

Driving improvement

Individuals who have made a
difference in NHS trusts



JULY 2018

Alison Cracknell, Consultant, Leeds Teaching Hospitals NHS Trust

Consultant Alison Cracknell is a long-time champion of improvement and when Leeds Teaching Hospitals NHS Trust needed to step up its improvement approach following a CQC inspection, Alison grasped the opportunity to empower and support frontline staff to lead improvements.

She has been involved in a number of improvement projects, most notably the introduction of ward safety huddles. These were tested on 10 wards, and demonstrated reductions in harm and improved safety culture. As a result, the trust looked to see how they could do this at scale across the organisation. The trust was awarded a Health Foundation Improvement grant to see if they could scale up improvement do this on every ward. The huddles, support frontline teams to learn how to successfully adapt the principles of the huddle into their clinical context.

The ward team meet for 5 to 10 minutes, to focus around the patient safety concerns of the day such as falls, pressure ulcers and avoidable deterioration. They review data and learning, for example to understand how the last patient fell.

They help teams continually learn and improve. The huddles include regular measurement of progress and celebration of success. Ward staff also report that they foster competition between wards, for example on the number of days they go without a patient falling. Posters are displayed that record days since the last harm event and improvement run charts show progress. Teams get certificates when they achieve milestones.

As of April 2018, 91% wards have embedded safety huddles into routine practice, with 45% of those having seen step reduction in falls. Improvements in ward level safety culture across the organisation have also been demonstrated, alongside a trust-wide step reduction in cardiac arrests.

Senior Sister Sally Rollinson White says the huddles on her ward include physiotherapists, nurses, doctors, non-clinical staff and case support workers, while Senior Sister Kate Varley says they make the ward feel like a safer place to be – her ward clocked up a remarkable 98 days without a fall last year.

Enda Gallagher, Falls Prevention Nurse and Adult Safeguarding Nurse, East and North Hertfordshire NHS Trust

Enda has been the trust's falls prevention nurse since 2013 and during this period, he has overseen a reduction in inpatient falls rates of more than 50%. This has been achieved through increased staff education, routine incident management feedback and support to clinical areas, along with the development of a strategic plan to maintain long-term performance momentum and the profile of falls prevention within the organisation.

An active member of the national falls prevention practitioner network, Enda works regularly in collaboration with various NHS organisations to share and obtain best practice for the trust relating to the reduction of inpatient falls. Enda is a keen patient safety enthusiast and recognises the importance of ensuring his work not only incorporates falls prevention, but remains relevant and beneficial in the reduction

of multiple incident categories. He has been instrumental in introducing fall-safe, patient safety huddles, a falls-risk cohorting system and structured ward improvement programs. He consistently demonstrates a commitment to service improvement. In the recent years, Enda has been runner-up in local carer of the year awards; he received a Mary Seacole award and has been a past winner of the trust award for improving patient safety.

Enda enjoys working closely with clinical areas to retain a close connection with patients, who have a right to consistently receive care of the highest possible standard. Enda projects enthusiasm and likes to be innovative and creative when shaping quality improvements, he is always gentle when challenging less optimal traditional approaches.

Amanda Harvey, Clinical Skills Facilitator and Rebecca McLaughlin, Staff Nurse ITU, University Hospitals of Morecambe Bay NHS Foundation Trust

Amanda and Rebecca led a project called *Think Sepsis Save Lives*.

Sepsis affects 150,000 people and leads to around 44,000 deaths per year in the UK alone. Their mission was to increase understanding and recognition of sepsis among staff and patients, and reduce harm. The project involved a large scale training program for clinical staff, including the introduction of ward based champions. The team developed resources such as screening tools, posters and pocket sized reference cards. Sepsis training was also introduced into other existing training courses with collaborative working taking place between Practice Educators. Public and staff awareness events were also held.

At the end of the project the team had trained around 1,200 clinical staff in the recognition and management of sepsis. Sepsis screening in emergency admissions had increased from

22% in March 2015 to 56% in March 2016 and administration of antibiotics within the hour, as per Sepsis Six recommendation had increased from 61% in July 2015 to 72% in March 2016.

Following the *Think Sepsis Save Lives* Campaign University Hospitals of Morecambe Bay NHS Foundation Trust has continued to make improvements in sepsis care.

As of March 2018:

- 100% of both emergency admissions and inpatients were screened for sepsis.
- 91% of emergency admissions and 94% of inpatients received antibiotics within the hour.

The *Think Sepsis Save Lives* scheme provided a vehicle to initiate change, and the improvements have been sustained long after its completion, leading to significant improvements in patient safety.

Professor Christopher Watson, Consultant Transplant Surgeon, and Mr Andrew Butler, Professor of Transplantation, Cambridge University Hospitals NHS Foundation Trust

Professor Watson has been involved in two initiatives in liver transplantation. The first relates to livers from donors following circulatory death.

Traditionally these are associated with a 4% risk of never working, 10 to 20% chance of failing within a year, which may result in death. In the long-term up to 25% of patients develop scarring of the bile ducts and may require another liver transplant. With Andrew Butler, Professor Watson developed a technique previously used in Spain called normothermic regional perfusion whereby you are able to restore a circulation to the abdominal organs (liver, kidneys, pancreas) and allow them to recover from the damage that occurs at the time of death and which is responsible for the poor outcomes.

They have shown that this results in all livers working following transplantation, better

survival of the liver with less need for replacement, and no bile duct scarring.

The second initiative relates to how a liver can be stored and tested. By using technology adapted from cardiac surgery they can keep a liver alive pumping blood though it at body temperature for up to 24 hours. Using equipment developed in the Netherlands, and latterly some developed in Oxford, they have been able to define many of the factors that indicate a liver is viable and can be transplanted safely. This has allowed the team to transplant many livers that previously would not have been used for fear they would not provide satisfactory function. The trust has now introduced this as a routine service, thanks to support from Addenbrooke's Charitable Trust.

Ed Cheong, Consultant Oesophago-gastric Cancer and Laparoscopic Surgeon, Norfolk and Norwich University Hospital

Ed Cheong has worked at the hospital for 21 years and is internationally renowned for minimally invasive oesophageal cancer surgery.

He leads one of the top units in Europe for treating oesophago-gastric cancer, with excellent patient outcomes and the lowest length of stays in Europe for minimally invasive oesophagectomy (MIO).

Mr Cheong and his team perform the complex keyhole surgery to remove part of the oesophagus and stomach due to cancer. The

procedure to remove the gullet involves making small cuts or holes in the abdominal and chest wall, and inserting a camera and other instruments to carry out the operation, which lasts for around eight hours.

These techniques provide enormous benefits for patients including less pain and faster recovery than those associated with major open surgery.

He also leads the 'Blow Your Whistle on Oesophageal Cancer' campaign, which seeks to raise awareness of oesophageal cancer.

Elly Martin, Senior Paediatric Therapy Assistant, Basildon University Hospital

A new service for children about to have orthopaedic operations at Basildon University Hospital is helping to reassure them and their parents, and to reduce their length of stay.

The pre-op therapies assessment clinic was the idea of Elly Martin, Senior Paediatric Therapy Assistant, who noticed that children seen by therapists before their operations responded better to therapy afterwards, because the physiotherapists and occupational therapists were familiar to them.

Elly said, “I also thought we could get them back home quicker if we assessed and

arranged what equipment they would need after their operation.

“We can also visit children at home to identify what non-weight bearing patients might need and get them practising moving round on crutches or a frame.”

The service has reduced length of stay for many patients because their discharge is not delayed by waits for essential equipment. Ordering equipment in advance is also making a financial saving for the trust.

Liz Summers, Lead Cancer Nurse, Northampton General Hospital NHS Trust

Since April 2017, Liz has led the trust's proactive cancer care programme for patients with lung cancer, heading up a multidisciplinary team of a specialist occupational therapist, clinical nurse specialist and an advanced nurse practitioner to provide specialist support to patients in the palliative stages of their disease, who do not require intervention from community palliative care services.

By providing proactive management of symptoms and emotional, psychological and practical support, both face-to-face and via a telephone clinic, patients can maintain their quality of life and live as independently as possible in their preferred place of care.

Support is also provided to patients who require input to facilitate or support discharge, meaning patients are able to return home, or their preferred place of care, sooner.

Between April 2017 and December 2017, the team reduced the number of avoidable admissions for 208 patients saving a total of 834 bed days and 55 patients had a reduced length of stay.

By reducing length of stay and avoiding admissions, the programme has helped ease the pressure on the acute trust bed base and helped reduce delays in admission for patients for whom there is no other alternative.

Tom Brookes, Deputy Charge Nurse, Cambridge University Hospitals NHS Foundation Trust

Tom noticed that there were huge variations in stock levels, with variations between being significantly over-stocked and significantly under-stocked. He also noticed that stocks of critical items were frequently running out.

The result of this is a great deal of nurse and healthcare assistant time being spent on sorting through boxes, sourcing items and then collecting them. Some of the over-stocked items were very high cost. Tom engaged procurement, pharmacy and his

nursing colleagues in a process of monitoring ward usage of all stock items and then put in place a more proactive process of stock storage and control.

The result was a very significant cost saving for the Trust and the time saved being converted into more time to care for patients. His model has been shared and adopted across his division and he continues to be a role model for stock management.

Caris Grimes, Consultant Colorectal and General Surgeon, Medway NHS Foundation Trust

Caris Grimes, Consultant Colorectal and General Surgeon led the Surgical Bereavement team in introducing a bereavement service to give the families of patients who had died during or after surgery the opportunity to come back to the service that treated them and ask any questions or raise any concerns.

The aim was to provide support for families and carers, reduce psychological morbidity from abnormal grief reactions, as well as reduce complaints, inquests and litigation. The service was piloted in surgery, from June 2017 to January 2018 and has now been rolled out.

It was set up following a complaint relating to the death of a patient, comments made by a coroner during an inquest, and after a discussion with recently bereaved relatives who felt a bereavement service would have

been useful. This led the team to believe that families would be better supported through a bereavement service, and that both the complaint and the coroner's inquest could potentially have been avoided had the service been available

Over eight months, 18 families used this service.

Review of the feedback forms demonstrated that 44% of the people reported that had they not used the service they would have submitted a complaint to the hospital to obtain the answers they needed and raise the concerns they had. Seventy-eight per cent stated that, having used the service, they had obtained closure, obtained answers to the questions they needed or had felt their concerns listened to after using the service

Hollie Watts, Macmillan Head and Neck Clinical Nurse Specialist, Northampton General Hospital NHS Trust

Hollie developed and introduced a new referral pro-forma for use at multidisciplinary team meetings, which not only reduced the time taken to capture data but also led to quicker acceptance of referrals in oncology, ensuring patients are seen as quickly as possible.

She also developed a new system of tracking patients to make sure that there are no breaches of key standards, and is currently working on a project to introduce an electronic holistic needs assessment to be trialled at the hospital. The aim is to improve the overall patient experience and support discussions between patients and their consultant. This is the first time an electronic holistic needs assessment has been developed and tested and if successful, the tool will be shared with trusts nationally.

Hollie also supports patients who have 'bucket lists' and on one occasion arranged for 25

Harley Davidson motorcycles to come onto the hospital site as a patient had expressed a wish to ride one.

As a committee member of the British Association of Head and Neck Oncology Nurses, Hollie sees one of her key duties as being to make sure that best practice is consistently available across the country. Her ambition is for there to be diagnostic and post-treatment stage nurse-led clinics for patients. Hollie is not content to stand still. She is always looking for ways of improving the patient experience, nurse experience and productivity.

Hollie says, "Being a Macmillan head and neck clinical nurse specialist is one of the most challenging but rewarding jobs, but I wouldn't change it for the world. Sometimes patients just need someone simply to 'be there' – not to fix or do anything. My role is to make sure they are supported, listened to and cared about."

Sarah Crane, Chaplain and Founder of the Milton Keynes University Hospital's Peer-to-Peer Staff Listening Service

The Reverend Sarah Crane is the brainchild behind Milton Keynes University Hospital's peer-to-peer support programme. The programme was devised to make sure that staff who need a 'listening ear' can stop anyone in the trust wearing an easily identifiable badge. To date, the trust has 43 trained volunteers. Over the first 19 months of the service, these volunteers talked to 1,045 staff. Of the conversations, around 40% were work related, and 60% were not.

This peer-to-peer (P2P) Staff Listening Service bridges the gap between more formal routes such as HR or mentoring. Volunteers are available to listen to colleagues, be a 'first line' of support, provide a confidential service, signpost to other services where appropriate, thereby aiding resilience in our workforce.

Volunteers attended a half day of training in the trust's time. The training offered instruction on how to provide non-judgemental, confidential peer support, signposting to other agencies where appropriate, such as Care First (the hospital's dedicated staff support and counselling service), the Health & Wellbeing Team and Chaplaincy. Volunteers were trained in supportive techniques but were not expected to act as counsellors. To make them easily identifiable around the trust, they were all issued with a P2P pin badge. Following training, the understanding was that any P2P support offered would be provided in the volunteer's own time. Informal meetings with the coordinator, the Reverend Sarah Crane, were arranged with each volunteer, with the option for further training, depending on the individual's requirements.

Alex Brightwell, Consultant Paediatrician, Norfolk and Norwich University Hospital

Alex brought together partner agencies to set up a new one-stop-shop for the diagnosis and management of food allergies in young patients.

The multidisciplinary, paediatric-led allergy service was launched in March 2017 at Chet Valley Medical Practice in Loddon, Norfolk, following collaborations between consultants, dietitians, nurses, GPs and managers to deliver the new, high-quality service.

The one-stop-shop has treated more than 700 patients since it opened. Children who come to see their consultant have their allergy testing carried out by the nurse specialist and if they need dietary advice, they will see the dietitian. Patients also have their eczema management, asthma and inhaler technique reviewed and training on adrenaline auto-injectors.

Dr Brightwell said it had been a real team effort to get the service set up so quickly. She added that the next step was to expand the number of clinics in the region.

“We identified a gap and have delivered a really good service that we can be really proud of. It is so beneficial to have everything under one roof, which reduces the number of appointments. We have had some really nice feedback from parents. Our patients and families are feeling more confident and less anxious as a result.”

In addition to the one-stop clinic, Dr Brightwell and her team are working across services to improve care for children with allergies, improving care in the emergency department, through joint education events with primary care and developing the regional allergy network.

Cassie Pang and Abiodun Ogundana, Basildon University Hospital

Cassie and Abiodun are tech-savvy pharmacists who created a smartphone app to improve patient safety by giving clinical staff fast and easy access to guidelines on antibiotic prescribing.

The two antimicrobial pharmacists wanted to find a new way to help their colleagues follow important prescribing guidelines for patients who need antibiotics.

Cassie explains, “Guidelines are available on the trust intranet, but of course it’s not always possible for clinical staff to access a PC. We also have a paper pocket guide, which people often lose, but they tend to be more careful with their phones.”

The pair approached Rx Guidelines, a medical information company that offers clinicians the

ability to build their own applications. Abiodun and Cassie got to work with the user guide, and conferred with hospital colleagues in infection control, pharmacy, medicines management, and the IT department.

Within four months, the new app was ready to be piloted with a group of pharmacists and doctors. Feedback is extremely positive, with nearly 600 downloads and 100% of responses saying the app was fast and easy to download and use. Abiodun and Cassie made a number of modifications to improve the app in response to suggestions.

Essential information in the prescribing guidelines includes guidance on the treatment of sepsis, meningitis, respiratory and urinary infection, along with a warning about penicillin allergies.

Danilo Favor, Charge Nurse CorneoPlastics, Queen Victoria Hospitals NHS Foundation Trust

Danny has been at the trust for 18 years. He relocated from the Philippines as part of an international recruitment campaign.

Both he and his wife have established themselves locally in the community supporting other nurses that have made their homes here from overseas and fully integrating into the local trust health community. In addition to his full time role in the trust, Danny provides advice and guidance to men in the community who otherwise might not access healthcare either due to cultural differences or just being able to signpost people to the best place to access health care be it preventative or acute.

Danny has also developed professionally and was the first nurse in the ophthalmic department to gain nurse specialist status, undertaking clinics and procedures previously completed by a junior doctor. This has allowed the medical support to be invested in different areas and has contributed to the trust having the right staff at the right time to undertake new innovative procedures that improve patient treatments, experience and offer world class services to our local residents as well as those travelling as a specialist referral from other areas.

Hannah Gardner, Admiral Nurse, East and North Hertfordshire NHS Trust

Hannah developed a new pathway of care with the Community Admiral Nurses to ensure that patients with dementia have a supported pathway from admission into hospital to when they are discharged. This has proved vital in ensuring families feel supported and reducing carer breakdown.

A dementia care pathway and a delirium pathway were launched by Hannah within the trust in 2018. They are a guide to help staff deliver good dementia care and help identify and raise awareness of delirium.

The dementia care pathway is easy-to-read and covers: identifying confusion; involving families; raising awareness; documentation and assessment; care on wards; considering referrals; and discharge from hospital. The pathway has been developed so that it is in line with the trust's dementia policy.

The delirium pathway is used to help raise awareness and improve the identification of patients at risk. It uses the find, assess, investigate and refer (FAIR) approach and gives key examples of what can cause delirium and the support available. The aim is to help staff think more about delirium and what could be causing someone to be confused or become even more confused.

Hannah provides tier-two training on a monthly basis for all staff who have regular contact with people living with dementia. This helps raise their knowledge and skills caring for someone with dementia, along with their ability to educate and support families.

All the new changes introduced by Hannah have helped improve the experience of a hospital admission for people with dementia and their families.

Helen Watson, Consultant Obstetrician and Gynaecologist, and Antenatal Lead for Antenatal and Postnatal Mental Health, Medway Maritime Hospital

Approximately 20% of women will develop a mental health issue during the perinatal period and almost a quarter of maternal deaths between six weeks and one year after pregnancy were related to mental health problems.

To address this worrying trend, the hospital designed and implemented a new integrated obstetric-perinatal health antenatal service to which patients were referred by the community midwife at booking. Helen Watson led the project.

The service provided an obstetric and mental health assessment to women at their initial antenatal appointment. Patients were provided with timely and accurate advice regarding their mental health, medication and signposted to mental health services if required. This service took the form of the Joint Mental Health Antenatal clinic and was piloted between May and November 2017.

There were four significant outcomes and findings from the pilot:

- A reduction in 'referral to seen' times from initial assessment by the community

midwife to seeing a mental health professional, with a significant reduction in variation in waiting times. In the final two months of the pilot, no patient waited more than five weeks to be seen.

- A substantial reduction (70%) in referrals to the Mother and Infant Mental Health Service (MIMHS). Of these referrals, a majority (69%) went to MIMHS to ensure continuity of care.
- A downward trend in non-attendance as the new service bedded in. This was initially 23% but fell significantly over the course of the pilot, although additional work is required to further reduce it.
- The majority of referrals were for patients with anxiety and depression. This demonstrated the need to develop robust pathways between community midwives and IAPT (Improved access to psychological therapy).

Patient satisfaction was considerable and was reflected in the patient survey

Lesley Bennett, member of the public and person using services, University Hospitals Morecambe Bay

Lesley Bennett, along with other local people, has played a major role in improving maternity services and in the development of the new maternity unit at Furness General Hospital.

Lesley's newborn daughter Eleanor died as a result of poor care at the hospital in 2004, but new hospital leadership invited her to be part of the transformation of the trust's maternity services.

She had already had some involvement with the trust, for example taking part in cleanliness audits in maternity, but her work on behalf of mothers and families went to another level, as the trust got to work on its new maternity unit.

She said, "For me it was always about turning things round for the better and about making sure lessons were learned and things couldn't go back to what they'd been."

Lesley was asked to be on the committee set up to implement the recommendations from the Kirkup report into the trust's maternity services.

"I was asked if I'd work on the committee with doctors, nurses and directors, where we were re-writing policies and job descriptions for junior midwives, and shortlisting and interviewing midwives. I feel quite proud that I was one of the people that picked new midwives."

With other families, Lesley was fully involved with the plans for the new maternity unit and the final design. One of her main suggestions was that the new bereavement unit should also be available to families whose children were terminally ill, so they could stay with their child. This suggestion was taken up. Overall, she said "The New unit is better than we could have hoped for. We were not there to look good; they really listened to us and our opinions counted."

Lisa Winn, Ward Manager for the Lancaster Suite, Jackie O' Brien, Catering Manager, and Lee Till, Head Chef, University Hospitals of Morecambe Bay NHS Foundation Trust

Lisa, Jackie and Lee helped devise an electronic program for ordering patient meals.

The project aimed to streamline the existing process for ordering meals by using modern technology. The benefits identified were cost savings within the catering department due to less waste, release of nursing time to care as the system was delivered electronically and therefore less manual input required and less risk of orders going missing therefore all clientele would receive their meals in a more timely manner.

Pilots in wards areas have shown:

- Cost savings through reducing the time supervisors spend counting meal numbers, which would release them to better provide the services that focus on patient improvements.

- Wastage on food has decreased by 59% over a 12-month period.
- A near paperless system, reducing the cost of printing patient menu's and a reduction in waste paper generated from the Catering Department.
- Improved accuracy of meals ordered for each individual, with the meal following the patient through the trust's IT systems if they move wards or are discharged, which improves the patient experience.
- Nurse time spent completing the new process is now only about 40 minutes per day as opposed to about 1 hr 30 minutes previously.

The project is continuously evolving and has enabled the team to highlight other areas for improvement.

Rhian Monteith, Senior Paramedic, High Intensity User Lead, the RightCare programme

A senior paramedic's light-bulb moment that has cut emergency department visits from "frequent callers" by up to 90% is being rolled out across the country.

The High Intensity User programme was the brainchild of Rhian Monteith, who was working as an advanced paramedic in Blackpool when she noticed that a very small group of people took up a great deal of NHS resources and staff time.

Working with other NHS teams, Rhian drew up a list of 23 patients, many suffering from mental health problems or loneliness, who had visited the emergency department 703 times in the previous three months, mostly by ambulance.

Rhian decided to tackle their problems by meeting for coffee and a chat. Through personal mentoring and one-to-one coaching,

as well as getting them involved with community activities, and encouraging them to phone her rather than call 999, Rhian helped emergency department attendances, 999 calls and hospital admissions drop by about 90% among the group. Eventually the patients were able to cope for themselves and came to call Rhian less often.

The scheme was then scaled up to cover about 300 patients in Blackpool over the following three years, saving the NHS more than £2 million. It has now been rolled out to around a fifth of the country, with 36 local health teams adopting the scheme.

NHS England now wants the remaining clinical commissioning groups to take on the idea through its RightCare programme, which aims to improve care for patients while making the NHS more efficient.

Cathy Geddes, former Chief Nurse, Mid Essex Hospital Services NHS Trust

When Mid Essex Hospital Services NHS Trust received a rating of requires improvement in April 2015, while she recognised the findings, former Chief Nurse Cathy Geddes felt “devastated” and “personally responsible” as many of the problem areas were under her responsibility. However, the trust was rated ‘good’ for caring, which as a nurse was very important for Cathy, and was positive for staff.

Cathy used the CQC report as a springboard to push forward with a programme of improvement work that was already underway, focusing on listening to and valuing staff.

Addressing the culture was a top priority for the trust. Initiatives such as ‘In Your Shoes’ events allowed the trust to hear the stories and experiences of patients, families and staff alike – both positive and negative. The themes that came out of these sessions were used to help draw up trust values.

It was recognised that there was a disconnect between some members of the executive team and the rest of the organisation, with staff feeling like they weren’t listened to, recognised or rewarded. Cathy introduced a new ‘Clinical Tuesday’, where all the matrons and lead nurses worked on the ward, which was praised for bridging the gap between the management and the ward staff.

Cathy says, “It was about exec visibility, about being clear on the culture and values within the organisation, staff knowing they’d got a framework where they could challenge poor behaviour from other individuals.”

Other initiatives such as the ‘Time to Shine’ programme and the ‘Terrific Tickets’ scheme were introduced to give staff the opportunity to highlight areas of excellence around the trust, and recognise people or departments providing care and service that is above and beyond their normal daily work.

Christine Hughes, Director of Communications and Engagement, East Lancashire Hospitals NHS Trust

Christine was appointed in February 2014 to improve communications, both internally and externally, and establish meaningful relationships with stakeholders and partners. The reputation of the trust had suffered enormously and the local community's confidence in its hospital services was shaken. Worse, staff morale had plummeted and their pride in themselves was waning. Going into 'special measures' had been a real shock.

Christine's strategy was to pursue a policy of communicating well, clearly and often, recognising that it was also important to show the trust was listening to its stakeholders (including staff) and acting on their feedback. "We decided to answer our critics honestly, acknowledging where we had got it wrong in the past. However, we also set about really celebrating the good news; the successes; the excellence of individuals and teams and the positive impact this was having."

Christine and her team got a campaign going around the trust's new branding – Safe, Personal and Effective – and made sure everyone knew that was what the organisation was about. "We flooded the trust with our vision and values and made sure all our staff knew them, and how they themselves were the

embodiment of those vision and values. We positively looked for excellence and we found it. And when we found it, we shouted about it.

"We set a target of at least two positive news stories, every single week. When regional and national broadcast media showed an interest, we worked with them to significantly raise the profile of the trust and put our 'brand' out there. We fully exploited social media to spread the word and it had a massive impact on both staff morale and public confidence."

Christine and the team worked hard to improve the quality of their messaging and the format used to distribute it, producing a high quality, annual publications celebrating the heart and soul of the organisation – the staff and their dedication – and shared it widely with all stakeholders.

"We used real people in our photography, accurately capturing the stories they told. We effectively demonstrated that this is a great organisation, with fantastic staff and we built trust with our stakeholders."

Within a year the trust was out of 'special measures' and quickly went on to be rated as good by CQC. This was a massive achievement and brought genuine satisfaction to staff, patients and stakeholders, confirming that their confidence in the trust was not misplaced. But they are not stopping here.

Driving improvement in health and care

Individuals who have made a difference



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Key question: Well-led

Dr Helen McCarthy, Royal Bournemouth Hospital

Dr Helen McCarthy is a haematology consultant at the Royal Bournemouth Hospital. She leads a team of scientific and clinical researchers committed to innovative research, with the aim of improving survival rates and the quality of life of patients with blood cancers.

Helen is also a trustee for a national charity for patients with Waldenström's Macroglobulinemia, a rare type of cancer, and was instrumental in fundraising for the new

Orchard Therapy Garden at the Royal Bournemouth Hospital.

Helen and her team are bringing state-of-the-art cancer treatment to Dorset patients through innovative laboratory and clinical research.

Last year she was named Inspirational Woman in Science and Technology at the 2017 Dorset Venus Awards.

Kevin Moynes, Director of Human Resources and Organisational Development, East Lancashire Hospitals NHS Trust

Kevin Moynes has played a key role in driving improvement at East Lancashire Hospitals NHS Trust by transforming the trust's approach to staff engagement.

Together with his team, and in collaboration with Communications and Engagement colleagues, Kevin developed an ambitious plan to engage, involve and motivate the 8,000 strong staff within the trust.

With clear Board support, Kevin appointed a Head of Staff Engagement to lead the plan supported by a small Staff Engagement team and set out to “engage like never before!”

The Staff Engagement team organised activities such as ‘Back to the Floor’ opportunities for Directors and Non-Executive Directors so they could gain valuable insights into what was happening at the ‘coal face’, and ‘Patient Safety Walkabouts’ to help them understand patient quality and safety issues, so they as senior leaders could clear away any obstacles in order to improve the patients’ experience.

In addition, the team led ‘Big Conversations’ – a series of staff engagement events across all

five trusts sites, helped design a more inclusive staff induction process to fully embed the trusts vision of “Safe, Personal and Effective”, and made productive links to the Staff Guardian and the newly formed Mediation Service, both designed to support staff in challenging situations.

As a result the trusts scores for the National Staff Satisfaction Survey and the Quarterly Family and Friends Test have gone from strength to strength, and the efforts of Kevin and his team have served to engage and motivate staff to drive improvements in quality and safety.

The latest results from the National Staff Satisfaction Survey shows the trust is in the top performing 20% for 16 of the 32 key areas covered, and the trusts specific score for staff engagement (which covers staff satisfaction, staff involvement and staff morale), is the highest it has ever been – well above the national average for acute trusts nationally.

Melloney Poole OBE, Chairman, Portsmouth Hospital NHS Trust

Portsmouth Hospital NHS Trust Chair Melloney Poole was born on July 5 1948, the same day and year the NHS was created.

In 1993, Melloney began working as a non-executive director at an acute hospital in Preston before moving on to a role in Surrey in 2002 where she served as chair of a hospital Trust. In 2009, she joined the board of the Sussex Partnership and then she came to Portsmouth Hospitals NHS Trust in 2017, first as a non-executive director, and now as Chairman.

Melloney admits to feeling “passionate” about the NHS for a myriad of reasons. “I have been in hospital myself and I remember years and

years ago when I was Chair of a trust not having the best experience. It made me very mad. The reason I became a non-executive director and then Chair was so I can always speak up for people who cannot speak up for themselves.”

Melloney feels working for the NHS has been one of life’s great honours. “I feel like all of us who work in hospitals, and within the NHS, are really custodians of it. Every person deserves the best care. And every patient should feel safe and cared about. Those of us who work within the system can and should provide that experience.”

Paul Brooks, Divisional Projects Manager for University Hospitals of Morecambe Bay NHS Foundation Trust

Paul has led a project that focused on a new porter allocation system for requests for porters.

The trust is a large rural area with three main sites, covering around 1,600 square kilometers. Requests for a porter from wards and departments were made verbally via telephone across all three sites to a facilities supervisor, which was not an efficient use of the resources.

In addition the users kept that porter adding additional duties, without another request being made. This resulted in issues such as inequitable split of workload, no prioritisation and a feeling that there was a need for more porters with no evidence to support.

Everyone at the trust uses porters; their work often starts before and after any clinical intervention. It was clear that the system for allocating porter resource had to change; it had to be SMART, (Specific, Measureable, Achievable, Responsive and Timely).

Several electronic systems were trialled, and the result has been a new porter allocation system that:

- Makes more effective use of porter resources and ensures the service remains fit for purpose. The trust has avoided a potential spend of over £125,000 with an investment of £30,000. It has started to see further efficiencies of approximately £45,000 in the year to date
- Allows the trust to monitor the use of porter activity and resources accurately and impacts on service delivery.
- Has reduced overnight stays, reducing Trust inpatient costs, reduced missed appointments and reduced discharge delays.
- Gives people who use services full control of their requests and they can monitor the progress of their request and keep their team and patients involved in progress.
- A reduction in duplication of requests.
- Significant time saving on wards – no longer chasing requests or waiting to make telephone bookings.
- Generate reports to manage the service and monitor key performance indicators.

Prabha Guske, Sister and Ward Manager, Mid Essex Hospital Services NHS Trust

In April 2015, Mid Essex Hospital Services NHS Trust received an overall rating of 'requires improvement' and, as part of its journey to good, empowered staff to take responsibility for quality improvement. Sister and Ward Manager, Prabha Guske was instrumental in making changes to improve the experience of patients on her ward.

To conserve the dignity and privacy for patients, Prabha organised for partitions to be put up between observation beds, and she asked for the ward to be painted to make it a nicer environment for patients.

Prabha also made changes to make the ward more dementia-friendly. With the support of the management team, Prabha made the day room on the trauma orthopaedic ward into a dementia-friendly day room. The trust has a 'Daily Sparkles' scheme for patients with dementia, in which they have 'on this day' facts. Prabha noticed that while these are

emailed to the ward, nothing more was happening with them, so she started laminating them and adding them to a folder in the day room for patients to read. This approach has now been adopted across the trust.

The ward Prabha manages has also seen success in the trust's ward accreditation scheme. This looks at infection control, audits, patient feedback, staff morale, leadership, and training and development, and Prabha's ward achieved a silver rating (with gold being the top rating).

Prabha said she is proud to be working for Broomfield Hospital. She added, "I've been here over 15 years. I've seen so many changes, but [until now] I hadn't seen management that proved that, if we want, we can get things done the right way. It's a nice feeling and the ward staff feel the same. It helps morale, patient safety...everything."

How to contact us

Call us on ▶ 03000 616161

Email us at ▶ enquiries@cqc.org.uk

Look at our website ▶ www.cqc.org.uk

Write to us at

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA



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