

### **Introductory Speaker 00:00**

Hello, welcome to Picker's recent webinar, *Spotlighting Excellence in Patient Experience*, which was recorded on the 26th of November, 2024. We'd like to thank all of our presenters for their time. We hope you enjoy watching this webinar.

### **Chris Graham 00:16**

For those of you who don't know me, my name is Chris Graham. I'm the Chief Executive here at Picker. My background is in measuring, understanding and improving people's experiences of care. I've been working in this field for, gosh, over 20 years, which ages me a little, but I'm delighted that this year we've been able to join forces with the Patient Experience Network in order to host the Patient Experience Network, and the Picker Patient Experience Network National Awards event. This year's event, I think, has been the biggest in PENNA history. We had, I believe, 350 attendees, which is tremendous, and I had a day which I think was really, really filled with positivity, inspiration and enthusiasm.

We've had a lot of great feedback from attendees about how authentic the day was, about how inspiring it was, about how much they learned, and about the value of being able to interact with colleagues from different organisations around this shared agenda of improving patient experience and delivering the highest quality person centred care for all, always.

We're really pleased to be able to provide some of the highlights from that today, to give you some standouts. For those of you who weren't able to attend on the day, this should be really useful. And for those of you who were, hopefully, you'll see some things that you might have missed on the day by virtue of us being in two separate discussion streams throughout the day. I think that's, well, that's almost all I want to say.

I think I'll just add we're really, really proud to be hosting this at Picker, you know, improving patient experience is central to everything that we do. We love PENNA because it showcases good practice and gives really tangible evidence that we can really improve and transform the quality of care by focusing in on the experiences of our users.

I'm really, really proud that we're able to spotlight some of that today. But for a fuller introduction to PENNA and to the event, I'm going to hand over now to Ruth. Ruth Evans, MBE, has been the Managing Director of PENNA since its inception and is now working with us as part of the Picker team.

Ruth, over to you.

### **Ruth Evans 02:30**

Thank you, Chris. And welcome, everyone. And thank you so much for joining us today. And thank you, Chris, for that quick introduction. Yes, I am Ruth Evans. I am one of the founding directors of PEN, and I wanted to just give you a little bit of background to PEN and the awards before we start on the presentations, just so that you understand the context. I'm conscious that some of you may be very familiar with PEN, but some of you may not have been to the PENNA awards before at all.

So, we have had one and a half decades of brilliance, not our brilliance, your brilliance. And what we've been doing through those decades is celebrating your best practice. I'm really conscious that not every organisation enters, but for those who are willing to put their head above the parapet and say, here, we think we've got something to share.

This is what we have been celebrating over our one and a half decades. So we have hundreds of examples of best practice. But today, we're going to very much focus on the ones from last year.

So, you saw the awards go flying by. That's what it's all about. But actually, it's about much more than that. And I thought I'd just share a few thoughts about PENNA, the Patient Experience Network National Awards, or now the Picker Experience Network National Awards.

See what I did there? It's very clever. So PENNA, we are and are still the only national awards that were set up to recognise, share and celebrate best practice in delivering patient experience across healthcare.

We're very proud to do that. And we were hearing only this morning why it's so important, because patient experience is at the heart of everything. Experience influences the outcomes, experience influences how we feel about our work. And we know that safety and experience go hand in hand.

We also, through our awards, want to put the spotlight on the work that you're doing. So what we have created or crafted through PENNA is an opportunity to share the work and share it in a way that is exciting and energising.

And we're hoping through doing this, we recognise and inspire others as well. At the event, we have a day where we come together and we hear from all of our winners. All of the finalists showcase their best practice through posters, and we also have a book of best practice or 'BOBP'. And this is something that we have on our website. So you can have a look through to see every shortlisted organisation and a summary of their submission from last year.

I'm holding it up for anyone who can still see me. But it is on our website. And Helen will pop that into the chat. And also as part of sharing, our ambition is to create as many opportunities as possible to share.

And this webinar is one of those. For those of you who have not submitted, or indeed for those of you who have, we have a range of categories. Each year we revise them just to check that we're still current and relevant and we're addressing the things that matter in patient experience. But broadly, they fall into these areas. So you can see that we have a series of categories that focus more on the big picture, the scene setting, the strategy, making sure that we've got an environment that we can deliver a great experience in the big picture.

We have a category that's more around inclusion, how we're including and recognising all of the different partners. Now, of course, inclusion of patients runs through all of the categories. But we have a category that specifically looks at that or focuses on that area, sorry, sector.

And then we have categories that fall into the journey. So as people are going through their experience along the journey, how are we communicating? What's the environment like? What's the role of tech, and how have we personalised it, for example? Obviously, we've got a section that focuses on outcomes and a series of categories and the outcomes. And then because we can't do it without people, we also have one that recognises specific teams and individuals.

So a sector that has a set of categories that focus on individuals and teams. And today we're going to be hearing from people from at least three of those sections. So with no further ado, I would like to hand over to Chris to introduce our first speaker.

### **Chris Graham 07:10**

Wonderful introduction, thank you very much Ruth. We have quite a few speakers to get through today, so six in total, covering different categories and building up to the overall winner. But we're going to start with Lisa Wheeler from West Yorkshire and Harrogate Cancer Alliance.

Lisa and the team entered the Cancer Experience of Care Award, for their work called Remove the Doubt. Lisa, I'm going to hand over to you.

### **Lisa Wheeler 07:36**

Thank you, Chris. Hi, everyone. As Chris says, I'm Lisa Wheeler at the Cancer Alliance, presenting today on Remove the Doubt.

This is one of the resources that was developed by a co-created workshop, so you can have a good look at that and how colourful and how resonating it is. So I've come today to present on Remove the Doubt, the award-winning 'Remove the Doubt' now.

Next slide, please. So the campaign was collaborated between ourselves and the UK's only leading LGBTQ plus charity, which we know as 'Outpatients'. You may well have heard of them. They were called 'Live Through This'.

And we also did this with the marketing agency MOBAS. So the aim was to increase cervical screening uptake across West Yorkshire. We particularly aimed this at Calderdale area, but we also had lots of resources available across West Yorkshire so that they could be used across the board.

So the awareness, it was to improve the awareness of signs and symptoms of cervical cancer, and it was particularly targeting the LGBTQ plus population ages 25 to 64. And that is the actual age range of people that are invited to attend cervical screening, people with a cervix.

So, this was the first time that we'd actually fully co-created the campaign. Of course, we have taken things to our patient panel at the Cancer Alliance, but this was a fully co-created campaign. And we worked with charities in the Leeds area to identify people and the workshops were attended by exploring the barriers and their experience of cervical screening, which allowed for a natural development of the campaign.

So, the group wanted particularly like a hints and tips element to be used as part of the campaign so that we could help with myth-busting. So not only during the campaign, but for

future use, it's there on the website, on the outpatient's website, so we can refer to that and people can look at that as and when they come across the cervical screening.

So luckily for the campaign development, we had lots of photogenic, brilliant people that attended the workshops that really wanted to be involved, they were passionate about being included in the materials that we developed as well.

And you can see that throughout the materials that we have developed. And the next slide shows a short video explaining the campaign in a little more detail and some feedback that we received at the Calderdale Happy Valley Pride.

### **Video dialogue 10:41**

“So, all screening is important for everyone, and that includes survivor screening, especially for our community that has lower rates of it. So we need to get people out there and get them tested”.

“Our health isn't always prioritised in the way it should be so we need to make sure that we're looking after ourselves as best we can and that we're not missing things because of the discomfort of going into a surgery and talking about these things”.

“I think it's a very straightforward screening and I think it can be really over complicated and I think a lot of it is just a lack of awareness and a lack of knowledge about cervical screening”.

“So, there's some myths or misinformation about how screening works and we just want to make sure the community is informed so they can feel like they're in control and go and get the screening they're absolutely entitled to.

“So, to develop the concept, we went with the community. We went straight to them and asked, what are your thoughts about screening and how can we address these to make sure you feel more confident? And then that's what got fed into the campaign, including the models themselves.”

“The campaign is absolutely fabulous. It's inclusive, it's eye-catching, it's sassy. And I just love just how diverse it is. The fact that, you know, all the publicity caters for the whole of the LGBT plus community. And I think that's what makes it so special”.

“So we're here to tell people about the campaign, so rather than just sticking it on the internet, we're bringing it to the people and we're going to let them know how important screening is for them”.

“So maybe ring the practice, maybe speak to the nurse who's going to do it. If you're worried, you know, you can always arrange for an appointment beforehand. Come and have a chat.”

“So my top tip would be just remember you're in control. Anything and everything that you want, do not want, is completely up to you. You've got so many options. And if you want to stop, stop, like it's just, the balls in your court, so just remember that”.

**-Video ends-**

**Lisa Wheeler 13:05**

Thank you. Nice, colourful, happy music for a lovely lunchtime. So I'll talk a little bit about the creative concepts and I know that Ellen attended the actual awards and I'm not going to profess to know all about the figures and stuff, so I'm doing my best!

**Lisa Wheeler 13:23**

So the concept itself, it takes negative experiences, and misconceptions that are stopping people from booking the cervical screening. And it transforms this into a positive and powerful authentic communication from those that are within the community to the community that it's aimed at.

The structure physically removed the word doubt from the headline, hence the overarching campaign name, Remove the Doubt. The distinctive NHS lozenge that was in the top right hand corner of all the materials, it doesn't overpower it, but it supports the campaign and gives it longevity as well.

The pride colours are familiar to the LGBTQ plus community and we've got different variations where the strap line above the heading is different colours and it links in with the actual ambassador of that actual resource, because we've got a different person on each resource or a group one.

Next slide, please.

So a little bit about the digital marketing As part of the strategy from the insight of the co-creation workshops, we developed a pen portrait that included an overall media consumption and habits. So this was in terms of how to reach the audience and that's beyond our initial conversations that we'd already had. Social media was identified as a key channel for the campaign for obvious reasons, but also we considered other channels, too.

So organic social media channels, yes, sorry. So by this, we mean that channels where connections are already formed. And in this case, we refer to the outpatient channels due to its existing community connections and the use of the cancer alliances pages as a validation tool, thinking not only about the patients that this was reaching, but also about our secondary audience of health professionals, and there's misconceptions along that as well.

I don't know if this has been mentioned, actually, but we did do some education sessions for health professionals alongside this. But I know in this presentation, it's not mentioned, but that was another arm of it that we did.

So, in approximately just under three months and from 53 published posts and there were 7,400 impressions that gave a 4.7% engagement rate. Next slide, please.

So with regards to paid social media, this is additional to the organic channels that we also looked at. For example, the paid channels such as Facebook and Instagram targeting the capabilities. There are parameters in place on these platforms to protect who we were targeting.

In this case, we use things like interests: TV shows and public figures etc, that we know were closely followed by the LGBTQ plus community to ensure of the reach. As you can see from the figures here, direct targeting increased the reach of our audience massively.

So there was more impressions, there was a larger engagement rate. Although this is really good, there were some top performing ads and they reached an outstanding achievement engagement rate of 11.67%.

The industry average is around 5%, I believe. So again, I'm not an expert with that, but that's what I'm told. And click through rate. So CTR, we mentioned there is a click through rate. So this is people that go to the website for more information.

And next slide, please. So a little bit about out of home. So in addition to the two methods we also delivered out of home advertising. So this is a wider opportunity for full impact of the campaign.

Next slide, please. So we coupled this with the other two elements. And we included rail, roadside posters, to increase the awareness. And this format also allows for more time for people to absorb the information that's in front of them.

And we position materials that were on routes to particular venues that we knew of. And we also did it on travel lines. And this was captured in the co-creation workshops as well. Next slide, please.

So this is just a little bit more information about the Happy Valley Pride and the different resources that we had and the different places that we actually located the out of home stuff. So you can see there, there's quite a vast array of places that we did that and I think that might be it from me.

We have lots of resources, I've not listed all the resources, I think at the event there was a poster and there was lots of, so you could do a QR code but we have got the resources and everything for people if anybody wishes to see them. Thank you.

### **Chris Graham 19:22**

Thank you, Lisa. Great presentation and really great work there. Some of the social media stuff is especially very, very impressive, the reach that you've managed to get out of that. The click-through rate is very, very impressive. So we'll be keen to hear more about that.

We're going to take all of our questions at the end for all of our speakers. So if you have any questions that you'd like to ask, Lisa, please do put them in the Q&A box and we can keep an eye on them and then raise them later on.

For now, to keep us to timetable, we're going to move straight on to our next presentation, which is Fiona Jenkins from Cheshire and Wirral Partnership NHS Foundation Trust. Cheshire and Wirral won the 'Measuring, Reporting and Acting Using Insights for Improvement' category.

And Fiona's going to talk about how they've used data to enhance person centred care through expert-led collaboratives. Fiona, over to you.

### **Fiona Jenkins 20:10**

Thank you very much. And thank you for inviting me this afternoon. So I'm Fiona Jenkins, head of experts by experience for three LPCs; Lead Provider Collaboratives, 'Empowered ED', 'Level Up' and 'Helix'. I'll go into a little more detail in the next slide, please. OK, thank you.



So, Cheshire and Wirral Partnership NHS Foundation Trust, known as CWP, is a lead provider for Empowered, which is an adult eating disorder provider across the Northwest. Level Up, which is Cheshire and Merseyside footprint, young people and families, provider collaborative, Tier 4 services.

We've also just taken on Helix, which is a perinatal service. And the building will be ready next the end of next summer, which is very exciting. So as head of experts by experience, we put experts at the centre of core decision making processes across the region, ensuring consistent patient centred approach is adopted by all NHS and independent sector providers in collaborative, reducing variations in care and driving innovation.

You can see our partners from 'Empowered' and from 'Level Up' within the provider collaborative and for the perinatal, it's CWP and 'Mersey Care'. So what I would say is that it's a real privilege to work for experts by experience, and they really do drive change, they're integral into the commissioning intentions, they're equal partners, they're on the clinical delivery group and partnership boards where decisions are made and then pioneering conversations and new models of care are discussed.

So, it's absolutely a privilege and they're phenomenal. So the LPC serve a population of approximately seven million people. This is around 'Empowered' and 'Level Up' across the Northwest. Next slide, please.

The collaborative brings together NHS providers that we commission independent sector providers also and the experts by experience together to focus on comprehensive data-informed care pathways, emphasising community treatment and minimising inpatient admissions.

### **Fiona Jenkins 22:25**

And I know Charlene's on the call today, she unfortunately left us a couple of months ago and she was in charge of the data gathering and patient visits. We work as a team to ensure our patients are in the right place, the right time and receiving the right care.

And she provided a fantastic dashboard to enable us for those updates daily and weekly and monthly reports, which is really, really important into improving the care of our patients. So lastly, with the experts by experience programme, we meet each of the LPC forums, we meet monthly and we also have some face-to-face events as well.

Extremely powerful to have the expert voice at the centre of everything. It really redefines your focus and makes a very clear picture about how we need to improve specialised mental health services.

So like I say, experts are integral to everything that we do. The transformation approach to mental health services breaks down the barriers between care providers and harnessing the power of diverse stakeholders to deliver patient centred care. So it's really important that our experts are at the heart of that working as equal partners. OK, next slide, please. Conscious of time, so I'm trying to whizz through, because I have a habit of talking, a lot.

### **Fiona Jenkins 23:48**

With the help of experts, we facilitate transformation change. So quality commission and focus on patient experience, clinical outcomes, delivering care closer to people's home you

know that's what we want to get to we look at prevention also the performance is consistently benchmarks with all key projects delivering measurable outcomes, additionally performance is monitored by experts by experience ensuring that this is embedded as a culture of co-production and user involvement.

We continue to improve on the framework of services resonate with the actual needs and expectations of people we serve rather than a top-down prescriptive approach and an example of this is when we're working with experts by experience to deliver training, you know they are equal partners with our clinicians delivering training across the northwest.

Determination to achieve and address challenges often seen in mental health services such as gatekeeping, inconsistencies, the mission criteria, service provision gaps. We need a diverse range of insights and experiences at the table to again, improve the best outcome for our patients and families.

The visions are differed from our previous approach sharing knowledge skills and resources across the northwest, rather than working in silos. That's so important - things are forever changing with the insight of experts by experience, you know that happens on a daily basis. It's really really important to work together and support each other and not work in silos.

### **Fiona Jenkins 25:25**

The creation of an organisation that's focused on care across the whole care pathway rather than solely community or inpatients. An emphasis on data-informed practice and by placing experts at every level of a decision making which is what we're doing it's working fantastically.

Next slide please.

I'll just go over these quite quickly really: specialised mental health provider collaboratives were established in the NHSE/I with a mandate for creativity and innovation, driven through delegated commissioning.

Collaborative partners spanning health and social care pathways are fundamental to achieving truly person centred care. If you look at the partnership board, you know there's social care third sector organisations, carers organisations, on the partnership board, they also sit in the clinical delivery group where discussions on new model of care and support and what's working what's not working.

Stuck cases you know are discussed, with our experts by experience on board as well.

We want our young people, families and adults with experience of eating disorders work alongside as equal partners in driving service change. Mentions about postcards from the future that was some time ago about a vision you know and it's really come on over the last couple of years and I think we can tick quite a few of the boxes for people's visions of the future.

It's not a soft option, it is a relentless focus on commissioning for quality, clinical outcomes and, most important importantly, patient experience. There's such a lot of work that goes into that around supporting experts around clinicians making time to have those conversations, and take on board the learning. It's all part of the same thing -it's one big jigsaw puzzle in order to improve services.



Next slide please.

**Fiona Jenkins 27:14**

Okay, some of our successes: So the empowered experts by experience have really grown in confidence and they say it's part of the healing process, and they have been involved in training.

We've trained over a thousand professionals across primary care, specialised mental health, social care, social prescribers, and been to mosques, met asylum seekers and refugees. We've got over 200 third sector organisation contacts now.

We're also part of a teaching partnership for Chester University, support for unis, seven local authorities where we know from the priorities of our experts, they want us to go out into the public and they want us to deliver eating disorder training, to affect change long term and that is exactly what we're doing with the support of our clinical team.

**Fiona Jenkins 28:08**

Shared policies - lead clinicians from across the northwest, support each other as I said before in the clinical delivery group and outside of that, also through the website, for the newsletter showing documentations, new guidance, eating disorder events. It's all about working together and impacting that change.

Increased collaboration allows people to be admitted to any North West SEDU within their local unit, and has a waiting list or particular expertise. For example, SEDU has particular expertise and caring for people that are co-morbid, Insulin dependent diabetes: we work together to find the right place for that patient at the right time, so it's a real partnership working as part of the collaborative.

Data sharing and eating disorder services across the pathway are more data informed so the data sharing has significantly increased across the organisation. Again that partnership working and sharing of good practice. Place-based reports commissioners of eating disorders have developed place-based reports to share with community providers. This is informing regarding inpatient admission helps to inform better community practice, and also that transition period when someone comes out of hospital, or before they get to that point, so that's the empowered eating disorders.

Next slide, please.

**Chris Graham 29:36**

Sorry to rush you - just a couple of minutes, please.

**Fiona Jenkins 29:38**

Okay, so 'Level Up': reducing unwarranted variation again across Cheshire and Merseyside.

'Hear my voice' was around five films. If you look at the level up CWP website, there's the voice of young people who actually co-designed the film, they were part of the choosing the media company. They were involved in the filming and the sound, and it's around young people that have a learned disability and autism at crisis. What do they need us to know? There are five films; please have a look at the CWP 'Level Up' website. It's all about de-

escalation and how we need to change the way that we communicate as a society, to support our young people and adults.

Training: There are over 180 professionals trained throughout 23-24 around the gateway process. The gateway processes is basically a fantastic initiative, where it's a multi-agency approach, to be for a young person that is kind of stuck. It's a multi-agency approach.

#### **Fiona Jenkins 30:42**

Social care third sector organisations. Health; specialised mental health services to find the right care for that young person.

Ancora CARE, reduced admissions. Hopefully you'll have these slides later so you can have little more in detail, and that's reducing inpatient admissions and that's care again at home and within the community, and then community support is around assessments and outreach team providing consultation for over 3000 teams service across Cheshire and Merseyside.

Next slide please

#### **Fiona Jenkins 31:15**

Okay this, we'll go to the slide after actually, thank you.

So, David Williamson is our comms manager and he has worked really hard in creating a newsletter and website, where everything is shared, so everything the experts by experience have shared in relation to the forum, priorities, model of care in the clinical delivery groups, information around transformation events, and the lived experience film, how it sounds to have an eating disorder. Everything we do is then put on the website and newsletter, so please have a look at CWP Empowered and then again, that will come up with the website.

Thank you, I think there's one more slide, possibly.

It's just a thank you to our experts by experience, that without them we could not do what we need to do. We wouldn't know where the barriers are, where the issues are, where the good practice is. Without their experience, I wouldn't have a job, but you know it's absolutely incredibly brave of them to share the lived experience and to be so engaging to sit on a team's call to stand up in front of 70 people, so they are absolutely incredible and I'm so proud to say that they're part of our commissioning team.

#### **Chris Graham 32:44**

It is I'm afraid, thanks for sharing your work. Great to see the impact of that group effort of really committed people, so thank you.

Again, if you have questions, please do stick them in the Q&A. That'll be an opportunity to ask questions for Fiona afterwards.

We're going to move on right away now to Dr Wendy Walker from the Royal Wolverhampton NHS trust, who won the 'Making Complaints Count category' this year.

Wendy is going to be talking about care at the end of life, and the learning that could be accessed from letter of formal complaint. Wendy, over to you.

**Wendy Walker 33:21**

Thank you, good afternoon everyone. If I could have the first slide please.

In this project what I'll aim to do, is provide an overview of what we actually achieved in terms of processing outcomes and how we analysed and learnt from service user complaints concerning end of life care.

And the next slide please. So, many of you will be familiar with this particular document: the NHS complaint standards, where it has been recognised that complaints are a valuable source of data, either through the analysis of issues raised in an individual complaint, or by reviewing a cluster of complaints, so that we can actually organisationally identify problematic themes and trends in care.

**Wendy Walker 34:11**

And so the methods that we use for analysis are really crucial to the quality of the feedback data, and this was a key goal within this particular project.

And the next slide please. So, embedded in our project were three important elements for creative learning and problem solving. So, the first in terms of inspiration - we had this collective desire; we wanted to better understand complainants concerns about care at the end of life.

In terms of inventiveness, we wanted to create a dedicated tool to help uncover the system-wide problems in care and then in terms of improvement, we wanted to work collaboratively with members of our staff here at the trust our, end of life steering group, who were ideally placed to own the complainants concerns and they themselves could help drive that quality improvement.

**Wendy Walker 35:08**

And the next slide please.

So, we believe that the methods that we applied for this particular project may be applicable to a range of topics concerning complaints, but our particular interest was on care at the end of life.

**Wendy Walker 35:24**

It's known nationally for variations in service provision, and the standards of care. It's a recurring theme in the case work of the PHSO, and it's an area of practice that consequently has become very high on the UK policy agenda.

**Wendy Walker 35:42**

It's a drive for reform that's underpinned by a national framework and then, we translate those national ambitions into local ambitions for care too.

And the next slide. So moving on to the project design: it fulfilled the criteria of a service evaluation. It was involved in the analysis of existing data in the form of formal complaints, and we undertook preliminary work, and the aim there was to develop an initial template of

end of life care concerns and that was followed by pilot work, which was to test the face validity of that template of concerns, when it was used as a coding and categorising scheme.

Our focus was on the pre and post-death information, and it was the care and support that was experienced by an adult patient and/or their family and this formed the criteria for including the formal complaint letters for analysis within the project.

#### **Wendy Walker 36:48**

And the next slide. So this slide just gives a brief overview of the structure of HCAT, which was applied in this project.

#### **Wendy Walker 36:58**

It involved coding and categorising concerns according to three domains and seven related problem categories. The stage of care at which each problem occurred was also identified in accordance with the HCAT domains, and we used HCAT in conjunction with template analysis.

And the next slide. So in terms of our outcomes, from both the preliminary work and the pilot work, it informed the structure of a dedicated end-of-life care complaints analysis tool. And we have gone on to develop an accompanying tool kit.

It comprises those HCAT domains and problem categories. And from our own analysis, we have a template of 25 originally derived end-of-life care concerns, which we call the subcategories. And together, we have an exemplar indicators that serve as a guide to the analyst, and many of those indicators have actually come from the actual words that were used by patients and families within those letters of complaint. And with regards to the stages of care, we actually replaced those with new descriptors.

And that was really to enable us to identify the location of concerns that were external to the hospital setting. And the next slide, please. So this gives an example of the template from our actual tour. So, in terms of the domain relationship problems and problem category of communication from HCAT, our specific sub-category concerns here were quality of communication and the unmet information needs.

And there are some of the examples of those key words that I referred to with regards to exemplar indicators that can really help to guide and ensure that we have a more streamlined process to the analysis that can be time saving as well.

#### **Wendy Walker 39:15**

And the next slide please. So, reducing the number of complaints and learning from them are key measures within our patient experience enabling strategy that we have in place here at the trust. And I think we would say that through this project, we've realised several benefits and impacts.

#### **Wendy Walker 39:36**

The tools and mechanism through which the standard of end of life care can be monitored, numerical data when it's presented in table and graph form, can enable precise understanding, and the triangulation of complaint data with other separately analysed

bereaved family feedback, can strengthen the evidence presented at the table for improvement and change.

#### **Wendy Walker 40:00**

And locally, it's our end of life steering group that comprises clinical, managerial, and research staff who receive each report from the analysis and they have embraced the data in order to improve end of life care.

And the next slide.

#### **Wendy Walker 40:24**

So this gives us an example of the usefulness of that data, in our three-year complaint data set, communication problems dominated, we have three targeted interventions in progress, the development of a passionate communication charter that's spearheaded by our patient experience team, a review of the daily interdisciplinary huddle to assess updates with the grieving family, and a quality improvement project to address the family member's identified need for accessible telephone inquiries.

#### **Wendy Walker 41:02**

And the next slide. We do acknowledge however that this was a local service evaluation, it was within this one organisation, we can't guarantee that the patients and families in other hospitals will have the same care experience and the same range of concerns, but this is a tool that gives us a starting point and we would like to carry out some further work. We'd like to determine the consistency, the accuracy, and the user acceptability of both the tool and the toolkit in terms of its use in practice and its results.

I think it's also important to note that our data and the complaints that we utilised as the basis of this project, that those letters of complaints came to us at the time of the COVID-19 pandemic, we can't guarantee that we'd have the same set of concerns always, but we have over time found stability in the concerns and we've also done some small testing of those concerns in a comparable partner organisation and I think that has given us the assurances that there is stability, despite as we are now thankfully in that post-COVID crisis and recovery period.

#### **Wendy Walker 42:29**

And the next slide. So in conclusion, we advocate that this particular tool, it gives us a systematic approach to analysing and reporting complainants' experiences of end-of-life care and it has **(speaker is cut off due to technical issues)**.

#### **Chris Graham 42:59**

I think Wendy has just frozen. We'll give her a second to see if she falls out.

#### **Chris Graham 43:16**

Okay, so I think that may be a more significant technical issue. So I think we can move on. Wendy was coming to the end of her talk anyway, so I think we've got most of the key bits, but we can come back to her in the Q&A, and hopefully she'll have been able to reconnect.

Again, a reminder, please do drop your questions into that Q&A, that'll give us something to talk about once we hit that section of the agenda. But for now, we'll move on to our next presentation, which is from Nicola Wayne, at Nutricia.

**Chris Graham 43:43**

Nutricia was successful this year in the 'Measuring, Reporting and Acting, Using Insight for Improvement' category, and for their work on patient podcasts, and called 'The Beat'. Nicola, over to you, please.

**Nicola Wayne 43:55**

Thanks, Chris, and thank you for inviting me to talk to everybody this afternoon. So as you say, I'm Nicola, I work for Nutricia, and we're delighted to be awarded winners in the 'Measuring, Reporting and Acting' category.

**Nicola Wayne 44:12**

So could you move on to the next slide, please? Thank you. So, for those of you who have never heard of Nutricia, or never heard of Nutricia Homeward, we are the UK's leading medical, nutrition, feed and service provider.

**Nicola Wayne 44:26**

We offer support to approximately 30,000 home tube-fed patients across the UK, and we've been providing that support for over 25 years. So we arranged the monthly deliveries. Oh, sorry, could you go back to the previous slide?

**Nicola Wayne 44:43**

Thank you. So we arranged monthly deliveries of prescribed medical nutrition and equipment to patients' homes, and we support people to be discharged safely from hospital, and we also provide ongoing support to patients in their own homes, 24-7, 365 days a year.

**Nicola Wayne 45:02**

So Nutricia Homeward as I say is the service that provides that support to patients, and starting to tube feed can be really, really scary for a lot of patients. It often comes at the same time as a life-changing event, or a diagnosis, or as part of a treatment for cancer, for example, or it can also come as a decision that a family have made after a lot of time thinking about it and maybe time struggling and managing, thinking more of children with neuro disabilities who their families make the decision after a number of years of struggling to have a tube fitted.

**Nicola Wayne 45:46**

So there's lots and lots of quite clinical and technical information at the start and very little about how to live and how to manage with a feeding tube. And most people who have a tube, I've never met anybody else that's got a feeding tube that's been placed.

And so one of the insights that we've had from our patients is that at the very start of tube feeding, especially people are feeling very alone and very scared, very isolated. And when we think about eating and drinking, it's such a social event.



**Nicola Wayne 46:19**

It's so tied up with occasions and celebrations and time with friends and family. For some people, having that moment taken away from them, or changing, can be really, really life-changing. So that's kind of the context behind how we started off thinking about podcasts.

So could you go to the next slide, please? So yeah, mentioned that tube feeding can be very daunting at the very, very start. So what we have within Nutricia Homeward, we have 160 nurses who provide support to our patients. And they're our frontline interactions day-to-day with our tube-feeding patients. And we have a system that we run or it's not a system, it's a prize, a competition that we hold every year called 'Project Vision'.

And that's where our Homeward nurses can make suggestions for different ways of doing things, new initiatives, just different things that can really make a difference to their lives, the HDP's lives that they support and also the patients' lives.

**Nicola Wayne 47:34**

And so podcasts actually came as an idea from one of our Homeward nurses, through a patient who had suggested it. They wanted to know how did they find out more information? How could they share this information with their friends and family as well?

**Nicola Wayne 47:51**

We started off by doing a little bit of research. So we did some research into the popularity of podcasts and you can see some of the data there. And I think one of the ones to really pull out from this is that podcasts have got a weekly reach of about 19% in the UK, peaking at around 27% amongst 25 to 34 year olds.

**Nicola Wayne 48:14**

Now, 40% of our population are under the age of 18, so being cared for by parents or guardians or family members. So part of our logic in deciding to progress with podcasts was the fact that we thought this would capture that parent-guardian-carer age range for our under 18 population.

So next slide, please. So after doing a little bit of background desktop research, we then moved on to doing some patient research, because this was completely new to us. We're not podcast people. We're a medical nutrition company.

**Nicola Wayne 48:50**

So we asked some of our new patients, so our patients that had just started tube feeding for some feedback. So we asked 26 new patients. We sent a survey out and we had 26 responses. 38% of them were already podcast listeners and 56% said, don't currently listen to podcasts, but I'd be interested in finding out more.

**Nicola Wayne 49:12**

And nearly 70% rated the idea as a positive, so eight out of 10 or higher. We then conducted some qualitative interviews with patients. So we conducted six interviews and all patients that we asked said, "yeah, sounds great - would you like to know more?". And the key themes that they wanted was to know that they weren't alone and that there are others out

there who tube feed and just to help everything feel a little bit more normal, especially at the start.

### **Nicola Wayne 49:43**

We started planning and then we have some patients who support us with a number of our initiatives. So we asked one of those patients and his wife to actually review the content and provide them with some really useful feedback.

So that was great. And the popular topics, as I said, hearing from others, getting top tips and finding out what to do when you're on holiday or when you go to school or work. So when you're not just at home, how do you tube feed when you're on the go?

So that was some of the common ideas that we had. Next slide, please. So we launched four podcasts initially in March this year and we launched three more in August. So the data that we ran at the end of September, we had just over a thousand listens to podcasts and we host the podcasts on all the popular platforms where you would normally find a podcast and we also host it on our website as well, so we can measure the number of people that have visited that page on the website as well.

We've had 473 clicks and 20% of our visitors are returning visitors, which is really important because it means that they have listened to one episode and then they've come back to listen to a second or even a third.

### **Nicola Wayne 50:59**

So that's really, really positive. Next slide please. And this is some of the feedback that we've had from the people that have listened to the podcasts. And I'll let you read it, but the theme that really jumps out for me and it goes back to that wanting to know that you're not alone, especially when you're starting to tube feed is the fact that people have been tube feeding for a while, but then hadn't realised that some children would also be tube feeding.

So they're an adult, or they have maybe got a child and then they've heard from an independent teenager who's managing herself now and it gives hope for the future. So, I think that's the bit that really resonated with me when I was looking through the feedback, that it was meeting that need of people appreciating that they weren't on their own.

And although it was scary, there were other people that were out there and there was lots of support and people were managing and thriving on a feeding tube. Next slide please. Okay, so in summary, it was quite a simple idea.

### **Nicola Wayne 52:07**

It was proposed by a person who was living with a feeding tube. We really used those patient insights throughout to try and get the feedback to make sure that we were positioning this right. And it really played a crucial role to make sure that the content that we had was helpful and supportive and what people wanted to listen to.

### **Nicola Wayne 52:29**

Hopefully this demonstrated that podcasts are popular, but quite easily accessible and that patients really wanted to hear from others in a similar situation. What I would say is we

recorded our podcasts over Zoom, so there was lots of 'um's' and 'ah's' and coughs and things like that.

And that just made it more natural. It made it feel like it was more of a general conversation, rather than something really really scripted. And, I think for me the next steps with the podcast is how can we measure the impact of the podcasts, not just the reach.

So I think we've got a job to do still with extending the reach and making sure that it's available to those people who really want to access it, but also, how can we make sure that it's actually meeting people's needs.

### **Nicola Wayne 53:18**

And I think as a business we need to sort of take a little bit of a step back and have a little think about how do we do that. And the main thought really is through a survey and just to gather that patient insight and what do we do now going forward.

But, thank you very much.

### **Chris Graham 53:35**

Brilliant, thank you Nicola, and beautifully timed as well. So, again any questions for Nicola, please do drop those into the Q&A function, which you'll find at the top of the screen.

We're going to move on now to our next presenter, Olli Lodmore. Olli is a member of the Paramedic Society at Liverpool John Moores University, and is our student patient experience educator of tomorrow.

Olli, over to you please.

### **Olli Lodmore 54:02**

Brilliant. Just checking you can hear me.

### **Chris Graham 54:05**

Yeah, we can.

### **Olli Lodmore 54:07**

Amazing. Thank you. So, I'm Olli. So I'm the president of the LJMU Paramedic Society, so Liverpool John Moores University. The Paramedic Society was originally founded in 2020, which was sort of COVID as we know it.

And I think that was, speaking to the people who founded that, they made it so that it could enhance the educational experience. All the lectures were given over teams and these sort of things. So how can you make that better?

Currently, we've got 104 members. There's 140 students across all three cohorts. It's quite a high uptake. And actually, this is the most members that we've ever had. And I think it comes based off the back of the successful year that we had last year.

I think this is also important to note that a lot of our members aren't actually paramedics. We have people from the wider health care background. We have people who worked for St. John and people who were interested in first aid, and that sort of thing.

**Olli Lodmore 55:03**

So, next slide, please. So I do a lot with the student body. I'm chair of the Student Council for the College of Paramedics, which are our professional body, as well as being a student representative both nationally and locally.

But I think I started my healthcare journey with not wanting to work in health care. It was COVID. My mum is a senior nurse at one of the local hospitals. And she just wanted to get me sort of back onto a proper schedule.

So I started volunteering in A&E. And that changed sort of the trajectory of what I was thinking of doing. But also, the volunteering was really important to me. It gave me a massive chance to sort of give back to a hospital that has given so much to both my mum and me as well.

**Olli Lodmore 55:51**

I think it's really important that I do the student voice things because I think the student voice is so important. It is the future of healthcare. We are the future clinicians. It's really important that we're nurtured and we're empowered to be the best clinicians that we can be, and I think our society does that.

The next slide, please. So across the UK, there's hundreds of academic societies ranging from the medic societies who we're linked in with in Liverpool. You've got nursing, you've got OCs, you've got physios, and obviously paramedics as well, and everything else that you can think of.

**Olli Lodmore 56:29**

These are people who give up their free time alongside their studies. I'm doing this talk in between night shifts. I finished at seven, I'll start at seven as well. I'm very much looking forward to getting back to bed.

But you know, it's important. It allows for students to interact outside the traditional settings, the university classrooms, and offers a chance for students to enhance their knowledge. I think the social side of it is really important as well.

Quite often, we'll meet up and you'll find that students don't actually speak about university or they don't speak about placement. And that's massive from a wellbeing perspective and something that we found definitely beneficial over the three years that I've been at university.

Next slide, please. So, our society is 12 strong in terms of committee members. We have me as the president, and then Freya, who's currently sat on an ambulance outside hospital, as the vice president.

**Olli Lodmore 57:28**

We then have a treasurer who is Theo. He essentially just makes sure I don't spend all the money that we have. How our money comes about is we charge a membership fee, so it's £7.50 for the full year.

And that's free access to things like the CPD events and the socials and those sort of things, as well as us arranging resources and creating things like that for people. It's been at £7.50 for the last three years.

We've kept it there because we're happy with that. I think that's a price of an airport pint, and I think that's probably a good metric for people. And then we have two CPD officers, so we've got one year two student and one year three student.

### **Olli Lodmore 58:12**

And they are our most powerful asset. They use a massive network, mainly through social media, things like LinkedIn, Twitter, and so on. And they'll reach out to people that the students want to come in and do support.

We're very lucky that a lot of people give up their time to come and speak to the student body and we're so grateful for that. And we've adopted a cradle-to-grave mantra, which means that we teach everything, from maternity, neonates all the way up to end of life, and as part of that, we value service users' voices as well.

One of the most popular ones we hosted last year was from Calperius and the cardiac arrest survivor who came and shared his experience. It's really important that we don't lose facts of the work that we do when that person opens the door to us on their worst day of their life.

We don't lose facts that they are a person, they're not just a patient. We then have socials. Socials is our biggest team. We've got one person, Surma, who runs the sober socials. And that's essentially socials that don't drink.

### **Olli Lodmore 59:20**

Things like hikes, things like go-karting, paintballing, those sort of things. It's important as well we understand that we are a diverse profession with a diverse student body. So it's important that we do that.

We then have four people. So we've got three from year two and one from year three who help organise the big socials such as graduation balls, Christmas balls, those sort of things, as well as the in-between socials like Halloween.

### **Olli Lodmore 59:51**

Fun fact, two people showed up to our Halloween social dressed as Ali G. So there we go! We then have Charity and Outreach who are two strong, one year two student, one year three student. And they find amazing charity events.

Our most recent one being our 24-hour CPR marathon, which has helped us raise £3,600 for our local Air Ambulance charity, that we work very closely with. We've also just gone and supported them at their second ever conference.

### **Olli Lodmore 01:00:20**

And we do outreach as well. Last week we were in a school teaching them life-saving skills such as bleed control, how to perform CPR, and how to use a defibrillator. And most recently our big push has been making sure that CPR training is equitable.

There's a massive disparity; if you are a female, you are less likely to receive CPR. So we've also sort of petitioned and pushed the university to spend their money to buy female CPR mannequins and these sort of things to address disparities.

#### **Olli Lodmore 01:00:56**

Next slide, please. Last year's events. So this is just a brief overview of what we've done. The CPD engages our students. It's exactly what the students want. We go at the start of the year and say, let me know what sort of things you want to do.

#### **Olli Lodmore 01:01:15**

And we'll figure out how we can put it on. And we do. And I think that's very impressive. Socials, as I said, it's a great way for those students to engage outside the study sessions. One of the big things is that students from level four, five and six don't get that chance to sort of speak in the university.

#### **Olli Lodmore 01:01:33**

It gives them a chance outside the university. And we've got a buddy system as well. It's not just first years asking the second and third years. Everyone asks everyone questions. We've got loads of different group chats and things like that as well.

#### **Olli Lodmore 01:01:47**

And that's really important. Next slide, please. Our plans for this year. So we want to build on last year's successes. We've discussed a collaboration and partnership with our local fire and rescue service. They have an amazing training facility, as well as other local organisations of how we can give the best to our students as well. And the main things are it's really important that we balance theoretical and practical sessions.

Charity: where we have the target of raising a £1000 for charity. We have almost four times that currently. And our next big one will be going up Mount Snowdon with a mannequin, so one of the full weighted mannequins.

#### **Olli Lodmore 01:02:29**

And that'll be to raise money for tasks. We do amazing work in supporting the mental health of ambulance staff. As well as the social events. We've already hosted several. And we just sort of look to carrying that on. We've got Christmas ball in a couple of weeks, which would be a nice way before people go home for Christmas. Next slide, please.

So we want to create a dynamic, inclusive community, which sets the standards for the excellence in primary practice.

#### **Olli Lodmore 01:02:57**

And we strive to inspire and empower our members through training, socials, well-being, fundraising and outreach. We also want you to empower people to be the best paramedics they can be, be the best students that they can be.



Because we all know at the moment, it's a pressured system. It is awful to be a student at the moment as well, in terms of financials and pressures and these sort of things. And we hope that our society helps people in that way.

And especially in the out of hospital environment, it's tough. We've got growing political pressures. We've got ambulance holding delays. And you also are attending some of the worst things imaginable.

**Olli Lodmore 01:03:38**

So, if we can help students keep their love for the profession via our society, I think we're doing something right. And the society has certainly kept me going, throughout my three years on the course.

**Olli Lodmore 01:03:49**

Next slide, please. So thank you for listening. And I hope that you take my words and you can go away and figure out how you can do better as an organisation for students and how you as a person can do better for students, but also get involved with local societies and try and help them.

Thank you.

**Chris Graham 01:04:11**

Thank you, Olli, and thanks very much for joining us in the middle of two night shifts as well! Ruth, sorry, did you want to come in?

**Ruth Evans 01:32:19**

Apologies, I was actually applauding, but I put my hand up for Olli. I know Helen's already said it, but that's the first time we've heard you speak, thank you.

**Chris Graham 01:04:30**

Yeah, so thank you. Obviously, the role of paramedics is incredibly important, and we know from the NHS staff survey how pressured paramedics are, so I think that mutual support is really, really important.

I'm going to move on now to our final speaker, our overall winner from this year's PENNA. Kate Tantam from University Hospitals Plymouth NHS Trust is going to be talking to us about their project with Secret Garden.

Sorry, not just Kate Tantam, also Diane Keeling. I'm sorry, didn't see you there. We'll be talking to you about the Secret Garden, fresh air space. Over to you.

**Diane Keeling**

Thank you. I'm just going to share my screen, so if you just bear with me.

**Diane Keeling 01:05:07**

There you go. Can you see that?

**Diane Keeling**

Lovely, thank you.

### **Kate Tantom**

Hello everyone, my name is Kate Tantom. I'm a specialist sister in intensive care and rehabilitation. And I'm here with a legend that is Diane Keeling, who's a neonatal nurse consultant.

We're going to be talking to you about the secret garden space and telling you a little bit about the history of it. And then we're going to share with you some of the things that we do in our garden space.

So how did the idea for our garden first come about? Well, it came about where all the best ideas come out in the NHS, which is the patient's story. So this is a man who was in our department five years ago, who was working abroad when he sustained a high spinal cord injury.

He describes himself as an outdoor person. And at that time, we didn't have an outdoor space that we could get him out into easily for him to see his family and to see his beloved dogs. So we worked about coming up with a solution and he helped us design that solution.

His rehabilitation goal while he was in intensive care was to get to his daughter's graduation. I was super proud that we were able to support him and his family to reach that goal. But while he was with us, clearly we kept him busy with this rehab, but it was very important for us and for him to be able to design a space that would meet his needs as a complex spinal injury patient and to support him with his desire to access fresh air.

### **Kate Tantom 01:06:29**

So we started that journey back in 2018 and we're doing it because we know that patients really enjoy going out in the fresh air. There isn't any evidence base at the moment for supporting intensive care patients to prove the impact that fresh air spaces does.

### **Kate Tantom 01:06:44**

But we know from our other populations that fresh air space has a massive impact on patients' experience of being in hospital, their capacity to process their rehabilitation journey, supports mood and wellbeing and supports increasing social interaction. And we see this with all of the work that we're doing. So we set about building this garden, identified the space in June of 2018. We opened first in Christmas Eve, 2018, and then we started a fundraising project and opened formally back in 2022 and raising our money during COVID.

### **Kate Tantom 01:07:20**

So, this is what the garden looked like in COVID. We were very lucky to be the first centre in the UK to support ventilated patients who were COVID-positive to access fresh air spaces. And you can see from this image, the challenges of getting intensive care patients and outside into the fresh air space and the amount of staff that we need to be able to support that.

### **Kate Tantom 01:07:40**

So what do we use our garden for and how has our garden changed? So our garden started off with a closed light well and we've now created a bespoke intensive care bed space that has the capacity to provide oxygen, air suction, power, wifi, lights, raised planting, vegetable patches, oxygen inside and out.

**Kate Tantom 01:08:01**

So we've now got the capacity to care for our, any patient, irrespective of how unwell they are and wherever they are across their trajectory of being in hospital. This is our garden in the summer. We are using our garden for staff events, for patient events, for rehabilitation, functional activity, supporting patients in reaching their family goals. So this is the lady whose goal it was to get out into the garden space with her grandson. I'm really proud to say that there she is with her grandson on her birthday. Family reunions, celebratory events, rehabilitation, end of life care and staff support. So we thought it would be useful if we shared some of our end of life care work with you.

**Kate Tantom 01:08:41**

Also, clearly Christmas is coming up and I need to tell you that our Christmas lights are going up today and we've got five therapy pony events coming up for our paediatric, for our adult and for our long-term patients and staff.

**Kate Tantom 01:08:55**

So what did we do? We built a garden, we designed a garden, we built a garden and then we created national guidelines to be able to support taking patients outside, because it's not good enough just to have a garden space for Plymouth, I want garden spaces and accessible garden spaces for everyone in the UK, irrespective of age, severity of illness and location.

**Kate Tantom 01:09:14**

So what we thought we'd do now is we'll share some of our end of life case scenarios with you from the neonatal team.

**Diane Keeling 01:09:23**

Thank you very much. So, we were a little bit late to the party because obviously this happened last year.

**Diane Keeling 01:09:26**

So Kate's journey and the secret garden, has been with us for a few years. But hopefully what this picture does show is the complexity of taking out an ITU neonatal patient and our adult colleagues certainly have a lot more experience by the time we got around to last year.

**Diane Keeling 01:09:39**

So there was a real good collaboration with our adult ITU team for the very first time we took out the baby into the garden. They did a walk through, talk through with us, let us know everything we needed.

**Diane Keeling 01:09:50**

But what was really important, was the garden was already set up with the oxygen in the air. So I know at one stage when we were developing the garden, that was looked at as a possibility of not including to keep the cost down.

And it was such a good idea to actually pursue that and make it fit for purpose. So that enabled us to take this baby out. Without it, there's absolutely no way we could do it. But we absolutely shared the experience from the adult team and we did that walk through, talk through.

### **Diane Keeling 01:10:13**

And we were very open and honest with the families and incredibly grateful to them for sharing their stories that they've allowed us to share here with you. The bed on the left, you can see mum's actually having skin to skin with the baby. The mum and dad are there with a chair just having some outdoor space with skin to skin. And as Kate says, in the absence of any evidence to do these things is really difficult.

And it is a mindset shift. So trying to say to our clinicians, you know, we want to take this baby outside because no evidence is going to be of any benefit to them. But oh my God, the impact that it's going to make on a patient - that's what we actually hope to achieve enough or did achieve. And that quote at the bottom is from that family who were so grateful. And I think what we have to bear in mind is our neonates are often born in hospital.

### **Diane Keeling 01:10:55**

They are then transferred to a neonatal unit where we have artificial light, horrible sounds, smells of the unit. And those patients might never, certainly if they're at the end of life care, as was Leo, see an outdoor space or have that ability to have outdoor time with their family.

### **Diane Keeling 01:11:10**

They had several hours outside actually before Leo went back into a neonatal unit and then sadly died a few days later. This is Ruby's story. Ruby was a third child for this family. And the infants, you can see are actually her family.

So what this absolutely captures is the fact that we not only have it for the mums and the babies, but also the extended family, like what they do with the adult care. And obviously having wrote a SOP (standard operating procedure) from the first experience, this second one went really smoothly.

They both did, but then this was particularly smooth because we're getting a little bit more experienced and then still have that support. And this was really special for Ruby's mum, because again, it was that experience of time outdoors with them, but particularly for her as a family, that those the three children were actually able to be together in an outdoor space, have the picnic together, and they had the photographs that you can see be taken with a professional photographer, capturing memories for the future.

And again, Ruby then, both her families decided not to withdraw care in the garden, but came back. I haven't had that experience, which meant the world to them. That was just another picture of Ruby's journey outside, which really captured everybody in the team. And I think what you can see there is how many members of the team it takes to do that, which sometimes can feel overwhelming, but particularly important as a student nurse

And I love the fact the student is captured in this picture because we are hopefully setting the bar for her to say, you can achieve so much when you put your mind to it to really improve patient experience.

**Diane Keeling 01:12:37**

So we are proving it matters and say we are trying to get the evidence going forward so that we can really get other units to engage and also to carry on doing it within our own unit. We presented a poster at BAPM that got extended there.

**Diane Keeling 01:12:50**

We have done a SOP, which we are now using, and it's the same. We are trying to capture as much parent experiences that they will share with us, which they very willingly have done to take to other families and share with the board.

**Diane Keeling 01:13:02**

So what next? We really want to make it a possibility. This isn't about me coming to us, coming here today to say, look what we've got. This is amazing. We are very much, look what we've got. You really need this for your patients because our feedback we've got from our patients is just so special.

And so, we don't want us to be unique. We want this to be a possibility for everyone. We are collaborating with the Neonatal and Bereavement services nationally, and trying to get this as part of their palliative care as an option.

**Diane Keeling 01:13:25**

It won't be for everybody. Not every family is going to want to do this, but it absolutely should be an option. Like we would have in a hospice if they were to explore care there. But creating a national voice for all patients and including the neonates and their families about outdoor spaces within our organisation.

**Diane Keeling 01:13:40**

And as we say, Kate and her work that she's doing for her PhD is about building that evidence-base and trying to really capture these into an academic piece of work. We are so proud.

**Kate Tantam 01:13:51**

So, we were really lucky and thank you so much to everyone for giving us this amazing award. And here are some of our clinical teams in the garden, holding the award and holding the prestigious piece of glass, which has done a tour of the hospital.

**Kate Tantam 01:14:03**

Here's the neonatal team doing it as well. And so what are we doing now? What have we achieved since? Well, actually we had lots of wonderful celebratory events. We've had some great press, which has really helped us in supporting bereavement services and our teams moving forward.

**Kate Tantam 01:14:17**

We're clearly planning Christmas because that's a massive thing for us and for our patients. And we're doing lots of the evidence base and lots of the research to try and push this forward. I'm speaking with national intensive care and neonatal colleagues to how we can measure and support this moving forward.

**Kate Tantom 01:14:29**

So I think our final thoughts are thank you and we hope that we will continue to push forward with this agenda. But it's a massive thing for all of us to be able to feel validated. I think that we are doing good work and that it does make a difference in that our patients and loved ones feel that difference.

**Kate Tantom 01:14:48**

And just to keep going and just to keep pushing. So if there's anything we can do to support you with accessing fresh air spaces for your patients, we would be really, really happy to. Thank you very much.

**Chris Graham 01:15:02**

OK, Diane. Thank you so much. That's a really, really excellent presentation. I didn't get to see it on the day, so I'm really glad to have caught it now. I'm very, very impressed with that. Absolutely textbook PENNA entry and such wonderful impact for patients and families as well. So Emma Boxall, did you want to come in? Can we unmute Emma if she does want to come in?

**Emma Vauxhall 01:15:31**

Sorry, it was vigorous clapping.

**Chris Graham 01:15:34**

No, not the first time, I'm sure it won't be the last, so don't worry about it. We're going to move on and just take a few questions. We've got about 10 minutes left in the session. We've got some questions in the Q&A that we're going to go through for each of our speakers.

**Chris Graham 01:15:45**

If we don't get your question, don't worry, we'll make sure we get that covered when we publish on the website. But I just want to pop a few questions to different speakers and we'll start. Actually, I think if we can start with Wendy. Wendy Walker, because you got cut off in mid-flow and you didn't get the opportunity to tell us about the collaborative work that you're doing. I wonder if you could just say a little bit about that, please.

**Wendy Walker 01:16:09**

Yes, sincere apologies that, you know, as technology goes, that I lost connection. So can I just clarify, then, Chris, with regards to collaborative work. I think in terms of the question was, can I just clarify the question?

**Chris Graham 01:16:31**



Yes, so I think it was your final slide where you didn't have the opportunity to cover it. I'm just pulling it up, actually.

**Wendy Walker 01:16:41**

Yes.

**Chris Graham 01:16:42**

So Ruth, this was actually a question from you in our Q&A. Do you want to say more?

**Ruth Evans 01:16:45**

Yeah. Wendy, just as you cut off, you said that you were working with another organisation as a comparison site. And I just was interested to know who and how was that going.

**Wendy Walker 01:16:57**

So one of the key things that we acknowledged is that we actually received those letters of formal complaint that were the data set during the COVID pandemic. And once we acknowledged that those were concerns that relate to this one organisation, we thought it would be useful to collaborate with another partner organisation, another hospital, in order to analyse their complaints in end of life care to determine whether or not those concerns were comparable.

And in fact, what we identified is that, yes, they were comparable and that that was in the post-COVID period. So, both from that data and also our own analysis over time, what we found is quite a lot of stability in those 25 concerns.

In fact, from the development of the original preliminary work, we only have five more additional concerns over a period of time. So I think for those on the call that may be interested in utilising this framework for their own analyses, I think the caution is that your concerns from your patients and families may be different.

**Wendy Walker 01:18:13**

However, we found consistency over time. The other is that the other important thing, if I could just share an opportunity, is that there is a paper that we've now published and that's now available post-PENNA. So that link is on the final, the last but one slide, and it's an open access paper. So, if people wanted to find out more about the project and how to apply within their own organisation, they may find that paper very useful.

But yes, the collaborative work has been helpful, Ruth. And thank you.

**Chris Graham 01:18:54**

Thank you, Wendy. I've just dropped a link to that paper into the chat for anyone who wants to access it.

**Wendy Walker 01:18:58**

Thank you very much. Thank you.

**Chris Graham 01:18:59**

It would be really helpful to cover that point about comparability and stability, because it's give people confidence in using the tool. Next question, I think if we can go to Lisa from West Yorkshire and Harrogate, I think we had a question from one of our guests in the chat about the outcomes and impact of the work you're doing and specifically did you see an uplift in cervical smear bookings as a result of the engagement?

**Lisa Wheater 01:19:24**

So, I think with campaigns it's quite difficult to get an actual figure and you can't really identify where that uptake sits. What we do know that is there's a national decline with cervical screening uptake across all age groups and everybody with a cervix.

**Lisa Wheater 01:19:43**

It's been over ten years now so we are hidden downwards but in the area where we actually targeted, we did the Happy Valley Pride launch and we've targeted a lot of sources out in Calderdale. We haven't seen as big a decline as what we have in other areas so whether it's down to that or not, I'm not really sure.

**Lisa Wheater 01:20:05**

We can't say for sure. The Happy Valley Pride event is well attended by lots of people out of area as well so I think it's about those key messages really more than anything about uptake. Even patients that are in the LGBTQ+ communities and practices possibly wouldn't even know who was in that community so, it's quite difficult really to tell.

You're just kind of doing this with the campaign and hoping that it's reaching the right people which, we're getting asked for the resources quite a bit. So, out across West Yorkshire but also further afield across from other cancer alliances as well so I think it's just, it's kind of a campaign that we just hope keeps giving and the information that we've got there so no definite figures as such.

**Chris Graham 01:20:55**

Thanks Lisa, it might be something that takes time to fully realise the impact. There's another question for you in the Q&A from Claire Turner. It's quite detailed, so I'd ask you to maybe take a look at that and perhaps we can answer that offline.

**Chris Graham 01:21:10**

I'm going move on to another one of our speakers now. If we go to Fiona, we've had to hurry you through I'm afraid, so you didn't get a chance to talk about the commissioning impact of experts by experience. I wonder if you'd like to say a word about that now.

**Fiona Jenkins 01:21:28**

I suppose I've got a bit of a different perspective really, because I'm not a clinician so it's quite interesting to see the partnership working and so the impact on commissioning is as I said before the experts were integral, they are part of the commissioning team so when we look at the commissioning intentions, it's integrated into priorities, so each forum's created their own priorities as experts by experience, and otherwise it's just a talking shop and we want to achieve, we want a goal, we want our experts to see outcomes so they've created their own priorities and that's integrated into the team's commissioning intentions and then

the pathway process is, hopefully I'm answering your question, is part of communications pathway which is, that clinicians speak regularly to experts, we feed to the forum, the forum feeds back on the clinical delivery group or service improvement group, back to partnership board and that's kind of how it works so it's a continuous cycle of communication, new kind of initiatives, feedback and you know and that's kind of how it works so it's kind of integrated, they're integrated into everything, hopefully that answers that question.

**Chris Graham 01:22:43**

No, it does, I think it makes a lot of sense that deep integration and that continuous communication so it's not a kind of an engagement that takes place and ends, it's more about building that relationship, I think that's really valuable.

**Fiona Jenkins 01:22:55**

Thank you, I just wanted to add as well it isn't that we ask our experts by experience to just share their experience, they're all independent people, their own skills and contacts and different experiences so it's they are totally core partners, you know when we ask them a subject matter then we know that they will have a good input into that answer without having to share their lived experience because that's not always good for them and so hopefully that a little bit more information there how it works.

**Chris Graham 01:23:29**

Thank you. Ruth, you had a question in the Q&A for Olli, I wonder if you wanted to cover that now.

**Ruth Evans 01:23:40**

Yeah Olli I'm hoping you're still on the line, you made a very powerful call for support and for organisations to do more for their students, if you were to just pick one thing, what should organisations be doing?

**Olli Lodmore 01:23:53**

Have students on your staff groups, so policy, steering groups, things like this, have students on them, and NWAS as an organisation have only just, we've done some massive work over the past two years and now students sit on the staff groups and steer those policies.

I think it's important because we are, policies affect us the same way that they affect staff, but traditionally we've been overlooked.

**Ruth Evans 01:24:20**

Perfect, so big shout out to the people on the group today. Have students on your staff groups. Thanks Olli.

**Chris Graham 01:24:28**

I thought Ruth was putting you on the spot a little there, but it was a very, very clear answer and a very clear call for others.

**Chris Graham 01:24:33**

Fiona?

**Fiona Jenkins 01:24:35**

Yeah, just on from that Olli, we have some of our experts by experience of services that are student nurses and educational psychologists and they sit in the forums. So that works really well, you know, having your perspective as a student and also as an ex-service user patient. Thank you.

**Chris Graham 01:24:55**

Thanks very much. I'm conscious of time, just going to take a couple more questions and then we'll move to wrap up. Nicola, on the podcast, it's really, really great to hear about this. I just wondered about what kind of feedback you got from people since launching those. You mentioned a bit about the engagement and the number of listens you had. Have you, has it opened many discussions with users?

**Nicola Wayne 01:25:20**

Not as many as I would have hoped, if I'm honest. It's quite hard to find out, so obviously we have 30,000 patients.

We've had a thousand listens and because people can, we don't have the data of who's actually listened. So, this is why I'm finding it quite hard to actually get the, almost the follow-up. So I was able to get some feedback from patients via our nurses, where our nurses had said, we've got these podcasts, they're great, have a listen, and we've been able to get some feedback that way.

But I'm finding it quite hard to actually get feedback from the wider group because there's so, which is great, there's so many different places people can access them and we wanted to make sure that they could access them easily.

**Nicola Wayne 01:26:07**

But obviously you can't then see who's accessed them and who hasn't, so it's a bit hard. What I would say is feedback from our healthcare professionals: so we recommend the podcast to our healthcare professionals to then recommend them to patients. So our dieticians, our nutrition nurses, and feedback from them has been really positive. So much so that they're saying, oh, can we have something that's every month, or that's a regular update? But yeah, watch this space, I guess.

**Chris Graham 01:26:37**

Yeah, there's a comment in the chat from Ruth about the difficulty finding out who's engaged with podcasts, but I mean it sounds like just based on that feedback from patients there's a demand and an appetite for it, so very positive, thank you.

**Chris Graham 01:26:49**

One last question for Kate and Diane. Your work has obviously built over a number of years and you've started from an individual experience and then researched in the evidence base and then spent time fundraising.

I think people might look at that and feel like that's a lot and a big commitment, but you mentioned at the end that you're happy to support people who want to think about how they can get patients into open spaces.

**Chris Graham 01:27:19**

I wonder if you can perhaps say a bit more about that and about what your views are on the feasibility of that sort of work for others because I think it's really inspiring and people will be excited to think about how they can apply those kind of strategies in their organisations.

**Kate Tantom 01:27:32**

I think my journey into building this garden happened because the patient told me: "I want to go outside", so I think hearing from your patients what they want you to include in their service, is always the starting point for everything and I'm really lucky and we're really lucky because actually the legacy of the garden means that we aren't on site often now when patients get taken out into the garden because the staff love it too.

So, I think whenever you are starting a journey in the NHS or in any healthcare environment actually, the challenge is always the longevity and the longitudinal nature of getting stuff done can be quite challenging.

**Kate Tantom 01:28:12**

So, I think for me the lessons are keep going, find cool people to play with to make sure you can get stuff across the line, listen to your patients and take your patients with you on the journey because your patients will always be the thing that unlocks the problem and we're happy to support anyone in any journey if we can.

**Chris Graham 01:28:33**

Yeah thank you and that touches on a theme for all of these actually collaboration, working in partnership with something that almost everyone covered in some way or another. That quote you used from Helen Keller towards the end about how a lot we can do individually and how much we can do together. I think is very, very, powerful and a good rallying call for everyone working on patient experience.

**Chris Graham 01:28:50**

So thank you, and thanks again for sharing your excellent work. I'm going to pass over now to Ruth just to say a few final words in closing.

**Ruth Evans 01:29:02**

Perfect, first of all thank you everyone for joining us today, particularly to our speakers.

I heard most already but I didn't hear because you never hear first time around so it's always good to listen again. So please take the opportunity to go onto the website and listen if you feel that you've missed something and share.

Part of what we're here about is sharing. So I'm hoping you feel inspired by the speakers today, I certainly have been and I will be re-energising myself just from today. I hope you're inspired to go back to your teams and thank them because they are doing amazing work

every day and what they do matters, and I'm hoping that you might have been inspired to take part.

**Ruth Evans 01:29:45**

If you are then have a look at the categories, they will be updated on our website in the new year, and we will be open for entries from about April but students we're probably going to open earlier, because we know that the timings don't quite work for students and as we've all heard our students are our future and make a tremendous difference.

You may feel that you want to just celebrate the good work a little bit more and next year we're going to be putting a big focus on Patient Experience Week which is going to be the last week of April from the 28th of April to the 2nd of May.

**Ruth Evans 01:30:20**

So please watch our website for the things we're doing that maybe you can augment and take forward as you celebrate the brilliant things that are happening around your organisation. So, probably enough from me but thank you.

**Chris Graham 01:30:36**

I'm not going to say much in addition to that because I'm conscious we're over time already, but I want to say a big thank you to everybody for taking the time to be with us today. Both to our excellent speakers we've heard from some really really great teams and individuals really grateful for you sharing your time and your stories and your experiences and knowledge of us, but also to all of our participants for your comments in the chat, for your questions in the Q&A and just generally for your time.

**Chris Graham 01:31:01**

The purpose of doing this sort of webinar is to share and spread some of the best practice that we've observed through PENNA. Really delighted to have the opportunity to do that, and to have some great examples to show off.

We really want to hear from you about your work as well, so if you've got projects that you think would be suitable for PENNA next year, that you think need to be elevated and spread and shared more widely, let us know we'd love to hear about them.

**Chris Graham 01:31:28**

Similarly, if there's anything that you would help or support with, do get in touch, we are Picker, a full service research organisation and we are very, very, happy to speak with you and help you with any queries that you might have.

And finally, we will be sharing the recording of this presentation via our website, please do pass it on to colleagues who you think might be interested or who might not have had the time to be here today.

**Chris Graham 01:31:53**





We really want to have as much of an audience as possible to help elevate all of these great best practice examples. And I really will stop talking now because I've comfortably exceeded my speaking allowance and thank you again.

Enjoy the rest of your afternoon, and do keep in touch. Thank you. Bye for now.