients care and I am extremely proud to be part of Oxleas involvement."

Key achievements from this initiative:

- Since January 2024, 7 training sessions have been held resulting in 33 trained Lived Experience Reviewers
- 61% of which have completed reviews following training so far
- Since march 2024, 75% of reviews have had a Lived Experience Reviewer on the review team
- Ongoing work with Forensics and Offender Healthcare Directorates to increase involvement

What makes this initiative stand out?

Prior to starting the project we were unable to find any trusts running a similar format for their internal assurance reviews, making Oxleas a leading trust in incorporating lived experience and whole systems quality.

Co-production has been at the core of this project, conception arose following feedback from Involvement Members around an interest in visiting services. The training for LXRs was co-designed with the Quality team and those with Lived Experience, the training continues to be co-facilitated and the Lived Experience Reviewer role is embedded within the programme.

There have been a number of successes recognised throughout this project, predominantly hugely positive feedback from all stakeholders including the quality team, involvement members and teams across the trust. Consistent reviewers who feel their involvement has been meaningful and made an impact to the further development of services, as well as continued mentions of support and ongoing learning. Quality team have continued to sustain the new process, ensuring LXRs are booked on to every review (excluding night visits), turning the project to business as usual. The project and its learning has been shared widely across multiple platforms including internal communication channels, board meetings, South London Partnership improvement conference, Qi Week national programme and the 2025 IHI Conference in Utrecht, with many external colleagues continuing to reach out for further information.

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Picker Experience Network Awards

Patient and Client Council

Mental Health Engagement

PCC
PATIENT & CLIENT COUNCIL

Category

Patient Contribution

Summary

Ross's passion in his role is marked by a few exceptional qualities:

- The commitment and depth of work that goes into remaining current in all areas of the Mental Health landscape and the way in which Ross shares this knowledge to support others to better understand. This allows him to effectively recognise where the PCC Mental Health Engagement Platform can best make the biggest impact. His contributions are not only informative but strategically targeted.
- His ability to utilise his networks and contacts in the field of mental health have led to significant opportunities for the PCC and the platform. Ross displays a deep dedication to this area of work that goes far beyond attending meetings
- His unmatched work ethic combined with the collective support of the engagement platform in a joint goal shows the immensity and impact the collaborative spirit can have. Together they are working towards a shared goal of "services that were designed by the public for the public."
- Ross's ability to access the various workstreams and key decision makers is enhanced by his ability to access and utilise up to date and relevant information. Providing individuals with lived experience with the necessary resources, information, and support (like the PCC's Engagement Platform) is a key element.
- While the individual voice is important in all areas of lived experience. Building a collective voice in an area such as mental health amplifies the impact and ensures a broader representation on issues. The platform members trust in Ross as their spokesperson was a key element in this.
- Showing and sharing the impact is a huge area where Ross and the platform where able to show how they could make a difference when included at the right stage in development.
- Strategic engagement at all levels should be integrated not just in feedback mechanisms but at decision making tables. Ross demonstrates the power of the lived experience voice in these conversations.

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Patient and Client Council

PCC Support in the Community

PCC
PATIENT & CLIENT COUNCIL

Category

Team of the Year (including complaints and PALs)

Summary

This nomination recognises a team of Senior Practitioners within the Patient and Client Council (PCC) whose work has transformed how health and social care advocacy is delivered to marginalised and underserved communities across Northern Ireland.

Through an ambitious and highly effective pilot project, this small, committed team redefined what it means to provide accessible, community-based support—bringing advocacy directly into the spaces where people live, work, and gather. Operating in areas affected by rural isolation, deprivation, and structural disadvantage, they met people face-to-face, helping them navigate complex health systems, speak up, and achieve early, meaningful resolutions to issues that once felt overwhelming.

Working across great distances and with limited infrastructure, just seven practitioners delivered support in 18 venues, engaged 376 people through presentations, created 224 face-to-face contacts, and opened 43 advocacy cases. They did this with professionalism, empathy, and deep local insight—building trust, partnerships, and long-term relationships with individuals and community groups. Many people who were previously fearful of making complaints were supported to speak up confidently and saw that early resolution was not only possible, but effective.

What sets this team apart is not only their dedication and skill, but the lasting change they've initiated. Their success, collaboration, and innovation—amplified through a zero-budget communications campaign co-led with the PCC's communications manager—captured the attention of the wider organisation.

Perhaps the most significant outcome is that the PCC has now adopted this approach as part of its core service delivery. What began as a pilot project is now a sustained model of practice: 12 Practitioners currently deliver PCC support in the community, in 28 venues across Northern Ireland—ensuring continuity, visibility, and more equitable access to advocacy where it's needed most.

This team of Senior Practitioners didn't just pilot a project. They pioneered a sustainable, scalable solution to health inequality—one rooted in empathy, community knowledge, and professional excellence. For that, they deserve the highest recognition.

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Picker Experience Network Awards

Personal Homecare Pharmacy

The Power of Innovation: Digital solutions within a Clinical Homecare setting.

PERSONAL
Homecare Pharmacy

Category

Independent Sector and Innovative Use of technology, Social and Digital Media and Data Management and Protection

Organisation description

Personal Homecare Pharmacy Limited (PHP), is proud to be a trusted partner of the NHS, providing high-quality homecare services across the UK. We have been awarded placements on several key NHS tender frameworks, allowing us to offer essential support for patients requiring homecare treatments.

PHP supports various therapies, including gastroenterology, rheumatology, dermatology, ophthalmology, oncology, and fertility, ensuring that patients receive timely access to important medicines and support in the comfort of their homes. Our experienced team of 67 employees collaborates closely with NHS trusts and healthcare providers to uphold the highest standards of care, safety, and efficiency. By the end of 2025, we expect to employ 75 individuals.

From prescription to doorstep, we streamline healthcare management, placing patients at the heart of our technology-driven approach. We recognise receiving medication or clinical nursing support promptly is important to patients and this is our focus.

Our Commitment:

As a small enterprise competing against established industry giants within the homecare sector, we have had to demonstrate our value. We have implemented bespoke digital and AI solutions designed to improve services to patients and the NHS.

Summary

New Thinking: We re-purposed technology in homecare that was crying out for change. It exemplifies a UK wide application / benefit. We were not bridled with historical paper-based processes, we took an opportunity to re-design.

Leadership: Liaison with multiple stakeholders, using the skills and expertise of a multi-disciplinary team caused us to be tenacious and resilient in-service re-design. Delivering the required change.

Sustainable Outcomes: Case studies demonstrate results achieved against objectives set. Including calculated efficiency savings. We have shared information with stakeholders so UK homecare remains viable and sustainable.

Involvement and Inclusion: The homecare sector can adapt to meet efficiency demands with stakeholder collaboration. It can be replicated by other companies including new market entrants. For AI enhancements we utilised a readily available system builder to ease system setup which other providers can adopt.

Transferability and Dissemination: A practical example of how the homecare sector can adapt to meet increasing demands of new and existing services. This approach can be replicated across the UK and help new organisations entering the sector. Sharing our approach within the NHS and Sector are vital.

Impact & results achieved

Our Solutions:

Patient Portal: This portal allows all registered patients to receive medication delivered at a time and location of their choosing, ensuring it fits their needs. It provides patients with access to information and materials related to their treatment. Safeguards have been integrated into the system to prevent patients from running out of medication and from holding excessive stocks.

NHS Portal: This portal enables the NHS Hospital Trusts to view the status of each patient receiving service, including prescription and scheduled deliveries. This feature allows them to raise queries. The portal also enhances PHP's transparency by granting clinics access to the order statuses of patients' prescriptions, enabling easy tracking. By reducing the time NHS staff need to find information or resolve queries about patient prescriptions, we save essential time that can be allocated to other critical tasks, thereby improving overall efficiency.

Nursing Provider Portal: This portal facilitates quick referrals to our nursing supplier, who provides clinical support to patients through nurse visits or remote monitoring. Patients' referral forms and prescriptions are sent electronically, allowing compliance with the national KPIs set by the NHS.

Prescription Management System: Our AI-driven prescription management system has enabled PHP to:

- Automate prescription scanning and data extraction.
- Ensure secure and compliant digital records.
- Enhance governance and auditing of dispensing errors
- Improve query resolution times and patient safety
- Reduce prescription processing delays, ensuring timely medicine delivery
- It increases interoperability between the NHS and PHP.
- Also moving to paperless prescription managements support our internal net zero targets

In a 21-day evaluation, the processing times for all prescriptions decreased by 45% compared to six months ago (February 25 vs. October 24). Pharmacy Labelling System: We have upgraded our AI powered file library called Verum, to drive our inventory management, including stock rotation and batch expiry. These components are essential for meeting regulatory requirements, minimising costly medication wastage, and managing medication shortages caused by external factors.

What makes this initiative stand out?

It is estimated that 6.8 million people are living with health conditions that could benefit from Clinical Homecare. Previously, the full potential of such solutions had not been realised in this field. The repurposing of technology has enabled shorter development times, reduced investment, and minimised risks—critical factors for any organisation.

As a board member of the NCHA, PHP is dedicated to implementing changes that will promote a 'Paradigm Shift' throughout the industry, enhancing the care, choice, and support to all customers.

Our goal remains to deliver medications while providing timely nursing and pharmacy support. PHP is committed to improving home care delivery across the UK, not only within our organisation but also throughout the industry.

Achieving the desired outcomes nationwide is only possible if the industry embraces suitable technology including AI to deliver safer and efficient services. PHP is dedicated to enhancing the industry, making this initiative essential for the benefit of the UK.

This project could only have been realised through the collaboration of everyone in our organisation, our expert advisors, including NCHA, NHMC, NHS clinicians, commissioners, and, most importantly, patients and carers.

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Picker Experience
Network Awards

Plymouth Hospitals NHS Trust

Patient and Staff Feedback Event on Abdominal Free Flap Breast Reconstruction

NHS
University Hospitals
Plymouth
NHS Trust

Category

Staff Engagement and Improving Staff Experience

Organisation description

University Hospitals Plymouth NHS Trust employs over 11,000 staff members and are responsible for providing care across the widest of spectrums: from within people's homes and working with our voluntary sector partners in local communities, to offering the most specialist hospital care available in our regional centre.

The south west peninsula geography gives our Trust a secondary care catchment population of 475,000 with a wider peninsula population of almost 2,000,000 people who can access our specialist services. The population is characterised by its diversity – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy.

UHP is also a teaching hospital in partnership with the University of Plymouth and working with Plymouth Marjon University. Additionally, ss host to the Joint Hospital Group South West (JHG(SW)) in a city with a strong military tradition, we have a tri-service staff of nearly 200 military doctors, nurses and allied health professionals who are fully integrated within our facilities.

The Plastic Surgery Department works closely with the Primrose Breast Unit to serve patients who need reconstruction including those diagnosed with breast cancer. Of the 500 or so breast cancers diagnosed annually approximately 30 will have an autologous breast reconstruction. This will typically be those patients affected by the most severe disease that necessitates mastectomy.

Summary

We have designed and implemented a novel dedicated combined patients and staff feedback event, which took place on Tuesday 8th October 2024. This was designed and implemented to serve as a basis for developing the service with quality improvement projects that are guided directly by patient's feedback. We involved the whole team that serve this patient cohort with representatives from patients, staff and our local breast cancer charity (The Primrose Foundation). We designed this as a team inviting contributions from different stakeholders. The outcomes have been shared with the whole team and posters were created to share feedback with attendees at the event itself.

We have been able to demonstrate measurable improvements in the service, especially length of stay data and the duration of surgery which are recognised nationally as important benchmarks for high quality care. This project has been a great success with many positive outcomes as highlighted. We propose the acronym S.I.T. "Service Improvement Together" to summarise this concept which is simple and transferable to other departments and services both locally and nationally.

Impact & results achieved

The event resulted in a huge amount of feedback from the patients with written comments that were gathered and summarised into posters. Five different posters were produced and displayed at the event (attached). During the day, more feedback was gathered, consolidated and shared with staff members in the afternoon session.

The staff member break-out groups resulted in 5 quality improvement proposals: -

1. Patients highlighted elements of their ward stay that had been problematic. Patients reported feeling vulnerable due to staff shortages and response times. They commented on gaps in communication regarding post-operative care. Basic nutrition and comfort needs were sometimes not being met. PLAN: - Turbo teach sessions to be introduced on the wards to share knowledge between staff. Dedicated flap nurse role to be continued and enhanced. Flap nurses to consolidate their experience and top tips into presentations and even videos to enable easy sharing of knowledge and skills between staff. Enhanced protocols to offer more clarity for all staff and to optimise communication of key information. Consideration for a dedicated hospital room for breast reconstruction patients (and other similar cases) which is decorated to make for a more pleasant and relaxing environment during recovery (Primrose Foundation willing to offer some support for this financially).
2. Patients expressed frustration that it took so long to get their discharge paperwork and medication arranged when they were ready to leave hospital. PLAN: - Optimising discharge by enhancing the post-operative protocol.
3. Patients described that it can be intimidating and scary when they first enter the anaesthetic room on the morning of surgery. PLAN: Patients now are escorted from the waiting area to the anaesthetic room by a single member of staff. They are offered a sip of water and made to feel comfortable before they are put to sleep for surgery.
4. Although not directly linked to patient comments, the concept of pre-habiliation was proposed by the Anaesthetists (this means physically preparing for surgery with exercises). This has since been discussed at departmental level. Charity projects have been agreed to fund gentle recovery programmes after surgery. Suitable patients are identified by the nursing staff and the service is sign-posted. The benefits of exercise are becoming clearer all the time. The charity continues to sponsor exercise programmes for patients. This builds a community of patients who can support one another whilst simultaneously enabling physical health benefits.
5. Patients and Staff members highlighted that many of them are unaware of The Primrose Foundation. PLAN: - The Primrose Foundation is increasing the profile of the organisation by putting more posters up in the unit and in theatres to raise awareness of the charity and what it can offer by way of support.

What makes this initiative stand out?

From 20 years of service for the NHS, this is the first time I have ever been involved in an event of this nature and on this scale. On this basis alone, I believe approaching patient and staff engagement in this manner is a novel initiative. The extensive positive feedback from the day speaks for itself. Data on the performance metrics (relating to the length of time that it takes to perform surgery and the reduction in length of stay) serves to clearly demonstrate the trend towards better care over time. We have seen the average duration of surgery reduce from 9.5 hours to 6 hours and the average length of hospital stay has also reduced form 7 days to 2.5 days (see attached PDF). This is a great achievement that reflects the efforts of the whole team (non-medical and medical).

Contact details

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Picker Experience Network Awards

Public Health Agency

Service User/Carer involvement in HSC system in Northern Ireland

HSC Public Health Agency

Category

Patient Contribution

Summary

Put simply, Brian O'Hagan has been the outstanding champion for the active and meaningful involvement of service users and cares in the HSC in N. Ireland for over two decades. His steadfast commitment to and belief in Involvement, has been a shining beacon, even in very dark times in the HSC locally. When things have went terribly wrong, such as was revealed with the Hyponatraemia Public Inquiry (where the deaths at least 5 children could have been avoided and a culture of lack of honesty and transparency were revealed) Brian stepped up to the plate, rolled up his sleeves and gave of his time to show how real involvement was key to addressing the recommendations emerging from of these damning findings. He worked with the HSC, with service users and carers and was on the Implementation of Hyponatraemia Related Deaths(IHRD) inquiry recommendations group, sitting on the Duty of Candour workstream. As part of this, he also established and chaired the first service user and carer liaison group in Northern Ireland. Following on from and related to this work, Brian has also become a member of the DoH Being Open Policy Group, seeking to take forward the development of a Being Open Group and working on issues of Patient Safety.

Brian also began partnering as a lay reviewer with RQIA, concentrating on the lived experience, involvement and carers elements of their work and contributed to 9 reviews, either as an expert panel member or as a steering group member. He has also contributed to the establishment of the Inspection Support Volunteers programme and their recruitment at RQIA and the first hospital inspection programme.

In 2023 he became a member of the Inquires Implementation Programme Management Board at the Department of Health, overseeing the implementation of health recommendations from public and statutory inquires and became an independent member of the DoH Inquires Implementation Assurance Group.

He has not shied away from the most challenging of roles, even when fellow service users and carers were losing faith in a system seemingly beset with huge challenges and issues. In fact, he has doubled down and made it even more clear to the HSC system, Government, Politicians and indeed service users and carers that now more than ever, we need to work in partnership to address these issues and to build a system and a service that delivers effectively, safely and compassionately ensuring that everyone is heard in that process.

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Picker Experience Network Awards

Royal Devon University Healthcare NHS Foundation Trust

Optimising cancer personalised care and support offers with digital solutions

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Category

Cancer Experience of Care Award

Organisation description

The Royal Devon is a service provider within the overall structure of the NHS in England and our services stretch across Northern, Eastern and Mid Devon.

We have a workforce of over 15,000 staff, making us the largest employer in Devon. Our core services, which we provide for more than 615,000 people, cover more than 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital (EX31 4JB) and the Royal Devon and Exeter Hospital (Wonford) (EX2 5DW). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC).

Our acute hospitals are both renowned for their research, innovation and links to universities.

Summary

Our new thinking was realised with a generic End of Treatment Summary (EoTS) document (Appendix5) , with specific drop down information which could be further personalised to meet the individual information needs of patients.

By involving key stakeholders, ambitions of the project were realised, using a phased approach and real time feedback. Individual team dynamics were contained with one template and the national reporting requirements.

Outcomes are demonstrated with all cancer teams operational with the EoTS in the expected timeframe. The document is aligned with and reportable to national requirements with no ongoing cost to the organisation fostering longevity and sustainability.

Involving stakeholder across primary and acute healthcare setting promoted 'buy-in' with multiple feedback opportunities supporting a sense of ownership. Patient co-production legitimised the change and the effectiveness of the document existing. Raising awareness with PCA and wider MyCare team fostered early interest and dissemination .

The generic EoTS template is readily transferable, and has already been shared with other Trust using MyCare. It is already embedded in the One Devon initiative for wider use across the PCA in 2026/2027

Our project illustrates what can be achieved when listening to people

Impact & results achieved

Keeping patients at the heart of the project, we chose a patient survey (Appendix 1), followed by a GP questionnaire

We interviewed CNS teams to understand impacts on clinical time.

Patients felt empowered to make better informed decisions, monitor their health, navigate the healthcare system effectively, and manage appointments in a timely manner. They said:

"Helpful, easy to understand. Everything all in one place"

" A comprehensive summary of my diagnosis, treatment and what to look out for in the future should anything change"

"It puts into perspective your past treatment and advice of future treatment. Especially the 'possible alert symptoms'"

"Plenty of info about possible side effects and clear Contact details if needed"

Claire Barber, Lead H&N CNS said "End of Treatment Summaries provide a good opportunity to conclude a clinical chapter in a cancer pathway and psychologically, this helps to empower patients and validate their achievements."

Main benefits: -

Providing one source of consistent truth. Appropriate patients phoning into the services. Reduced document completion time – average saving 20 minutes per patients. Two patients identified with recurrence due to information and rapid re-access Unintended benefits: -

Increase in Holistic Needs Assessments offered as they formed part of the EoTS. Band 4 Cancer Support Worker pre-charting the document due to its one source of truth and multiple drop-down boxes Personalisation of the final letter template before sending. Success is demonstrated with teams across two hospital sites operational with EoTS, with consistent activity within the first six months.

The bespoke personalised document supports rapid re-access into secondary care (point 4 in main benefits above) whilst simultaneously promoting supported self-management by optimising information sharing and supporting decision making skills.

What makes this initiative stand out?

Simply put, this project engaged with the patient, better supported them and promoted supported self-management by keeping them at the heart of a significant solution to the delivery of patient care which was effective, efficient and sustainable.

Having a standardised document, addressed to the patient with the GP copied in, enables proactive patient involvement and supported self-management by:

- making sense of a 'Chaotic time' by providing dates and details of their cancer diagnosis, treatment aims and follow-up
- encouraging appropriate contact with their CNS and facilitating rapid re-access into acute health care
- being aware of agreed actions to support their own care
- supporting conversations with their GP for a Cancer Care Review (CCR)
- including health promotional material and onward referrals
- recommending participation in the Quality of Life Survey national feedback tool.

As a project we strengthened our Trust merger by involving a variety of HCP and unifying services across the organisation leading to enhanced staff experience. At the same time our organisation conformed to national reporting measures, a crucial element in future NHS sustainability.

The project provided efficient and sustainable working at zero cost, which is easily shared with other Trusts across the PCA as they implement MyCare.

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Royal Devon University Foundation NHS Trust

The Power of Data and Voice: Innovating Patient Feedback for Real Impact

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Category

Measuring, Reporting and Acting - Using Insight for Improvement

Organisation description

The Royal Devon University Healthcare NHS Foundation Trust (RDUH) is a large healthcare provider in Devon, England. The Trust was formed in 2022 through a merger of Northern Devon Healthcare Trust and Royal Devon and Exeter Trust to improve coordination and efficiency of healthcare in the region.

The Trust has a workforce of over 15,000 staff and provides a broad range of acute hospital and community healthcare services. It serves a diverse population of more that 615,000 people across urban and rural areas, including North, Mid and East Devon covering over 2,000 square miles. Services include acute and specialist care, emergency treatment, elective surgery, maternity services, outpatient care and community health support across Devon.

Summary

RDUH has transformed how patient feedback is captured, analysed and acted upon, through a pioneering approach that integrates real-time stories from Care Opinion, with nationally recognised complaint coding (KO41). This novel approach provides a more actionable way to understand and triangulate patient data.

By shifting feedback ownership from a central team to frontline services, the Trust has shown strong leadership, creating a culture of personalised, real-time engagement. This has driven a 271% increase in feedback volume and a 97% response rate – clear measurable outcomes that foster trust and improve care quality.

Sustainability is ensured through integration into governance, continuous staff training and inclusive, digital-first methods including accessible feedback for vulnerable groups such as the deaf community.

The approach prioritises inclusion by actively engaging marginalised populations and community partners to shape service improvements. A phased rollout backed by senior leadership and coaching has supported this cultural shift.

Highly transferable, this model combines complaint coding, patient stories and frontline ownership and is gaining national attention. By disseminating toolkits, training and frameworks, this model can embed meaningful patient feedback across healthcare systems.

Impact & results achieved

Our impact measurement framework was designed to capture both volume and quality of engagement and tangible service improvements, reflecting the principle that "listening alone is not enough, feedback must lead to action."

Key Performance Indicators (KPI's):

Volume of patient stories received: Increased by 271% over two years, indicating rising patient trust and engagement (2022/23 v 2024/25 data). To date, over 7,600 stories have been submitted via Care Opinion, providing a rich insight into patient experience.

Response rate: 97% of stories during May 2025 (our most recent recorded month) received a personal response, demonstrating frontline accountability and responsiveness.

Criticality rating: Stories are independently scored by Care Opinion moderators to monitor negative or urgent feedback ensuring prioritisation. Our rating has been between 80-90% positive each month for the last two years.

Service changes implemented: Documented cases of "You said, We did" demonstrate direct improvements based on feedback.

A challenged faced was triangulating the Care Opinion reports with PALS and complaints data. A major innovation was integrating KO41 coding, a nationally recognised complaint categorisation system, into the daily management of Care Opinion stories. Our Patient Experience team reviews each new story and applies KO41 codes, additionally linking feedback to specific care groups. This provides richer, consistent data that can be triangulated with formal complaints and PALS reports, offering a comprehensive picture of patient experience trends.

What makes this initiative stand out?

The following points distinguish what makes our initiative impactful:

Novel integration of feedback and complaints data: By applying KO41 national complaints codes to real-time patient stories from Care Opinion, we created a unique hybrid system that combines qualitative patient voice with formal complaint analysis. This provides unprecedented insight into emerging issues and service gaps, supporting rapid targeted interventions and simple triangulation of data.

Cultural shift to frontline ownership: Rather than centralising responses, our model empowers service teams to engage personally with feedback, fostering accountability, empathy and timely resolution whilst retaining Patient Experience support. This contrasts with traditional bureaucratic models and addresses the widespread challenge of disengaged clinical teams and delayed responses. By creating a sense of ownership, staff are more likely to engage with feedback as a driver for improvement.

Measurable impact: Dramatic increases in patient feedback volume, high response rates and documented service changes provide tangible evidence that patient voices are driving improvements. Early engagement has contributed to a reduction of 20% in formal complaints during 2024/25. Although this reduction cannot be formally attributed to Care Opinion, there is strong evidence that early engagement with patient feedback on the platform is enabling services to resolve concerns swiftly and informally, preventing escalation.

Inclusivity and accessibility: Proactive engagement with marginalised groups and multi-channel access options ensure that feedback represents the full patient population, supporting equitable care improvements.

Care Opinion feedback in support of this entry: CO has worked in partnership with RDUH since April 2020, a challenging time. Despite this, senior investment, along with the passion invested from the Patient Experience team has been amazingly impactful.

RDUH moved from a single service subscription to whole trust wide. They have embraced CO and online feedback, devoted time to educating frontline staff to promote, engage, respond and take ownership of the stories submitted about the services they provide.

Pioneering use of Subscriber Tagging for tracking KO41 tags assisted us to innovate and learn how we can make improvements to the CO website.

Consistency, communication and commitment to patient feedback is what sets them apart. The culture shift and learning achieved is visible. 'A credit to the NHS' and we remain inspired.

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Sciensus Pharma

Improving our Complaints Process to Enhance Patient Satisfaction

Category

Independent Sector

Organisation description

Sciensus Pharma is a European Life Sciences company that provides ongoing specialist medication and associated clinical care to over 230,000 patients across the UK, directly to patients' place of residence. Services are usually initiated by a hospital prescriber who retains the clinical responsibility for the patient. Sciensus is the largest provider of clinical homecare services in the UK, and is able to serve all UK geographies, including Northern Ireland, the Scottish Highlands and all UK Islands.

Sciensus has 3 main sites including a chemotherapy compounding unit in Burton upon Trent and pharmacy premises and operational services in both Burton upon Trent and Featherstone. With a network of distribution centres and operational logistics, Sciensus receives approximately 2,000 prescriptions per day and makes up to 5,000 deliveries and 300 clinical interventions each day.

Sciensus employs approximately 1700 staff in a wide variety of teams ranging from corporate functions (e.g. technology, HR and finance), Pharmacy Operations, Patient Services to Clinical Services including nursing and Logistics drivers.

Summary

Sciensus listened to staff and feedback from patients and Patient Advocacy Groups (PAGs) to improve our Complaints process. Acknowledging negative comments was new, but both the Patient Services Team Managers and the Complaints Team lead by our Superintendent Pharmacist, embraced this opportunity to engage with staff and patients to improve.

The objectives were to identify the main issues with our processes and to give patients a louder voice in the resolution of their concerns. We wanted to quickly de-escalate complaints whilst addressing patient concerns and capture our learnings, better information for patients was also needed.

Both teams were involved in decision making as their expertise and experience was vital to project success. Training needs were identified, with ongoing training and support through formal courses and coaching methodologies.

Our team leaders encourage staff participation at NHS Summits, PSIRF events and opportunities. Patients and Patient Advocacy Groups now give us favourable feedback through our survey and regular meetings.

Metrics show significant improvement, with complaints decreasing. These improvements are communicated to specialist staff at Clinical Governance Committee, and to all via our internal intranet. Other teams now actively seek patient feedback as they see how negative feedback can result in positive changes.

Impact & results achieved

There were four key improvement areas with metrics: formal complaints, informal complaints, themes & coding and patient information.

Formal complaint metrics show that telephone de-escalation by Patient Services and the Complaints team reduced the number of formal complaints per quarter:

Q3 2023 = 866, Q4 2023 = 626, Q1 2024 =601, Q2 2024 =507, Q3 2024 =561, Q4 2024 =536, Q1 2025 = 479, Q1 2025 = 6% complaints closed at the telephone acknowledgement stage & 0.48% of final responses challenged.

Introduction of informal complaint recording (monthly numbers) with associated analysis of themes, learning and improvements. Informal complaints data shows that complaints are low and falling each month despite Patient Services receiving 45k operational phone calls per month (2000 per day).

November = 80, December = 61, January = 59, February = 43, March 2025 = 32.

There were three recurring themes for informal complaints; improvements in these areas have been made or planned; updating patient records in a timely manner, receipt of valid prescriptions from hospitals and choice of delivery slots.

Formal complaint coding will improve our ongoing analysis and drive improvements.

Patient Satisfaction survey results show we have moved people from neutral to positive, but that people are dissatisfied with having to report a complaint.

The Complaint Information Leaflet consultation received great feedback on the clarity of the information and format of the leaflet from patients and Patient Advocacy Groups. No further comments about the confusing nature of our complaints process have been received.

What makes this initiative stand out?

For Sciensus, the key difference is the realisation that patient feedback is key in identifying pain points. The involvement of patients and Patient Advocacy Groups was fundamental to the success of the project. Using patient feedback to make iterative changes to processes, information and communication was new to Sciensus but this approach will continue.

Patients welcome speaking to a person. People want the human touch, so if we can make our business more patient centred, the service will improve, and the employee experience will improve.

Another element is the breaking down of silos, with Patient Services, Complaints team and CX team working more closely together. The involvement of Clinical Governance is important for accountability. The success of this project can be attributed to the matrix working structure and use of feedback to improve.

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Sciensus Pharma

The Sciensus InTouch App Improves Patient Safety

Category

Innovative Use of Technology, Social and Digital Media and Data Management and Protection

Organisation description

Sciensus Pharma is a European Life Sciences company that provides ongoing specialist medication and associated clinical care to over 230,000 patients across the UK, directly to patients' place of residence. Services are usually initiated by a hospital prescriber who retains the clinical responsibility for the patient. Sciensus is the largest provider of clinical homecare services in the UK, and is able to serve all UK geographies, including Northern Ireland, the Scottish Highlands and all UK Islands.

Sciensus has 3 main sites including a chemotherapy compounding unit in Burton upon Trent and pharmacy premises and operational services in both Burton upon Trent and Featherstone. With a network of distribution centres and operational logistics, Sciensus receives approximately 2,000 prescriptions per day and makes up to 5,000 deliveries and 300 clinical interventions each day.

Sciensus employs approximately 1700 staff in a wide variety of teams ranging from corporate functions (e.g. technology, HR and finance), Pharmacy Operations, Patient Services to Clinical Services including nursing and Logistics drivers. Sciensus has developed an app to empower patients to take control of their deliveries of essential medication, ancillaries and also access additional supportive features.

Summary

The Sciensus Intouch app was developed to enable patients to manage their medication and ancillary deliveries. Additional features support adherence and persistence, thus improving patient safety.

Stock management is an NHS contractual requirement of service; additional app features give patients choice and empowers them to take control of their conditions. This app is unique within the clinical homecare services space.

The aim is to ensure that 100% patients have buffer stock and that 100% deliveries are made before their next dose is due to maintain patient safety and reduce missed doses and associated harm by increasing Medicine Possession Ratios.

Patients set dose reminders to prompt them to take their medicines on time.

Injection site tracking, ensures patients rotate sites, reducing the risk of local reactions and increasing comfort.

Symptom tracking allows patients to record how they feel and how they triggered or relieved their symptoms.

All records can be downloaded and shared by the patient with their Clinical team, which improves safety by supporting independent prescribing decisions.

Patient Research Groups informed app development, through User Acceptability Testing with the Sciensus App Governance Group having oversight of all new proposals, from a regulatory and clinical perspective. New features are under development.

Impact & results achieved

Clinical Homecare Medicines Services increase Medicine Possession Ratios by 20% and 62% patients report that these services help them stay in education or employment (NCHA Best Kept Secret report).

App users have increased Medicine Possession Ratio compared to non-app users 92.3% : 89.8%respectively. The comparator groups were normalised for age, geographic location, gender and NHS Hospital to isolate app usage as the unique variable.

Patients with increased MPRs remain on therapy for longer than patients with lower MPRS.

Sciensus does not have access to clinical outcomes for patients, but it is possible to hypothesise that patients remaining longer on treatments before progressing to the next sequential medicine, decline more slowly when compared to patients who progress through the medicine pathway more quickly. Patients who are using the Intouch app therefore have fewer treatment failures and retain more treatment options for longer. This results in fewer disease flares, rescue treatments, in-patient hospital admissions and fewer emergency out-patient appointments.

A recent survey of patients who use the Intouch app found that the Medication Reminder function helped them take their medication.

Sciensus has collated data on the behaviour of patients who use the Sciensus Intouch app:

Over 160,000 patients use the app

55,000 patients set medication reminders, which equates to 76,656 reminders set by mid-February 2025

30,000 patients use the injection site tracking function; 107,000 injection sites logged and thousands of symptoms logged (102 different symptoms)

Patients are asked to rate the app, with an in-app Customer Satisfaction (CSAT) Score of 81%, and app store ratings of 4.7 App Store (33k reviews) and 4.4 (16.8k reviews) on Google Play Store.

Sciensus carries out a Patient Satisfaction Survey each year, that gives patients the opportunity to comment on the app features. Some of the patient feedback is included below:

"The app has been a god send and very easy to use. The medication reminders via the app are excellent and the delivery service is always on schedule and drivers always friendly and polite. Great overall service well done."

"The App works well and has never let me down. "

"Fantastic service. The app is great. "

What makes this initiative stand out?

Patients, pharmaceutical manufacturers and NHS tell us that the Sciensus Intouch app is well received by users. Comments from patients in our Research Groups and Annual Survey are positive and encouraging. The data is impressive with 160,000 patients choosing the app as their primary contact method with Sciensus.

Listening to patient feedback to develop new features is key and new for Sciensus. The development team are keen to use insight from research and feedback to ensure that new features support patient care. Internal collaboration has improved over the past 2 years, with the formation of a clinical app group that assesses the need and appetite for new features. This has shaped the way the medication reminders and symptom tracker has been developed and rolled out. This level of collaboration is new to Sciensus. The need for clinical input and robust governance is recognised as an essential element to the future of the app.

App development has brought patients, technical, regulatory and clinical teams together in an unprecedented fashion. The exchange of ideas has been phenomenal and the result is a great app that patients benefit from.

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Picker Experience Network Awards

Shrewsbury and Telford Hospital NHS Trust

'Men Like Us' A cancer support group for Men

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Category

Personalisation of Care

Organisation description

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 (STW) and mid Wales. Shropshire has a population of approximately 324,700 and beyond the town centre the county is very rural with pockets of rural deprivation. The population is ageing with higher life expectancy and higher than average long term conditions. Conversely the population of Telford & Wrekin is approximately 185,500 with densely populated areas of both ageing and young people. There are above average pockets of deprivation with higher than average obesity, smoking related deaths, alcohol related admissions and higher rates of cancer mortality in the under 75 age group. SaTH, along with other Trusts throughout Powys, serve residents living in a sparsely populated area with a population of approximately 133,600. It has an ageing population with a generally good health status compared to the Welsh average but there are also pockets of rural deprivation.

Annually, on average, 4700 people are told of a cancer diagnosis; however, this does not account for those living with and beyond cancer. It is estimated that there are at least 55,000 people living with and beyond cancer (LWBC) within Shropshire, Telford & Wrekin and mid Wales and this is going to continue to rise as the population ages and cancer patients live longer due to advances in detection, surgical techniques and the availability of second, third and fourth line treatments which include immunotherapies. The current figure of over 3 million people LWBC in the UK is therefore set to climb to over 5.3 million by 2040 (Macmillan Statistics fact sheet, updated April 2024).

A comparison of 142 Trusts has demonstrated that SaTH is the 29th biggest receiver of patients on an urgent suspected cancer pathway referral. SaTH is also 25th highest treating centre for the 62 day pathway requirement. This data gives provides a context as to the demands on SaTH and the large numbers of patients we see and treat for cancer within a District General setting.

Summary

Shrewsbury & Telford Hospital NHS Trust are renowned for their Living Well Sessions (LWS) these sessions are for anybody affected by cancer, at any point in their pathway, ensuring they have access to information that empower them to make realistic, lifestyle changes to help manage the affects of a cancer diagnosis.

A gap was identified by the minimal number of men attending LWS, the Personalised Care Team (PCT) developed a men's only Living Well Session now referred to as 'Men Like Us' Cancer Support Group, which offers health and wellbeing information monthly, specifically for men.

This project has been led by the PCT and has evolved significantly over the past year. 'Men Like Us' support group was co-created with a focus group of men affected by cancer and professionals. Changes have been made to each group depending on attendees. 'Men Like Us' has been successfully delivered through strong leadership and effective project management techniques, ensuring that measurable outcomes and sustainability have been considered. This model is growing, we are looking at how we can deliver this as a model of care across other trusts and be recognised as good practice. We have already had requests from other trusts to implement it further a feild

Impact & results achieved

All members complete a first-time group attendance form, we collect data from those who have attended to ask how they heard about the sessions and what they are hoping to gain from the support group, we also ask what topics or concerns they would like to be addressed at the group. This information is collated, and we develop groups and discussions depending on what the attendees would like to see and discuss. We actively encourage these forms to be completed in order to continually shape the model based on attendee's feedback.

The 'Men Like Us' support group has been extremely popular, we hope to have groups across the whole of Shropshire and Telford and Wrekin, we had record number of attendees in 2025 following BBC Midlands Today news report which aired in December 2024. We continue to receive enquiries for more 'Men Like Us' groups across the county, as the service continues to grow; we continue to enable people to access support from a wide variety of resources including our social prescribing teams, GP surgeries, cancer care navigators and word of mouth following our social media and Cancer Information and Support App.

Since launching 'Men Like Us' in March 2024 in Shrewsbury we had 10 attendees per month plus 3 volunteers the group has risen steadily over the last 12 months, we now have 20 registered attendees for the group plus 3 volunteers. Ludlow 'Men Like Us' launched in September 2024 initially at the first meeting there were 12 attendees plus 1 volunteer, numbers have fluctuated and 3 of the first attendees never returned but we now have 14 regular attendees each month plus 1 volunteer.

The first Telford 'Men Like Us' launched April 9th 2025, with a total of 14 attendees with a further 4 joining the following month.

What makes this initiative stand out?

'Men Like Us' is special because the evident change in men's thoughts, attitudes, and behaviour after attending the session reflects the importance of enabling the confidence of men through safe self-management. Along with LWS 'Men Like Us' is the essence of personalised care; through empowering men with information about what is available for them in order to help navigate them through an incredibly emotional and overwhelming time. Nationally, we are not aware of any monthly health and wellbeing model / support group delivered face to face; there are many online support groups, but evidence shows the positive impact the face-to-face sessions have had for throughout STW.

The key elements for the success of this model have been the promotion, awareness of the need to adapt the model depending on location and attendees from feedback and the positive response we have had from men who have attended and healthcare professionals at all levels, across all of the care sectors.

The simplicity and uncomplicated approach has had a huge impact on the men who attend as you will see from the feedback in supporting evidence.

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Picker Experience
Network Awards

Solothurner Spitäler

We make listening possible – even when conditions aren't ideal. Where there's a will, there's a way

solothurner
spitäler ag

Category

International

Organisation description

Solothurner Spitäler AG (soH) is a public hospital organisation in Switzerland. With around 4,300 employees, soH provides inpatient, semi-inpatient, and outpatient services in acute care, rehabilitation, and psychiatry. Our hospitals are located at several sites in the Canton of Solothurn and treat tens of thousands of patients annually.

Summary

Our initiative enables the measurement of patient experiences even under suboptimal conditions. Despite limited resources, we found a way to collect feedback directly during the hospital stay. The standardized yet adaptable methodology allows us to digitally capture and quickly evaluate data in a patient-centered way. This enables a continuous improvement process with direct impact on the wards.

Impact & results achieved

The digital survey conducted via terminals resulted in an increased response rate. In the pilot project, patient participation exceeded 39%. Significant insights were gained on topics such as communication, hygiene, discharge preparation, and perceived respect. The data were automatically transferred to dashboards, allowing leaders to analyze trends and take timely action. The visibility of potential improvements led to greater engagement in daily clinical routines.

What makes this initiative stand out?

What makes this initiative unique is its pragmatic approach: despite limited resources, an innovative and digital path was chosen to validly capture patient experiences. The combination of technology, clinical day-to-day operations, and continuous improvement distinguishes the project. Its participatory approach involving patients, nurses, and physicians was key to its success.

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The Patient Experience Network National Awards 2024

Recognising excellence in healthcare

WINNER

This is to certify that

Northumbria Healthcare NHS Foundation Trust

Tackling Health Inequalities when Delivering School Aged Immunisation Programmes Through Co-Design

is the Winner in the

Communicating Effectively with Patients & Families

category of the 2024

Patient Experience Network National Awards

South Eastern Health and Social Care Trust and Dementia NI

Hear Our Voice' - A Co-produced Lived Experience Documentary produced by people living with Dementia

South Eastern Health and Social Care Trust

Dementia NI

Category

Partnership Working to Improve the Experience

Organisation description

Dementia NI

Dementia NI founded in 2015 is a unique and dynamic local member led charity, dedicated to driving positive change in dementia services and policy for people living with dementia. Dementia NI has grown into a leading dementia charity in Northern Ireland with around 100 members supported by a passionate team of staff and Board of Directors. Dementia NI are committed to the organisations vision – a society where everyone with dementia is empowered to live well and feels valued and included. They provide training, education and awareness to organisations and the public.

South- Eastern Health & Social Care Trust

The South Eastern Health & Social Care Trust (SEHSCT) was established on 1st April 2007 part of a wider health service family it is one of 5 Trusts in total within Northern Ireland.

The Trust is an integrated organisation, incorporating acute hospital services, community health and social services and serves a population of approx. 345,000 people with a budget of almost £500 million. The Trust currently employs approximately 16,100 staff (including bank staff).

The Trust covers the local government districts of Ards, North Down, Down and Lisburn. The main hospital bases are: Ards Community Hospital, Bangor Community Hospital, Downe Hospital, Downshire Hospital, Lagan Valley Hospital and the Ulster Hospital.

Southern Health & Social Care Trust

The Southern Health and Social Care Trust (SHSCT) provides acute and community health and social care services to a population of approximately 403,750 adults and children. The Trust geography covers urban and rural areas across the councils of Armagh City, Banbridge and Craigavon, parts of Newry, Mourne and Down, and Mid-Ulster. The Trust serves a changing and diverse population including areas with high levels of deprivation and significant health needs.

Summary

'Hear Our Voice', is a co-produced educational lived experience documentary video created by people living with Dementia, facilitated and supported by Dementia NI Empowerment lead, South Eastern and Southern Trust Dementia Service Improvement Leads. The video was officially launched on 11th September 2024 at Stormont and released regionally across HSCNI with the support of the Health Minister, Department for Health and Public Health Agency.

This documentary is not just another resource, it is a window into the lived experience of dementia. This empathy-based documentary aims to educate, challenge stereotypes, reduce stigma and support the viewer to have greater understanding of how to provide compassionate, person-centred care to people living with Dementia.

Hear Our Voice amplifies the poignant and powerful voices of people living with Dementia, including those with young onset Dementia. It provides viewers with a glimpse into the creators' lived experience and their fervent desire to transform the narrative around Dementia.

Hear Our Voice is a call to action in which Dementia NI members share their challenges and invite viewers to follow their practical "Top 10 Tips".

At the initial planning stage, the idea was for a small series of interviews with Dementia NI members to be recorded and shared with Hospital staff. This idea quickly became much bigger than initially planned, in no small part due to the vision drive and determination of the members of Dementia NI. It was decided that this video could be shared more widely with the general public and within all health and social care environments.

Following the success of the video a "10 Top Tips" for supporting people living with Dementia in Health & Social Care Settings poster has been co designed with members of Dementia NI to supplement the documentary. The poster contains a QR code that takes the viewer direct to the video and allows them to leave valuable feedback. The poster was launched during Dementia Action week May 2025 and 3,000 copies have been distributed throughout Health & Social Care in Northern Ireland.

At all stages of the project planning, development, creation and editing discussion and decision making was led by the members of Dementia NI ensuring Co -production is at the heart of the project. The video demonstrates the strength and value of authentic co-production and is a testament to what can be achieved when we listen, collaborate and work together.

Impact & results achieved

In July 2023 we were delighted to be given the opportunity to showcase Hear Our Voice with an audience of 150 health and social care staff and leaders at a conference hosted by Queens's University. This temperature check allowed us to gather valuable feedback and ensure that the video was relevant and useful. Based on this feedback edits were made to the video and a trailer was designed and produced we also received feedback at a friends and family launch in August 2024 held at the University of Ulster. This preparation ensured success at the official launch in Stormont on the 11th September 2024 endorsed by the Minister for Health.

The resource is available on Youtube to maximise exposure following the official launch there has been over 5,000 views. *(important to note that Hear Our Voice is often viewed in group training or awareness sessions, therefore the number of people who have watched is significantly higher.

A formal feedback form and QR code was created. We have received feedback from 354 viewers to date through the formal feedback form and continue to collect ongoing verbal and written feedback. Respondents reported they found the video beneficial, that the training enhanced their knowledge of dementia or challenged their perception of dementia and that they had learned something that they could implement into their day to day practice.

Colleagues at Queens's university Belfast & Ulster university have given their commitment to support a 12 month post project evaluation to measure success and impact.

What makes this initiative stand out?

Hear Our Voice' Gives viewers a glimpse into the lives of those living with dementia, educates and promotes understanding. This documentary is not just another resource, it is a window into the lived experience of dementia and a call to action.

The courageous individuals who have shared their experiences and voices with us. Each one had the courage to open their lives and hearts in an honest, raw, and relatable way that is what has given "Hear Our Voice" its soul.

"Self-advocacy is a powerful tool and who better to educate and advise on how to support people living with Dementia than those living with the condition.

The Dementia NI members truly led on the project facilitated by the Trust staff this was a genuine patient led service improvement project. There was strong partnership working between healthcare staff and people living with dementia relationships built on trust and respect everyone with the same goal and pride in what has been achieved.

What started out as a small video gained a dream of being launched at Stormont endorsed by the Health minister, MLA's, Department of health, Public Health Agency, & Commissioner for Older people.

The video demonstrates the strength and value of authentic co-production and is a testament to what can be achieved when we listen, collaborate and work together.

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Southern Health & Social Care Trust, HSCNI

Seasons of Life

Southern Health and Social Care Trust
Quality Care - for you, with you

Category

Partnership Working to Improve the Experience

Organisation description

In Northern Ireland there are 6 Health and Social Care Trusts providing health and social care services. Our team is based in the Southern Health and Social Care Trust (SHSCT).

The SHSCT provides health and social care services across the five council areas of Armagh, Banbridge, Craigavon, Dungannon, and Newry and Mourne.

The 'Seasons of Life' team comprises of 16 professionals mainly working in the Children and Young People's Services Directorate (CYPS). The team also consists of 2 community organisation representatives, an Education Authority representative and we have 5 service users who are members of our steering group.

The 'Seasons of Life' team works in community settings, schools and in individual homes.

The HSC staff in the team are mainly Specialist Community and Public Health School Nurses and Paediatric Psychologists. School nurses are registered nurses with additional training in public health, focusing on prevention and early intervention to address both physical and mental health needs.

Paediatric psychologists help children, and their families cope with the psychological aspects of health conditions, developmental issues, and emotional or behavioural challenges.

Summary

'Seasons of Life' is an innovative bereavement and loss support programme developed by healthcare staff in the SHSCT and delivered within the school setting.

The team introduced new thinking by recognising loss extends beyond bereavement to include parental separation, care experience, refugee status, or family imprisonment—meeting an unmet and growing need. Delivered by a multidisciplinary team, the programme combines clinical expertise with creative approaches such as narrative and art therapy. Workshops offer a safe space for young people to explore grief, build resilience, and connect with peers

Strong leadership has driven the initiative's success, with a clear vision and strong communication. Success has been celebrated throughout the programme and the focus on staff wellbeing has increased morale. The programme has been co-designed with young people, parents, and staff, and adapted to include neurodiverse and ethnically diverse children—ensuring equity and inclusion.

A strong foundation for sustainability includes a Standard Operating Procedure, staff training, and senior leadership support. With growing demand and no similar initiative elsewhere in Northern Ireland, 'Seasons of Life' is highly transferable and ready for regional rollout.

'Seasons of Life' deserves recognition for its leadership, creativity, compassion, and powerful impact on the lives of young people.

Impact & results achieved

The Seasons of Life workshops exceeded expectations, producing positive outcomes for young people, school staff and families. Unexpectedly, school staff shared their own grief experiences, allowing our team to support them. Additionally, family members and carers informed us they had sought support for their own grief after seeing positive changes in young attendees.

Our team designed pre – and post-workshop questionnaires which were completed anonymously. The questionnaires used the Likert scale as well as open-ended questions, measuring coping, resilience, and knowledge of supports. Results showed increased awareness of resilience skills, increased understanding of normal and prolonged grief, and increased knowledge about available supports.

All young people found the workshops helpful, 85% wanted to attend again and 15% reported they were considering attending a further workshop.

Semi-structured interviews revealed attendees had gone on to have more open communication about grief and they had accessed some services we had signposted them to following participation at a workshop. Data was also gathered via written comments or drawings on paper tablecloths during sessions. This allowed anonymous sharing and no requirement to speak in front of the wider group.

In some schools, children who had previously disengaged with school life attended on the day solely to attend the workshop. This was a welcome outcome for both health and education staff.

The team ensured inclusivity for neurodiverse, special educational needs, and ethnic minority children in both the workshop and data collection process.

Workshops raised awareness of the role of the school nurse and other health services, evidenced by 43 requests for 1:1 support with the school nurse after the delivery of 6 workshops. There were numerous onward referrals to mental health services, Cruse, and school counsellors.

The workshops empowered the young people to form peer support groups in schools. The young people recognised that coming together with other people who felt similar to them reduced feelings of loneliness in grief. They made new connections and friendships with other young people in the school whom they didn't know prior to the workshops.

What makes this initiative stand out?

The 'Seasons of Life' initiative stands out as this is the first programme of its kind in Northern Ireland to provide tailored, school-based workshops supporting children through bereavement and a wide range of losses- such as parental separation, being a 'Child in Care', having a family member in prison, or fleeing as a refugee. It recognises that grief takes many forms, and every child's experience matters. What sets it apart is its inclusive, adaptable approach. It recognises that loss extends beyond death and affects children in diverse and deeply personal ways.

The programme was co-designed with children, families and professionals ensuring it is not only clinically informed but also emotionally resonant and accessible. We have embedded creative, child-friendly tools such as anonymous drawings on paper tablecloths, to capture young people's honest thoughts. We have developed peer-led support structures, which foster trust and reduce the stigma around grief.

Another distinctive feature is its dual impact – supporting children and the adults around them. School staff and families have been empowered to better understand and respond to grief, creating a whole community approach to emotional wellbeing.

It is scalable, sustainable, and already in high demand, with no comparable programme currently available in the region. Its success lies not just in what it delivers, but in how it connects, empowers and transforms the experience of loss for young people – making them feel less alone and more understood. 'Seasons of life' helps the young people find hope, comfort and a safe space during some of the most difficult times of their lives.

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Southport and Formby Health

Extended Service Access to Cervical Screening

Category

Measuring, Reporting and Acting - Using Insight for Improvement

Organisation description

Southport and Formby Primary Care Network (PCN) is made up of 14 GP practices, providing care to just over 128,000 patients in the local area, employing 64 staff members across our services. The Southport and Formby areas are part of Sefton Metropolitan Borough Council, Merseyside, which is part of the wider Liverpool City Region Combined Authority.

- Within our work, Southport and Formby PCN commission or are the provider of services including:
- 7-Day GP Service (extended and enhanced access)
- Clinical Pharmacists and Pharmacy Technicians
- Digital Clinical Coding Hub
- Digital Transformation Team
- Enhanced Health in Care Homes
- Early Cancer Detection
- Health and Wellbeing Coach
- Mental Health Practitioners
- Social Prescribing Link Workers (including specialist Cancer Link Workers)

We also have multiple innovative programmes across our 14 GP practices such as our General Practice Assistant scheme and our recently appointed ARRS General Practitioners to name two examples.

We work as a partnership to improve patient outcomes, build resilience and sustainability across General Practice, drive innovation to increase quality of care, empower our patients and local communities to feedback and shape local NHS services, collaborate with partners across all sectors, improve access and optimise digital resources. The overall aim of this is to improve the health and wellbeing of our local population.

As a network, we have developed and are implementing our own strategies around communications, digital and health inequalities to accelerate change and ensure we are reaching all communities within our local population.

Summary

This initiative has revolutionised cervical screening access in Southport and Formby by transforming insight into tangible improvement. Recognising that the traditional GP-led booking system limited accessibility, we analysed data from our NHS England cervical screening drop-in bus pilot, where patients not screened in over 20 years finally accessed care. This crucial insight shifted our approach, leading to a new model allowing eligible patients to book appointments directly via our 7 Day GP service phoneline which runs from 9am–9pm.

Our Cancer GP Lead and Early Cancer Diagnosis Care Co-ordinator drove this innovation by setting clear goals and engaging stakeholders, including patients, carers, and community organisations, from beginning to implementation. Data analysis shaped the service, ensuring it addressed local needs, improved inclusion, and tackled health inequalities head-on. Performance is continuously measured through patient uptake, demographic analysis, and feedback, revealing increased participation, among previously under attended age groups.

Sustainability is built in the model is simple, cost-effective, and easily transferable across other regions. By using data-driven insight to reimagine service delivery, this initiative not only enhanced patient experience and access but also set a benchmark for responsive, evidence-based improvement.

Impact & results achieved

The initiative has significantly improved access to cervical screening, making the process more streamlined and patient centred. Success was measured using clear metrics: total calls received, appointments booked, attendance, cancellations, and DNA (Did Not Attend) rates over a six-month period (16/12/24 – 9/6/25). In total, 235 calls were received, resulting in 229 appointments booked. Of these, 175 patients (76%) attended their screening, a strong indicator of improved engagement. Only 19 (8%) did not attend, while 35 (15%) cancelled, 14 of which were proactively cancelled by the service, preventing wasted appointments and unnecessary trips for patients.

Notably, 112 attendees (65%) were previous non-responders, 5 (3%) were attending their first ever smear, and 24 (14%) were a mix of first-time attenders and those who had ignored at least three previous invitations. Routine or due screenings accounted for 29 (17%) of appointments, and 2 (1%) were not yet due.

These results demonstrate both increased uptake and improved efficiency, with lower cancellation and DNA rates. Measuring attendance and non-responder engagement was key, as these are direct indicators of breaking down barriers to screening. The data highlights the initiative's clear and positive impact on local screening outcomes.

What makes this initiative stand out?

What makes this initiative truly special is its transformation of insight into real, measurable improvement in cervical screening access. Unlike traditional GP-led systems that can act as barriers, our model empowered patients with a direct booking phoneline and extended clinic hours, making it easier for everyone, including non-responders and first-time attenders—to take control of their health. This shift was driven by local data from the NHS England drop-in bus pilot, which revealed that accessibility not just anxiety was a major obstacle for our community.

Key to the initiative's success was genuine collaboration: patients, carers, GPs, practice staff, and community partners were involved at every stage, shaping a service tailored to local needs and tackling health inequalities. Our multi-disciplinary team ensured robust governance, effective communications, and efficient delivery, supported by strong data collection and continuous feedback.

The results speak for themselves: 76% attendance, high engagement from previously underserved groups, and improved efficiency. The initiative's simplicity, sustainability, and transferability set it apart, direct booking is now embedded in routine practice, and our model is already being shared and can be adapted regionally. This evidence-based, patient-centred approach offers a benchmark for impactful, scalable innovation in screening services.

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Surrey and Sussex Cancer Alliance

South East Regional Lynch Syndrome Transformation Project

NHS
Surrey and Sussex
Cancer Alliance

Category

Partnership Working to Improve the Experience

Organisation description

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

We are entering this award to showcase the power of provider collaboration in transforming patient access to genomic testing, leading to early cancer detection and prevention.

Lynch Syndrome is the most common inherited cause of bowel and endometrial cancer, yet 95% of those affected remained undiagnosed prior to the South East Regional Lynch Syndrome Transformation Project. Time to diagnosis was high and screening uptake was low.

To address this urgent need, Surrey and Sussex Cancer Alliance (SSCA) partnered with the South East Genomic Medicine Service (SEGMS), and three other cancer alliances across the South East, along with the charity Lynch Syndrome UK and patient champions to deliver a unified, patient-centred model for Lynch Syndrome testing across the region.

The partnership developed a regionally-standardised pathway, moving Lynch Syndrome screening from clinical genetics services to local nurse-led "mainstreaming" clinics, supported by a regional multidisciplinary team (MDT). This innovation dramatically improved time to diagnosis, access to screening and equity of testing.

100% of surveyed patients reported a positive experience of the mainstreamed pathway as a direct result of provision of care through secondary care teams. Findings from the patient experience survey have been used to create a Guide to Lynch Syndrome for patients which will publish soon.

The findings and methodology of this project have been presented nationally and provide a model for replication across the country.

"As a patient living with Lynch Syndrome, I'm incredibly proud of what we have achieved together. Whilst I am just one Lynch voice, it was reassuring to know that I was treated as an equal part of the team and that my questions, queries and suggestions were all listened to and acted on appropriately" - Emma Jenkins, patient advocate for the regional Lynch Syndrome Transformation Project.

Impact & results achieved

This innovation dramatically improved speed, access and equity in Lynch Syndrome testing. Key achievements included: Screening uptake increased from 5% to 94%. Equity of access improved through standardised regional pathways, reducing geographical variation. 92% of MDTs are now trained to consent and order germline tests. Time to diagnosis has improved by 56%. 100% of surveyed patients reported a positive experience of the mainstreamed pathway, as a direct result of provision of care through secondary care teams. A regional MDT and Expert Network was established to provide clinical oversight, support shared learning, and disseminate updates. Patient voice: Advocate Emma Jenkins was involved throughout. Patient experience feedback was collected from over 120 patients through surveys and interviews. Patients who experienced a mainstreamed pathway shared that their care was well integrated, given that their cancer team was responsible for both their treatment and genomic testing.

Progress of the project was tracked through regional audits, Patient Level Contract Monitoring (PLCM) data and laboratory test volumes from different referring centres.

This unique collaboration involving providers and four cancer alliances enabled wide-scale sustainable change at pace, fostering excellent strategic relationships and best practice learning.

More people are now diagnosed with Lynch Syndrome than ever before, demonstrating how collaboration can reduce variation and drive earlier cancer detection at scale across the NHS.

“By working together, we have achieved far more for our patients than we could ever have done alone. We can now confidently say that everyone who should be screened for Lynch Syndrome is, and more people than ever before are being diagnosed and so can benefit from measures to reduce their chances of developing cancer.” Dr Dimitra Repana, joint lead for the South East Regional Lynch Syndrome Project.

What makes this initiative stand out?

This project is unique in bringing together the genomic service, four cancer alliances and patients with the common goal of improving patient access to Lynch Syndrome testing.

Prior to this project, 95% of people with Lynch Syndrome did not know they had it. We worked together to change that statistic by:

- diagnosing people earlier and quicker, ultimately saving lives
- ensuring equitable access to testing via new mainstreamed pathways across the South East.

The success of this project can be directly attributed to provider organisations working as one system and the engagement of patients from the outset.

The project offers a scalable, replicable model for how the NHS can deliver personalised, preventative care through deep, sustained collaboration across organisational boundaries.

The key elements contributing to its success are:

Regular collaboration which created a strong network of trust and mutual accountability, therefore reducing duplication, identifying efficiencies and enabling teams to share resources and solutions. Enrolling patient advocate, Emma Jenkins, as a member of the project team from the outset to ensure the patient voice was always at the forefront of decision-making. Ensuring relevant leads in all four cancer alliances were actively involved through monthly governance meetings and local and regional working groups. Involving clinical leads, mainstreaming nurses and operational leads at every stage to ensure alignment across the entire pathway. These forums curated an open and supportive relationship across teams that had previously worked in silos. Having transparent action tracking and reporting. Ongoing events, tailored pathway improvement toolkits and mainstreaming feedback mechanisms which ensured continuous improvement and regional alignment. This approach ensured consistency, improved quality and built strong regional relationships amongst stakeholders that will support future transformation programmes. Centralising programme administration through the SEGMS which allowed the focus to be on local transformation while enabling colleagues from across the region to learn from each other.

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The Independent Neurology Liaison Group

Service users, carers and family members working to improve patient safety, governance and accountability in health and social care

Category

Patient Contribution

Summary

The Independent Neurology Liaison Group (INLG) represents a compelling, high-integrity model of patient-centred reform. From its structured five-phase working model to its proven track record of impact, the INLG has set new standards for how co-production is defined and delivered in health and social care.

The group brought together individuals harmed by the system to help rebuild it. They reviewed all 76 recommendations, produced multiple formal outputs, and worked collaboratively—but independently with the Department. Their contributions enhanced the assurance frameworks and directly influenced implementation at Regulators, Healthcare providers and Departmental levels.

Structural safeguards, such as an independent secretariat and dual reporting lines, preserved the group's autonomy. All outputs were subject to consensus, with no changes made without group agreement. Transparency and equity were not only upheld—they were operationalised.

Their work led to:

- A common definition of patient safety across HSC, aligned with WHO standards
- Governance reform, including mandatory Patient Safety and Quality Committees
- Revised complaints, SAI, and restriction procedures grounded in public accountability
- Influencing of Departmental guidance on openness and candour

The INLG created a new architecture for reform—sustainable, transferable, and grounded in a public voice. Already adopted as a model for the Urology and Muckamore Abbey responses, they have proven that co-production is not only ethical but effective.

The Northern Ireland Department of Health demonstrated vision and courage by embracing this approach—centred on those harmed by systemic failure and the result was a radical reimagining of how healthcare systems can rebuild trust. Not an advisory group, but a reform partner. Not a token voice, but a trusted architect of system safety.

What makes this initiative extraordinary is that it demonstrates, irrefutably, that when those failed by the system are made equal partners in reform, the results are more honest, robust, and enduring. They did not merely influence change—they became the change.

Yet behind this achievement lies a profound and often unacknowledged cost. Every member of the INLG carried the weight of personal trauma—some having lost loved ones, others continuing to experience harm from the failures they sought to correct. Participating in this process meant revisiting some of the most painful chapters of their lives. Policy rooms and governance forums are not designed for emotional safety knowing this, the Department and the group developed independent mechanisms to ensure they could minimise risk of emotional pain and further trauma.

Members showed up not for redress, but for reform. They balanced grief with purpose, exhaustion with clarity. They brought empathy into bureaucratic spaces, and humanity into the architecture of system change. Their contributions were not abstract; they were carved from lived experience, personal sacrifice, and a shared belief that what had happened must never happen again.

The role of the group's Co Chair, Tom Ward, elected by members to represent them in wider forums and decision making bodies, cannot be overstated. By grounding discussions in the words and findings of the Inquiry, he consistently reminded all partners in the co production process why the group had been formed. His ability to channel the moral weight of the Inquiry's conclusions often swayed opinion, built consensus, and helped chart a constructive way forward. He exemplifies the leadership required on the lay side of co-production, a component often overlooked in developing these strategies but key to their success.

The group deserve recognition not only for what they achieved, but for the emotional labour and courage it required. They did what the system could not do alone: restore credibility, rebuild safety, and redefine the future of co-production in healthcare—at great personal cost, and with unwavering dignity.

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Picker Experience Network Awards

The Walton Centre NHS Foundation Trust

Brain Tumour Therapy Coordinator Service – the Walton Centre NHS Foundation Trust, Liverpool

NHS
The Walton Centre
NHS Foundation Trust

Category

Team of the Year (including complaints and PALs)

Summary

"But how will I feed my cat?"
(Focus group attendee, 2024)

13% of people diagnosed with brain tumours live five years. Patients face many challenges affecting daily activities (Losing Myself, Brain Tumour Charity, 2015).

NICE guidelines (2018) recommend access to dedicated Allied Health Professionals (AHPs) from diagnosis to end-of-life. At the Walton Centre NHS Foundation Trust (WCFT), Liverpool, this was limited to inpatient therapy during acute care.

Macmillan funding was secured for two years in April 2024 to explore therapy needs for patients with primary brain tumours along the surgical pathway.

Progress to Date
Co-production with patients and carers: Planning and delivery through patient engagement events, collaboration with Clatterbridge Cancer Centre, Cheshire and Merseyside Cancer Alliance (CMCA), and ongoing Patient Reported Experience Measure (PREM) evaluation. Patients have rated the service as 'very good' with maintained or improved quality of life despite disease progression. Holistic care: The service is embedded in the neuro-oncology team, offering person-centred care from diagnosis, both in-person and remotely. Collaboration: Strong links with CMCA, Macmillan, CCC, C+M ICB, and regional networks ensure alignment of priorities. Learning and development: Learning from Networks for example Metastatic Spinal Cord Compression, with aspirations to scale work to include those with metastatic cranial disease, and provide support colleagues in neighbouring hospitals. Pathway integration: Working with Urgent Care and Brain Tumour Optimisation pathways to support same-day discharge. Community focus: Partnerships with local equality and diversity leads and organisations like Liverpool Citizens and Everton in the Community. Research and service evaluation: Support ongoing improvement and have demonstrates cost savings across the system. The team's work has been described as "the missing piece" in patient care (Focus group participant, 2025).

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Get ready to play Andy Rice!
Answer fast to get more points!
Question 1 of 10

Ulster University

Beyond the Prescription: Metabolic Monitoring of Atypical Antipsychotics in Primary Care

Category

Student Patient Experience Advocate of Tomorrow

Summary

The impact of this project was both measurable and meaningful, benefiting both patients and the practice team.

The primary beneficiaries were patients prescribed antipsychotic medication, who are at increased risk of physical health complications and therefore require regular monitoring. By providing patient-facing leaflets with links to further resources, we aimed to support informed decision-making, even if patients chose not to attend, they were better equipped to understand the importance of monitoring. Additionally, by increasing the number of patients with up-to-date metabolic monitoring, we enabled earlier identification of potential issues such as metabolic syndrome, thereby supporting safer prescribing and improved long-term outcomes.

The practice team also benefited from the intervention. The introduction of an annual recall system and clear guidance materials for staff streamlined the monitoring process, making it easier for staff to identify and follow up with at-risk patients. These changes were positively received; I received informal feedback from the practice pharmacist, who noted improvements in workflow efficiency and patient engagement.

This project enhanced my understanding of the patient experience, particularly the barriers that people with serious mental illness face in accessing routine physical healthcare, such as low engagement and communication challenges. By designing simple, accessible interventions like leaflets and SMS reminders, I saw how small changes can help empower patients and reduce inequalities in care.

From a leadership perspective, the project taught me how to identify a clinical need, engage stakeholders, and drive structured change using the PDSA model. I had to communicate across a multidisciplinary team, adapt based on feedback and take ownership of the process; all of which deepened my understanding of collaborative leadership in healthcare.

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Picker Experience
Network Awards

Ulster University

Improving the use of syringe drivers and anticipatory medications in primary care: a QI project in General Practice

Ulster University
SCHOOL OF MEDICINE

Category

Student Patient Experience Advocate of Tomorrow

Summary

I developed an EMIS template and code for palliative patients which encompassed syringe driver use, contents and stat doses of anticipatory medications. This has been widely employed and is now a permanent feature in practice and is used regularly. It has improved medical record keeping and multiparty communication and is useful for medico-legal purposes.

I also distributed information leaflets about syringe drivers to relevant households and this has improved patient and public education. Staff feel that families and patients are better informed and less hesitant to instigate syringe drivers as a result and end of life care and patient relationships have greatly improved.

I received excellent feedback from staff after presenting at a regional conference and I have improved my knowledge and understanding of the subject as well as demonstrated competency at improving and analysing systems. I was able to communicate with secondary care colleagues to help inform the project and have shown professionalism and patient centredness.

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Ulster University

Increasing the uptake of physical annual health reviews for those with severe mental illness.

Category

Student Patient Experience Advocate of Tomorrow

Summary

These clinics took a large amount of time from all teams in the practice; it involved taking a history, addressing any concerns and needs, taking bloods, helping monitoring that fell through the cracks, signposted to other healthcare opportunities, made new diagnoses, started appropriate treatments and organised follow ups as needed.

Beyond the statistics, this project humanised care for a deeply marginalised group. It empowered patients, educated clinicians, and deeply transformed my own practice as a future doctor. As a student myself, my skills in communication, risk assessing and investigating and managing came on leaps and bounds. I gained so much confidence and found a greater sense of empathy for patients and their struggles. Our practise has certain auditing requirements and having this up to date information helped with their auditing process. As mentioned, it relieved the workload of the doctor's and they felt they learned a great deal about the multi-morbidities of those with SMI.

Importantly, this model is sustainable. Incoming students have been briefed and equipped to continue the clinics, ensuring this isn't a one-off effort but a growing culture of change. I believe this initiative deserves recognition not just for the data or efficiency, but for how it humanizes care for a marginalised group. If selected, this recognition would not only validate the work already done – it would also help champion its continuation and replication in other practices.

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Ulster University

Teddy Bear Hospital

Ulster University
SCHOOL OF MEDICINE

Category

Student Patient Experience Advocate of Tomorrow

Summary

The Teddy Bear Hospital was officially set-up in 2024, with the second year taking place this year.

The impact has been huge - even from day 1. We received a huge number of emails, messages and notes of appreciation from the school and parents support group about how we have helped the kids overcome some of their fears and worries about healthcare. I cannot take full credit for the running of the events as it really was a team effort and will continue to be a team effort. I feel the feedback from the Derry Journal and having ITV/BBC interview members of the society, shows the impact it has made - it was local and now is national across Northern Ireland.

We have had feedback from the volunteers who helped us over the two years, and have given invaluable feedback on making it slicker for the next run. They also sent messages of thanks and how much they enjoyed the day, thinking they would never enjoy working with children in this sort of role. We aim to expand the society to not only medical students, but to nursing, physio, speech and language students to name a few. Paediatrics requires a huge multidisciplinary team in order to improve and provide quality healthcare, and I know this has to start from the beginning of training for all healthcare professions, none more than Paediatrics.

I am extremely proud of how the society has developed from 2022, with high quality events taking place yearly since its inception. The Teddy Bear Hospital is the crown jewel, and I know how proud I am of how other students have thrown themselves into it. A lot of volunteers would openly admit that Paediatrics is not for them, and that children's medicine is not something they would do or consider, but have come out after the hospital and realised how much fun they had. They enjoyed interacting and entertaining the children, making them smile and laugh, whilst also having fun themselves. Medicine can be an extremely testing profession at the best of times, and it is rare that situations or opportunities arise which allow people to have fun and entertain - bringing out all of the personalities that are sometimes hidden!

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#PENNA23

University College London Hospitals NHS Trust

High Quality Care for Patients through Exceptional Care for Staff: UCLH Staff Engagement and Wellbeing Success Story

NHS
University College
London Hospitals
NHS Foundation Trust

Category

Staff Engagement and Improving Staff Experience

Organisation description

University College London Hospitals (UCLH) NHS Foundation Trust is a leading NHS Foundation Trust in the London, renowned for providing first-class acute and specialist services.

UCLH operates across multiple sites in North Central London, with its main hospital, University College Hospital, located on Euston Road. Other key locations include the National Hospital for Neurology and Neurosurgery, the UCH Macmillan Cancer Centre, the Royal National ENT and Eastman Dental Hospitals, Grafton Way, Westmoreland Street, the Hospital for Tropical Diseases, and the Royal London Hospital for Integrated Medicine.

UCLH is a large organization with an annual turnover of approximately £1.6 million. It employs circa 11,500 staff. Each year, our hospitals care for over 1 million patients both as outpatient appointments and inpatient services.

UCLH is engaged in providing a wide range of acute, as well as specialized and complex care. This includes:

Acute and Specialist Services: Covering a vast array of medical and surgical specialties, from general medicine to highly complex conditions including neurological disorders, Women's Health Services, Cancer Services, Proton Beam therapy, ENT, Dental Services, amongst many others.

Major Teaching Centre: Its hospitals are significant teaching hubs, offering training for doctors, nurses, and other healthcare professionals in partnership with University College London (UCL) and other universities.

World-Class Research: UCLH collaborates closely with UCL in research. As one of the UK's leading NHS hospitals and one of the world's leading universities, our vision if to ensure that advances in medical science, led by our scientists and clinicians, are best used to improve care for patients, at UCLH and beyond.

The close partnership between UCLH and UCL in research is enabled by the National Institute for Health and Care Research UCLH Biomedical Research Centre (BRC), which invests in research at UCLH and UCL.

Summary

Happy staff means well cared for patients. Exceptional care of staff, as is the vision at UCLH, enables the best care for patients. UCLH's innovative, co-created Health and Wellbeing Programme (Be Well), launched in 2021, exemplifies staff engagement and experience through a holistic, whole-person approach. Grounded in the NHS England's Health and Wellbeing Framework, and extensive engagement and feedback from staff, the programme addresses all aspects of wellbeing. Since 2021, feedback from staff has been overwhelmingly positive and, for some, Be Well has been life changing.

Impact data shows consistent, widespread, improvements in all areas of Staff Engagement and Experience (NHS Staff Survey) with UCLH voted the 'most recommended trust to work for' (acute/community trusts) in the annual staff survey for the last 3 years. At UCLH, we know that staff experience goes hand in hand with patient experience and UCLH is the highest scoring acute trust in London for patient satisfaction (2023 National Inpatient Survey).

Data from a recent Trust Wellbeing Survey also showed that almost all respondents (80%-95) were aware of our key wellbeing service providers and a large proportion (89%) engaged with at least one of these, suggesting benefits are being realised across the organisation.

Impact & results achieved

Due to the complexity of the large -scale programme, and the need to ensure value, a comprehensive evaluation framework was implemented. This was based on NHS evaluation guidelines, CECAN complexity evaluation toolkit, and the UCLH Quality Improvement tools.

Overarching outcomes measures of the programme include:

UCLH is the 'most recommended trust work' (acute/community) 3 years running, the 'most safe and healthy' trust to work within the Shelford Group of Acute NHS Trust (NHS Staff Survey) and the highest scoring acute/acute combined trust in London in the 2023 National Inpatient Survey.

Equity, Diversity, and Inclusion measures of the programme include:

We have seen improvements in wellbeing for staff with protected characteristics such as 1.4% improvements in staff identifying as having a disability feeling that 'their manager takes a positive interest in their wellbeing' and 3.7% improvement in feelings that the 'organisation takes positive action on health and wellbeing' (2023-24 NHS Staff Survey).

Highlights from the individual workstream impact measures, include:

Being-Well: We have 600% (n=320) more WBC, representing 99% of divisions, leading a growing wellbeing culture. 1.5% improvement in staff reporting UCLH's positive action on Health and Wellbeing (2023-24 NHS Staff Survey)

Communicate-Well: Trained UCLH mediators and mediation leads, have increased mediation delivery by 250%. Thousands of staff attended difficult conversation skills practice, Active Bystander Training and 1:1 conflict coaching (n=256).

Eat/Hydrate-Well: Twelve 24/7 smart fridges were rolled out. A pilot survey of two high-pressure areas showed a 74% improvement in out-of-hours food accessibility (compared to 2021), with 89% of respondents expressing a positive impact on their wellbeing.

Finance-Well: 15 financial wellbeing interventions have been implemented. 125,000 50p hot drinks/meals have been provided. 83% of survey respondents reported an impact on their wellbeing – feeling valued, saving money, and supporting social interaction.

Relax-Well: 217 teams involved, with feedback indicating a positive impact on Staff Experience (96%), Morale (98%) Wellbeing (97%) a sense of enhanced team bonding, wellbeing, and patient care.

Rest-Well: 125 team requests, benefiting staff across multiple sites, showed an overwhelmingly positive impact on Staff Experience (96%), Morale (98%) and Wellbeing (97%) with staff expressing they now more likely to rest, eat well and socialise between shifts.

Lead-Well: Piloted positively rated new wellbeing training and resources for managers with 5.3% improvement in staff 'feeling that their immediate manager takes a positive interest in their Health and Wellbeing (2021 - 2024 NHS Staff Survey)'

Feel-Well: Supported UCLH SPWS to increase 1:1 clinical appointments by 50.4% and other clinical activities by 47.3%. Wait times reduced from 20 days to 4 with staff expressing the service to be "invaluable to the trust". New 3-days a week Citizens Advice Camden Service for Staff, yet be evaluated, which is well used and received well.

Work-Well-Anywhere: Since implementing the Flexible and Remote Working Policy and desk booking system, more staff feel that UCLH is 'committed to helping staff balance work and home life' (9.8%) and are satisfied with opportunities for flexible working patterns (4.51%) (2021-24 NHS Staff Survey).

Work-Well-Together: 68% of Divisions have benefitted from bespoke team development support. 'We are a team' people promise increased from 6.1 to 6.92. between 2021 and 2024 (NHS Staff Survey).

What makes this initiative stand out?

The success of Be Well is down to 7 key factors – senior leadership support, staff engagement/empowerment, collaboration, consistency, ensuring the basics (from food, hydration to respite space, and much more) and evaluation. Taking the time to listen to the unique needs of staff and building something unique, that goes beyond a 'bolt on' of 'off the shelf' wellbeing programmes, is fundamental to success. Focussing on 'getting the basics right,' before moving on to more advanced provision, ensures our staff needs are being met and they feel safe and supported. Staff have said many times that the basics like food and hydration support them to be able to continue to offer excellent patient care.

UCLH's wellbeing culture has been growing for 5 years and is now a consistent factor at UCLH. Be Well has been designed by staff, for staff and is led by staff (with support of key staff support teams) enabling us to create a workplace in which staff feel safe, happy, and cared for which in turn offers better quality care to our patients.

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Picker Experience Network Awards

University Hospital Bristol and Weston NHS Foundation Trust

Snowdrop Appeal and the Bereavement Spaces Refurbishment

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Category

Support for Caregivers, Friends, and Family

Organisation description

St Michael's Hospital is part of the University Hospitals Bristol and Weston NHS Foundation Trust. We are the Gynaecology and Early Pregnancy, Maternity and Neonatal centre for UHBW. The birth rate is approximately 5000 per year. The Ashcombe birth centre in Weston is also part of our early pregnancy care. St Michael's has a tertiary Fetal Medicine Unit and a Level 3 Neonatal Intensive Care with Cardiac and Surgical specialities. The Snowdrop bereavement team is based in St Michael's and supports families facing a pregnancy or baby loss throughout both hospitals. Since the team started 2 years ago, we have cared for over 350 families.

Summary

The bereavement spaces refurbishment was a project to update and refresh various bereavement spaces within St Michael's Hospital and Weston Hospital. It is one of the only projects of its scale for bereavement care within the UK.

The project initially started off as an application for a lightbox in the delivery suite bereavement area. It was noted that all bereavement spaces needed updating so we addressed this widespread problem with one project. This meant that we could align all areas with artwork and colour themes.

This project was a multidisciplinary project involving many different areas across the two hospitals led by both BWHC and the Snowdrop team with nominated leads from each area.

The overwhelmingly positive feedback from families and staff highlights the impact this project has had. There has been an increase in uptake for use of these spaces and this is reflected in the feedback we have received during national processes such as PMRT and MBEM.

This project was initiated by patient feedback and the path it took was led by continuous family and staff feedback, including linking in with charitable support groups which support people from a diverse range of backgrounds.

We continue to share our project and results locally and nationally at conferences and through poster presentations.

Impact & results achieved

The impact of the project has been incredible. We have more families opting to stay in these spaces, meaning that they are being able to spend more time with their baby to create lifelong memories. Staff are feeling more confident in caring for these families as

they have dedicated and private spaces. Other staff, such as cleaners and porters, are more aware of what the spaces mean and therefore are quieter and more respectful around these families.

For us, the most important feedback we have is from parents and staff members. I have included some of this below.

"The Lavender suite was such an important place for us to be able to stay. Our family were able to visit, we had a small naming ceremony and most importantly we were able to spend time being parents even though our baby had died." (Parents of a stillborn baby).

"We decided not to see our baby after we delivered but then changed our mind once we were home. The Snowdrop team brought us to the Rosemary room so we could see our baby. We gave her cuddles, took photos and made some memories. We are so glad to have been able to do this." (Parents who used the mortuary viewing room to spend time with their baby).

"There was a room on the ward where the Snowdrop team were able to take my husband to discuss the next steps following our miscarriage. I didn't feel able to be part of that conversation but it was a comfort to know that he wasn't far away from me. It was a space where he could spend as long as he needed to without being interrupted and that was invaluable for both him and me." (Mother being cared for on Gynaecology ward).

"It feels that we can support parents better now by giving them options to stay in a quiet and comforting area. We have the space to do memory making with them and for the Doctors to come have conversations with them." (Staff member).

"It doesn't feel like we are rushing around trying to find a quiet room for them anymore. We have told them the worst news that their pregnancy has ended but at least now we have a space where they can sit in silence and support each other before having to face the outside world" (Practitioner working in Early Pregnancy).

What makes this initiative stand out?

This initiative has felt very special to our team as it has sensitively raised awareness around pregnancy and baby loss whilst improving the spaces and areas where these families will be cared for. Pregnancy and baby loss is still seen as a taboo, but we have received feedback from bereaved families and the general public saying how important the appeal has been and how pleased they have been to see their care being prioritised. Our bereaved families have been at the very core of this project

This was a true multidisciplinary project and through the inclusion of different staff areas of the hospital and a variety of staff members, it has meant that we have been able to achieve something special. Despite the project being led by BWHC and the Snowdrop team, the input from all the other teams was invaluable.

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Picker Experience Network Awards

University Hospital Bristol and Weston NHS Foundation Trust

The Clinical Navigator Role

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Category

Commissioning for Patient Experience & Partnership Working to Improve the Experience

Organisation description

We introduced a brand-new Clinical Navigator role within endoscopy, designed specifically to proactively identify and support patients who face barriers to care. Inspired by the Oliver McGowan mandatory training, this role is co-produced with patients, carers, and MDTs to shift the focus from "what's wrong" to "what matters." Rather than expecting patients to seek help, the Navigator reaches out—listening, advocating, and coordinating care in a way that is bespoke and compassionate.

We built collaborative links with Learning Disability teams, mental health services, oncology teams, alcohol liaison, and children's services to ensure smooth transition and shared understanding. We adapted appointment structures, created flexible pathways, and coordinated multiple investigations into a single episode of care where possible.

Summary

The Clinical Navigator role is a pioneering, co-produced initiative designed to address health inequalities in endoscopy by proactively supporting vulnerable patients—those with learning disabilities, mental health challenges, or transitioning from paediatric care. Rather than waiting for patients to seek help, the Navigator reaches out, listens, and advocates, tailoring care around individual needs.

Rooted in the Oliver McGowan training and shaped by patient voices, this brand-new role exemplifies fresh thinking and patient-centred innovation. It bridges gaps between services, coordinating appointments and working across teams to reduce barriers and build trust.

Impact has been powerful: reduced DNAs and cancellations, improved appointment utilisation, and overwhelmingly positive patient feedback. Many have said they would not have attended without this support. The Navigator has shifted culture—improving staff confidence and placing patients back at the heart of care.

The model is sustainable, embedded in current pathways, and highly transferable to other services. Co-production, inclusivity, and advocacy remain its foundation, making it a compelling example of compassionate leadership, measurable outcomes, and scalable impact. The Clinical Navigator isn't just a new role—it's a novel way of improving endoscopy services for all.

Impact & results achieved

The Clinical Navigator role has delivered measurable, meaningful outcomes across multiple domains. Over 200 patients have accessed the service to date, each receiving bespoke support that enabled them to attend and complete procedures they may otherwise have avoided. Feedback has been overwhelmingly positive—from patients, carers, bookings teams, and clinical staff alike. Patients report feeling listened to, understood, and genuinely cared for: "I wouldn't have come without the extra support"; "This is the first time I felt safe at endoscopy."

A key success has been the elimination of cancellations on propofol sedation lists, a high-demand and resource-intensive service. By identifying and addressing concerns early—such as fear, communication difficulties, or practical access issues—the Navigator ensured attendance, preserving precious theatre time and improving patient flow. Bookings staff report greater confidence in scheduling patients with complex needs, while clinical teams note improved preparation and reduced procedural anxiety.

The data shows improved appointment utilisation and a significant reduction in DNAs across all sites involved. Staff also report a cultural shift—greater awareness, more flexible thinking, and increased compassion. These outcomes demonstrate both improved patient experience and operational efficiency, reinforcing the value and necessity of this role.

What makes this initiative stand out?

The Clinical Navigator initiative is a bold, innovative response to a deeply embedded issue—healthcare inequality in diagnostic access. It was born out of a commitment to equity, compassion, and co-production, and it has delivered on all fronts: improved patient experience, increased efficiency, reduced cancellations, and strengthened collaboration across services. With over 300 patients supported and no propofol list cancellations due to DNAs, its impact is both human and operational.

What makes this initiative award-worthy is not just the outcomes, but the philosophy behind it: proactive advocacy for those who need it most. The Navigator doesn't just support patients—they champion them, listen to them, and build services around them. In doing so, they challenge the norms of a system that too often expects patients to fit in, rather than meet them where they are.

We believe this role represents the future of inclusive, person-centred care. It is sustainable, scalable, and replicable. We invite others to take this model, learn from it, adapt it, and continue the work of putting patients back at the heart of the system. Recognition through this award would affirm the importance of that mission—and inspire its continued spread.

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Picker Experience Network Awards

University Hospital Bristol and Weston NHS Foundation Trust

Young people setting the strategy: the role of the Youth Involvement Group at UHBW

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Category

Engaging and Championing the Public

Organisation description

Bristol Royal Hospital for Children is part of University Hospitals Bristol and Weston Foundation Trust. Alongside providing local services to the Bristol, North Somerset and South Gloucestershire community the hospital provides a number of tertiary services to children and young people across the south west and in some specialities nationally. Whilst many patients attend for short appointments or day case treatment, 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

The Youth Involvement Group at University Hospitals Bristol and Weston NHS Trust provides a mechanism for young people aged 11-21 years old to shape services and change. Although the group has been established for 10+ years, consultation with young people and changes to the structure of the group has led to increased opportunities for young people's voices to shape practice in an embedded and sustainable way and that is young people led.

Quarterly in person events create development opportunities for the young people alongside facilitating a space for peer support while monthly project groups provide the more focused opportunity for participation around priorities established by the young people. Priorities which formed the focus of the project groups for 2024/25 include transitional care, the hospital environment, communication, resources and training.

Youth Ambassador roles support project group agendas to be young people led but alongside this as part of ensuring that the group and young people are represented in governance structures, provide a mechanism to communicate the Youth Involvement Group projects to management and clinical leadership. This has led to an increase in other opportunities alongside young people's participation in national initiatives such as a Youth Summit focused on the NHS 10 year plan.

Impact & results achieved

Through restructuring to project groups that are focused on young people's prioritises there has been an increase in opportunities for young people to participate. This has meant that young people who have found it hard to attend consistently due to other commitments or appointments have been able to do so as there are both increased opportunities to participate and more flexibility in project group meetings as they are smaller.

Young people through participation have developed confidence and as part of the development of young people's priorities, the Youth Ambassadors presented their strategy at the Children's Leadership Team meeting.

Increased opportunities for young people to share their priorities has led to young people working with artists to design clinic spaces, share a patient story around transitional care at Trust Board, create a document for young people around 'what matters to you', shape trust strategies and co-create transition guides for young people, parents/carers and staff. A resource to support with attending appointments and developing autonomy and independence in these included an options grid that was piloted by the Youth Involvement Group in the outpatients departments where they facilitated conversations with other young people who were patients.

Alongside the young people themselves it was important to have involvement from teams and individuals throughout the organisation. The support of the Clinical Director and Director of Nursing helped support and encourage the voice of young people to be listened to and responded to in governance structures.

Feedback from young people around involvement in the group has been positive with one describing how:

I just wanted to say a massive thank you for all the work you have put into the Youth Involvement Group during the time I've been part of it. The amount of opportunities you have helped me be a part of as well as the other young people you have helped me meet have taught me so much and I have enjoyed doing everything a lot also. I really appreciate it all.

What makes this initiative stand out?

Creating lots of opportunities for connection and participation in small groups has been important and I think the format of facilitating both project groups and all member meetings is what makes this initiative different. It both enables participation to be more young people led but also has enabled young people to develop confidence and peer support more effectively. Project groups provide the context for more in depth engagement while the facilitation of in person quarterly sessions provide more activity and development focused opportunities. Working in smaller groups has increased the visibility of young people with teams in the hospital too and has developed confidence for teams and individuals in involving them and this supports the sustainability of the work.

One young person summarised her experience by saying:

I have met so many other young people as well as staff members from the hospital who I have enjoyed making connections with and discussing how access to healthcare for young people can be improved. By being a part of the programme I have been able to voice any concerns or give suggestions with the help of staff who have encouraged me to use my voice and have helped to develop my personal confidence. It is key that young people feel able to contribute to the hospital as their insights are unique and can help to make tricky hospital experiences smoother and more comfortable for young people by giving feedback. Young people are a fresh pair of eyes and often able to point out how long standing norms could be changed or improved. I highly recommend getting involved in the Youth Involvement Group as not only will you be able to connect with other like-minded young people but you will also be able to get involved in fulfilling work to help develop the Children's Hospital!

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Picker Experience
Network Awards

University Hospitals Birmingham and Word360

Transforming Accessibility at Scale: UHB and Word360's Digital Inclusion Partnership

NHS
University Hospitals
Birmingham
NHS Foundation Trust

Word360

Category

Partnership Working to Improve the Experience

Organisation description

University Hospitals Birmingham NHS Foundation Trust (UHB) is one of the largest teaching hospital trusts in England, serving over 2 million patients annually across four major hospital sites. UHB employs more than 20,000 staff and delivers a comprehensive range of healthcare services. As a Global Digital Exemplar, the Trust is recognised for its commitment to digital maturity, innovation, and equitable access to care. Word360 is a Birmingham-based language services provider supporting NHS and public sector partners with interpreting, translation, and accessibility services across over 100 languages.

Word360 is an award-winning language services provider, supporting NHS and public sector organisations to deliver equitable and accessible care. Headquartered in Birmingham, the company offers a full suite of interpreting and translation services, including face-to-face, telephone, and video interpreting in over 100 languages, including British Sign Language (BSL).

At the heart of its innovation is the Wordskii™ platform, which enables on-demand access to qualified linguists via a secure, scalable digital system. Word360's unique Wordskii on Wheels (WoW) devices bring this technology to the frontline, allowing staff to connect with interpreters in real time, directly from clinical settings.

Summary

To address communication barriers for D/deaf and limited English proficiency (LEP) patients, University Hospitals Birmingham (UHB) partnered with Word360 to launch a transformative accessibility initiative. Central to this was the deployment of "Wordskii on Wheels" (WoW) devices, enabling on-demand British Sign Language (BSL) interpreting through secure video. The project shifted UHB from a resource-intensive, face-to-face model to a digital-first, fully managed language support service. Through training, co-production, and data-led outreach, the partnership empowered staff and patients, improved care efficiency, and reduced health inequalities.

Results were compelling: 203% increase in video interpreting, DNA rates for interpreting-supported bookings at just 0.4%, £63,000+ in savings, and 5-star service ratings. The initiative has become embedded Trust-wide, with systems in place for ongoing adaptation, learning, and expansion. It stands out for its innovative use of technology, inclusive approach, and measurable impact on patient experience.

Impact & results achieved

The initiative has delivered significant, measurable improvements across patient experience, operational performance, and cost-efficiency. In the 2024–25 period alone, 45,548 bookings were processed through the Wordskii platform, supporting over 121 languages across UHB's diverse hospital sites. Fulfilment rates were consistently high, including 99% for video interpreting, reflecting the resilience and flexibility of the service model.

The shift toward digital modalities was particularly impactful. Video usage increased by 203% compared to the previous year, enabling real-time access to interpreters and reducing reliance on face-to-face bookings. Notably, the Did Not Attend (DNA) rate for appointments involving interpreting support dropped to just 0.4%, a clear indicator that improved communication pathways directly influenced patient attendance and engagement.

The financial impact has also been significant. By converting 697 suitable bookings to remote formats, UHB saved over £19,000 annually. The use of Wordskii on Wheels devices for 1,472 appointments resulted in an additional £7,523 in savings compared to traditional face-to-face bookings. In total, the Trust achieved over £63,000 in cost savings in the first year of implementation by shifting 42% of bookings to telephone and video formats.

Operationally, the availability of portable WoW devices has accelerated triage and care planning. In some instances, this has prevented unnecessary admissions by enabling faster diagnosis through timely interpreting. The integration of rare language support through national video interpreter pools has improved fulfilment for underrepresented patient groups, including Pashto, Tigrigna, and Cantonese speakers.

At a system level, the initiative has helped UHB meet and exceed accessibility targets, aligned with the NHS Long Term Plan and Core20PLUS5 by enhancing equity for underserved communities. By transforming interpreting from a reactive service to a proactive care enabler, the initiative has made equitable communication a cornerstone of inclusive care delivery at UHB. The initiative has contributed to improved CQC ratings in areas such as maternity, where equitable access and communication were previously flagged as concerns.

What makes this initiative stand out?

This initiative stands out because it transforms the role of language services from a background support function to a frontline enabler of inclusive care. While interpreter services are common across the NHS, UHB and Word360 have redefined what's possible by embedding agile, digitally enabled communication into the fabric of clinical delivery.

The Wordskii on Wheels (WoW) devices represent true innovation in accessibility, portable, on-demand video interpreting that empowers staff to deliver equitable care at the point of need. Rather than wait hours or days for a face-to-face interpreter, staff can now provide patients with instant access to qualified professionals in over 100 languages, including BSL.

The initiative is also notable for its trial-first approach, which removed financial barriers and allowed the Trust to experience real-world impact before scaling. Combined with the high-quality onboarding and data-driven rollout, this approach ensured widespread uptake and quick results.

It's a blueprint for how to deliver equitable, person-centred care in a digital NHS.

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University Hospitals Plymouth NHS Trust

Championing the Voice of Young People

Category

Engaging and Championing the Public

Organisation description

University Hospitals Plymouth NHS Trust is the largest hospital in the South West Peninsula, providing comprehensive secondary and specialist tertiary healthcare to a population of over 450,000 across Devon and Cornwall. Based at Derriford Hospital in Plymouth, the Trust employs around 10,000 staff and offers a wide range of services including trauma, neurosurgery, oncology, renal, and paediatrics. As a major trauma centre and teaching hospital, the Trust combines clinical excellence with research, education, and innovation to deliver high-quality, patient-centred care. It also plays a key role in supporting integrated care across the region and is committed to improving health outcomes, reducing inequalities, and engaging meaningfully with patients, carers, and communities.

Summary

Championing the Voice of Young People is a bold, youth-led initiative at University Hospitals Plymouth (UHP) that is redefining how children and young people engage with healthcare. Recognising that youth voices are often underrepresented in decision-making, the project created a Young Persons Patient Council (YPPC) for those aged 11–25 to co-produce real change – from redesigning feedback forms to influencing recruitment and clinical spaces.

This initiative flips traditional engagement. Instead of consulting young people as an afterthought, staff pitch their ideas to the YPPC in a Dragons' Den-style format, seeking feedback and collaboration. It's an empowering approach that shifts power, builds respect, and centres youth voice. The council is inclusive by design, recruiting from seldom-heard groups, including neurodiverse young people and those with long-term conditions.

Youth leadership has shaped the programme from the start, supported by senior Trust leaders including the Deputy CEO. The goals: embed youth voice in governance, address health inequalities, and create sustainable co-production.

Now funded annually by the Women's & Children's Care Group, the YPPC has branding, a website, and is developing a Youth Involvement Toolkit. Already shared regionally, this replicable model is transforming patient experience by giving young people a real seat at the table.

Impact & results achieved

Tangible Results:

17 active youth members from varied backgrounds including young carer representation and new members in recruitment, demonstrating young people's continued interest in the role. Before this initiative, there were no consistent mechanisms for youth voices to shape service design. Youth participation in recruitment panels, including Consultant Paediatric Anaesthetist

(with the ultimate say on who is appointed) and Chief Executive interviews. Youth-designed interview paperwork and recruitment posters. Redesigned inpatient feedback forms. Advisory input into inclusive artwork and signage. Qualitative Impact:

Young people described feeling "listened to" and "excited to make change."Staff called the Dragons' Den "one of the most rewarding experiences" and said it changed how they engage youth. Consultant interview feedback praised the youth-generated question for prompting a "child-centred" answer.

Quantitative Measures:

Consistent attendance and engagement over six months. Average session attendance rate of 72% over six months. The Young Persons Patient Council is more than a project – it's a movement. It's reshaping how we see power, partnership, and potential in the NHS. At only 8 months since launching, this is just the beginning.

What makes this initiative stand out?

Genuinely Youth-Led: Young people created the structure, ground rules, and branding. Their input is not symbolic—it's embedded. Reversing the Power Dynamic: Staff pitch to young people, not the other way around. Leadership Development: Members like Lachlan Mitchell are not only involved—they're leading. Lachlan is now a patient partner in the Director of Finance's Aspiring CEO programme and was more recently shortlisted from 2000 people for his Outstanding Contribution to the Community at Plymouth's YMCA Youth Awards. Staff Transformation: Participation has changed staff attitudes, improved understanding, and built confidence in youth partnership. Multi-Layered Impact: From practical design input to strategic influence, the YPPC is shaping care at every level.

LEADERSHIP SPOTLIGHT: Lachlan Mitchell

As a 21 year old, Lachlan Mitchell, Chair of the Young Persons Patient Council, has dedicated three years to championing youth voices in healthcare. Recognising a gap in local youth representation, he moved beyond his role on the adult Patient Council and championed the launch of the YPPC at UHP.

He co-designed the council structure, leads sessions, sits on governance groups, and now mentors staff in effective engagement. Lachlan also serves as a patient partner to the Deputy Chief Executive as part of the national Aspiring CEO programme – making him the youngest person in the Trust's history to influence executive-level leadership directly.

Youth Testimonial – Daisy (Age 16):

"Lachlan is genuinely one of the most inspiring people I've worked with. He makes everyone feel heard and shows us that age shouldn't be a barrier to changing healthcare."

His leadership has created a safe, ambitious space for young people to speak up and take action. His impact will be felt long after his tenure, and his recognition as a finalist for the Plymouth Youth Awards in the Outstanding Contribution to the Community category is richly deserved.

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University of Bristol & University of Nottingham

The Lichen Sclerosus Guide: A coproduced online information resource about vulval lichen sclerosus

Category

Communicating Effectively with Patients and Families

Organisation description

We are a small group (four patients, three healthcare professionals, and one researcher) who came together to create a resource for people who have a skin condition called lichen sclerosus. We represent the following patient support/advocacy groups, universities, and NHS Trusts from England (one patient contributor is based in Canada): University of Bristol, University of Nottingham, Nottingham University Hospitals NHS Trust, East Lancashire NHS Trust, The Lost Labia Chronicles, Lichen Sclerosus and Vulval Cancer UK Awareness Cysters

Lichen sclerosus is a chronic skin condition which primarily affects the anogenital skin. In women and those assigned female at birth, this is known as vulval lichen sclerosus (VLS). Typical symptoms are intense itching, pain, and if undertreated it can lead to irreversible changes to normal anatomy. It also carries an increased risk of vulval cancer. First-line treatment is with very potent topical corticosteroids. Knowledge about VLS is limited and it can be challenging to self-manage this flaring and remitting condition.

We have developed an online resource for patients: the 'Lichen Sclerosus Guide'.

Summary

The 'Lichen Sclerosus Guide' is a co-produced, comprehensive, freely available web-based resource to support patients with VLS. It includes written and video information, and downloadable resources. Patients were equal partners from its inception, resulting in a valuable and accessible resource for people with VLS. Every section was co-authored by patients and healthcare professionals together. We made the language user-friendly while remaining informative. We included information for carers for people with VLS. Our animations show important topics such as how to apply ointments and how to self-examine the vulva, which have not been freely available online previously due to internet content filters. We worked with graphic designers to make sure ours represented as many people as possible. The resource includes a treatment template plan which is being used in NHS clinics, and has been integrated into 'advice and guidance' templates for primary care, as part of 'getting it right first time' for people with vulval conditions. This demonstrates transferability to different services within the NHS and shows that the guide has direct ability to impact on patient experience and outcomes. 83% of our feedback respondents feel more confident managing their condition because of the LS Guide.

Impact & results achieved

In its first six months the website was accessed by 18,545 users and pages of the website were viewed 85,449 times by users in 50 countries.

Our template treatment plan was downloaded 1,612 times, and is being used by NHS departments and private practices.

The LS Guide has been incorporated into NHS resources such as NHS Futures platform, national Advice and Guidance templates (NHS England), and patient information leaflets (BAD).

The co-production approach we took has been crucial to ensuring it is authentic and represents the patient perspective, addressing common questions and concerns. Responses to our feedback survey help us understand its impact. Example free-text quotes are in the 'evidence' section. Of the 102 patients who have responded so far, 97% agree the information is useful. 83% say they learned new information, and 98% said the information is clear and understandable.

84% feel more confident managing their condition because of the information in the LS Guide.

What makes this initiative stand out?

The LS Guide tackles a poorly understood and stigmatised condition, and empowers patients with the information they need to self-manage their condition. Much of this information was available in other locations (e.g. support groups, scientific papers), but we have consolidated it into one place, using accessible language and multiple formats.

It uniquely combines the LS scientific evidence base with patient knowledge, positioning them as equally important. For example, patients can visit one place to access both the most up-to-date information about LS treatments, as well as useful tips on how to manage or prevent flare-ups based on patient experience and knowledge. This co-production and partnership approach has been absolutely central to its success, placing equal value in different types of knowledge.

It also provides resources that are equally beneficial for patients and healthcare professionals. Our template treatment plan is designed to be completed by patients and doctors working together, prompting the doctor so that the patient leaves their appointment with clear documented information about how much steroid to apply, how often, and where exactly. General Practitioners are under pressure and may not feel confident managing VLS, and our template treatment plan is designed to support them to provide clear and useful information for patients.

In this way it has truly brought together the expertise of clinical experts with patient lived experience, creating a one-stop unique and valuable resource for patients and healthcare professionals alike.

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Picker Experience Network Awards

University of Bristol & University of Nottingham

The Lichen Sclerosus Guide: A coproduced online information resource about vulval lichen sclerosus

Category

Patient Contribution

Summary

Clare works hard to raise awareness to prevent other people going through similar experiences. She also supports people with VLS and vulval cancer across several online support groups, including one which has over 13,000 members. Quotes from members of these groups are included as supporting evidence.

She established a website and social media pages titled 'Vulval cancer UK Awareness' and tirelessly shares information. Her efforts have resulted in, amongst other things (not least the Lichen Sclerosus Guide), the introduction of educational modules hosted by Eve Appeal. She spoke at a training event by the British Society for Vulval Disease in November 2024 which was attended by >400 delegates, and her account of her experience was one of the highlights for many who provided feedback. She has co-authored a clinical practice article in the British Journal of General Practice about managing VLS in primary care.

Vulval disease is a topic associated with profound stigma and shame. Many women report feeling silenced and too embarrassed to share their experiences with others. Sometimes this stops them from seeking help from healthcare professionals. Clare challenges this stigma, openly sharing her story, which has been featured in articles in national newspapers. She has been interviewed on numerous podcasts, including Radio 5 Live's 'Time of the Month' programme with Naga Munchetty in February 2025.

Clare has also been invited to speak at healthcare professional conferences such as the British Society for Vulval Disease and Royal College of Obstetricians and Gynaecologists. She is not a trained speaker and gets very nervous, but she pushes through this to articulate her story in a moving and authentic way.

Sharing personal experience can tackle stigma and help others feel less alone. It can also encourage others to seek help, and raise awareness of the impact of VLS on patients' lives amongst healthcare professionals. Clare regularly shares that she was unaware she even had a vulva until she was diagnosed with a chronic vulval skin condition and vulval cancer at the same appointment. One of her stated aims is to make sure this does not happen to others, and that they are able and unafraid to use the right anatomical words.

Clare manages all this while working part-time, caring for her family, and managing VLS symptoms and long-term complications of her cancer, such as treatment treatment-induced menopause, fatigue, and lymphedema.

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University of Greater Manchester

The PaCT Workshop: Embedding Lived Experience in Nursing Education

Category

Strengthening the Foundation

Organisation description

The University of Greater Manchester is a growing higher education institution located in the North West of England (Main Campus based in Bolton), dedicated to excellence in teaching, research, and community impact. With a diverse academic community and over 900 staff members, the university supports a wide range of undergraduate and postgraduate programmes across health and social care disciplines. These include Nursing, Midwifery, Operating Department Practitioner, Paramedic Science, Physiotherapy, Sports Rehabilitation, Sports Medicine, Public Health, Social Work, Allied Health Professions, Dental Technology, Health and Social Care, and Medical Education.

The university plays a key role in preparing the future health and care workforce through innovative, interprofessional learning, active involvement of people with lived experience, and strong partnerships with NHS, local authorities, and the voluntary sector.

Summary

The Patient as Coach Team (PaCT) initiative represents a transformative step forward in nurse education. Led by service users and carers, PaCT reimagines how student nurses learn about, connect with, and practise person-centred, compassionate care. By placing lived experience at the heart of its design, the initiative offers a powerful model of learning that supports the development of emotional intelligence, ethical awareness, and the values that underpin professional nursing practice.

In an era where healthcare systems are under increasing pressure to maintain dignity, empathy, and humanity in care delivery, PaCT stands out as a pioneering and innovative educational response. It is firmly rooted in the 6Cs of Nursing–

1. Compassion and Empathy
2. Dignity and Confidentiality
3. Trust and Honesty
4. Collaboration and Communication
5. Courage and Commitment
6. Competence and Expressing Emotion

It offers students an opportunity to engage in co-produced education shaped by people with direct experience of care. Rather than being passive recipients of care, service users and carers become educators in their own right, and are influencing the next generation of practitioners.

The PaCT initiative offers a bold and sustainable way to bridge the gap between theory and real-world practice. It humanises the learning experience, embeds lived experience as a vital source of knowledge, and helps to shape a workforce that is not only clinically competent but also grounded in empathy, dignity, and ethical care.

Recognising the value of PaCT is a recognition of what the future of nurse education must look like: one where compassion is not only taught, but genuinely understood, deeply felt, and consistently practised.

Impact & results achieved

The impact of PaCT was formally evaluated and published in Kuti and Houghton (2019), which explored student nurse perspectives on service user involvement in teaching. The study used a qualitative methodology, including focus groups and reflective narrative analysis, to assess the impact of the PaCT sessions. The article below details the measure, data fathered and results of evaluation of the PaCT session.

Kuti, B. and Houghton, T. (2019) Service user involvement in teaching and learning: student nurse perspectives. Journal of Research in Nursing.23(3-4) pp. 183 – 194

Key findings from the evaluation highlighted:

Increased awareness among students of the real-world impact of their behaviour and communication on patients and families. Improved confidence in navigating complex situations and responding to service users with greater sensitivity and care. A stronger sense of accountability and professional values, with students reporting that the sessions challenged their assumptions and influenced their practice placements. Evidence of long-term impact, with students integrating learning from PaCT into their ongoing reflections captured within their Personal Development Portfolios.

What makes this initiative stand out?

What makes the PaCT (Patient as Coach Team) initiative stand out is its deeply embedded, co-produced design that elevates the role of service users and carers from contributors to educators and facilitators. Unlike traditional approaches that feature lived experience as occasional input, PaCT is longitudinal, embedded across all three years of the adult nursing programme, and directly aligned with professional values and regulatory expectations.

Its success lies in several key elements:

Authentic Co-Production: Service users and carers co-design, lead, and shape the learning, ensuring their voices are central, not tokenistic.

Structured, Reflective Learning: The two-stage model—immersive workshops followed by reflective worksheets—balances emotional engagement with critical thinking, encouraging personal and professional growth.

Safe, Small-Group Format: Sessions are delivered in intimate settings that foster open dialogue, psychological safety, and meaningful exchange.

Tangible Impact on Practice: Student feedback consistently highlights improved confidence, empathy, communication, and preparedness for compassionate, person-centred care.

Cross-Disciplinary Potential: Its structure is flexible, enabling successful adaptation across other programmes such as Social Work and CBT. These are just two examples.

PaCT is more than a teaching tool. This ethos of dignity, partnership, and emotional intelligence makes PaCT an exceptional and inspiring model that we can confidently share with others why it is critical to how we train future health and social care workforce.

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University of Southampton

What helps and what hinders: An exploration of self-management and living well with coexisting physical and mental long-term conditions in the community.

University of
Southampton

Category

Student Patient Experience Advocate of Tomorrow

Summary

This research project deserves special recognition as it concerns a critical and relevant area of healthcare; the complex realities of self-management for individuals living with coexisting physical and mental long-term conditions. Through the use of interpretative phenomenological analysis, it brings depth, originality, and humanity to a topic often reduced to clinical outcomes and an oversimplified aspect of healthcare. The research offers a novel, person-centred perspective bridging the silo approach to physical and mental services. By reframing self-management through an integrated perspective, it extends the concept of self-management from being task-orientated to a complex, relational and emotionally influenced experience.

Conducting interviews on the self-management of coexisting physical and mental health conditions has deepened my understanding of the patient's journey and experience, beyond that gained from my clinical practice. Hearing directly from individuals, both participants and community contributors, regarding the challenges they face has provided me with rich and nuanced insights. Through taking the lead on this project, I have strengthened my ability to actively listen, think critically, and advocate for more integrated and person centred care. Beyond the study itself, as I prepare for doctoral study to scale this work further and hopefully shape future policy, education and service delivery, I will continue to cultivate my relationships both within the community and academic fields. As I led this project independently, it has significantly enhanced my understanding of research leadership, communication and the importance of multi-level knowledge mobilisation strategies. Yet none of this could have been achieved without acknowledging the significant contributions of my research supervisors and other key members of my university faculty, as well as the research participants and patient and public involvement engagement and participation group.

This project had an ambitious scope: from the depth of understanding it will provide and its commitment to authentically representing individual voices, especially those affected by coexisting physical and mental long-term conditions. It is not only academically rigorous but emotionally intelligent and socially relevant. The insights generated are already shaping my contribution to guest lectures for healthcare students ensuring the findings have an academic, educational and real-world impact, whereby I have already been invited back to guest lecture in the upcoming academic year. The commitment to inclusion, advocacy and sustainability make it a powerful example of meaningful research that focuses on improving the patient experience and therefore is deserving of recognition.

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Picker Experience Network Awards

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Collaboratively improving the experience of the d/Deaf community.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Category

Communicating Effectively with Patients and Families

Organisation description

Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) serves residents across Halton and Warrington boroughs.

Services are provided at two hospital sites and more than 30 community hubs and facilities across our boroughs.

Warrington Hospital provides emergency care, general medicine, surgery, cardiac care, stroke care, cancer care, maternity, paediatrics, and support services like physiotherapy, pathology, and pharmacy.

Halton Hospital in Runcorn specialises in elective and diagnostic care. It includes the Captain Sir Tom Moore Building and Nightingale Building, offering services including general surgery, urology, cancer care, chemotherapy, and outpatient care. The site is also home to the Delamere Macmillan Unit, Halton Clinical Research Unit, and Runcorn Urgent Treatment Centre.

Both hospitals offer outpatient clinics and diagnostic services to ensure patients can access care close to home.

In addition to hospitals, community hubs and mobile facilities, we also offer virtual options to improve access to quality care and reduce health inequalities.

Our workforce of nearly 5,000 comprises more than 80 nationalities.

In 2023-24 we:

served a population of 330,000 across both Halton and Warrington boroughs, delivered 2,448 babies in hospital and in the community, delivered 59,581 procedures and stays, delivered 101,127 new outpatient appointments each year, operated 741 assessment beds and trolleys across both sites, provided 126,415 episodes of emergency care had an annual turnover of £365.1 million

Summary

The Trust has taken proactive steps to improve accessibility for the d/Deaf community by launching a dynamic and inclusive action plan. Developed in close partnership with patients and advocacy services, the plan reflects the Trust's strong commitment to equality and was formally adopted as a Quality Priority for 2024.

Key outcomes include the implementation of digital tools such as Lorenzo alerts and twice-daily Business Intelligence updates, which flag the attendance of d/Deaf patients to ensure timely support. In addition, a series of Deaf Awareness training sessions were rolled out across multidisciplinary teams to embed inclusive practices into everyday care.

As a result of these initiatives, a recent survey revealed that 87% of people from the Deaf community now feel appropriately supported through access to interpreters—a significant improvement from 5 % two years previous.

To sustain momentum, the Trust has established a lasting partnership with local advocacy organisations, enabling ongoing collaboration and quarterly outcome reviews. The needs of the d/Deaf community are now fully integrated into the Trust's Equality and Health Inequality Impact Assessment process.

This workstream is also shared regionally, with outcomes and learnings included in reports to the Integrated Care Board, ensuring broader impact across the system.

Impact & results achieved

Feedback played a critical role in evaluating the effectiveness of the Trust's work to improve accessibility for the d/Deaf community. By actively listening and learning from lived experiences, we ensured that all changes were meaningful, practical, and person-centred.

Progress has been clearly evidenced through the Trust's Interpretation and Translation Dashboard, overseen by the Patient Experience and Inclusion Sub-Committee. A key indicator of success is the marked increase in the use of face-to-face British Sign Language (BSL) interpreters, which rose by an average of 50% between the financial years 2022–2023 and 2023–2024 (see supporting evidence).

To gain independent insight into patient experience, an external survey, led by an external advocacy group, was carried out in January 2025. Results revealed a substantial improvement, with 87% of d/Deaf patients reporting they received interpreter support—up from just 5% at the beginning of our engagement two years prior.

In addition, Friends and Family Test data was routinely monitored to ensure all feedback was captured, reviewed, and used to inform ongoing improvements (see supporting evidence).

What makes this initiative stand out?

Our approach exemplifies what it means to truly see the person in the patient. Through genuine partnership with the d/Deaf community, interpretation and translation providers, and local advocacy services, we have developed solutions that are not only inclusive but also sustainable. This is not a temporary initiative—it represents systemic cultural change.

By embedding d/Deaf awareness into the Trust's culture, empowering staff through education, and aligning policies with the Accessible Information Standard, we have transformed how care is delivered. This initiative proves that when inclusion is embedded into strategy, systems, and service design, it creates lasting impact—for staff, patients, and the wider health system.

The work hasn't stopped at d/Deaf inclusion it has created a replicable model now being applied to other groups with protected characteristics. This is a project that not only responded to a need but has become a standard for inclusive, person-centred care across the Trust and beyond.

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West Yorkshire and Harrogate Cancer Alliance

Dementia and Cancer Together Project - A collaboration to improve patient experience for patients with cancer and dementia.

Category

Cancer Experience of Care Award

Organisation description

West Yorkshire and Harrogate Cancer Alliance are submitting this entry on behalf of our partners, we enable bringing local partners together to transform outcomes for people affected by cancer.

We believe that the best way to achieve our ambitions is to transform services so that cancer care, treatment and support is wrapped around each individual patient throughout their entire cancer journey. Every week 250 people across West Yorkshire and Harrogate are diagnoses with Cancer, we continually seek to improve patient experience through innovative ways of working.

This project was a collaborative piece of work between West Yorkshire and Harrogate Cancer Alliance, Harrogate and District Foundation Trust covering the population of 76,000 of Harrogate and rural areas across North Yorkshire, Dementia Forward who are a small dementia charity based in North Yorkshire, who provide support give advice and information to anybody affected by dementia across the county, with a range of services; all with people living with dementia at their heart and Leeds Beckett University School of Humanities and Social Sciences.

Summary

The Cancer and Dementia Together Project saw an opportunity using evidence based research to innovate by addressing the practical, social and emotional needs of patients or carers with cancer and dementia.

Harrogate and District area has a higher than the national average of people over the age of 65 and a significant number of people living with cancer and dementia. People with dementia are vulnerable to health disparities and more likely to have cancer care adversely affected. Increasingly, there is a need to care for the whole person and not just a single disease, working in collaboration with others enables a more holistic approach to care.

This collaboration included patients, carers, the cancer alliance, Harrogate and District Foundation Trust, Dementia Forward and Leeds Beckett University with the aim of optimising care quality and experience for people living with cancer and dementia. The project partners were keen to implement key research recommendations for practice and evaluate this unique endeavour.

The project has formed part of our wider continuing model of community support across Harrogate to ensure patients have access to support closer to home

Impact & results achieved

The initiative made a significant impact by enhancing the knowledge and collaboration between clinical staff and Dementia Forward. A total of 46 staff attended the training, including 37 clinical staff and the entire Dementia Forward workforce. This led to better collaboration between the two organisations, with visits to each other's facilities to understand available patient support.

Qualitative feedback from evaluations showed improved knowledge of dementia and cancer. One participant noted that the training covered common cancers in an easy-to-understand way, which was beneficial for their non-clinical role.

Fifteen patients were referred to Dementia Forward, accessing Key Workers and home visits, which immediately helped reduce barriers such as missed appointments and enabling families to prioritise cancer care. The service provided ongoing, time-unlimited support, including weekly social cafés and carers support groups.

Dementia Forward changed its organsational practice by flagging service users with cancer in their database, enhancing holistic support during routine wellbeing calls.

Clinical cancer teams also adapted their practices, improving confidence in addressing memory concerns and making necessary adjustments, such as longer appointments and appropriate language use.

An unintended outcome was Dementia Forward's environmental review of the Information and Advice Centre, providing feedback to make the area more dementia-friendly.

Case Study
Patient who had been living with Prostate Cancer for 13months and had memory issues that hadn't been addressed. He lived with his wife who was his main carer.

A referral was made to Dementia Forward:-
He was allocated a key worker who has visited the couple at home, initial information and advice was discussed coping strategies on practical help, what the service can offer on forward planning, financial, legal practical and emotional support inhouse support groups.

After listening to the patient the key worker identified that the patient was worried about pain and future tests this prompted them to act as advocate and contact the clinical team and to obtain further advice and support and communicate this is a way that was understood.

Further support as a result of the home visit referrals made:-

- Social Services
- Care Needs Assessment for aids and adaption to the home.
- Counselling services for the patient due to dementia diagnosis and low mood.

Blue badge was applied for the Carer due to her own mobility issues.

The patient and carer will continue to be on the Dementia Forward Case Load and will have ongoing support, including welfare calls access to offers of support from the organisation. As support needs change with the progression of dementia the advisors can continue to advise, advocate liaise with health and social care, assist with finding respite, full time care and continue to support the family as well as the person with dementia.

What makes this initiative stand out?

The collaboration between the Trust and Dementia Forward draws on the strengths, knowledge, and expertise of both organisations to share the same values and put the patient at the centre of care. This approach ensures true personalised care by focusing on "what matters to me" for each patient, caring for the whole person, and providing care closer to home.

Collaborative Approach: The initiative demonstrates the combined expertise of healthcare professionals and community organisations, ensuring comprehensive support for patients.

Patient-Centred Care: By prioritising the individual needs and preferences of patients, the initiative delivers personalised care that addresses both dementia and cancer.

Integrated Support: The seamless integration of services between secondary, primary, and community care ensures that patients receive consistent and coordinated support.

Education and Training: The development and delivery of specialised education modules have upskilled staff, enhancing their ability to provide high-quality care.

Community Involvement: Engaging patients, carers, and the public in the planning and delivery of the initiative has ensured that the services are relevant and effective.

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Worcestershire Acute Hospitals NHS Trust

#CallMe - Because names matter

Category

Personalisation of Care

Organisation description

Worcestershire Acute Hospitals NHS Trust

About Us

- Worcestershire Royal Hospital (Worcester), Alexandra Hospital (Redditch), Kidderminster Hospital and Treatment Centre.
- Staff: Over 7,500 employees
- Volunteers: Over 380 local people
- Annual Turnover: Nearly £600 million
- We serve: 603,000+ people in Worcestershire

Summary

#CallMe is an initiative to ensure that people are addressed by the name or term they prefer, every time and everywhere in our organisation.

Names are deeply connected to identity, dignity and respect. It is how we and our loved ones see ourselves.

The scale of the issue is shown by our recording to date of 383,962 interactions, where 108,490 (>28%) as of April 2025, when directly asked have chosen to be addressed by a name that was not their formal forename.

Every patient presenting is directly asked how they would like to be addressed in our healthcare environment. This information is shared on digital records, hospital stickers and name bands to make this vital information freely available for staff to easily access in a timely manner.

Once a #CallMe is recorded, it is kept and available for future reference should the patient re-present and not be able to deliver this information - such as with a decreased level of consciousness, memory issues or being non-communicative for any other reason.

#CallMe is a cost neutral, clinically led initiative that was developed following a patient interaction with a team including IT, Patient Experience, Informatics and Comms all playing key roles in developing the project.

Impact & results achieved

Informatics has enabled us to access live and historical #CallMe data. This can be broken down in a multitude of ways - inpatient/outpatient/age/sex/ethnicity/ward/A&E. These measures are used to allow us to recognise and learn from good areas of practice and identify areas that may benefit from help. Individual areas can use these figure to show and celebrate improvement.

Some #CallMe Numbers include –

- Total #CallMe interactions since launch 383,962 interactions, where name does match formal forename108,490 (>28%) as of April 2025.
- Last 7 days (April 25) A&E attendances - #CallMe total 1716, does not match 469 (27%)
- Last month (Feb 25) A&E ambulance arrivals -

#CallMe total 2543, does not match formal forename 723 (28%)

- Last month (Feb 25) A&E walk-in - #CallMe total 3611, does not match formal forename 862 (31%)
- Last 7 days Outpatients - #CallMe total 6791, does not match 1446 (21%)
- Last 7 days Inpatients - #CallMe total 3589, does not match 1058 (29%)

All #CallMe's are acted upon with the name bands/stickers. This data collected is used as part of the published Divisional quarterly reports.

As a subjective measure of success we look on with pride as others begin to adopt #CallMe externally, as evidenced in section 'Relevance to Other Groups'.

Whilst success can be measured with numbers we are proud of leading and doing the right thing to act also for those who have shared previous horrific stories - such as the two cases that have been directly reported where loved ones have passed away in hospitals being called the wrong name. We also take success in joyful cases that abound such as 5 year old #CallMe: Bubble Gum Fairy (Elizabeth) or elderly #CallMe: Eddie (Edward) "It's a friendly voice rather than someone calling you Edward, like the bailiff at the door".

The world abounds with lovely stories of names and identity - a success is #CallMe unlocking these.

What makes this initiative stand out?

This is an initiative which is the first of its kind to directly and practically deal with improving how we communicate with patients using their preferred terms of address CQC regulation 10(1) 'People using the service should be addressed in the way they prefer'.

It is the first to show, by directly questioning, the scale of the issue with, to date after 383,962 interactions, 108,490 (>28%) have requested to be addressed in healthcare, by a name that is not their formal first name. This % is increased in those >65 years of age.

We would suggest this makes an overwhelming difference to the personalisation of care. It is a very strong statistic to share with any group or person that statistically at least one of your grandparents is affected, at least one of your direct family members and many of your friends. Consider how they would want to be addressed in healthcare - a time of need, vulnerability and concern.

Key elements to its success includes the team approach to developing the initiative - the initiative is dependant on each group being invested and contributing from within their areas of expertise. There is a simple "Ah-hah" moment of recognition when presented with the initiative.

The simplicity and negligible cost in setting up this initiative is an attraction and another key element to its success.

HEE funding to create the wider profile via www.callmebecausenamesmatter.org has led to an ability to freely share a lot of our resources with other groups, leading to other organisations following suit. It is an initiative we are delighted to share.

#CallMe is the right thing to do to advance personalisation of care. Like the Matrix - once seen it's hard to un-see.

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Yorkshire Cancer Community

Cancer SMART

Category

Partnership Working to Improve the Experience

Organisation description

We are a small patient-led support and information network for people affected by cancer, established as a charity in October 2019. We aim to be the voice of those affected by cancer in Yorkshire and the Humber and we do this by providing information about what is available in your area, including a directory of support groups supporting and uniting people and groups affected by cancer helping patients to get involved in research and new initiatives helping patients to tell their story in our monthly newsletter, social media and on the website.

In 2015, A small group of cancer patients who had found the local Strategic Cancer Network a useful way of getting their voices heard, were dismayed when it was disbanded and replaced with Clinical Commissioning Groups. With Macmillan support, they went on to set up the Yorkshire Cancer Patient Forum, which aimed to help patients find 'their own tribe'. Patients said they found the end of treatment a lonely and challenging time. Hospital appointments had come to an end, friends and family expected the patient to get 'back to normal'. However, for them, it wasn't a return to their old life. They wanted to talk to other patients, ask them questions, find out what was 'this new normal'.

Macmillan provided three years of funding for a member of staff to work with a patient steering group to set up a newsletter, a website and to make small grant awards to peer support groups. The Patient Forum initially ran from Healthwatch Wakefield who provided support and supervision for the employee Jill Long, who is still with the charity today.

In 2020, with the advent of Covid, the Forum, now renamed Yorkshire Cancer Community (YCC) , received funding from the West Yorkshire & Harrogate Cancer Alliance to start a grass roots cancer awareness programme, and Cancer SMART was launched.

In addition to Cancer SMART and the support and information network, we raise awareness of prostate cancer in black men with a Don't Be The One campaign to highlight that 1 in 4 of black men are at risk, compared with 1 in 8 in the general population.

We also run Patient VIEW in partnership with the Cancer Alliance to help patients, carers and advocates feedback about their experiences and to work on new or redesigned services.

Summary

Cancer SMART is a perfect partnership between the clinical expertise of the Cancer Alliance combined with the adaptability of a patient-led charity with a huge patient and carer following.

A snappy title and colourful branding help us to stand out from the crowd. Our key aims are included within one handy phrase - Cancer SMART.

By involving volunteers, many with lived experience of cancer, they can personalise the awareness message.

We know that our talks are well received because they are delivered by patients and not by healthcare professionals.

We are a small team operating over West Yorkshire - ensuring everyone is on board and clear about the message is key to our success.

We've proved this project can be operated using few resources, especially if based in an organisation like our own which already has a patient and carer membership.

Our Cancer Champions (volunteers) are key to the project success, and their passion and enthusiasm has allowed us to continuously improve how we deliver the message and to increase the number and reach of the events. Their involvement in every aspect of the project and its design has been part of its wide appeal.

Impact & results achieved

From the beginning, we said success isn't about numbers - one meaningful conversation is just as important as reaching a large group who may then decline to take their involvement further.

Without the resource of a dedicated project worker, we pared back reporting to the essentials. We collected the things that were easy to count- volunteer numbers and events/talks delivered.

Volunteers recorded events by taking photographs and we used case studies and patient stories in our newsletters and websites to mark progress. A measure of our success was the number of new volunteer recruits and the high demand for our talks and information stalls.

With the recruitment of an Administrator we produced feedback forms, designed and taken out by volunteers following talks which is helping us to refine our presentations and also understand how audiences respond to calls to action to attend screening or report worrying symptoms.

In 2024:
We had 263 Digital Champions - an increase of 30% on previous year30 Cancer Champions - an increase of 50% on previous year25 different Cancer Champions were involved in events/talks. We held 120 events/talks - an increase of 28% on previous year. Volunteers donated 847 hours (not including travel)

What makes this initiative stand out?

1) A clear identity and clarity of message help our project to stand out from the crowd. All our key aims are included within the acronym SMART - which gives volunteers clarity when they deliver talks - but also helps our audience to remember our message. We always wanted a brand that was simple, clear and instantly recognisable. The colourful SMART logo on volunteer T shirts, shopping bags, leaflets and table covers helps make us recognisable and memorable. We are often told: " I remember you coming before" because visitors remember the branding. The wording on the bag becomes a talking point, and allows us to deliver a short summary of our message each time someone takes away a bag from the stall.

The SMART message is repeated throughout our presentation allowing us to focus in turn upon our core topics:

Screening saves livesIt's OK to talk about cancerBe aware of unusual and persistent changes to your bodyReduce risk with a healthy active lifestyle Seek help is something is wrong

2) Our Cancer Champions (volunteers) are invested in the project. They have helped to shape it, design assets, choose our focus, run training events and given press conferences. Our small charity has 'an all hands on deck' culture, where everyone works together to get the job done. Volunteers like to meet up and we organise informal gatherings, very much like casual peer support groups, where great friendships are often made. Volunteers say they get more out of volunteering than they put in.

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DAISY PEN Lifetime Achievement Award Nominee

June Brown - Executive Nurse Director & Deputy Chief Executive, NHS Grampian

Lifetime achievement and impact

For over 30 years, June Brown has shaped patient experience in Scotland through clinical excellence, national leadership, and system-wide governance. From her roots as a learning-disability nurse to executive nurse director and deputy chief executive at NHS Grampian, she has driven transparent feedback systems, increased public engagement, and maintained compassionate care under regulatory scrutiny. Her influence extends through chairing the Scottish Executive Nurse Directors group and contributing to the national Nursing & Midwifery Taskforce, embedding patient-centred priorities at policy level.

Strengths at a glance

- Visible system leadership: executive nurse director and deputy chief executive.
- Measured improvement in feedback: compliments up strongly; complaints down; use of Care Opinion rising.
- External assurance: HIS inspections (safe delivery of care, IR(ME)R) with caring, responsive narrative.

Role and accountability

- Executive nurse director & deputy chief executive, NHS Grampian (deputy CEO confirmed April 2024).
- National leadership: Scottish Executive Nurse Directors (SEND) chair; taskforce contributor; honorary professor (RGU).

What they delivered

- HIS inspection narrative (Feb 2024) praised ARI staff as caring, compassionate and responsive.
- IR(ME)R inspection (Mar 2024) confirmed compliance around information/consent and radiation protection.
- Annual feedback report 2023/24 recorded a 125% increase in compliments, fewer complaints, and increased Care Opinion activity.

Signature initiatives and contributions

- Scaled listening and learning via Care Opinion and patient-feedback analytics.
- Board-to-bedside visibility through assurance walk-rounds and regular 'How are we doing?' reports.
- Integrated patient-experience indicators into annual delivery/performance reports.

Evidence of impact

- NHS Grampian news item summarising HIS praise at ARI (Feb 2024).
- HIS IR(ME)R inspection report for Aberdeen Royal Infirmary (Mar 2024).
- NHS Grampian Annual Feedback Report 2023/24 citing +125% compliments, reduced complaints, increased Care Opinion use.
- Board performance papers showing patient-experience indicators in delivery plan reporting.

DAISY PEN Lifetime Achievement Award Nominee

Sarah Colebrook – Chief Nursing Officer, King Edward VII's Hospital

Lifetime achievement and impact

Across senior leadership roles in both independent and NHS-aligned healthcare, Sarah Colebrook has sustained high standards of patient experience through governance, regulatory success, and culture change. As CNO and acting CEO at KEVII, she delivered a CQC 'Good' rating for surgery with praise for compassionate care, and maintained top-tier patient satisfaction scores. Her career at KIMS Hospital, The Lister (HCA), and KEVII reflects a lifetime commitment to safe, informed, and person-centred care, with visible accountability as Caldicott Guardian and quality lead.

Strengths at a glance

- Executive accountability for patient experience: CNO, Caldicott Guardian, Nominated Individual.
- External validation: CQC Surgery 'Good' (6 June 2025) with patient-centred narrative.
- Achieved an Outstanding CQC visit whilst at The Lister (albeit back in 2017..) and subsequently they maintained this at a further inspection 4 weeks after I left.
- High patient-reported experience: 98% recommend; 97% rate overall care good or better.
- Sarah has led teams to Achieve a number of Good & Outstanding ratings over recent years years, in a variety of settings, and most recently Good at King Edwards.

Role and accountability

- Chief nursing officer, King Edward VII's Hospital (KEVII).
- Acting chief executive from January 2025 (while permanent appointment progressed).
- Caldicott Guardian and named quality/governance lead for the hospital.
- Previous chief nurse roles at KIMS Hospital and HCA's The Lister Hospital.

What they delivered

- CQC surgery rating: Good (inspection 30 April 2025; publication 6 June 2025), with praise for safe, compassionate, patient-centric care.
- Hospital patient satisfaction: 98% of patients would recommend; 97% rate overall care as good or better.
- Earlier CQC evidence (2022) recorded 97% of patients received information they could understand, consistent with patient-centred communication standards.

Signature initiatives and contributions

- Strengthened governance and complaints learning loops with clear public accountability for the Caldicott Guardian role.
- Embedded patient voice through visible executive sponsorship and communications, including veterans' pathway narratives.
- Sustained standards for informed consent and information clarity highlighted in CQC evidence.

Evidence of impact

- CQC location page confirms 'Good' for surgery (published 6 June 2025) and inspection summary.
- KEVII news release (9 June 2025) publicising CQC outcome and patient-centric care.
- Patient satisfaction page reporting 98% recommend / 97% overall care good or better.
- Quality and governance pages name Sarah Colebrook as Caldicott Guardian and provide contact.
- CQC diagnostic imaging report (Sept 2022) notes 97% of patients received information they could understand.
- Friends newsletter provides leadership narrative and priorities on improving patient experience.
- Trade press confirms Sarah Colebrook acting CEO from January 2025.

DAISY PEN Lifetime Achievement Award Nominee

Jane Pickard - Director of Care Services, LOROS Hospice (formerly Macmillan lead cancer nurse, UHL)

Summary

With a career spanning acute, cancer, and palliative care, Jane Pickard has consistently advanced personalised, compassionate care. From oncology and haematology nursing to Macmillan lead cancer nurse at UHL and now director of care services at LOROS Hospice, she has led award winning patient support initiatives, contributed to national alliance guidance, and embedded self management programmes like HOPE. Her lifetime's work integrates evidence, policy, and patient voice to improve experience across care settings.

Strengths at a glance

- Personalized care champion: HOPE(Helping Overcome Problems Effectively) Programme , Cancer Nurse Specialist access and Living with and Beyond Cancer pathways.
- Information where patients are: mobile information and support rounds recognised by PENNA.
- Alliance level influence: policy and guidance on key worker roles and Personalized Stratified Follow Up.

Role and accountability

- Director of care services, LOROS - leads care services, improvement and partnerships.
- Former Macmillan lead cancer nurse, UHL - led Living With & Beyond Cancer programme and personalized care across Leicester, Leicestershire and Rutland

What they delivered (patient experience outcomes)

- HOPE self management course offered locally to improve confidence and coping after cancer treatment.
- In patient information & support rounds at UHL NHS Trust recognised by PENNA (CPES award category and winner).
- Contributions to East Midlands Cancer Alliance guidance (e.g., key worker support; stratified follow up).

Signature initiatives and contributions

- Expanded access to HOPE groups integrated with CNS follow up and digital options.
- Took information to the bedside via mobile rounds to increase opportunities for questions and support.
- Endorsed remote monitoring/stratified follow up models to improve convenience and agency.

Evidence of impact

- LOROS welcome confirming role start (Aug 2024) and prior UHL leadership.
- UHL press release quoting Jane on launching HOPE (2018).
- PENNA 2019 winner listing for UHL In Patient Support & Information Rounds (CPES category).
- EMCA policy/guidance documents crediting Jane Pickard as lead cancer nurse reviewer.

DAISY PEN Lifetime Achievement Award Nominee

Ann Marie Riley - Chief Nurse, University Hospitals of North Midlands (UHNM)

Summary

Over three decades from critical care nurse to national movement leader, Ann Marie Riley has transformed patient experience through culture change, measurable harm reduction, and global influence. As deputy chief nurse at NUH, she co led Pathway to Excellence and Magnet® achievements and pioneered the #EndPJparalysis movement, producing landmark reductions in falls, pressure ulcers, and complaints. Her work reframed mobility as safety critical, spread internationally, and continues at UHNM, embedding dignity, independence, and co design into everyday nursing practice.

Strengths at a glance

- Proven culture builder: Magnet® at NUH with shared governance and front line empowerment.
- National movement leader: #EndPJparalysis with quantified reductions in harm and complaints.
- Replicable, low cost model with international spread.

Role and accountability

- Chief nurse, UHNM - board level lead for nursing, quality and patient experience. First Trust in UK to work in partnership with Johns Hopkins Hospital, Baltimore USA, to formally introduce Johns Hopkins Activity and Mobility promotion programme – encouraging patients to maintain mobility whilst in hospital; a patient partner co-chairs our ward accreditation support programme, holding leaders to account for failing standards and working with Trust colleagues to drive improvements – seen significant improvements and now only have one area on the lowest level of accreditation
- Former deputy chief nurse – responsible for patient experience within portfolio at NUH - supported Pathway to Excellence® and Magnet® recognition; developed NUHMemory Menu -multi award winning concept(including PENNA), where the local population are able to choose the hospital menu for patients (replicated at UHNM); patient engagement approach highlighted as outstanding in NUH CQC report; won 5 PENNA awards in 2019 including Trust of the Year
- Movement leadership: national advocate for #EndPJparalysis and deconditioning prevention.

What they delivered

- International recognition for nursing and experience at NUH - Magnet® designation (Oct 2020).
- Helped raised awareness globally regarding deconditioning harm and prevention, linked with fewer falls, fewer pressure injuries, fewer complaints, and shorter length of stay (Nottingham Ward C4 case). Twitter campaign achieved over 1 billion impressions
- Public advocacy and education on deconditioning and functional harm (NHS England blog).
- NUH Memory menu -over 50% of the menu chosen by the local population
- Improved ward quality metrics and standards through ward accreditation process

Signature initiatives and contributions

- Created positive practice environments (Magnet/Pathway shared governance and nurse empowerment).
- Embedded deconditioning as harm; normalised mobilisation and ADL preservation as safety critical.
- Used collective leadership and patient co design to reduce barriers (equipment, fear of falls, documentation).

Evidence of impact

- NUH Magnet® recognition announcement (Oct 2020).
- Ward C4 outcomes: 37% fewer falls; 86% fewer pressure ulcers; 80% fewer complaints; ~1.5 day shorter LOS.
- Peer reviewed and implementation studies reporting EndPJparalysis benefits on ambulation, LOS, falls, discharge disposition.
- NHS England blog authored by Ann Marie Riley on deconditioning harms.
- CQC improvements at UHNM