



WEBINAR

Preparing a successful PENNA entry

The logo for PEN, featuring the letters "PEN" in a bold, sans-serif font, centered within a circular graphic composed of two overlapping, curved lines in shades of purple and blue.

PEN

Induction and Welcome

Chris Graham

CEO, Picker Group



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Induction and Welcome

Ruth Evans

Managing Director, Patient Experience Network



Judging Criteria

Chris Graham

21st June 2023

Our vision

The highest quality person centred care for all, always

Our mission

We are here to:

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

Picker Principles of Person Centred Care

An internationally recognised quality framework focused on what matters most to service users and families. These form the foundation of Picker experience programme(s.)



Fast access to reliable health advice



Effective treatment delivered by trusted professionals



Continuity of care and smooth transitions



Involvement and support for family and carers



Clear information, communication and support for self-care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect



Attention to physical and environmental needs

The judging criteria and marking scheme



New thinking



Leadership



Outcomes & sustainability



Involvement & Inclusion



Transferability & Dissemination

Scoring guidelines

Rating	Description of how well entry meets criteria	Marks
Outstanding	Compelling, robust, fully evidenced description	80 - 100
Strong	Some compelling evidence, very good	60 - 79
Adequate	Good, above average, lots of evidence but not compelling	40 - 59
Limited	Some weak areas, would have benefited from more evidence	20 - 39
Weak	Unconvincing, weakly evidenced description	0 - 19

New thinking



- “Is the initiative different, innovative, and ambitious?”
- Judges are looking for initiatives that:
 - Are novel and new
 - Stand out from the crowd
 - Solve a widespread problem in a creative way
 - Make you think “*why hasn’t this been done before?*”

Leadership

- “The quality of management and project leadership”
- Judges are looking for initiatives that:
 - Demonstrate clear objectives and problem solving
 - Were well planned and executed
 - Involved good communication with stakeholders and/or beneficiaries
 - Show continuous learning, especially in dealing with challenges

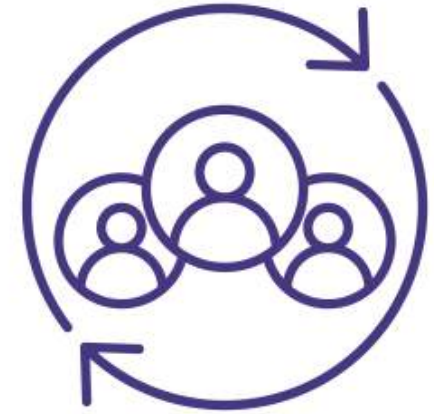


Outcomes & Sustainability

- Has the initiative been properly assessed, and was it effective?
- Judges are looking for initiatives that:
 - Include meaningful performance measures
 - Demonstrate positive changes in people's experiences
 - Relate results to the project's aims and objectives
 - Have a plan for sustainability and long-term impact



Involvement & Inclusion



- Did the work involve beneficiaries and promote inclusivity?
- Judges are looking for initiatives that:
 - **Involve** patients/carers/families/staff, ideally from an early stage: this could include a range of approaches from co-production to roles on steering groups
 - **Include** people from a range of backgrounds, eg by considering accessibility, cultural factors, and actively seeking to hear from ‘seldom heard’ groups
 - Take a deliberate approach to understanding & reducing **health inequalities**

Transferability & Dissemination

- Can the work be replicated, and has it been well shared?
- Judges are looking for initiatives that:
 - Can spread and scale to other sites, organisations, and care settings
 - Share learning and encourage best practice elsewhere
 - Have the potential to spread innovation



The judging criteria and marking scheme



Marking Scheme	
Band	Marks Available
Outstanding	80-100
Strong	60-79
Adequate	40-59
Limited	20-39
Weak	1-19

For more information, please contact:

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Picker

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Charity registered in England and Wales: 1081688

Charity registered in Scotland: SC045048

Company limited by guarantee registered in England and Wales: 390



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**Preparing a successful
PENNA entry**

Entry Considerations

Ruth Evans MBE

Managing Director, Patient Experience Network

The Picker logo is located in the top right corner of the slide. It consists of a light blue circle containing a dark blue icon of three interlocking rings, followed by the word "Picker" in a dark blue sans-serif font.

Picker

The PEN logo is located in the middle right of the slide. It features a light blue circle containing a stylized graphic of two curved lines in purple and light blue, with the letters "PEN" in a dark blue sans-serif font centered below the graphic.

PEN

WEBINAR

**Preparing a successful
PENNA entry**

Creating a winning entry

Azmina Rose

Lead for Cancer Patient Experience, Royal Free London NHS Foundation Trust



world class expertise  local care

NHS

Royal Free London
NHS Foundation Trust

Let's talk cancer

Azmina Rose

Lead for Cancer Patient Experience & Macmillan Centres



world



Let's Talk Cancer – Entry Overview

- read the judging criteria very carefully
- re-read the judging criteria **very** carefully!
- remember the judges don't know ANY-thing about your project, so don't forget the very basics
- be honest about any criteria you know your project could be stronger on
- don't rush and allow plenty of time

Entry Form Practice Makes Entry Form Perfect!

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

The 3 main OUTPUTS we created include:

1. A pocket sized aide-memoire card for staff;
2. A companion resource for patients called “TenTop Tips”,
3. An **INNOVATIVE** online interactive staff training module
https://rise.articulate.com/share/jV_hNUep9ZDKVxTkNhsTXO7BXOg5t1Hz

Internally, we launched these at **DISSEMINATION** roadshow events with support from senior Executive Trust **LEADERSHIP**. Our roadshow venues included the canteen, main hospital foyer, and other areas of the hospital with high staff and patient footfall.

Externally, we have presented our work at the pan-London lead Cancer Nurse Forum which has led to expressions of interest by other Trusts to duplicate and roll out our inventions at their own trusts. We are actively pursuing this opportunity for further **TRANSFERABILITY** and broader **DISSEMINATION** beyond our own Trust across London.



Royal Free London
NHS Foundation Trust

Thank you

azmina.rose@nhs.net

world class expertise  **local care**

WEBINAR

**Preparing a successful
PENNA entry**

Creating a winning entry

Jonathan Wright

Head of Patient Access, University Hospitals of Dorset



PEN

Our journey – creating a winning entry

Jonathan Wright
Head of Patient Access

We are
caring
one team
listening to understand
open and honest
always improving
inclusive

September 2022 – PENNA Awards

Dorset was extremely proud to pick up three accolades at last year's award ceremony:



Partnership working to improve the experience



Integration and improving social care



Integration and continuity of care



The winning entry



The why?

Risk associated with elective waiting lists and increase in waiting times due to coronavirus pandemic.



The what?

A high flow outpatient assessment clinic in a local shopping centre – enabling staff new ways of working.



The how?

Collaboration and engagement with our patients and partners from the start. Ambition, resilience and teamwork.

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Our reflections on creating a winning entry

Be ambitious – consider all potential categories that you could enter

Understand the timelines and submission process – make sure you aren't rushing at the last minute!

Develop in collaboration – a stakeholder discussion to capture all the ideas to support the submission

Use qualitative and quantitative information to demonstrate impact – a quote from a patient or individual who has been impacted by the initiative can be powerful addition

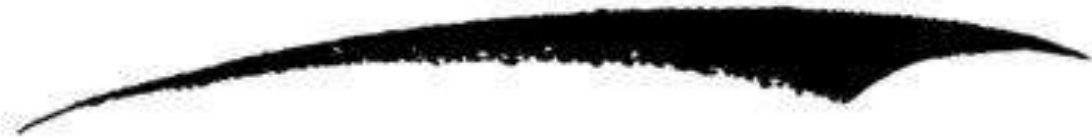
Remember to be clear on the what, the why, the how and the who – when working on a project on daily basis easy to forget to take story back to the start and be clear on what was achieved, and challenges overcome

Maximise the supporting information – images, graphs, videos, patient quotes to bring entry to life...

Bring it back to the people – from the initial objectives to the outcomes what has been the impact on patients and people

Talk about the future – how has this project informed new ways of working and at what scale? What are the next steps for the project and what are the new ambitions of what can be achieved?

Good Luck



We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

WEBINAR

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PENNA entry**

Creating a winning entry

Rev Grace Allick

Chaplain, Barking, Havering and Redbridge University Hospitals NHS Trust



Creating a Winning Entry

Grace Allick

Daisy Volunteers



**Marie
Curie**

Care and support
through terminal illness





Patient Experience Network

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Become A Member



PEN Awards

The Patient Experience Network National Awards are the first and only awards programme to recognise best practice in patient experience across

Quick Links



Become A Member



Q: What are the judging criteria?

A: Judges will be assessing entries for the main categories using the following criteria. The criteria are worth bearing in mind when completing the entry form.

New Thinking

How is the initiative different, innovative and ambitious: what makes it different from previous practice/activities? Why does it stand out? Does it make you think "Why hasn't this been done before?" Is it a new approach or new use for an 'old' idea? How does it exhibit fresh thinking in the organisation? What makes it different? How is it an example of a great idea (big or small) well executed?

Leadership

The quality of management and project leadership: this includes the clarity of the initiative's objectives; how well they were communicated; how effectively the project was

Enter Awards

Commissioning for Patient Experience

Communicating Effectively with Patients and Families

Cancer Experience of Care

Engaging & Championing the Public

Environment of Care

Fiona Littledale Award

Innovative Use of Technology, Social and Digital Media

Scoring Guidelines



Patient Experience Network

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be used by the judges.

Rating	Description of How Well Entry Meets Criteria	Marks Available
Outstanding	Compelling, robust, fully evidenced description	80 – 100
Strong	Some compelling evidence, very good	60 – 79
Adequate	Good, above average, lots of evidence but not compelling	40 – 59
Limited	Some weak areas, would have benefited from more evidence	20 – 39
Weak	Unconvincing, weakly evidenced description	0 – 19





Become A Member



Q: What is PENNA? (aka the Patient Ex)

Q: What are the categories?

Q: What are the judging criteria?

A: Judges will be assessing entries for the following criteria. The criteria are worth bearing in mind when co

Award FAQs

How to enter

PENNA 2022

PENNA 20-21

PENNA2019

PENNA2018

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Communicating Effectively with Patients and Families

Cancer Experience of Care

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Patient Experience Network National Awards 2022

38 views • 3mo ago

Patient Experience Network

University of Birmingham 28th September 2022 Event Highlights.

Patient Experience Network

@patientexperiencenetwork5246 • 85 subscribers



Strengthening the Foundation - WINNER 2022

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Environment of Care - WINNER 2022

Patient Experience Network
15 views • 7mo ago



Communicating Effectively with Patients and Families - WINNER 2022

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Personalisation of Care - WINNER 2022

Patient Experience Network
5 views • 7mo ago



Measuring, Reporting Acting and Turning It Around - WINNER 2022

Patient Experience Network
22 views • 7mo ago



Integration and Continuity of Care - WINNER 2022

Patient Experience Network
25 views • 7mo ago



Patient Experience Network National Awards 2022

Preparation Copy

General Category Official Entry Form

Use this form if you are entering any of the following categories:

THE BIG PICTURE

1. Commissioning for Patient Experience
2. Strengthening the Foundation
3. Medical Education for Professionals
4. Staff Engagement/ Improving Staff Experience
5. Integration & Continuity of Care

INCLUSION

6. Engaging and Championing the Public
7. Including Social Care to Improve the Experience
8. Partnership Working to Improve the Experience
9. Support for Caregivers, Friends & Family

THE JOURNEY

10. Communicating Effectively with Patients and Families
11. Environment of Care
12. Innovative Use of Technology/Social/Digital Media
13. Personalisation of Care

THE OUTCOMES

14. Measuring, Reporting & Acting
15. Using Insight for Improvement (Subcategories: NHS Funded, Accessibility, Integrated Care, Commissioning, Staff Feedback)
16. Cancer Experience of Care Award (Previously known as the CPES Award)
17. Turning it Around

PLEASE USE THIS FORM TO PREPARE YOUR SUBMISSION OFFLINE ONLY

ONCE YOU HAVE ALL YOUR ANSWERS READY, PLEASE GO ONLINE USING THE LINK BELOW TO COPY AND PASTE YOUR ANSWERS INTO THE OFFICIAL ONLINE SUBMISSION FORM

<https://bit.ly/PEN22General>

YOU WILL THEN NEED TO EMAIL YOUR ORGANISATION LOGO AND UP TO THREE PIECES OF SUPPORTING EVIDENCE TO EVENTS@PATIENTEXPERIENCENETWORK.ORG



SUBMISSION ADVICE AND GUIDANCE

- o Please respond to all the questions on this form staying within the permitted word count. The total word count is **2000** words which includes a 200-word summary. Please respect the word count and keep within the permitted number - we may discount additional words, which may adversely affect your overall score.
- o You can incorporate visual and other non-written evidence to supplement your entry. A **maximum of 3** pieces of supporting material may be provided. This supporting evidence must be emailed to events@patientexperiencenetwork.org.uk following your online submission. Please ensure you reference the Project Entry title, so we know which submission they relate to.
- o Permissible additions to Entry text can include hyperlinks, YouTube links, **social** media links, etc.
- o Please be careful not to add so many links that this dilutes the time Judges **have to** spend on key information.
- o Please remember not all Judges will be familiar with the specifics of your **particular organisation**, so please write in a form appropriate to "an outsider".
- o Please ensure your Entry is checked for spelling and grammar & fully completed before submitting.
- o Please ensure you email your organisation logo to events@patientexperiencenetwork.org.uk following your submission online. Please ensure you reference the Project Entry title, so we know which submission they relate to. Please ensure any logos are high-res and in JPG or PNG format.
- o Submit your Official Entry Form online here <https://bit.ly/PEN22General>

NOTE THE DEADLINE FOR ENTRY SUBMISSION IS 12:00PM ON Friday 1st July 2022

Please note, there are no time limits on when the initiatives should have taken place, but the expectation is that timeframes should be appropriate to competing for a 2022 Award.

Please contact us on 03333 44 7060 or email awards@patientexperiencenetwork.org if you have any questions about completing this entry form.

JUDGING CRITERIA

Your entry will be assessed as follows:

1. **New Thinking** – How is the initiative innovative and ambitious? How does it exhibit fresh thinking within your organisation? What makes it different?
2. **Leadership** – The quality of management and leadership including: the clarity of the initiative's objectives; how well they were communicated; how effectively the project was introduced and implemented
3. **Outcomes and Sustainability** – How has performance been measured and benchmarked? How successful was the project? How will the initiative make a sustainable difference?
4. **Involvement** – What has been done to ensure the patient, carer, public or staff voice has been included? What considerations have been made for inclusion and equality?
5. **Transferability & Dissemination** – How easily could the initiative be replicated in other parts of the organisation and/ or across other organisations? How effectively has the learning from the project been spread within the organisation and/ or throughout the healthcare sector as a whole?

SCORING GUIDELINES

All criteria have equal weighting and are each scored out of 100. To achieve an optimum score for your entry please bear in mind the guidelines below which will be used by the Judges.

Rating	Description of How Well Entry Meets Criteria	Marks Available
Outstanding	Compelling, robust, fully evidenced description	80 – 100
Strong	Some compelling evidence, very good	60 – 79
Adequate	Good, above average, lots of evidence but not compelling	40 – 59
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TERMS AND CONDITIONS

By submitting this Official Entry Form you agree to the Patient Experience Network publishing non-private information from the Entry in the interests of PR and communications.

Please note information given on this form may be used in the summaries of the case studies which will be available on the website and in other publications.



Welcome to the Official Entry Form for the PEN National Awards 2022 for all General Categories.

Organisation Name	Barking, Havering and Redbridge University Hospitals
Category Entered	1. Partnership Working to Improve the Experience 2. Support for Caregivers, Friends & Family 3. Strengthening the Foundation
Project Title	Daisy Volunteers – Supporting Our Imminently Dying Patients and their relatives / carers

Please let us know which sector and region your organisation is located by highlighting below:

Sector (Please highlight)	<ul style="list-style-type: none"> Ambulance Service Appliances Care Home/Hospice Community Clinical Commissioning Group or Support Unit Dentist Foundation Trust General Practice Government Body/ Institute Home Healthcare Hospital (Acute NHS Trust) Mental Health Opticians 	<ul style="list-style-type: none"> Partnership Pharmaceutical Company Pharmacy Physiotherapy Private Health Professional Services/ Consultancy Research/ Education Technology Organisations Voluntary/3rd Sector Other (please specify)
Other (Please specify)		

Region (Please highlight)	<ul style="list-style-type: none"> Scotland North-West North-East Ireland / North Ireland Wales Midlands East 	<ul style="list-style-type: none"> South-East South-West West National Non-UK (please specify) Other (please specify)
Non-UK/Other (Please specify)		

PLEASE NOTE this is the name of the person that will appear in our printed Book of Best Practice and as the main contact for the submission. Please take care to type this correctly as this will be used in the press releases, announcements on the website and on the certificates. We want to be sure we have the right details!


Title	Rev
First Name	Grace
Surname	Allick
Organisation Name	Barking, Havering and Redbridge University Hospitals
Address	Rom Valley Way, Romford, Essex

Postcode	RM7 0AG
Mobile Number	07950 706 122
Email Address	Grace.allick@nhs.net
Twitter handle	@BHRUTchaplains @BHRUT_NHS @mariecurieuk @MarieCurieSE

Please let us know whether you are submitting this entry on your own, as a partner, or in partnership with another organisation. Please highlight below.

- Non-partnership (Single Organisation)
- Partner only
- Partnership with another Organisation(s) (Agency/Client/Organisation)**

Partner Name	Marie Curie
Client Name	Debbie Ripley
Other Organisation(s) Name(s)	

1	<p>ORGANISATION DESCRIPTION (NB – Not Scored, this is just for Context Purposes) Please give a brief description of your organisation – EG: type of organisation, location, size, number of staff and nature of care in which you are engaged or supporting.</p> <p>Barking, Havering and Redbridge  University Hospitals <small>NHS Trust</small></p> <p><u>North-East</u> London has a population of over 2.0 million people and is a highly diverse and deprived part of London. London has one of the highest rates of hospital deaths across the UK. At 56%, <u>North-East</u> London has the highest percentage in London and England. Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large acute Trust which covers the London Boroughs of Barking, Dagenham, Havering and Redbridge. Hospital deaths across Barking, Dagenham, Havering and Redbridge average 53%, which is heavily above the national average of 45%. Hospital is still the default for many people who struggle to navigate the complexity of the health and social care system and a safe place for many people who live on their own or have no family/ support network when they are acutely unwell or at end of life.</p> <p>The Trust has two sites King George Hospital in Goodmayes and Queen's Hospital in Romford. We employ 7,500 staff and over 250 volunteers care for a diverse community with a growing population of 750,000 people.</p>
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2	<p>SUMMARY – Please provide an overview of the initiative that provides a robust, thorough and compelling argument for why this Entry deserves recognition (Elements of the 5 criteria should be included) 200 words max (This is included in the overall 3000-word count)</p>
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This project, in partnership with Marie Curie, was launched in May 2021 with the aim of providing additional companionship and support for our imminently dying patients, their relatives and carers. **During the first six months our Daisy Volunteers provided support to 149 patients delivering 736 support sessions** including companionship for our dying patients, emotional and bereavement support, and respite for their relatives/carers. **Our aim of starting with 5 volunteers exceeded expectation and we grew to 14 active volunteers within six months.**

- New Thinking** – Project based on volunteers providing a service co-ordinated by one full-time member of staff.
- Leadership** – Planning and clearly communicated aims of the project aided the success and its subsequent growth.
- Outcomes and Sustainability** – The Key Performance Indicators (KPI) used to monitor success are:
 - Emotional support session for a person who is end of life.
 - Emotional and bereavement support sessions for relatives/carers
 - Respite support sessions
 - Number of active volunteers
- Involvement** – Staff and relatives/carers helped us design, develop and continuously seek ways of improving the service.
- Transferability & Dissemination** – The model is simple to establish and work cross sites. We would be able to support other organisations seeking to implement a similar project.

3	<p>RATIONALE & CONTEXT - Describe what it is that you were aiming to address / achieve with your initiative – do not explain the background to how and why the initiative came about. (This is included in the overall 2000-word count)</p> <p>Our Trust received an "outstanding" for End-of-Life Care in our September/October 2019 CQC Report. However, we felt there were still areas of support we could improve. Our Palliative Care Team and Chaplaincy Team are dedicated to improving the end-of-life support available and we looked to Marie Curie to see how they might support the implementation of a 'Companions' service model within our hospital. We spoke with Marie Curie to support and guide this project both financially and with their expertise.</p> <p>BHRUT recognised an unmet gap in patients and families being supported at end-of-life as ward staff were unable to meet these needs due to an increase in ward demands. We were seeing more patients dying alone and families/carers needing more support.</p> <p>Having successfully secured funding from Marie Curie for a co-ordinator for the project we began work to develop the service. In terms of new thinking, this would be the first-time volunteers would be recruited solely for the purpose of supporting imminently dying patients and their families/carers. Specific training was developed to prepare volunteers with input and advice from Marie Curie. From a leadership perspective, it was important that effective planning and communication occurred to ensure the success of the project. The project was started during the pandemic, and we initially planned to roll out the project on a small scale focussing on our care of the elderly wards at both sites. It was important for us that from the start that this project would be available on both sites. Our plans to grow would include expanding the wards and departments we supported as we grew the number of volunteers to match demands for the service. The involvement of staff, patients, and the feedback we received from relatives/carers helped us to know what kinds of support would be needed. This initiative is a model which can be easily replicated in other areas. The growth and success of the model is directly related to the volunteer's availability to meet the demand for the service.</p>
4	<p>PLANNING & DELIVERY - Describe what you did and who was involved in the planning and the delivering of the initiative. How did you involve patients, carers, the public and staff? (This is included in the overall 2000-word count)</p>



The leadership of the project involved communicating the aims and objectives to the senior management in order to get appreciation of this new initiative and ownership of the importance of how this would **benefit** our patients, families/carers and staff.

- Working collaboratively with our Patient Experience Department, Palliative Care Team, Information Governance Department and staff on wards. We were able to gain advice on best methods to request Daisy Volunteers for patients, families and carers who would benefit from their support.
- Once the Co-ordinator had been recruited, work began on the recruitment process for volunteers. This required us working with our Volunteer Recruitment Department, Communications teams, and Marie Curie as we placed adverts on various online platforms including social media.
- Designed an online training programme covering End of life Care, Communication skills and Pastoral skills covering topics which mattered to our patients and carers. (face-to-face contact with groups was still discouraged at that time).
- Designed and delivered an induction programme and launched the project in 'Dying Matters Week,' a national campaign to encourage people to think about preparing for end of life.

1

5	IMPACT & RESULTS ACHIEVED - What impact / difference has the initiative made? Describe how you measured the success/ impact of the initiative – including what measures and perhaps why you chose them), how you went about measuring them and any results / outcomes that were achieved. (This is included in the overall 2000-word count)										
<p>The initial expectation for us was to have the project focus on our Care of the Elderly wards (4 wards) as these were identified as the wards with a regular/higher mortality rate within the hospital allowing volunteers to build experience and relationships on these wards.</p> <p>The project exceeded our expectations in many ways. We had a high response rate from the public of those wanting to be involved with volunteering. We had a high demand from staff asking why the service was limited to the wards as they had patients they wanted to refer. The positive feedback from families who were receiving the support was also instant. They were grateful for a listening ear and support as they sat with their loved one. Patients with limited visitors or none were given support.</p>											
<table border="1"> <thead> <tr> <th>May 2021 – Apr 2022</th> <th>Total Number</th> </tr> </thead> <tbody> <tr> <td>Patients Supported by Daisy Volunteers</td> <td>287</td> </tr> <tr> <td>Emotional and Bereavement Support Sessions for Relatives</td> <td>290</td> </tr> <tr> <td>Respite Support Sessions for Families</td> <td>60</td> </tr> <tr> <td>Ave Monthly Total of Daisy Volunteer Hours</td> <td>180 hours per month</td> </tr> </tbody> </table>		May 2021 – Apr 2022	Total Number	Patients Supported by Daisy Volunteers	287	Emotional and Bereavement Support Sessions for Relatives	290	Respite Support Sessions for Families	60	Ave Monthly Total of Daisy Volunteer Hours	180 hours per month
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Patients Supported by Daisy Volunteers	287										
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Respite Support Sessions for Families	60										
Ave Monthly Total of Daisy Volunteer Hours	180 hours per month										
<p>Relatives/carers found peace of mind knowing the patient was not alone and had companionship when they are not present. When Relatives/carers tell us their loved one's favourite music our volunteers play the song and often get a significant response from the patient who previously may not have been responding.</p> <p>For a patient who likes their hand held. There is someone there to bring them that comfort of knowing they are not alone.</p> <p>This initiative brings departments together and provides the much-needed support and care to patients and their relatives/carers.</p>											

6	FUTURE SUCCESS/SUSTAINABILITY - Describe how you plan to ensure that the success of the initiative will be continued / built on in the future. (This is included in the overall 2000-word count)
<p>The project has seen remarkable growth from the initial four wards to being a Trust wide service. Our Daisy Volunteers regularly visit the wards to help keep the service in the minds of our staff. This helps to generate new referrals but also builds relationships between the staff and the volunteers.</p> <p>Initially, the service was run 9.30am-4pm, Monday – Friday. The decision was made to ensure the volunteers would have a member of the chaplaincy team available for support and debriefs following visits.</p> <p>We have now been able to extend the service to Saturday mornings 10-12noon at both sites as more experienced Daisy Volunteers are able to work with new volunteers who have weekend availability.</p> <p>We also hold monthly supervision for all our volunteers. This allows them an opportunity to share experiences, good and bad. Through this we can improve the service we deliver and create best practice. During the supervision sessions we often invite others to deliver training if we feel the need arises. An example of this is when we requested our Infection Prevention and Control (IPC) team to deliver specific training for the volunteers and answer questions to reduce concerns regarding different requirements for PPE in different areas of the hospital.</p> <p>In response to a growing number of covid patients without visitors, some of our volunteers asked if they would be able to visit these patients. Following discussions with IPC and our Volunteer Department the decision was made for volunteers, who felt comfortable to do so, to visit covid patients. This was a significant time for us as a department as we could see the positive impact providing this service was having on our patients, their families/carers and our volunteers.</p> <p>Despite initial reservations about recruiting enough volunteers we continue to have increasing interest in the role.</p>	

Our desire would be for the project to have evening and weekend cover providing the support to relatives and companionship to those patients who have no visitors at all. As such, we continue to run on-going recruitment and training. The Trust has recognised the importance of this service and has made the Volunteer Co-ordinator role a permanent position.

7	AWARENESS - What has been done to make others within the organisation aware of the initiative? (This is included in the overall 2000-word count)
<ul style="list-style-type: none"> • Awareness of the project was raised through meetings with Matrons and Wards managers in the initial planning stages. We found this was a welcomed project and resulted in staff eagerly awaiting its launch and contacting the department asking when it would begin. • The Daisy Volunteer Project was promoted via hospital twitter accounts and information placed in our Communications Bulletin. • A series of short videos were made to explain what the Daisy Volunteers do. • Each time a new volunteers start we tweet a post and share the successes of the team. • Posters and flyers were produced and are used to share what the Daisy Volunteers can do. • Regular visits to the wards help to keep the project at the forefront of people's minds. • During 'Dying Matters Week' the Daisy Volunteers had a stand and were available to answer questions. 	

8	RELEVANCE TO OTHER GROUPS - How might the initiative be relevant to other groups (either internally or externally) and why? If you have already involved/ communicated with others, please describe what has been done. (This is included in the overall 2000-word count)
<p>This model would easily be replicated in other Trusts and Care Homes where patients are imminently dying. Training can be adapted to suit different environments and we as a Trust in collaboration with Marie Curie are happy to support those interested in developing a similar service.</p> <p>Feedback from those who have received the service encourages other to get involved in the role.</p> <p>As Marie Curie has been working collaboration with this project and have provided financial support for the first two years. They will be producing a report following the initial implementation of this project to highlight the success and challenges in its roll out.</p>	

9	WHAT MAKES THIS INITIATIVE STAND OUT? - What do you feel makes this initiative special? For example, what makes it different from other projects? What do you believe are the key elements that have contributed to its success? (This is included in the overall 2000-word count)
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The Need:

BHRUT recognised an unmet gap in patients and families being supported at end-of-life as ward staff were unable to meet these needs due to an increase in ward demands. We were seeing more patients dying alone and families/carers needing more support.

The Aim:

1. Provide companionship and support to our imminently dying patients.
2. Provide emotional support to our patients, their relatives and carers.
3. Connect patients to loved ones via video calls.
4. Give families an opportunity for respite.

The Method:

We worked in partnership with Marie Curie who funded the role of Daisy Volunteer Coordinator. The Coordinator was then responsible for the recruitment and trainings of a team of volunteers to support our imminently dying patients, their relatives and carers. Training for the volunteers was provided by our Chaplaincy team, our End of Life and Palliative Care teams.

The Results.....



Care and support
through terminal illness



Number of Patients
Supported by a Daisy
Volunteer
May 2021 – April 2022

287





Number of Family/Carers Respite Support Sessions Given May 2021 – April 2022





33

Patients visited only by
Daisy Volunteers
(no relatives or visitors)
May 2021 – April 2022





Care and support
through terminal illness

Number of Emotional Support Sessions to a Person Imminently Dying May 2021 – April 2022



933





Number of Bereavement & Emotional Support Sessions Delivered to Relatives



290





Feedback Received From Relatives/Carers



Would you recommend the Daisy Volunteer service?

Unsure

No

Yes

Highly Recommend

I think this is a lovely service to provide to patients and families going through such difficult times. For patients who are not lucky enough to have family members visiting this must be a comfort.

The fact that this service is 'volunteers' is amazing.

Well done & Thank you.





Feedback Received From Relatives/Carers



Would you recommend the Daisy Volunteer service?

Unsure

No

Yes

Highly Recommend

I have received support and it means so much.
They've sat with mum while I go for food. They sat
with me and comforted me with kinds words.

AMAZING PEOPLE!!!



Top Tips:

- Research: Use the resources available
- Clearly communicate your impact
- Use your word count
- Call PEN for help or advice!



WEBINAR

Preparing a successful PENNA entry

What the judges are looking for in a winning entry

Nikant Ailawadi

Director of Patient Experience and Insight, Barts Health NHS Trust

The Picker logo consists of a light blue circle containing a dark blue icon of three interlocking rings, followed by the word "Picker" in a dark blue sans-serif font.

Picker

The PEN logo features a light blue circle containing a stylized graphic of two overlapping curved lines in purple and light blue, with the letters "PEN" in a dark blue sans-serif font centered below the graphic.

PEN

WEBINAR

Preparing a successful PENNA entry

Panel Discussion

The Picker logo is located in a light blue circle on the right side of the slide. It features a stylized icon of three interconnected nodes to the left of the word "Picker" in a bold, sans-serif font.

Picker

The PEN logo is located in a light blue circle on the right side of the slide, below the Picker logo. It features a stylized graphic of two curved lines, one purple and one light blue, framing the letters "PEN" in a bold, sans-serif font.

PEN

WEBINAR

Preparing a successful PENNA entry

Questions & Answers

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Picker

The logo for PEN, featuring a stylized blue and purple swoosh above the letters "PEN" in a bold, sans-serif font.

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**Preparing a successful
PENNA entry**

Thank you for your time

