Picker Experience Network

#PEN26



Book of Best Practice 2026

The highest quality person centred care for all, always.

Foreword from the CEO

Welcome to the 2026 Picker Experience Network Awards – the leading celebration of best practice in improving people's experiences of health and care. As always, it is a tremendous privilege to be able to share this collection of abstracts that showcase some of the very best examples of teams and organisations putting people at the heart of care.

At Picker, we have been working to promote person centred care for more than 25 years. We know from our experience that delivering truly person centred care requires a commitment to listening to people; understanding what matters to them; involving them in decisions; and using their feedback as a catalyst for change and improvement. It also means creating cultures in which staff are supported and empowered to drive meaningful change, and where the patient perspective is held as a key way of understanding quality.

The projects featured in this book demonstrate what that looks like in practice. They show how organisations are working alongside patients, service users, families, and communities to improve services and outcomes. They illustrate the value of curiosity, collaboration, and persistence, and they remind us that improvement is often driven by those closest to the challenges that need to be solved.

This year, we are pleased to welcome a growing number of international entrants. While the majority of entries continue to come from the United Kingdom, it is wonderful to see increasing engagement from colleagues around the world who share a commitment to understanding and improving people's experiences of care. Although different health systems have different challenges, the principles of person centred care are of consistent importance. We have much to learn from one another, and the breadth of perspectives in this year's awards enriches the learning for all of us.

In closing, I want to offer my sincere thanks and gratitude to everyone entering or attending the awards; to our dedicated judges and generous sponsors, and to all those who stand with us in championing person centred care. Your work is helping to ensure that people's experiences of health and care are central to understanding quality.



Chris Graham
CEO - Picker



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Partners

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

Event partner:

Greens

Greens was founded in 1919 and has traded profitably ever since as a single-source, full-service print and communications business working in specific markets, such as the financial, healthcare and pharmaceutical. We have evolved to become a solutions led business – we specialise in the production, fulfilment and logistics of producing critical documents for niche market sectors with stringent regulatory requirements. As of 2023 Greens is now Employee Ownership Trust (EOT) - an exciting new chapter in our 100 year history and enables all our staff to have a meaningful stake in the success of our business. Greens are a proud supplier to Picker and support in their national survey programs.

Event partner:

PECS

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

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

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

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

Visit: www.PecsData.com or contact us on +44 121 5266 039 or the team@pecsdata.co.uk to find out more on why PECS should be your partner of choice for data and voice related projects.







Category partner:
Patient Safety Learning

Patient Safety Learning is a charity and independent voice for improving patient safety.

We harness the knowledge, enthusiasm and commitment of healthcare organisations, professionals and patients for system-wide change and the reduction of harm. We believe patient safety is not just another priority; it is a core purpose of health and social care. Patient safety should not be negotiable.

Through our work we support safety improvement through policy, influencing and campaigning, and the development of 'how to' resources such as the hub, our free award winning platform to share learning for patient safety, plus our comprehensive range of products, tools & consulting services that improve understanding and application of 'What Good Looks Like' in patient safety.

https://www.patientsafetylearning.org/

hello@patientsafetylearning.org

patient safety learning

Supporter:
DAISY

The DAISY Foundation™ is a not-for-profit organization, established in memory of J. Patrick Barnes, by members of his family. Patrick died at the age of thirty-three in late 1999 from complications of Idiopathic Thrombocytopenic Purpura (ITP), an auto-immune disease. (DAISY is an acronym for Diseases Attacking the Immune SYstem.) The care Patrick and his family received from Nurses while he was ill, inspired the creation of The DAISY Award® for Extraordinary Nurses, an evidence-based means of providing Nurse recognition and thanking Nurses for making a profound difference in the lives of their patients and patient families.

The DAISY Foundation expresses gratitude to the nursing profession internationally in over 7,400 healthcare facilities and schools of nursing with recognition programs for nurses wherever they practice, in whatever role they serve, and throughout their careers and through several lines of research grant and evidence-based practice projects funding.

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

Judging panel

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

Nikant Ailawadi
Hilary Baseley
Dany Bell
Angel Bellott
Muhammad Bilal Maqsood
Molly Blackwell
Danby Bloch
Louise Blunt
Henry Blunt
Helen Brady
Sam Bray
Kevin Brent
Paulette Burgess
Sharon Butler
Hazel Carter
Sarah Cattermole
Keely Clawson
Janet Coninx
Jackie Cooper
Angela Coulter
Sue Cowap
John Dale
Maureen Dale
Carol Duane
Nichola Duane
Emily Ellis
Kath Evans
Ruth Evans
Clive Flashman
Carolyn Fox
Kathryn Gilmore
Lesley Gledhill
Chris Graham
Birte Harlev-Lam
Denise Harvey
Tracy Haycock
Glyn Hayes
Kenny Holmes
Sue Honour
Darren Hudson
Helen Hughes
Tony Kelly
Reem Khalid Abdulrahman Al Turki
Latifah Khalifah Mohammed Aldossary
Jenny King
Bimpe Kuti-Matekenya
Chrysa Lamprinakou
Marie-Louise Lawley
Helen Lee
Claire Marshall
Clare Maxwell
Jim Mccafferty
Victoria Miles-Gale
Hassan Mohammad
Rebecca Mortimer
Dr Azam Muhammad
Carol Munt
Jenny Negus
Yewande Okuleye
Hayley Parker
Jane Pickard
Olli Potter
Boba Rangelov
Anna Rarity
Kim Rezel
Ann-Marie Riley
Geoff Rollason
Azmina Rose
Miles Sibley
Kuldeep Singh
Magdalena Skrybant
Adrianna Sperkacz
Vita Steina
Emma Stone
Phillip Stylianides
Cheryl Tackie
Michaela Tait
Anna Tee
Sarah Tilsed
Jean Tucker
Jon Twinn
Clare Wade
Freya Williams
Jackie Williams
Michael Young
Lisa Young



Roll of honour

We are delighted that we are now entering our 16th year of celebrating the highest quality person centred care for all, always. Here are all of our Picker Experience Network Overall Winners:

2010

Prince Charles Hospital, Cwm Taf Local Health Board

A Patient Information DVD for Colorectal Cancer

2011

NHS Lothian, Ellens Glen House

Making the Ward a Home, Person Centred Environment

2012

Alder Hey Children's NHS Foundation Trust

Disability Workshops and Soccer Spa

2013

Liverpool Heart and Chest NHS Foundation Trust

The Development of a Nursing Model of Care for Patient and Family Centred Care

2014

Leicestershire Partnership NHS Trust Chat

Health School Nurse Messaging Service

2015

Common Room and Great Ormond Street Hospital

MeFirst: Children and Young People Centred Communication

2016

Bradford Teaching Hospitals - Baby View

Neonatal Intensive Care Video Conferencing Project

2017

Walsall Healthcare NHS Trust

Informed and Empowered

2018

Nottingham University Hospitals NHS Trust

Carer2Theatre - Improving the Theatre Experience for Confused Adult Patients

2019

University Hospitals Plymouth NHS Trust

#RehabLegend

2020-2021

Calderdale and Huddersfield NHS Foundation Trust

Bereavement Support Service

2022

Nottingham University Hospitals NHS Trust

Improving our Colorectal Cancer Pathway Patient Experience

2023

Walsall Healthcare NHS Trust

Little Voices

2024

University Hospitals Plymouth NHS Trust

The Secret Garden – a fresh air space for everyone

2025

Southern Health & Social Care Trust, HSCNI

Seasons of Life

Finding hope through every season

The story behind the 2025 Picker Experience Network Awards overall winner, Southern Health and Social Care Trust, Northern Ireland.



For a child or young person, grief does not begin and end with bereavement. It can follow parental separation, entering care, fleeing home as a refugee or having a family member sent to prison. Whatever the cause, significant loss can leave a young person feeling isolated and unsure where to turn.

Staff at Southern Health and Social Care Trust were seeing growing numbers of children and young people reaching crisis point following bereavement or loss. They recognised that earlier support could help young people understand their emotions, develop healthy ways of coping and access help before their needs became more complex.

That recognition led to Seasons of Life: an innovative programme of school-based workshops that gives children and young people a safe, familiar environment in which to explore grief.

The programme brought together specialist school nurses, paediatric psychologists, the Trust's Bereavement Coordinator, Cruse Bereavement Support, education colleagues and community partners. Most importantly, young people and families helped design the workshops from the outset.

A bereaved parent and her daughter shaped the first workshop and joined the project's steering group. Feedback was then gathered from young people, parents, carers and school staff to inform further improvements.

This feedback led to more games, creative activities, calm music and opportunities to go outside as well as offer more creative outlets for expression such as paper tablecloths that allowed those who did not feel comfortable speaking aloud to share their thoughts through anonymous words and drawings. Young people particularly valued meeting peers with similar experiences, feeling less alone and having "permission to laugh without feeling guilty."

Through discussion, storytelling and art-based activities, participants learned about grief, explored their own strengths and discovered what support was available. Each workshop also offered opportunities for private conversations and onward referral where further help was needed.

Seven workshops have supported 84 young people, with participants reporting greater emotional literacy and resilience, alongside reduced feelings of isolation and loneliness. A further 142 requests for bereavement support have been received, while some young people have been connected with services including CAMHS and Cruse.

Peer support groups have formed in schools, and children who had previously disengaged from school attended specifically to take part. School staff have also developed greater confidence in supporting bereaved pupils, while some family members and staff have sought help for their own grief after seeing the difference the workshops made.

Demand continues to grow, with schools now waiting to access the programme. The team is exploring how the model could be adapted for primary schools, nursing homes and learning disability settings, while continuing to train staff and share its learning.

Seasons of Life demonstrates what can happen when organisations work across traditional boundaries and young people are treated as genuine partners. More than a workshop, it gives young people a place to connect, feel understood and discover that hope and resilience can grow, even through grief.

PEN Host

Ruth Evans MBE



Founder,
Patient Experience Network

Ruth Evans MBE is the founder and former Managing Director of the Patient Experience Network (PEN), which she established in 2010 to recognise, celebrate and share outstanding practice in patient experience.

With more than 35 years' experience in healthcare, Ruth has dedicated her career to championing care that listens to and reflects the needs of patients, families, carers and staff. Through PEN, she created a community in which people and organisations could learn from one another, share ideas and ensure that excellent work in health and social care received the recognition it deserved.

At the heart of this work are the PEN Awards: the first awards programme of its kind to celebrate best practice in patient experience across health and social care. Now in their 16th year, the Awards bring together individuals and teams from across the UK and beyond, showcasing approaches that are making a meaningful difference to people's experiences of care.

Following PEN's acquisition by Picker, Ruth has remained closely involved with the Awards and their growing community. She continues to be a passionate advocate for recognising excellence, sharing learning and helping good practice become embedded across health and social care.

As host of the Picker Experience Network Awards 2026, Ruth brings a deep understanding of the programme and an enduring commitment to the people behind every shortlisted project. Having founded the Awards, she is perfectly placed to guide us through a day of celebration, learning and connection—and to honour those working every day to improve experiences of care.

PEN Co-host

Louise Blunt



Former Ops Director,
Patient Experience Network

Louise Blunt played an integral role in the development and success of the Patient Experience Network as its Operations Director, working closely with founder Ruth Evans MBE to grow PEN and deliver its flagship awards programme.

With an in-depth understanding of the Network and the community it serves, Louise helped turn PEN's founding vision into a successful national programme. She was closely involved in bringing together healthcare professionals, patients, carers and organisations to recognise excellent practice and share learning that could improve experiences of care.

Louise's contribution was central to the smooth delivery of the PEN Awards and to creating the warm, supportive and celebratory atmosphere for which they have become known. Her work helped ensure that every finalist, judge, partner and guest felt part of a wider community committed to making a meaningful difference across health and social care.

As the Picker Experience Network has entered its next chapter, Louise's long-standing connection to PEN continues to be an important part of its story. Her knowledge of the Awards, understanding of their purpose and familiarity with many of the people involved make her a natural co-host for the 2026 event.

Alongside Ruth, Louise brings warmth, experience and a genuine appreciation of the work being celebrated. Together, they reflect the history and values of PEN while helping welcome finalists and guests to another inspiring day of recognition, learning and connection.

Patient Partner Co-host

Freya Williams



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

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

One of the most meaningful moments of my journey so far was attending the PEN Awards 2024, where I received the 'Student Patient Experience Advocate of Tomorrow' award in recognition of my efforts to promote diversity within the NHS workforce. PEN 24 was an unforgettable experience that left me deeply inspired and incredibly proud to be among so many dedicated individuals working to improve healthcare. I was honoured to then return to the PEN Awards in 2025 as the keynote speaker, and I was once again so excited to be inspired by the incredible people in attendance.

Following in the footsteps of the keynotes that have gone before me, I am this year delighted to join Ruth Evans on stage throughout the day as the Patient Co-Host for PEN Awards 2026. Enhancing patient experience is central to everything we do in this profession. We must always aim to provide the best possible care for those who place their trust in us. The PEN Awards are a powerful celebration of innovation, gratitude, and compassion within the NHS, and it shines a light on those who go above and beyond for their patients. I look forward to celebrating with everyone.

Keynote Speaker

Jonny Acheson



Dr Jonny Acheson is an Emergency Medicine Consultant, author, artist and advocate for people living with Parkinson's.

Jonny has worked as an Emergency Medicine Consultant in Leicester since 2009. His postgraduate education work was recognised nationally with an HSJ Award in 2016, the same year he was appointed Honorary Associate Professor in Medical Education.

Since being diagnosed with Parkinson's in 2016, Jonny has combined his medical expertise with his lived experience to advocate for safer, more person centred care and empower others navigating neurological conditions. He co-founded the NHS Professionals Living and Working with Parkinson's Group and has helped place the importance of time-critical Parkinson's medication firmly on the national agenda.

Jonny has been Director of Engagement at the Parkinson's UK Excellence Network since 2022. He also uses art, writing and film to make the often-invisible realities of Parkinson's easier to understand. His book, When Your Neurons Dance, was published in 2025.

When he is not practising medicine or writing, Jonny creates artwork through The Acheson Atelier and speaks about the intersection of healthcare, disability and professional identity.

The Finalists

Commissioning for Better Experience of Care

- **Khafji General Hospital**
  KGH Patient Experience Excellence Project: Elevating Beneficiary Satisfaction
- **NHS East Genomics**
  Familial Hypercholesterolaemia Identification Hub

Developing the Capability for Person Centered Care

- **Belfast Health and Social Care Trust**
  Practical Nursing Care of the Deceased Person including Last Office: A Best Practice Video Resource
- **Bristol NHS Foundation Trust**
  Expanding the reach of reasonable adjustments: The Bristol, North Somerset and South Gloucestershire (BNSSG) Cancer Improvement Collaborative
- **Bristol NHS Foundation Trust**
  Improving patient experience of cancer care: learning from insights shared by people diagnosed with cancer at Southmead Hospital
- **Here**
  Here Health Builders (Lived Experience)
- **Reem Hospital**
  Patient Experience Excellence
- **Ulster University**
  A GP Quality Improvement project on the optimisation of patients with hypertension
- **Ulster University**
  Recognising the People Who Matter Most: A Student-Led Quality Improvement Project to Strengthen Person-Centred Dementia Care

Digital and Technology Innovation for Experience

- **AnalytAIX**
  Trust Before Technology: A Practical, Proportionate and Human-Centred AI Governance Pathway
- **Bristol NHS Foundation Trust**
  Improving patient experience of cancer care: learning from insights shared by people diagnosed with cancer at Southmead Hospital
- **CardMedic and Stockport NHS Foundation Trust**
  Ending the silent era at the bedside
- **MediSites360**
  The Alder Hey Virtual Tour: enabling patients to experience the journey of their hospital visit before they arrive
- **University Hospitals Coventry & Warwick**
  From drop in to digitally enabled and how UHCW are meeting maternal vaccination ambitions by removing barriers to access

Emerging Good Practice

- **Belfast Health and Social Care Trust**
  Streamlining the Death Certification Process to Improve Bereavement Experience
- **Belfast Health and Social Care Trust**
  The First Year of the Belfast Community Palliative Care Hub
- **Cheshire & Wirral Partnership NHS Foundation Trust**
  Developing a feedback mechanism to understand the experience of patients with limited verbal communication (learning disability inpatient services)
- **Nottingham University Hospitals NHS Trust**
  Enhancing Support for Neurodiverse Individuals with Cancer within the Macmillan Information and Support Service
- **Royal Devon University Healthcare NHS Foundation Trust**
  Oncology Menopause Support Group: Transforming Cancer Survivorship Care through Patient-Led Initiative
- **University Hospitals Dorset NHS Foundation Trust**
  Thrombolysis in Acute Stroke Experience Based Co-design Project
- **University Hospitals of Leicester NHS Trust**
  'Leicester Maternity Matters': Improving Access to Information Through Podcasts and Community Engagement Events
- **University Hospitals of North Midlands NHS Trust**
  The introduction of SPaRC (Spiritual, Pastoral and Religious Care) Champions
- **Worcestershire Acute Hospitals NHS Trust**
  #CallThem

Environment of Care

- **Birmingham Women's and Children's NHS Foundation Trust**
  EnjoyArt
- **Cygnet Health Care**
  Cygnet Hospital Kewstoke Farm Project
- **Derby & Burton Hospitals Charity**
  Sensing Spaces of Healthcare at Derby and Burton Hospitals - an innovative new approach to improving the hospital environment to support staff and patients
- **Lime**
  Lime Music for Health
- **Mersey and West Lancashire Teaching Hospitals NHS Trust**
  Transforming the Experience of Critical Care

The Finalists

Equity in Experience

- **Barts Health NHS Trust**
  National Nephrostomy Framework: Standardised Framework for Best Practice in Nephrostomy Care
- **Bristol NHS Foundation Trust**
  Expanding the reach of reasonable adjustments: The Bristol, North Somerset and South Gloucestershire (BNSSG) Cancer Improvement Collaborative
- **Cheshire & Wirral Partnership NHS Foundation Trust**
  "Born from Experience" co-produced educational films
- **Liverpool John Moores University**
  Safe Hospital programme
- **Northern Cancer Voices**
  Northern Cancer Voices Model
- **Northumbria Healthcare NHS Foundation Trust**
  Health Navigator Project
- **Southport and Formby Primary Care Network**
  Bringing Women's Health Closer to Home: Reducing Inequalities Across Southport and Formby

Excellence in Personalised Care

- **Bristol NHS Foundation Trust**
  Expanding the reach of reasonable adjustments: The Bristol, North Somerset and South Gloucestershire (BNSSG) Cancer Improvement Collaborative
- **HCA Healthcare UK**
  Midwifery Led Antenatal and Delivery Service, and Maternity Outpatients
- **Northern Health and Social Care Trust**
  'When Someone Dies' Supporting People with Learning Disabilities Through Bereavement
- **Royal Devon University Healthcare NHS Foundation Trust**
  Implementation and Evaluation of Transitional Care for newborn babies at RDUH - reducing separation, improving outcomes
- **Southport and Formby Primary Care Network**
  Putting Residents First: Personalised Care at Scale in Southport and Formby Care Homes
- **Walsall Healthcare NHS Trust**
  Calm Connections Clinic
- **Worcestershire Acute Hospitals NHS Trust**
  #CallMe

From Insight to Impact

- **Bristol NHS Foundation Trust**
  Expanding the reach of reasonable adjustments: The Bristol, North Somerset and South Gloucestershire (BNSSG) Cancer Improvement Collaborative
- **Bristol NHS Foundation Trust**
  Patient Conversations and Walk & Talk
- **Northern Cancer Voices**
  From Lived Experience to System Action: Tackling Financial Barriers to Cancer Care Through 'Treat, Heat or Eat'
- **Northern Care Alliance NHS Foundation Trust**
  Transforming Patient Experience Through Real-Time Feedback
- **Patient and Client Council**
  Adult Protection Engagement Platform
- **Reem Hospital**
  Patient Experience Excellence
- **Royal Devon University Healthcare NHS Foundation Trust**
  You Said, We Did: Working together to improve the research experience
- **South East Wales Vascular Network**
  From Patient Voices to Measurable Change in Vascular Surgery: The PREMIERE Project
- **South Tyneside and Sunderland NHS Foundation Trust**
  Living with Cancer Initiative

Independent Excellence in Experience of Care

- **Charter Medical Private Hospital**
  From Feedback Collection to Patient Experience Intelligence
- **Cygnet Health Care**
  Cygnet Health Care
- **Flen Health**
  Patient Voice Project- Qualitative research, patient guide creation & published article
- **HCA Healthcare UK**
  Midwifery Led Antenatal and Delivery Service, and Maternity Outpatients
- **VeinCentre**
  Walk Out Happy - Transforming the VeinCentre Patient Experience

The Finalists

International Excellence in Experience of Care

- **Abqaiq General Hospital**
  Enhancing patient experience and care coordination in Abqaiq General Hospital- Emergency department
- **Centre of Health Systems & Policy Research, JC School of Public Health & Primary Care, The Chinese University of Hong Kong**
  From Patient Voice to System-wide Transformation: Improving Discharge Communication Through the Post-discharge Information Summary (PDIS)
- **Eastern Health Cluster – Allied Health Professional Development**
  DALEEL Evidence-to-Practice Accelerator, Transforming Research Evidence into Better Patient Care
- **Eastern Health Cluster – Allied Health Professional Development**
  The Capability-to-Care Transformation Framework, A Governance Model Transforming Workforce Capability into Measurable Patient Outcomes
- **Khafji General Hospital**
  KGH Patient Experience Excellence Project: Elevating Beneficiary Satisfaction
- **Reem Hospital**
  Patient Experience Excellence

Joined-Up Care Experience

- **Barts Health NHS Trust**
  National Nephrostomy Framework: Standardised Framework for Best Practice in Nephrostomy Care
- **Belfast Health and Social Care Trust**
  Belfast Community Palliative Care Hub
- **Personal Homecare Pharmacy**
  Implementing Patient Centred Care in Clinical Homecare
- **UCLH - The Lighthouse Service**
  A streamline approach to providing integrated quality care for children and families who have experienced sexual abuse
- **Walsall Healthcare NHS Trust**
  Care Without Conveyance: Bringing Emergency Department Decision-Making to Patients
- **Walsall Healthcare NHS Trust**
  Frailty Without Boundaries: One System, One Team, One Journey

Leadership and Governance for Experience Excellence

- **Bristol NHS Foundation Trust**
  Improving patient experience of cancer care: learning from insights shared by people diagnosed with cancer at Southmead Hospital
- **Eastern Health Cluster – Allied Health Professional Development**
  The Capability-to-Care Transformation Framework, A Governance Model Transforming Workforce Capability into Measurable Patient Outcomes
- **Global Initiative**
  Quality Café Initiative: A Step Closer to Positive Patient Safety Culture
- **Norfolk and Suffolk NHS Foundation Trust**
  Making Experience Everyone's Business: Transforming How NSFT Listens, Learns and Leads
- **Royal Devon University Healthcare NHS Foundation Trust**
  From Feedback to Boardroom: Embedding Patient Experience at the Heart of Organisational Governance

Long Term Improvement in Experience of Care

- **Bristol NHS Foundation Trust**
  Patient Conversations and Walk & Talk
- **Cheshire & Wirral Partnership NHS Foundation Trust**
  Volunteer to Career Programme
- **Northern Cancer Voices**
  Northern Cancer Voices Model
- **Patient and Client Council**
  Adult Protection Engagement Platform
- **The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust**
  Little Voices: From Award Winner to Lasting Legacy
- **UCLH - The Lighthouse Service**
  A streamline approach to providing integrated quality care for children and families who have experienced sexual abuse

The Finalists

Outstanding Contribution to Experience of Care

- **East London NHS Foundation Trust**
  Pathways App
- **Trigeminal Neuralgia Association UK**
  Giving a Voice to People Living with Trigeminal Neuralgia and Facial Pain
- **University Hospitals of Leicester NHS Trust**
  Recognising the work of Sue Mason

Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

- **Belfast Health and Social Care Trust**
  Royal Belfast Hospital - Recognising the work of Rose
- **East London NHS Foundation Trust**
  Pathways App - Recognising the work of Shuayb
- **Essex Partnership University Trust**
  Psychosis United - Recognising the work of Mike
- **Kate Allatt, Speaker and Advocacy**
  Lived experience global Locked In Syndrome advocacy
- **Royal Devon University Healthcare NHS Foundation Trust**
  Phil Tearle - An outstanding contribution to volunteering
- **Trigeminal Neuralgia Association UK**
  Giving a Voice to People Living with Trigeminal Neuralgia and Facial Pain - Aneeta Prem MBE JP

Partnership Working

- **Gloucestershire Hospitals NHS Foundation Trust**
  Say Hello in Any Language
- **Gloucestershire Hospitals NHS Foundation Trust**
  Sounds of the Soul 2025 & The Sangeet Memory Box 2026 - bringing memory, culture and connection back through music
- **King's College Hospital**
  King's Patient and carer partnership Framework for Quality Improvement
- **Northumbria Healthcare NHS Foundation Trust**
  Creating a Legacy for Amber
- **Preventx & The Love Tank CIC**
  Powered by Partnership: Delivering England's First Fully Digital PrEP Pathway
- **Royal College of Paediatrics and Child Health**
  RCPCH Engagement Standards
- **Serious Hazards of Transfusion**
  My Transfusion: Co-producing a patient-led digital resource for safer, more informed blood transfusion care
- **South Tyneside and Sunderland NHS Foundation Trust**
  Living with Cancer Initiative

Patient Involvement in Patient Safety - In partnership with Patient Safety Learning

- **Barts Health NHS Trust**
  National Nephrostomy Framework: Standardised Framework for Best Practice in Nephrostomy Care
- **Concentric Health**
  Transforming Surgical Safety Through Trust Wide Digital Consent
- **Eastern Health Cluster – Allied Health Professional Development**
  Transforming the Musculoskeletal Patient Journey: A personalised dry needling service that reduced visits, improved access and enhanced recovery
- **Global Initiative**
  Quality Café Initiative: A Step Closer to Positive Patient Safety Culture
- **Mid Yorkshire Teaching NHS Trust**
  That One Person
- **Serious Hazards of Transfusion**
  My Transfusion: Co-producing a patient-led digital resource for safer, more informed blood transfusion care

The Finalists

Staff Experience and Wellbeing

- **Belfast Health and Social Care Trust**
  Nutritional Standards in Health and Social Care
- **Global Initiative**
  Nursing Olympics
- **Norfolk and Suffolk NHS Foundation Trust**
  Improving Culture at NSFT
- **Royal Devon University Healthcare NHS Foundation Trust**
  Delivering pastoral support and structured education to Cancer Support Workers: improving wellbeing and personal achievements
- **Southport and Formby Health**
  You Said, We Did: Co-Creating a Thriving Workforce

Support Operations Excellence in Improving Experience

- **Belfast Health and Social Care Trust**
  How Catering Innovation and Cross-Departmental Working Have Improved the Experience of Patients with Dysphagia
- **Belfast Health and Social Care Trust**
  Nutritional Standards in Health and Social Care
- **Belfast Health and Social Care Trust**
  Streamlining the Death Certification Process to Improve Bereavement Experience
- **Bristol NHS Foundation Trust**
  Improving patient experience of cancer care: learning from insights shared by people diagnosed with cancer at Southmead Hospital
- **CardMedic and Stockport NHS Foundation Trust**
  Ending the silent era at the bedside

Teams Making a Difference to Experience

- **Barts Health NHS Trust**
  National Nephrostomy Framework: Standardised Framework for Best Practice in Nephrostomy Care
- **Cygnet Health Care**
  Complaints Team
- **Leeds Teaching Hospitals NHS Trust**
  Metastatic Pancreatic Cancer - improving pathways and patient experience in a nurse led clinic
- **Manx Care**
  In Your Shoes Listening Events
- **NHS Greater Glasgow and Clyde**
  Patient Experience Public Involvement Team
- **The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust**
  Patient Voice Team - Driving Meaningful Change Through Partnership, Insight and Co-Production
- **The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust**
  The Golden Thread: One Team Improving Experience Across Two Trusts



A note from our Founder

I sometimes think we do ourselves a disservice by calling this an awards programme.

Yes, there are winners. Yes, there are trophies, and a stage, and a moment of recognition that every finalist in this Book of Best Practice has earned many times over. But if you've ever sat in the room on the day, you'll know that isn't really what the PEN Awards are about.

It's about the conversation you have in a break with someone from a service two hundred miles away, doing something you'd never thought of, solving a problem you didn't know you shared. It's about realising, often with some relief, that the thing keeping you up at night is keeping other people up too, and that someone in this room has already found a way through it.

This work can be lonely. It happens in teams that are stretched, in systems that don't always notice quietly good practice, in a wider conversation about health and care that can feel relentlessly hard news. The PEN Awards, at their best, are an antidote to that: a day to stand next to people who understand exactly what you're doing and why it matters, and to leave with something you didn't have when you arrived.

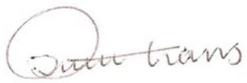
That's certainly true of the projects in this brochure. Read them not just as case studies to admire, but as a kind of benchmark, a chance to ask honestly where your own work sits alongside them, what you might borrow, and what you might do differently because of what you've read here. Some of what follows is quiet, careful, incremental improvement. Some of it is bold enough to make you rethink what's possible in your own service. All of it deserves more than a glance and a well done.

So take this as an invitation, not just to celebrate what these teams have achieved, though they should absolutely be celebrated, but to learn from them, to reflect on your own practice against theirs, and to leave energised to go further. That, to me, is what these Awards are really for.

Thank you to every organisation that entered, shared their work, and made this brochure possible. It is, genuinely, a privilege to read what you do.



Ruth Evans MBE



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



Abqaiq General Hospital

Enhancing patient experience and care coordination in Abqaiq General Hospital - Emergency department

Categories

- International Excellence in Experience of Care

Organisation description

Abqaiq General Hospital is a 50-bed secondary healthcare facility located in Abqaiq, within the Eastern Health Cluster of the Ministry of Health (MOH) in the Kingdom of Saudi Arabia As a vital community hospital, it delivers essential acute, specialized, and elective clinical care to a diverse local and industrial population. The hospital is deeply committed to high standards of quality management, clinical auditing, and patient experience excellence, continuously working to embed person-centred care frameworks across all its frontline clinical departments, including its high-volume Emergency Department.

Summary

Following a severe -10.9% drop in patient satisfaction at Abqaiq General Hospital's Emergency Department in Q3 2025 (from 77.17 to 68.75), this project directly demonstrates the "From Insight to Impact" methodology by converting passive survey data into an active, 6-month multi-disciplinary Corrective Action Plan. 12 patient-centric initiatives were deployed across 4 pillars, embedding structured hourly rounding ("4 Ps"), AIDET empathy training, and Bedside Shift Reports (BSR) to bridge clinical and communication gaps.

The post-implementation impact has been remarkable, driving a powerful systemic recovery that far exceeded our minimum 75-point quality threshold across all targeted domains. Frontline care satisfaction scores escalated dramatically: Nursing care achieved 91.7%, Doctors reached 88.5, and the baseline Arrival experience rose to 82.6%. Ancillary services showed exceptional leadership, with Pharmacy scoring 92.3% and Lab/Tests reaching 91.6.%

Ultimately, this robust framework elevated the Overall Assessment score to an outstanding 87.7%. Maintained via real-time dashboards and leadership audits, this project serves as a highly scalable, sustainable model proving how local patient insights can successfully inspire frontline teamwork, restore community trust, and deliver measurable person-centred excellence.

Impact & results achieved

The post-implementation impact of this corrective framework has been extraordinary, driving a powerful, verified turnaround across all target metrics and far exceeding our initial quality expectations.

By comparing our baseline data with post-intervention scores, the systemic recovery is clearly demonstrated:

- Overall Assessment surged from a low 72.10% to an outstanding 87.70% (+15.6% points gain!).
- Nursing Care escalated from 77.20% to a remarkable 91.70%, proving the success of hourly rounding and AIDET protocols.
- Doctors' Engagement climbed from 76.20% to 88.50%, driven by Bedside Shift Reporting.
- Arrival Experience rose from 74.60% to 82.60%, validating the impact of our dedicated Greeter role.
- Supportive departments achieved elite quality levels: Pharmacy jumped from 77.70% to 92.30%, and Laboratory/Tests advanced from 76.80% to 91.60%.

Beyond the math, the true impact is cultural. The project successfully eliminated experience gaps, relieved patient anxiety, and boosted staff morale through team huddles and the "Good Catch" program. This project stands as a scalable, person-centred blueprint for secondary healthcare facilities

What makes this initiative stand out?

What makes this initiative truly stand out is its transition from passive data compliance to a dynamic, multi-disciplinary cultural transformation. In secondary community hospitals, patient experience surveys are frequently treated as retrospective static reports. Our approach flipped this entirely by treating localized, real-time data as an active clinical diagnostic tool to drive cross-functional alignment across doctors, nurses, laboratory, and pharmacy teams simultaneously.

Furthermore, the project introduces absolute operational accountability to behavioural changes. Rather than just deploying communication protocols like AIDET or hourly rounding, we implemented a dual-layered governance system combining continuous digital dashboards with strict leadership environmental audits. By merging clinical excellence with human-centric empathy tools—such as the dedicated "Greeter" role to systematically manage arrival anxiety and personalized "Get to Know Me" patient whiteboards—we did not just implement a checklist; we created an empathetic environment. The unprecedented, double-digit recovery in overall assessment scores (+15.6 points) achieved within a tight 6-month timeframe proves that when structured data insight is paired with cultural ownership, high-volume secondary facilities can deliver elite-tier care environments without requiring complex capital expansion.

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AnalytAIX

Trust Before Technology: A Practical, Proportionate and Human-Centred AI Governance Pathway

Categories

- Digital and Technology Innovation for Experience

Organisation description

AnalytAIX is a US-based, artificial intelligence company with Founders from MIT serving healthcare and other highly regulated environments. Its mission is to turn fragmented data into actionable, ethical intelligence while keeping people, context and accountability at the centre. AnalytAIX develops interoperable platforms for insight generation, multilingual engagement and predictive intelligence and supports organisations with responsible AI governance, education and assurance. The company works with healthcare leaders, accreditation specialists, cybersecurity and risk experts, data scientists and human-experience professionals. This entry focuses on the AI-Trust(TM) Healthcare AI Certification Program created with the Center for Improvement in Healthcare Quality (CIHQ): an organisation-level governance and validation pathway designed to help healthcare providers use AI safely, ethically and transparently.

Summary

AI is already in healthcare, sanctioned and unsanctioned. It is shaping scheduling, triage, documentation, translation, care navigation, patient messaging, analytics and vendor-enabled workflows. Yet many healthcare organisations cannot confidently inventory where AI is used, explain who is accountable, verify human oversight or demonstrate that safeguards operate in practice.

There are several instances coming to light with significant collateral damage including patient death.

AnalytAIX and CIHQ responded by creating AI-TrustTM, the hospital industry's first formal certification programme focused on safe, ethical and trustworthy AI.

It is an organisation-level governance certification, not a product or algorithm endorsement. Fifteen standards across six domains cover oversight, legal and standards alignment, workforce readiness, lifecycle management, monitoring and improvement and third-party or advanced-analytics use. A three-stage pathway combines education, structured self-assessment and independent validation through evidence review, leadership and staff interviews, traceability testing and verification of controls. Core, Level I and Level II requirements make the programme proportionate to organisational maturity, from a small clinic to a global system. Launched publicly in May 2026, the initiative generated substantial early interest and engagement. Its innovation is not another AI checklist; it translates a fragmented global governance landscape into practical healthcare habits that protect patients, support staff and give boards evidence that AI is being governed in service of the human.

Impact & results achieved

The first impact is that healthcare now has a defined, public and independently assessable governance pathway where previously organisations were left to interpret multiple frameworks separately. The programme converts broad ethical commitments into fifteen operational standards addressing oversight, law and regulation, industry alignment, needs assessment, workforce readiness, training, incident response, patient-care use, onboarding, inventory, monitoring, retirement, performance improvement, third parties and advanced analytics.

The second impact is practical capability. Participating organisations begin with education, then assess their current state, assemble evidence and test whether stated policies can be traced to real AI systems and workflows. Leaders and staff are interviewed and controls such as monitoring, escalation and human oversight are verified. This makes gaps visible before they become patient-safety, privacy or reputational failures. It also helps non-technical operational leaders ask better questions of internal teams and vendors.

The programme launched publicly on 1 May 2026. Internal launch records indicate that 215 organisations registered for the launch event and that three US organisations entered early engagement with the process. These figures demonstrate strong demand, although they must be supported by registration and engagement records in the evidence pack. The programme has also prompted invitations for conference education and a Saudi patient-experience workshop that connects AI governance with Vision 2030, patient trust and PDPL readiness.

As an early-stage governance innovation, the most defensible current outcomes are reach, readiness, identified gaps and adoption of structured controls rather than claims of improved clinical outcomes. Future evaluation will track completed assessments, control implementation, workforce confidence, incident learning, time to resolve governance gaps and evidence of safer, more transparent AI-enabled care.

What makes this initiative stand out?

AI-Trust(TM) stands out because it addresses the organisation around the technology, not only the technology itself. Many tools assess an algorithm, produce a policy template or offer a high-level ethics checklist. This programme tests whether governance is structured and operating across the full AI lifecycle: need, approval, deployment, workforce readiness, patient-care use, monitoring, incident response, third parties, performance improvement and retirement.

It also creates an unusually clear bridge between global guidance and local practice. Multiple recognised frameworks inform the standards but organisations are not asked to chase each framework independently. Requirements are translated into a healthcare-specific pathway with evidence, interviews, traceability and verification of controls. Independent assessment adds credibility for boards, staff, patients, partners and payers.

The programme is proportionate rather than one-size-fits-all. Core, Level I and Level II requirements recognise that a small clinic and a global health system need the same principles but not identical bureaucracy. Education before assessment enables non-technical leaders to participate meaningfully and workforce readiness is treated as a safety requirement rather than an afterthought.

Most importantly, the initiative makes trust operational. It asks whether a patient can understand how AI affects their care; whether staff know when and how to challenge it; whether leaders can trace a decision to evidence and human accountability; and whether the organisation learns when something goes wrong. That is technology governed in service of the human.

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Barts Health NHS Trust

National Nephrostomy Framework: Standardised Framework for Best Practice in Nephrostomy Care

Categories

- Equity in Experience
- Joined-Up Care Experience
- Patient Involvement in Patient Safety - In Partnership with Patient Safety Learning
- Teams Making a Difference to Experience

Organisation description

The National Nephrostomy Working Group (NNWG) is a UK-wide multidisciplinary collaborative dedicated to improving the safety, consistency and experience of care for people with percutaneous nephrostomies. Bringing together healthcare professionals, professional bodies, patient advocacy groups, patients, carers and industry partners, the group has developed the first UK National Nephrostomy Framework and accompanying My Nephrostomy Passport. Together, these provide a standardised, evidence-based approach for thousands of people receiving acute, long-term and palliative nephrostomy care across England, Wales and Northern Ireland.

Spanning hospital, primary care, community and home settings, the collaboration connects professionals across the entire patient pathway, including specialist and community nurses, GPs, urologists, interventional radiologists, oncologists and palliative care teams. Its work aims to reduce regional variation and prevent complications such as tube dislodgement, blockages, infection and sepsis, while strengthening discharge processes and communication between services. Through consistent clinical guidance, education and practical self-management tools, the framework is helping to prevent harm, restore dignity and confidence, and deliver safer, more joined-up care across the NHS.

Summary

Historically, fragmented responsibility between hospital and community services left nephrostomy patients vulnerable to unequal care, avoidable complications and urosepsis. The National Nephrostomy Working Group united specialists, community teams, GPs, charities, patients and carers to create the first standardised UK-wide model, establishing clear clinical accountability across every care setting.

Co-designed resources include the My Nephrostomy Passport and discharge checklists, tailored to different health literacy, cognitive and home-care needs. These tools reduce variation, prevent complications and support patient dignity and confidence, while standardised data tracking enables services to benchmark safety and address regional inequalities. Available as an open-access toolkit, the model is designed for adoption across NHS organisations and is being shared through national webinars and professional conferences.

Impact & results achieved

As the initiative is currently being rolled out across NHS Trusts and Health Boards, a comprehensive evaluation framework is been established to track long-term clinical, experience, and operational metrics:

Clinical Outcome & Safety Metrics: Baseline data is being captured to track reductions in avoidable complications, specifically accidental tube dislodgements, blockages, skin breakdown, and urosepsis events. These indicators were selected because they directly measure variations in clinical practice and training consistency between acute and community settings. This can be monitored through 'Model Hospital'.

Service Utilisation & Readmission Rates: Monitoring changes in unplanned A&E attendances, and readmissions related to nephrostomy complications.

Discharge Safety Compliance: Tracking adherence to the mandatory discharge checklist, verifying that 2-week equipment supplies, community nurse referrals, and emergency contacts are in place before hospital discharge. Currently linking in with Chief Nursing Officer (CNO) and GIRFT if this is possible.

While full clinical impact data is being gathered as adoption scales, early implementation indicators demonstrate strong uptake and engagement:

Standardisation Across the Pathway: Successfully established the first unified, end-to-end framework bridging hospital insertion units (Interventional Radiology/Urology), primary care (GPs), and community nursing teams.

Eliminating the Discharge 'Care Vacuum': Early adoption of the handheld My Nephrostomy Passport and mandatory discharge checklists is already improving care handovers, preventing equipment delays, and establishing clear escalation pathways upon discharge.

What makes this initiative stand out?

What makes this initiative truly special is that it tackles a deeply entrenched, unsafe "grey zone" in clinical practice. Historically, percutaneous nephrostomy care suffered from a complete diffusion of clinical accountability, trapped in a "whose responsibility is it?" loop between hospital and community services. Rather than accepting this systemic flaw, this project reframed nephrostomy care around total, end-to-end clinical ownership.

Unlike traditional top-down clinical guidance, equity in experience was embedded from day one. Patients, informal carers, and major advocacy charities (Urostomy Association, Kidney Care UK) worked as equal partners alongside clinicians to co-design the My Nephrostomy Passport and care templates. Resources were deliberately crafted to cater to diverse health literacy levels, cognitive needs, and home environments - restoring patient dignity, self-management confidence, and autonomy.

What sets this project apart from single-trust initiatives is its extraordinary breadth. The team built a nationwide alliance spanning Interventional Radiology, Urology, Gynaecology, Oncology, Palliative Care, Primary Care, District Nursing, and Industry. Breaking down traditional disciplinary and regional silos created a unified, person-centred standard of excellence.

The initiative's success rests on turning complex clinical guidance into simple, actionable tools at the bedside:

The Handheld Passport & Mandatory Discharge Checklists: Guarantee patients never leave the hospital without essential 2 week equipment supplies, clear referral pathways, and emergency contacts.

Digital Troubleshooting Algorithms & Video Competencies: Empower frontline staff in both acute wards and rural community settings with instant, support.

A Transferable Blueprint: Beyond nephrostomies, this framework provides a ready-made template that can be applied to any high-risk indwelling device pathway (e.g., pleural drains, biliary drains, PICC lines) across the NHS.

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Belfast Health and Social Care Trust

Belfast Community Palliative Care Hub

Categories

- Emerging Good Practice
- Joined-Up Care Experience

Organisation description

Belfast Health and Social Care Trust (BHSCT) is the largest Health and Social Care Trust in Northern Ireland and the largest integrated Trust in the UK. It employs approximately 21,000 members of staff and serves a population of around 340,000 people across Belfast. The Trust also provides the majority of regional specialist services for people throughout Northern Ireland.

The provision of a Single Point of Access (SPoA) for palliative and end-of-life care is identified as a key Trust priority within the Belfast Plan. In partnership with Marie Curie Hospice Belfast and Northern Ireland Hospice, the Trust achieved this ambition in April 2025 when the Belfast Community Palliative Care Hub became operational.

The Hub brings together the experience, expertise and resources of three major providers of palliative care in Belfast. It represents a significant change in how community palliative and end-of-life care is accessed and coordinated across the city.

The initiative was also named joint winner of the Belfast Health and Social Care Trust Chairman's Award in the Partnership and Collaboration category, recognising the strength of the partnership and the collective work undertaken to develop and implement the new service.

Summary

The Belfast Community Palliative Care Hub provides a streamlined Single Point of Access for community patients with palliative and end-of-life care needs. It has replaced a more fragmented approach with one coordinated route through which referrers can access the most appropriate support for their patients.

The service delivery model was co-designed and co-produced by Belfast Health and Social Care Trust in partnership with community and voluntary sector organisations, including independent sector providers, social care and care home providers, primary care providers, service users and carers. This collaborative approach ensured that the model reflected the needs and experiences of patients, families, professionals and organisations working across the system.

Following a number of regional exercises, a shared vision for a Single Point of Access for palliative and end-of-life care in Belfast was developed. This work ultimately led to the Hub becoming operational in April 2025.

A dedicated Project Manager was recruited to support the development and implementation of the service. Clear Terms of Reference were established for a Project Board, which monitored the implementation of the Hub, ensured robust governance arrangements were in place and supported effective collaboration between the partner organisations.

Service-user involvement has underpinned decision-making throughout the project. The partnership and governance arrangements have helped to embed a one-team approach, with organisations working collectively to provide more coordinated care for patients and families.
Since becoming operational, the Hub has effectively coordinated the care of 1,400 patients in the community.

Impact & results achieved

Within its first year of operation, the Belfast Community Palliative Care Hub transformed the coordination and delivery of community palliative care across Belfast.

There is now one clear point of access for patients requiring community palliative and end-of-life care, providing greater clarity and simplicity for referrers. Rather than navigating different services and organisations, referrers can access support through a single coordinated route.

Through the Hub, patients' care can be coordinated across providers and an urgent assessment arranged when required. This enables patients with complex symptoms to receive appropriate support more quickly and helps services respond in a more joined-up way

The new approach has reduced dependence on unscheduled care for the management of complex symptoms, with numerous examples of Emergency Department attendance being avoided. By coordinating care in the community, the Hub has also helped patients to remain at home and, where this reflects their wishes and needs, to receive end-of-life care and die at home

The care of 1,400 patients has been coordinated by the Hub to date, demonstrating both the level of demand for the service and its role in supporting people across Belfast.

Performance is monitored through a dashboard of metrics that is reviewed and reported monthly. This enables the partnership to assess whether the project's objectives are being achieved, monitor the service's progress and identify areas requiring further development.

A full independent evaluation of the service is also underway. This will provide further evidence of the Hub's effectiveness, impact and contribution to improving the experiences of patients, families and referrers.

What makes this initiative stand out?

Three organisations have collaborated and pooled their existing resources to create an entirely new way of working without any additional funding. This required the partners to reconsider how their services operated individually and identify how their collective expertise and resources could be used more effectively for the benefit of patients and families.

Two of the partner organisations also compete within Belfast for charitable contributions as a principal source of income. Bringing these organisations together and creating a genuinely collaborative approach was therefore a challenging journey that required openness, trust and a willingness to work differently.

Courageous leadership was essential in establishing the partnership and maintaining a shared focus on what would be best for patients. An effective communication and oversight structure supported the development of the service, while clear governance arrangements enabled the partners to make decisions collectively and manage implementation effectively.

The initiative stands out because it has moved beyond organisational interests to establish a one-team approach to community palliative care. Its success has been underpinned by strong leadership, meaningful service-user involvement and a passionate commitment across all three organisations to doing what is right for patients.

The Hub has created a clearer route into care, strengthened coordination between providers and reduced avoidable reliance on Emergency Departments. Most importantly, it is enabling patients and families to receive more joined-up support at an exceptionally important and difficult time in their lives.

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Belfast Health and Social Care Trust

Belfast Health and Social Care Trust
caring supporting improving together

Celebrating the work of Rose Dowdall

Categories

- Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

Summary

Rose Dowdall exemplifies everything that this award seeks to recognise. Following a distinguished 43-year career within Belfast Trust, she has continued to dedicate her time, knowledge and compassion to supporting others through volunteering. Her contribution has had a profound and lasting impact on patients, families and staff at the Royal Belfast Hospital for Sick Children.

Through more than 300 volunteer hours annually, Rose consistently improves patient experience, enhances the hospital environment, reduces anxiety and promotes a culture of person-centred care. Her warmth, empathy and commitment help transform what can often be a stressful experience into one that is reassuring, welcoming and supportive.

Feedback from patients, families and staff consistently demonstrates the value of her contribution. Whether offering comfort to a nervous child, supporting an anxious family member, brightening the hospital environment or assisting staff, Rose makes a meaningful difference in every interaction.

Rose's contribution cannot be measured solely in the hours she volunteers. It is reflected in the confidence she gives to worried parents, the reassurance she offers to children, the support she provides to staff and the welcoming atmosphere she helps create throughout the hospital. She is a role model, an ambassador for volunteering and a shining example of Belfast Trust's values in action.

Rose represents the very best of volunteering and the very best of patient-centred healthcare. Her lifelong commitment to caring for others, combined with the measurable difference she continues to make every week, makes her an exceptional and highly deserving recipient of this award.

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Belfast Health and Social Care Trust

Belfast Health and Social Care Trust
caring supporting improving together

How Catering Innovation and Cross-Departmental Working Have Improved the Experience of Patients with Dysphagia

Categories

- Support Operations Excellence in Improving Experience

Organisation description

Belfast Health and Social Care Trust is the largest integrated health and social care organisation in Northern Ireland and one of the largest in the UK. It delivers a wide range of services, including acute hospital care, community health services, mental health care, and social care support to approximately 340,000 people in Belfast, while also providing specialist regional services across Northern Ireland.

The Trust operates major hospitals such as the Royal Victoria Hospital, Belfast City Hospital, Mater Hospital, Musgrave Park Hospital and Community care and plays a key role in education, training, and research, working closely with universities and professional education providers.

With a workforce of over 22,000 staff, it is the largest employer in the Northern Ireland health and social care system, delivering high-quality, safe, and person-centred care.

The organisation is committed to continuous improvement, innovation, and enhancing the experience of patients, families, and staff.

Summary

This initiative demonstrates innovation, leadership, impact, inclusion, and scalability in improving patient experience for individuals with dysphagia.

In terms of new thinking, Belfast Trust has pioneered a fresh, in-house production model for International Dysphagia Diet Standardisation Initiative (IDDSI) compliant meals, reducing reliance on external suppliers and introducing a responsive, clinically integrated catering approach. This innovative model repositions catering as a critical partner in patient safety.

Strong leadership is evident through clear objectives, structured implementation, and sustained multidisciplinary collaboration between Catering, Dietetics, and Speech and Language Therapy. Stakeholder engagement, including service users, has driven responsive problem-solving and improvement.

The outcomes and sustainability are significant and measurable: improved swallow safety, enhanced nutritional intake, increased menu choice, and annual savings exceeding £140,000. The initiative is embedded within existing systems, ensuring sustainability.

In involvement and inclusion, the project demonstrates co-production, with patients influencing menu design and development, alongside efforts to meet diverse dietary needs, including vegetarian and vegan options.

Impact & results achieved

This initiative has delivered measurable improvements in patient safety, experience, service resilience, and financial efficiency across Belfast Trust. The primary impact has been the provision of safe, clearly coded meal options at every IDDSI level (4–6), significantly reducing the risk of choking and inappropriate food selection for patients with dysphagia.

Success was measured using a combination of clinical, operational, and patient experience indicators. These included:

IDDSI audit compliance, ensuring all meals met required texture standards Nutritional analysis benchmarked against British Dietetic Association guidance patient and staff feedback, gathered through user groups, questionnaires, and ward engagement Menu uptake and production data, demonstrating increased use and demand Financial analysis, identifying cost savings from reduced reliance on external suppliers Outcomes achieved include improved patient safety, enhanced nutritional intake, increased menu variety, and greater staff confidence in selecting appropriate meals. The initiative has also generated cost savings of approximately £2,765 per day (£143,780 annually), as all IDDSI coded menu items are now produced in house using fresh local ingredients.

Additional impacts include stronger multidisciplinary collaboration, faster response to safety concerns, and improved patient satisfaction.

What makes this initiative stand out?

This initiative stands out because it fundamentally redefines how dysphagia catering is delivered putting patient safety at the forefront, moving from a reliance on external, standardised solutions to a locally produced, clinically integrated, patient-centred model.

What makes it particularly distinctive is the true multidisciplinary collaboration at its core. Catering, Dietetics, and Speech and Language Therapy worked as equal partners, combining clinical expertise with production capability to design, test, and deliver safe meals. This approach elevates catering from a support function to a key contributor to patient safety and clinical care, which is not commonly seen.

A key element of success has been the co-production with service users, ensuring the menu is not only safe but also appealing, varied, and responsive to patient needs. The use of robust IDDSI audit processes ensures consistency and safety, while ongoing feedback mechanisms enable continuous improvement.

The initiative is also notable for its innovation and practicality- delivering fresh, locally prepared meals at scale, while achieving significant cost savings and reducing supply chain risks.

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Belfast Health and Social Care Trust

Nutritional Standards in Health and Social Care

Categories

- Staff Experience and Wellbeing
- Support Operations Excellence in Improving Experience

Organisation description

Belfast Health and Social Care Trust (BHSCT) is Northern Ireland's largest integrated health and social care organisation, serving around 350,000 people and providing specialist services across the region. Its 22,000 staff deliver care across five acute hospitals and an extensive network of community services.

The Trust's large-scale catering operation serves around 4,000 customers and provides 8,000 patient meals each day. Through its commitment to person-centred care, BHSCT aims to create healthier environments that support the wellbeing and experience of patients, staff and visitors.

Summary

The implementation of the Nutritional Standards initiative within BHSCT has evolved into a system-wide transformation of the food environment across multiple Trust sites, including hospitals, staff restaurants, cafés and vending services. The initiative is underpinned by the regional Nutritional Standards (NS) document, which comprises 55 standards across 9 food groups, aligned to the Eatwell Guide, and sets requirements for meals, snacks, drinks and vending. This framework has enabled consistent and measurable improvements in the nutritional quality of food provision across BHSCT. Rather than focusing on compliance, the initiative demonstrates a whole-system approach by combining menu reformulation, behavioural insights, targeted promotion and real-time sales data to influence healthier choices. This approach positions BHSCT as a leading example of Nutritional Standards delivery within a complex healthcare system.

Clear governance and strong leadership within BHSCT have been central to success, with coordinated action across catering, dietetics, public health and communications teams ensuring effective implementation. Stakeholder engagement has been a key strength, with staff and service users actively involved through workshops, feedback mechanisms and on-site engagement. This collaborative approach has ensured the initiative is responsive to local needs, supports the reduction of health inequalities, and secures organisational buy-in and cultural change.

The initiative has delivered significant and measurable outcomes, demonstrating impact. Compliance has increased from 45% to over 90% across catering services, with full compliance achieved in vending. Compliance is assessed through robust bi-monthly audits across all sites, providing reliable performance data that drives accountability and improvement. These results represent a step change in the quality and consistency of food provision within BHSCT. Crucially, this has been accompanied by evidence of behaviour change, healthier purchasing patterns, and a more supportive food environment for staff, patients and visitors, contributing to improved health and wellbeing outcomes.

Sustainability is embedded throughout, with Nutritional Standards fully integrated into procurement processes, menu planning, staff training and routine monitoring systems. This ensures changes are maintained as business-as-usual practice rather than short-term interventions. The model is transferable and scalable, offering a practical framework for other healthcare organisations. By combining strong leadership, data-driven improvement and a structured standards-based approach, BHSCT demonstrates how large-scale environmental change can deliver lasting impact on population health, enhance patient and staff experience, and reduce health inequalities.

Collectively, this initiative represents a comprehensive, innovative and high-impact approach to improving healthcare food environments.

Impact & results achieved

The Nutritional Standards initiative has delivered measurable and sustained improvements across BHSCT, demonstrating impact on the food environment, behaviour and user experience.

Success was measured through a combination of quantitative and qualitative methods, selected to capture both compliance and real-world behaviour change. Compliance audits were used as a primary benchmarking tool, providing consistent and objective assessment across sites. These showed improvement from a baseline of 45% compliance to over 90% across catering outlets, with full compliance achieved in vending services. This demonstrates successful implementation at scale within a complex organisation.

Analysis of sales data was used to understand purchasing behaviour and evaluate the effectiveness of specific interventions. Monitoring trends during initiatives such as "no fried food" and "no processed meat" days provided real-time insight, enabling the team to refine approaches and confirm shifts towards healthier choices. This data-driven approach ensured responsiveness.

Qualitative feedback from staff and visitors was gathered through surveys and on-site engagement. This highlighted awareness, acceptance and behaviour change, with respondents reporting greater confidence in choosing healthier options when these were available and promoted.

The initiative has improved the overall food environment, with healthier options now more visible, accessible and appealing, supported by menu reformulation and promotional activity. This has enhanced experience and supported wellbeing.

Importantly, the impact has been embedded into routine practice through integration with procurement, menu planning and ongoing monitoring. This ensures sustainability and continued improvement. Overall, the initiative has exceeded its aims, delivering benefits for individuals and the organisation.

What makes this initiative stand out?

What makes this initiative distinctive is its shift from a compliance-based model to a whole-system, behaviour-focused approach that transforms the food environment across a complex organisation. Rather than simply meeting standards, it reshapes how food is sourced, prepared, presented and promoted, making healthier choices the default rather than the exception.

A key strength is the successful translation of policy into practical, real-world delivery. Through menu reformulation, increased use of fresh, locally sourced ingredients and reduced reliance on convenience foods, alongside product placement, targeted promotions and real-time sales data, the initiative applies behavioural insights in a meaningful way.

Strong and visible leadership, supported by clear governance and a Nutritional Standards Coordinator, has been central to success. Crucially, this has secured buy-in from catering teams across sites, ensuring consistent implementation, shared ownership and sustained momentum.

Another defining feature is its collaborative approach. Staff and service users have shaped delivery through ongoing engagement, ensuring the approach is relevant and responsive to need.

Finally, the initiative is distinguished by its sustainability and scalability, with Standards embedded into procurement, training and operational systems. This combination of innovation, partnership, measurable impact and long-term sustainability makes it a compelling model for wider adoption.

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Belfast Health and Social Care Trust

Practical Nursing Care of the Deceased Person including Last Office: A Best Practice Video Resource

Categories

- Developing the Capability for Person-centered Care

Organisation description

Belfast Health and Social Care Trust is the largest integrated health and social care organisation in Northern Ireland and one of the largest in the UK. It delivers a wide range of services, including acute hospital care, community health services, mental health care, and social care support to approximately 340,000 people in Belfast, while also providing specialist regional services across Northern Ireland.

The Trust operates major hospitals such as the Royal Victoria Hospital, Belfast City Hospital, Mater Hospital, and Musgrave Park Hospital, and plays a key role in education, training, and research, working closely with universities and professional education providers.

With a workforce of over 20,000 staff (approximately 21,000–22,000 employees), it is the largest employer in the Northern Ireland health and social care system, delivering high-quality, safe, and person-centred care.

The organisation is committed to continuous improvement, innovation, and enhancing the experience of patients, families, and staff.

Summary

This initiative demonstrates new thinking through the development of an innovative, video-based learning resource that translates best practice in care after death into an accessible and consistent training tool. It reflects strong leadership through clear objectives, effective design, and a commitment to supporting staff, students, and the future workforce in delivering compassionate, person-centred care.

The initiative has achieved meaningful outcomes, strengthening staff capability, improving consistency of practice, and enhancing the experience of patients and families at a highly sensitive time. Its digital format ensures long-term sustainability, with the resource embedded across induction, ongoing education, pre-registration nursing programmes in universities across Northern Ireland, and wider postgraduate and professional development provision.

The resource demonstrates a strong commitment to involvement and inclusion, supporting a diverse range of learners and promoting dignity, cultural awareness, and respect for individual needs.

It is highly transferable and widely disseminated, with reach extending regionally, nationally, and with international potential, enabling the spread of best practice.

This initiative supports the development of a capable, compassionate workforce and embeds person-centred care as a core standard in practice.

Impact & results achieved

This initiative has already begun to demonstrate a positive impact on staff capability, consistency of practice, and the overall quality of care following death. While the project is still in its infancy, early indicators show that it is successfully addressing a recognised gap in education, with strong potential for sustained improvement as the resource becomes more widely embedded.

Success has been measured using a combination of qualitative and quantitative approaches, focusing primarily on workforce development and engagement. Feedback from in-person teaching sessions and structured learning discussions has demonstrated clear improvements in staff confidence, knowledge, and understanding of best practice. Staff report feeling better prepared to manage both the clinical and emotional aspects of care after death, with growing confidence in delivering compassionate, person-centred care.

The introduction of a standardised, accessible video resource has also improved consistency across teams, reducing variation in practice and supporting safer, higher-quality care. As uptake increases, it is anticipated that this will lead to further improvements in both competence and confidence across the workforce.

The initiative has also achieved strong engagement beyond the organisation. The video has gained views on YouTube, demonstrating accessibility and interest, and there have been approaches from external organisations seeking to adopt the resource, reflecting its wider relevance.

Importantly, the resource has been embedded within pre-registration nursing education programmes and wider professional development pathways, ensuring long-term impact on the future workforce.

Overall, this initiative is already strengthening practice and building confidence, with clear early success and strong potential for continued improvement and wider impact.

What makes this initiative stand out?

This initiative stands out as it directly addresses a significant and recognised gap in nurse education, where the care of the deceased person—despite being a fundamental nursing practice—is not consistently or formally taught. By translating best practice into a clear, practical, and accessible video format, it provides a standardised approach to an often under-supported area of care, ensuring staff and students are better prepared for this sensitive responsibility.

It is particularly noteworthy as the first resource of its kind developed within Northern Ireland, demonstrating innovation at a regional level and setting a benchmark for future education and practice. The initiative's strength lies in its ability to combine clinical accuracy with person-centred values, embedding dignity, respect, and cultural sensitivity into every stage of care.

Key elements contributing to its success include its evidence-informed development, shaped by feedback from teaching sessions, bereavement data, and complaints. This has enabled the initiative to target real issues, including the reduction of errors in the preparation of deceased patients and a decrease in complaints from bereaved families.

Overall, it is a simple yet impactful innovation that delivers meaningful improvements in staff capability, consistency of care, and the experience of patients and families.

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Belfast Health and Social Care Trust

Belfast Health and Social Care Trust
caring supporting improving together

Streamlining the Death Certification Process to Improve Bereavement Experience

Categories

- Emerging Good Practice
- Support Operations Excellence in Improving Experience

Organisation description

Belfast Health and Social Care Trust is the largest integrated health and social care organisation in Northern Ireland and one of the largest in the UK. It delivers a wide range of services, including acute hospital care, community health services, mental health care, and social care support to approximately 340,000 people in Belfast, while also providing specialist regional services across Northern Ireland.

The Trust operates major hospitals such as the Royal Victoria Hospital, Belfast City Hospital, Mater Hospital, and Musgrave Park Hospital, and plays a key role in education, training, and research, working closely with universities and professional education providers.

With a workforce of over 20,000 staff (approximately 21,000–22,000 employees), it is the largest employer in the Northern Ireland health and social care system, delivering high-quality, safe, and person-centred care.

The organisation is committed to continuous improvement, innovation, and enhancing the experience of patients, families, and staff.

Summary

This initiative addresses delays in completing Medical Certificates of Cause of Death (MCCDs), a complex system wide issue that caused significant distress for bereaved families and operational pressure across clinical, mortuary, and partner services. While most MCCDs were completed within 24 hours, around 10–15% of deaths (approximately 250–320 cases) experienced significant delays, previously up to 7 days, highlighting gaps in reliability, ownership, and process consistency. These delays also present a particular challenge within Irish cultural practices, where timely funerals are deeply important.

The work demonstrates New Thinking by shifting focus from average performance to variation and system flow, introducing a Ward Clerk MCCD tracking role that provides proactive oversight, coordination, and escalation, improving visibility and accountability. Strong Leadership underpinned delivery through a structured Quality Improvement approach, bringing multidisciplinary stakeholders together to co design and implement solutions.

Outcomes and Sustainability include reducing maximum delays to under 20 hours, alongside improved communication, fewer interruptions, enhanced staff experience, and timelier funerals, supported by standardisation, education, and governance. Involvement and Inclusion is evidenced through staff engagement, partner collaboration, and co-produced family information. The low-cost model supports Transferability and Dissemination, with regional interest and clear potential for wider adoption across healthcare systems overall.

Impact & results achieved

This initiative has delivered a significant, measurable, and sustained improvement in the timeliness, reliability, and overall experience of the MCCD process. Success was assessed using a robust combination of quantitative and qualitative metrics, aligned to the project's core aim of reducing variation, eliminating extreme delays, and improving outcomes for all stakeholders.

Key measures included the maximum time from death verification to MCCD completion, average completion time, and the proportion of cases completed within 24 hours. These measures were deliberately selected to go beyond averages and focus on outlier delays that had the greatest negative impact on bereaved families and system flow. Data were collected through routine audit, continuous monitoring, and Quality Improvement methodology, enabling real-time tracking and clear demonstration of improvement over time.

The results are compelling: maximum delays reduced from 7 days and 1 hour to 19 hours 42 minutes, and average completion time reduced from 34 hours to 8 hours, with consistent achievement of the 24-hour target. This represents a step-change in performance and system reliability.

Qualitative feedback reinforces this impact. Ward staff report fewer interruptions and improved workflow, while funeral directors describe a smoother, more predictable process. Ward clerks report 100% satisfaction, reflecting increased engagement, empowerment, and ownership of the process.

Importantly, the initiative has strengthened system-wide communication and collaboration, improved relationships with external partners, and significantly reduced escalations, complaints, and unnecessary ward attendances. Earlier release of deceased patients has enabled timely funerals and supported culturally important bereavement practices, delivering a more compassionate, responsive, and person-centred service. This work demonstrates not only improved performance, but a meaningful transformation in experience at one of the most sensitive points in care.

What makes this initiative stand out?

What makes this initiative truly stand out is its ability to deliver transformational improvement in a complex, emotionally sensitive, and system-wide process through a combination of innovation, simplicity, and strong leadership. Rather than focusing on average performance, the project demonstrated insightful thinking by targeting variation and extreme delays, recognising that a small number of cases—previously up to 7 days—were having the greatest negative impact on bereaved families and system flow.

A defining feature is the innovative redesign of the Ward Clerk role into a proactive "MCCD tracking" function, supported by a formal SOP. This created real-time oversight, clear accountability, and effective escalation across multiple teams—turning a fragmented process into a coordinated system. This simple, low-cost intervention has delivered exceptional impact, demonstrating that innovation does not require complexity but clarity and execution.

The initiative is further distinguished by its whole-system, collaborative approach, engaging all stakeholders including clinical teams, administrative staff, mortuary services, funeral directors, the General Register Office, and bereaved families. Co-production with families ensured the work remained grounded in compassion and real-world need.

Crucially, it combines robust, data-driven improvement with human-centred care, achieving dramatic reductions in delays while enabling timely funerals and supporting culturally significant bereavement practices. Its proven impact, scalability, and growing regional interest position it as a leading example of sustainable, system-wide quality improvement.

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Birmingham Women's and Children's NHS Foundation Trust

Birmingham Women's and Children's NHS Foundation Trust

EnjoyArt

Categories

- Environment of Care

Organisation description

EnjoyArt is the arts programme for Birmingham Women's and Children's NHS Foundation Trust (BWC), where it sits as part of the Patient Experience department. The programme is funded by Birmingham Women's and Children's Hospitals Charity. BWC is a specialist NHS Trust, managing both Birmingham Women's Hospital and Birmingham Children's Hospital. With more than 641,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team, which works tirelessly to provide the very best treatment and support to our women, children and families.

Summary

Over the past 2 years, EnjoyArt has grown from a simple wellbeing initiative to an expansive programme with robust models of governance, delivery and evaluation, and a mission to create the best environment of care for patients at Birmingham Children's and Women's Hospitals. EnjoyArt does more than just bring the enjoyment of art to patients: it is responsive to patient needs and driven by feedback and the latest creative health research. It is guided by clear strategic aims which prioritise the broadening of engagement and diversifying of activity, as well as increasing the programme's visibility (within the Trust and beyond) and improving its monitoring and evaluation methods.

EnjoyArt is part of the National Arts in Hospitals Network and has recently hosted their Members' Meeting at Birmingham Children's Hospital. Representatives from NHS Charities Together were impressed by EnjoyArt's showcase, commenting that the programme was an excellent example which should be used as a model for other NHS Trusts. This is particularly encouraging as EnjoyArt has previously experienced challenging periods without management, but is now in a much stronger position with the Charity making a commitment to fund a substantive staff post to ensure longevity.

Impact & results achieved

Hundreds of feedback responses collected each year from patients, families/carers and staff show that the arts provision offered through EnjoyArt is overwhelmingly well received, and the benefits profoundly felt. As one person commented: "any and all arts is so helpful for mood, self belief and recovery – especially when delivered by cheerful professionals." EnjoyArt activity provides opportunities for socialisation and developmental growth, mindfulness and relief and even clinical benefits (please see supporting quotes, Appendix A).

Success for EnjoyArt is ensuring that opportunities to benefit from this provision are widespread and accessible, and that this qualitative feedback is bolstered by quantitative data which demonstrates the extent of our impact. We were pleased to see that engagement increased from 21,250 interactions in 2024-25 to 25,595 in 2025-26, and we are striving to reach over 30,000 interactions in 2026-27. As well as an overall engagement target, we have also set targets for each of the areas or patient groups which have been identified as under-engaged. By meeting these targets, EnjoyArt will be demonstrating its ability to be responsive to patient need and proactive in broadening engagement across our hospital sites and patient population.

In addition to our quantitative targets, our regularly visiting artists and organisations produce impact reports each quarter (and new artists at the end of their expansion pilot) to demonstrate how their work is aligning with EnjoyArt's strategic aims. This enables us to reflect on the strengths of each of our artists/organisations, and review how best to deploy them across our hospitals to achieve the greatest impact. For example, case studies included in reports from Music Therapy Works suggested that their facilitators have the sensitivity and discretion needed to introduce a new programme of delivery on the Neonatal Intensive Care Unit at the Women's Hospital. The success of this pilot, particularly in the level of trust built with unit staff, has demonstrated how Music Therapy Works were an appropriate choice for this delivery.

What makes this initiative stand out?

EnjoyArt demonstrates the incredible impact the arts, creativity and culture can have in a hospital setting when it is valued as a worthwhile initiative. Through Charity funding and support, EnjoyArt has the capacity to continue delivering the tried-and-tested elements that create a consistent and sustained environment of care, as well as forging new partnerships and piloting new activity which keeps the programme fresh and relevant.

Importantly, EnjoyArt have made the effort to find out and understand what it is that patients and families at BWC really want out of an arts programme. Extensive consultation is carried out with beneficiaries, stakeholders and with teams with additional insight before any new activities or artworks are implemented. Feedback is gathered and acted upon, to ensure the programme is continually guided by the patient voice. Connections with external arts organisations increases EnjoyArt's understanding of what resonates with Birmingham's population, prompting activity which treats patients as people whose connection with the community doesn't cease when they enter the hospital or experience ill health.

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Expanding the reach of reasonable adjustments: The Bristol, North Somerset and South Gloucestershire (BNSSG) Cancer Improvement Collaborative

Categories

- Developing the Capability for Person-centered Care
- Equity in Experience
- Excellence in Personalised Care
- From Insight to Impact
- Partnership Working

Organisation description

This work was delivered through collaboration between North Bristol NHS Trust (NBT), University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), alongside primary care partners via the Integrated Care Board (ICB) Clinical Lead for Cancer, a practicing GP. At the time of the project's inception, NBT and UHBW were separate acute NHS trusts, of similar size, each receiving around 35,000 cancer referrals each year and diagnosing approximately 7,000 cases annually. They are now in the process of merging to become Bristol NHS Foundation Trust, serving a population of over a million. Alongside collaboration with primary care, the project gained support from the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance, the National Institute for Health and Care Research Applied Research Collaboration West, and Bristol, North Somerset and South Gloucestershire ICB.

Summary

This project focuses on improving cancer care for people with disabilities and long-term conditions by expanding the reach and understanding of reasonable adjustments. Moving beyond legal compliance, the initiative embeds personalised, compassionate care and ensures that services actively identify and respond to individual patient needs, particularly where a reasonable adjustment is needed. Through research, co-production and education, this work has translated lived experience into practical tools that are now improving staff confidence and patient experience across Bristol and beyond.

Impact & results achieved

The e-learning module has been completed by over 200 professionals, with evaluation demonstrating a significant increase in staff confidence. The proportion of staff reporting themselves as 'extremely confident' in applying reasonable adjustments increased from 12% to 72% (with a further 25% saying they felt 'somewhat confident' after the training). The project has improved awareness of the broader range of patient needs and supported more consistent, compassionate care. Importantly, it has shifted understanding from compliance-based adjustments to proactive, personalised care. We are monitoring patient feedback via a question in our local patient experience survey, to ensure we are delivering what patients need and improving where we fall short.

In order to create wider impact, the team also successfully published learning in the Journal of Cancer Policy earlier this year, obtaining ethical approval from the University of Bristol and with support of the NIHR ARC West.

What makes this initiative stand out?

This initiative stands out for its strong co-production with patients and carers, its broad definition of reasonable adjustments, and its focus on translating insight into actionable training. It bridges the gap between policy and practice, ensuring that staff are equipped to deliver truly personalised care. Publishing the findings in an established journal also gives a level of credibility and demonstrates the potential of this work to have wider impact.

Previous published research on reasonable adjustments has primarily focused on either individuals with learning disabilities or autism, with a handful of papers looking at reasonable adjustments and mental health. This project broadens the scope to include physical disabilities, cognitive or sensory impairments and severe mental health conditions.

No work covering such a wide range of conditions which may mean someone requires a reasonable adjustment has been undertaken previously. Whilst the opportunity to publish original research was welcomed, the primary focus of this work was to achieve local impact and share learning. Data outlined above demonstrates that the project achieved both.

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Improving patient experience of cancer care: learning from insights shared by people diagnosed with cancer at Southmead Hospital

Categories

- Developing the Capability for Person-centered Care
- Digital and Technology Innovation for Experience
- Leadership and Governance for Experience Excellence
- Support Operations Excellence in Improving Experience

Organisation description

Bristol NHS Foundation Trust is one of the largest NHS Trusts in the Southwest, serving a population of nearly one million people. We deliver a wide range of specialist services from Southmead Hospital and across our community settings.

Cancer Care at NBT

Around 35,000 cancer referrals each year Approximately 7,000 new cancer diagnoses annually One of the largest surgical cancer centres in the region NBT provides specialist cancer diagnostics, surgery, and support services across multiple tumour sites.

Summary

Bristol NHS Foundation Trust has created an ambitious and forward-looking approach that improves how cancer services understand and act on patient experience. The Trust worked with patients, carers and staff to design a real time cancer experience survey that reflects the full pathway and mirrors the themes of the National Cancer Patient Experience Survey. This gives teams timely insight that complements the national survey rather than replaces it.

A digitally hosted dashboard in Power BI was then created to make this insight immediately accessible. It displays trends, free text comments and demographic information in a clear digital format that is easy for clinical and operational teams to use. This has transformed the way information is understood, allowing staff to respond quickly to concerns and recognise positive practice. Importantly, it ensures that every patient's voice can be heard. Every patient receives a text message inviting them to participate in the survey, with a phone number provided for those who need an alternative format.

The initiative is supported by a strong governance structure. All twelve cancer specialities discuss their results every quarter in existing governance meetings, and these discussions feed into annual oversight through Cancer Board. This has created consistent practice across the Trust and has strengthened accountability for patient experience.

The impact has been significant. The survey has achieved an average score of 9.4 out of 10 and a response rate of 33%, which is considerably higher than previous local feedback methods. More importantly, it has created a culture of shared ownership in which staff and patient partners work side by side to make improvements.

This is a whole system approach that is sustainable, grounded in strong leadership and co production, and able to be adapted by other services. It demonstrates genuine excellence in patient experience and deserves recognition for the measurable and lasting improvements it has delivered.

Impact & results achieved

The initiative has made a significant difference to the way cancer services understand and respond to patient feedback. Success was measured through survey results, engagement with the digital dashboard and changes in themes identified through complaints, free text comments and specialty reports. Insight from the dashboard also highlighted that the experiences of Black women were not sufficiently represented within existing feedback. In response, a targeted series of focus groups was developed, and twenty-five women shared their experiences in depth. Their contributions produced a clear set of recommendations that strengthened cultural awareness, improved equity and ensured that improvement actions reflected the needs of communities whose voices had previously been underrepresented.

The real time survey has shown strong patient engagement. It has achieved an average overall experience of care score of 9.4, which is consistently higher than the Trust's most recent score of 8.9 in NCPES. Our average response rate is 33%, which is notably higher than the Trust's average Friends and Family Test response rate of 12%.

The digital dashboard has greatly increased staff engagement. Teams report that the clear visuals and free text summaries help them identify important themes quickly. The requirement to discuss data every quarter has ensured that teams take responsibility for acting on feedback and can see progress over time.

The initiative has also resulted in practical improvements. For example, concerns about communication were a significant theme in both complaints and survey feedback. Training was introduced for administrative and clinical staff in response. Following this, communication related complaints fell from 66% to 45%. Survey ratings of administrative support improved from 85% to 92%, showing a clear improvement in the lived experience of people living with and beyond cancer.

Overall, the initiative has created a reliable and responsive system for improving patient experience, supported by data, governance and strong engagement.

What makes this initiative stand out?

This initiative stands out because it brings together real time insight, digital innovation and strong governance into one consistent and fully operational system. Unlike projects that focus only on single surveys or isolated tools, this approach has created a complete framework that covers every stage from data collection to action planning and assurance.

Patients, carers and staff shaped every part of the model. This ensures that it reflects what matters to people affected by cancer and provides a practical tool that clinical teams trust. Aligning the survey with the national cancer survey adds further strength by ensuring coherence across local and national measures.

Several factors have contributed to its success:

A triumvirate model ensured joint ownership across clinical, nursing and operational roles. Feedback is not just for nurses. The digital dashboard made data accessible to staff at all levels. Governance structures embedded routine review and accountability. Automation and standardisation ensured that the model works consistently across all twelve specialities.

Together, these elements form a replicable and forward-looking system that delivers genuine improvement in patient experience.

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Patient Conversations and Walk & Talk

Categories

- From Insight to Impact
- Long Term Improvement in Experience of Care

Organisation description

Bristol NHS Foundation Trust (formerly North Bristol NHS Trust) is one of the largest NHS trusts in the South West, providing acute, specialist healthcare services to a diverse population.

Bristol NHS Foundation Trust provides both local hospital services and highly specialised regional services such as major trauma, burns, neurosciences, children's services, cardiac care, cancer care, transplantation and stroke care.

Bristol NHS Foundation Trust employs around 28,000 staff and provides care to more than 1.5 million people across Bristol, North Somerset, South Gloucestershire and the wider South West.

The Trust is committed to delivering person-centred care and continuously improving services through meaningful patient involvement and experience insight.

Summary

Patient Conversations is a volunteer-led, real-time listening programme developed at Bristol NHS Foundation Trust to transform how patient experience feedback is captured and acted upon.

Since launch in November 2023, the programme has delivered 720 conversations, contributed to an increase from 8% to 31% of patients reporting they were asked for their views, and generated immediate improvements for patients across the Trust.

Unlike traditional surveys, Patient Conversations enables patients to discuss what matters most to them whilst they are still receiving care. Building on its success, the Trust introduced Walk & Talk in April 2026, taking listening opportunities directly to patients, carers and visitors through a mobile Patient Experience Trolley.

The programme has improved patient involvement and created a sustainable model for listening, learning and acting on feedback.

Impact & results achieved

Activity and Reach - Since launching in November 2023, Patient Conversations has become a significant source of real-time patient insight across the Trust.

From November 2023 to June 2026, 720 Patient Conversations were completed. Volunteers were trained to support accessible conversations, including using interpreting services and working alongside Learning Disability and Autism colleagues. In 2026 alone:

Two Walk & Talk events were delivered during Patient Experience Week, engaging 112 patients, carers and visitors in just four hours. 103 Patient Conversations were completed across 35 locations during Q1. Overall engagement increased by 45.8% in January-June compared with the same period in the previous year. This growth demonstrates both the demand for meaningful listening opportunities and the strength of the model.

The conversations generate a rich range of qualitative insight. When analysed against the eight Picker Principles of Person-Centred Care, the most frequently discussed themes related to physical and environmental needs, emotional support and empathy, respect for patient preferences, clear information and communication, and support for self-care. Across all conversations, 24 distinct sub-themes were identified.

Interpersonal skills and meeting emotional needs emerged as the most prominent themes, reinforcing that feeling listened to, respected and cared for remains central to patients' experiences.

One of the most powerful aspects of Patient Conversations is the ability to identify issues and resolve them whilst patients remain under our care.

Examples of immediate improvements include:

Feedback from patients attending the Bristol Centre for Enablement highlighted that the vending machine was inaccessible. Following discussions with the external supplier, modifications were made to improve accessibility, ensuring this patient group could independently access refreshments.Clarifying visiting arrangements on Percy Phillips Ward, resulting in updates to Trust website information regarding overnight birth partner stays. Identifying an administrative error involving incorrect operation information being sent to a patient. Investigation highlighted a wellbeing issue affecting a member of staff and enabled supportive intervention. Arranging a Pets as Therapy visit for a patient who was distressed and missing their dog. Ensuring interpreter support for a patient experiencing communication barriers. Resolving a faulty bedside television for a patient eager to watch Wimbledon. Adjusting medication administration times to better meet an individual patient's preferences and improve comfort. These actions demonstrate how real-time feedback can translate into immediate improvements in patient experience.

The themes identified through Patient Conversations closely align with those emerging from other feedback sources, providing assurance that we are listening to what matters most to patients. However, the programme has also generated additional insight. Food and nutrition emerged as a recurring theme within Patient Conversations despite being less frequently raised through traditional feedback channels, highlighting the value of real-time discussions.

Most importantly, the programme has helped patients feel listened to, valued and involved in shaping their care and services. Since introducing Patient Conversations, the proportion of patients reporting that they were asked for their views about the quality of care during their stay increased from 8% to 31%, representing a significant improvement in involvement, engagement and patients' perception that their voice matters.

Patients frequently express gratitude for the opportunity to talk about their experiences, particularly those in side rooms or receiving limited visits.

Feedback from volunteers and staff has been equally positive.

What makes this initiative stand out?

Patient Conversations transforms feedback from a retrospective exercise into a real-time improvement tool. Patients lead the conversation, volunteers gather insight whilst care is being delivered, and teams can respond immediately. Combined with Walk & Talk, this approach reaches people who may never complete a survey, ensuring feedback directly influences both individual patient experiences and wider organisational improvement.

The programme combines patient-led conversations, volunteer involvement, inclusive engagement, immediate action and robust governance to ensure patients' voices drive meaningful change.

Most importantly, Patient Conversations does not just collect feedback, it acts on it. From resolving concerns during a patient's stay to informing service-wide improvements, the programme demonstrates how listening can be translated into tangible outcomes for patients, staff and services.

By creating meaningful opportunities for patients to speak openly and ensuring their voices directly influence care, Patient Conversations and Walk & Talk show how insight can be transformed into action, and action into lasting improvement.

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CardMedic and Stockport NHS Foundation Trust

Ending the silent era at the bedside

Categories

- Digital and Technology Innovation for Experience
- Support Operations Excellence in Improving Experience

Organisation description

CardMedic is a UK digital health company whose platform breaks down communication barriers in healthcare settings. It gives staff and patients a single point of access to instant live interpreting in more than 200 languages, alongside thousands of clinically validated scripts in multiple languages and formats, including British Sign Language (BSL), Easy Read and Read Aloud. The platform is designed to improve patient safety and outcomes while generating operational efficiencies for providers.

Stockport NHS Foundation Trust runs Stepping Hill Hospital and provides acute and community health services to a population of around 300,000 people across Stockport, as well as parts of East Cheshire and the High Peak. It employs more than 6,300 staff and operates on an annual budget of around £450 million. Its stroke services are consistently ranked among the best in England.

The rollout was delivered in partnership with SPARK TSL, whose SPARK Fusion bedside devices host CardMedic on 20 wards at Stepping Hill Hospital.

Summary

Communication barriers are a daily patient safety risk. At Stockport NHS Foundation Trust, patients who did not speak English or who faced literacy or sensory barriers, were excluded from decisions about their own care. Two-week wait appointments were moved, discharges delayed, and in maternity, a mother experiencing fetal loss had distressing news relayed through a family friend.

CardMedic gives all 6,300 staff instant, safe communication at the point of care: live interpreting in more than 200 languages, plus clinically validated scripts in multiple languages and BSL, Easy Read and Read Aloud formats. CardMedic is embedded on 455 bedside devices across 20 wards through partnership with SPARK TSL, and available to community teams including midwives, school and district nurses.

Led by CNIO Pam Fearns, the Trust took a 'big bang' approach to implementation to enable equitable access from day one. In ten months, it has supported more than 19,000 user-card interactions and reached 1,164 registered staff and has added Kurdish Sorani for the first time to meet local needs. An independent NHS Trust evaluation found strong evidence of improved communication and safer practice, at a cost per interaction 86% lower than traditional interpreting. The silent era is over.

Impact & results achieved

The Trust measured impact against what matters most including reach, patient safety, staff confidence, equity of access and cost. The figures below cover the first ten months of use.

Reach and adoption have been strong. CardMedic has supported more than 19,000 user-card interactions and over 5,000 live translations, with 1,164 staff now registered across acute and community services, including occupational therapists, Macmillan nurses, district nurses, school nurses and community midwives. The Call an Interpreter feature has been used for more than 3,500 minutes of interpreter call time, meaning staff no longer tie up scarce hands-free phones for long periods.

On equity and inclusion, more than 250 Easy Read interactions and more than 250 BSL video views, alongside heavy use of Read Aloud, showing the platform helps far more people than those facing a language barrier. Interpreter use spans rare languages, and the addition of Kurdish Sorani serves a previously underserved local population. Offline mode lets community teams in rural areas such as the High Peak, where connectivity is unreliable, download language and content before visits so communication support is always available.

On safety, an independent evaluation of the Trust between April 2025 and April 2026 found strong and consistent evidence of improved communication quality, efficiency gains in urgent care, and a reduction in reliance on unsafe and unvalidated translation practices such as using family or online tools. It also found positive effects on patient understanding, reassurance, dignity and the ability to express needs. On the wards, basic rapport building conversations - once extremely challenging - are now routine. As Steph Bray puts it, 'for some staff, just being able to say hello to a patient with a language barrier is the best part of it, and even where they escalate straight to an interpreter, they can at least explain what they are doing'.

On cost, Trust data shows the average interaction through face to face and telephone language services costs around £26, while an interaction through CardMedic, including interpreter calls placed in the app, costs £3.66. That is 86% lower, measured across more than 7,600 interactions. This is about value and cost avoidance rather than a fall in absolute spend, which continues to rise year on year with growing demand and interpreting prices. By absorbing a 70% increase in patient interactions for only a 9.6% rise in cost, CardMedic served many more patients at a far lower unit cost than the previous model would have allowed, representing cost avoidance of around £166,000 for the year to date. Modelling also estimates minimum savings of £500 per department per month in urgent care from faster interpreter access alone.

What makes this initiative stand out?

First, the integration at the bedside. Rather than adding another app to hunt for, CardMedic is embedded directly into 455 SPARK Fusion devices already at patients' bedsides across 20 wards, a genuinely novel pairing of a communication platform with a bedside device estate that brings instant, private support to patients themselves, not just to staff. This ensures that there is access to CardMedics communication solutions directly at the point of care.

Second, the commitment to equity alongside the ability of the tool to meet the higher standards of equitable communication that underpin several policy initiatives. The Trust let local data lead, and when it showed a need for Kurdish Sorani and Malayalam, CardMedic added the languages for the first time. The platform also supports Easy Read and Read Aloud. Content in such formats is now used hundreds of times, improving health literacy for many more people than those facing a language barrier and reflecting a genuine determination that no patient is left without a voice.

Third, the ambition of the big bang approach. Backed by digital nurses and midwives and a values-led campaign, the Trust switched CardMedic on everywhere at once so equity of access was immediate rather than gradual. The unifying idea, that the silent era is over, gave staff a compelling and human reason to adopt it.

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From Patient Voice to System-wide Transformation: Improving Discharge Communication Through the Post-discharge Information Summary (PDIS)

Categories

- International Excellence in Experience of Care

Organisation description

The Chinese University of Hong Kong (CUHK) is a leading research-intensive university committed to improving population health. This work is led by its Centre for Health Systems and Policy Research, which specialises in health policy, healthcare delivery and person-centred care.

Since 2010, Professor Eliza Lai-Yi Wong and her team have worked with Hong Kong's Hospital Authority and Picker to establish the territory's first culturally validated patient experience measurement programme. Now spanning inpatient, emergency, outpatient and mental health services, the programme uses patient feedback to inform policy, professional education and meaningful improvements in care.

Summary

The Post-discharge Information Summary (PDIS) is a co-produced, evidence-based innovation developed in Hong Kong to improve patients' experience during the transition from hospital to home. The initiative originated from repeated patient experience surveys involving thousands of public hospital patients, which consistently identified gaps in communication about medications, side effects and warning signs following discharge.

Rather than relying solely on healthcare professionals' assumptions about what patients need after discharge, patients' experiences directly informed the design of the solution. Drawing on over 15 years of experience leading Hong Kong's territory-wide Patient Experience Survey programme, with Picker serving as an international advisor, our team, led by Prof Eliza Wong, partnered with the Hospital Authority (HA), clinicians, pharmacists, nurses, information technology specialists, and patient representatives to co-develop PDIS. A key component, Salient Medication Reminders (SMR), provides concise and actionable medication safety information tailored to patients' needs.

The initiative was piloted in four hospitals across three HA clusters and evaluated through patient and staff surveys involving more than 3,700 participants. Results demonstrated significant improvements in discharge communication, medication-related information, self-management confidence and caregiver support, alongside strong staff acceptance.

Following successful evaluation, PDIS was scaled up across 43 public hospitals in Hong Kong's seven HA clusters and embedded within routine electronic clinical systems. The initiative demonstrates how patient voices can drive sustainable system-wide improvement and provides a scalable, transferable model for person-centred transitional care internationally.

Impact & results achieved

Success was evaluated through a pre-post patient survey involving 2,353 patients across four pilot hospitals, including 1,109 patients before implementation and 1,244 patients who received the PDIS. The demographic characteristics of the two groups were comparable. Compared with the pre-implementation group, patients receiving PDIS reported significantly higher scores for the clarity (8.18 vs 7.93, p=0.002), adequacy (8.15 vs 7.92, p=0.01), and usefulness (8.26 vs 8.06, p=0.02) of discharge information.

Particularly strong improvements were observed in medication-related information, one of the key gaps identified through Hong Kong's territory-wide Patient Experience Survey programme. Patients reported significantly greater adequacy of information about medication side-effects (9.6 vs 8.6, p<0.001) and warning signs requiring medication attention (9.7 vs 9.2, p=0.004). Information regarding warning signs was also perceived as significantly clearer (8.77 vs 8.45, p=0.03) and more useful (8.70 vs 8.44, p=0.03).

Importantly, patients receiving PDIS reported fewer medication side-effect encounters following discharge (9.0% vs 11.6%, p=0.04). Qualitative feedback reinforced these findings. One patient commented that PDIS was "easy for a layman, particularly for the elderly, to understand the warning signal to watch for", while another described the information as noted that: "simpler and more relevant than accessing information through individual mediation QR codes."

Staff evaluation involved 1,375 healthcare professionals. Doctors and nurses reported that PDIS improved communication with patients, supported medication education and enhanced discharge counselling. Interviews with 98 healthcare professionals further confirmed that PDIS was a practical and valuable tool for supporting safe transitions from hospital to home.

The most compelling indicator of success was system-wide adoption. Following successful pilot implementation across four hospitals in three HA clusters, PDIS was expanded to all 43 public hospitals across Hong Kong's seven HA clusters and embedded within routine clinical practice. The initiative has progressed from a locally tested innovation to a territory-wide standard for discharge communication. Building on this success, the HA has initiated pilot implementation in Specialist Outpatient Clinic (Medicine) services, demonstrating transferability across care settings.

What makes this initiative stand out?

PDIS stands out because it demonstrates a complete patient-centred improvement cycle, transforming patient feedback into system-wide change. Unlike many discharge interventions designed from healthcare professionals' assumptions, PDIS originated from findings of Hong Kong's territory-wide Patient Experience Survey programme. Patients consistently identified gaps in understanding medication side effects and warning signs following discharge, and these insights directly informed the design of the solution. PDIS was therefore designed from the patient's perspective rather than the organisation's perspective.

Another distinctive feature is its co-production approach, which combines patient involvement, multidisciplinary collaboration and rigorous evidence-based methods to ensure both relevance and effectiveness. Researchers, clinicians, pharmacists, nurses, quality and safety leaders, patient representatives, patients and caregivers worked together to develop and refine the intervention. A key innovation, the SMR, transforms complex medication information into concise, understandable and actionable advice for patients and caregivers.

Most importantly, PDIS achieved measurable impact and sustainability. What began as a pilot in four hospitals across three HA clusters was subsequently scaled up to all 43 public hospitals across seven clusters and embedded within routine electronic clinical systems. Few patient experience initiatives can demonstrate such a direct pathway from patient voice to system-wide transformation. PDIS provides a scalable and transferable model for improving medication safety, discharge communication and patient experience, offering valuable learning for healthcare systems internationally.

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Charter Medical Private Hospital

From Feedback Collection to Patient Experience Intelligence

Categories

- Independent Excellence in Experience of Care

Organisation description

Charter Medical Private Hospital (CMPH) is a 77-bed private hospital in Ballinderry, Mullingar, Co. Westmeath, serving patients from across Ireland. HIQA-regulated and CHKS-accredited, it provides diagnostic, treatment, surgical and rehabilitation care across five feedback settings: Outpatients, the Regional Hospital Mullingar Minor Injury Unit, Endoscopy day-case, the Surgical Ward and the Stepdown & Rehabilitation Unit. Supported by around 300 clinical, administrative and support staff, CMPH built its Patient Experience programme in-house using its existing Microsoft 365 environment.

Patient feedback remains within the remit of Quality & Risk. Building on processes already established there and in Operations, the programme was designed in-house by the hospital's Patient Experience function, under the management of Kamal Alagarsamy, Services Innovation and Growth Lead, and with executive sponsorship from Paula Gray, Chief Executive.

The function designs and maintains the programme itself: a 22-component structure covering the 14-category taxonomy, collection channels, real-time alerting, analytics and monthly reporting, benchmarking, action planning, staff micro coaching trainings and recognition and the supporting policy and SOPs – aligned to the Beryl Institute's Human Experience 2030 framework and Ireland's Digital for Care Framework 2024–2030. It collects, classifies and analyses every comment and issues each area a distilled view of its own results. Clinical Nurse Managers, the Patient Service Manager and Quality & Risk use that analysis to act, including improvements to patient flow.

Summary

Charter Medical Private Hospital set out to move beyond collecting feedback and build Patient Experience Intelligence: a hospital-wide capability that turns patient voice into better decisions and better care. Before 2026, feedback was collected and acted on department by department, but without a shared taxonomy or alerting it could not be compared across the hospital. In January 2026, CMPH brought these strands into one system, built in-house on its existing Microsoft 365 environment, with EU data residency and no external vendor. Every comment is captured, classified against an original 14-category taxonomy, acted on where needed and turned into learning. In six months, 2,897 patients gave feedback; the pooled rate rose from 14% to 26%; satisfaction stayed between 84% and 100% wherever measured. Patient voice produced documented change, including individual admission bays in Endoscopy, and named praise reached staff 247 times. When early data showed low response rates, the team proved the gap was collection habit, not dissatisfaction, and worked with managers to fix it. Paper is kept as a respected channel alongside digital, so no cohort is excluded. Still early in its development, it is already a capability leadership uses, built to grow and to transfer to other Irish organisations.

Impact & results achieved

All figures come from the hospital's KPI registers, Medbase denominators and monthly executive reporting, January–June 2026. In six months, 2,897 patients gave feedback, 664 in June alone. The pooled rate rose from 14% to 26%, up in four of five departments after point-of-care prompting and monthly reporting. Step-Down Unit reached 58% in June, above target every month; Minor Injury Unit rose most, from 8% in Q1 to 21% in June. Satisfaction was 92% and 98% would recommend across the three departments measuring these, staying between 84% and 100%. In June, 454 comments were coded (339 praise, 115 improvement), all 14 categories active; across H1, 338 improvement issues were tracked, 86% service-side, 14% clinical. Staff were named 247 times in patient thanks.

Feedback changes care directly. In Endoscopy, comments drove documented improvements: stronger identity checks; consent forms sent before appointments; procedure reports given before discharge; and, after patients said they could be overheard, individual admission bays from July 2026.

It also let leadership test whether fixes worked: between Q1 and Q2, Waiting Time issues fell from 39% to 31% and the Operations cluster from 47% to 38% – showing whether actions shifted the data, not just that something happened.

What makes this initiative stand out?

What makes this stand out is the reframing behind it, not the survey technology. Early data showed response rates as low as 8%, yet satisfaction stayed between 84% and 100% wherever measured. The gap was about collection habits, not patient dissatisfaction. The real task was getting patients to speak, and the lever was the staff who ask – so the programme treats patient experience and staff experience as one system, quantifying named praise for recognition rather than relying on surveys alone.

It was also built with no external vendor, on infrastructure the hospital already controls, which keeps patient data in EU residency and makes the whole thing affordable to run and realistic for others to copy. A small private hospital built an intelligence capability on tools it already owned.

And the loop actually closes. Feedback does not sit in a report; it changes the ward – most visibly in Endoscopy, where patients said they could be overheard during admission and, by July 2026, the unit had individual admission bays. It is not a bigger survey. It is a listening capability leadership uses to prioritise, act, and check whether care improved.

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Cheshire & Wirral Partnership NHS Foundation Trust

Helix
Cheshire and Merseyside Perinatal Mental Health Lead Provider Collaborative
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‘Born from Experience’ co-produced educational films

Categories

- Equity in Experience

Organisation description

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is the Lead Provider for Helix, the Cheshire and Merseyside Perinatal Mental Health Lead Provider Collaborative. CWP places Experts by Experience at the centre of decision making across the region, helping ensure that all NHS and independent sector partners deliver consistent, person-centred care and reduce variation in access and outcomes.

Lead Provider Collaboratives bring commissioners, providers and people with lived experience together to plan and deliver effective, collaborative mental health services. CWP is the lead provider for the Helix LPC and works closely with Mersey Care NHS Foundation Trust, which plays a key role as a pathway partner.

Summary

The Helix Experts by Experience Forum created the Born from Experience film series to address a clear and urgent issue. Too many women and families do not know what specialist perinatal mental health care is, when they should seek help, or what support is available.

Perinatal mental health difficulties affect 1 in 5 women and, without timely intervention, can lead to long-term mental health problems for mums and babies, poorer outcomes for young people, and in the most severe cases, suicide. National evidence shows that women from underserved communities are significantly less likely to access specialist care, despite being at higher risk.

Experts by Experience identified that lived experience needed to be more visible across Cheshire and Merseyside, and that staff required honest, accessible resources to support early identification. In response, they co-produced Born from Experience, a series of films shaped entirely by mums with lived experience of Specialist Perinatal Mental Health Services.

The films offer practical, human insight into what compassionate care looks like, what helps, what harms, and what professionals need to understand. They are freely available on the Helix website and YouTube, supporting awareness, training and more consistent, person-centred perinatal care across the region.

Impact & results achieved

Born from Experience has had a significant impact across Cheshire and Merseyside, raising awareness of Specialist Perinatal Mental Health Services and improving understanding of lived experience among professionals, partners and the public. The series consists of seven co-produced films, each sharing a unique perspective from mums and families who have accessed perinatal mental health support.

At the Picturehouse premiere in March 2026, people from across Cheshire, Merseyside and North Wales commented on how effective the films were at communicating lived experience and how valuable they would be for informing clinical and commissioning practice.

Success was measured through qualitative feedback from Experts by Experience, attendees at the premiere, clinicians and partner organisations. Contributors reported increased confidence, pride and a sense of agency through their involvement. Professionals described the films as powerful tools for improving understanding of early signs, family impact and the role of Mother and Baby Units.

The films are now being shared widely across the region and beyond. They are hosted on the Helix website, used in LPC transformation events, circulated through partner newsletters, and promoted nationally. They are being incorporated into training, reflective practice and awareness activity, supporting improved identification, signposting and person-centred care for mums and families across the specialised pathway.

What makes this initiative stand out?

This initiative stands out because the series wasn’t made about people with lived experience of perinatal mental health but with them. From the very beginning the project was co-produced which gives the series a level of authenticity that can’t be scripted. Each film gives the Experts and opportunity to express themselves on their own terms in their own words, and the feedback and testimonials show how impactful this can be:

Louise, Helix Expert by Experience, said: “All the films were expertly edited to portray each persons personal journey, struggles and messages of hope. My family and friends are extremely proud that I have achieved this as it wouldn’t have been something I would have even contemplated a few years ago!

“I know that these films will impact many others for years to come and hopefully the changes in practice will happen to improve others journeys in the future.”

Nia, Helix Expert by Experience, said: “Being part of the Expert by Experience Celebration Event was a privilege, everyone involved in the films showed so much courage and bravery in sharing our all unique stories. In the result of us sharing our stories this will help other Mum’s and their families going through a difficult time and hopefully get some reassurance that there is hope and recovery is possible. We all got involved to make a difference and I think all of us will feel a great achievement in getting involved with Helix through the development of Born from experience”

Jen, Helix Expert by Experience, said: “Watching the films in sequence on a big screen was so powerful and very emotional, the premiere was a fantastic event and the atmosphere was just full of inspiration and admiration, it moved everybody. I’m so proud of us all and what we’ve achieved. This is going to make a huge difference for mums, thank you for giving us the space to share our stories”.

Becky, Helix Expert by Experience said: “It was such an incredible and emotional experience to watch all our films on the big screen. It felt not only like a celebration of what we have created with the forum so far, but living proof that something so special has been created through all our challenges. It was a great opportunity for my Husband (who came with me to the event) to get a real understanding of what we are doing and he was proud of how I spoke about my experiences. Thank you to everyone involved in the celebration event and putting together our forum”.

Contact

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Cheshire & Wirral Partnership NHS Foundation Trust

Developing a feedback mechanism to understand the experience of patients with limited verbal communication (learning disability inpatient services)

Categories

- Emerging Good Practice

Organisation description

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provide health and care services for local people, including mental health, autism, intellectual disability, community physical health and all-age disability care.

CWP provide integrated care in both community and inpatient settings based on best practice and outcomes, working closely with people accessing our services, their families and carers to provide person-centred care for all.

CWP has over 14,727 members and employs more than 4,000 staff across 62 sites, serving a population of over 1 million people.

For the purpose of this submission the areas of focus referenced as 'our Care Group ' which are all Adult Services including:-

- Community Learning Disability Teams.
- Inpatient Assessment and Treatment Services for People with Learning Disabilities
- Attention Deficit Hyperactivity Services
- Autism Spectrum Disorder Diagnostic Services
- Acquired Brain Injury Services

For the purpose of this submission the area of focus referenced are our Inpatient Assessment and Treatment services for adults with a learning disability (intellectual disability).

Summary

Our submission describes the development of a Feedback Tool to capture the experience of inpatients with a learning disability with limited or no verbal communication. Research prior to starting this work did not identify a process within other NHS Trusts, that addressed this nationwide gap. This tool and process of capturing the patients experience is an example of new thinking.

A collaborative approach to develop the tool has been key, with patients, ward staff, ward management, senior management and Participation and Engagement staff meeting regularly to discuss, learn and evaluate each step, with everyone contributing their skills and experience.

The commitment from senior management to support this work has meant the tool is now embedded as a further addition to gathering patient experience in our Care Group.

The impact on patient experience is visible, with learning being enacted from the feedback observed and recorded, which has improved the care of individual patients but also enhanced wider service improvements. The success is also shown through ward staff reporting seeing an improvement in patient presentation and wellbeing.

The tool has already shown transferability, with interest from services within our Trust, and wider NHS Trusts who have contacted us about our approach.

Impact & results achieved

The feedback tool has already transformed how patient experience is understood and acted on within our Learning Disability inpatient services. For the first time, we have a consistent, structured way of hearing from people whose voices are often not heard in traditional feedback systems. Our observational approach has enabled us to capture experiences that were previously missed, particularly for patients who communicate through behaviour, interaction or non-verbal cues.

Using neutral, non-regular staff to gather feedback has reduced familiarity bias and brought a fresh perspective to capturing each patient's experience. Subtle indicators of comfort, distress, preference or unmet need are now being recognised and recorded more reliably.

This has led to earlier identification of environmental triggers, communication barriers and opportunities to improve day-to-day support. Staff have reported that the tool has helped them understand patients' emotional responses more clearly and has strengthened their confidence in interpreting nonverbal communication. And most importantly staff have observed that from using the observation tool, this has enabled them to understand and respond more effectively to the patient's needs. An example is using a pictorial now and next board, which helps a patient understand what is happening right now and then what is happening next, which has resulted in reducing levels of distress.

The tool has also improved the quality of the Care Group's Quarterly Feedback Reports. Patient experience is now represented alongside family and carer feedback, giving a more balanced and inclusive picture of what is working well and where change is needed. Themes emerging from the feedback have already resulted in changes being made in the ward environments, how staff support patients to make choices in their own care, and also consider how meetings and decisions are communicated to patients.

The process has strengthened the culture of listening within the wards. Staff have described feeling more connected to the principles behind the NHS England "I" statements and are more aware of how these translate into everyday practice. The tool has helped embed a shared understanding that every patient has a right to have their experience understood and acted on.

The impact is not only operational but cultural, patient experience is now more visible, more valued, and more directly shaping improvements in care.

What makes this initiative stand out?

This project supports a group of patients who previously have not been able to share their experiences, through traditional and current approaches to feedback. For us this is about people who are often underrepresented, having a voice in their own care, but also changes in services provision and development.

This work is still developing but already the tool is being shared as an example of best practice across both CWP, but also other Trusts in the Northwest.

We have had contact from other Trusts who are interested in enacting our unique approach.

The tool has also been able to support patients at discharge from inpatient services to their new home. By capturing their experience this has been able to inform and support their new home and the training of their new care provider team, ensuring best future care and support.

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Cheshire & Wirral Partnership NHS Foundation Trust

Volunteer to Career Programme

Categories

- Long Term Improvement in Experience of Care

Organisation description

Cheshire and Wirral Partnership NHS Foundation Trust (CWP), established in 2002 and a Foundation Trust since 2007, provides mental health, substance misuse, learning disability, community physical health services, and all-age disability care, including three GP surgeries. Collaborating with various partners offering specialist services in several areas, serving over a million people.

CWP has 14,500 Foundation Trust Members and employs 4,000 staff across 62 sites in Cheshire and Merseyside. Regionally, we provide CAMHS Tier 4 and eating disorder services in the North West. We will also lead the Perinatal Provider Collaborative for Cheshire, Merseyside, and North Wales.

Vision to improve health and wellbeing with high-quality, person-centred care, guided by values: Care, Compassion, Competence, Communication, Courage, and Commitment. We strive for clinical excellence, ensuring safe and effective care.

CWP is rated Outstanding for caring. The volunteer to career programme sits within the Patient and Carer Experience (PACE) Team who emphasis experience of care and supports clinical teams.

Summary

Volunteer to Career (VtC) is an innovative workforce development programme that has delivered measurable improvements in patient experience and service delivery across Cheshire and Wirral Partnership NHS Foundation Trust (CWP). Following competitive funding secured in January 2023, VtC was piloted at Bowmere Hospital and has since become an embedded part of the Trust's volunteering and workforce strategy.

The programme provides structured volunteering opportunities in clinical and non-clinical settings, enabling individuals to gain valuable healthcare experience while supporting patient care and staff teams. Volunteers contribute through therapeutic activities, recovery support, patient feedback, administration and learner support, helping to enhance patient experience, reduce social isolation, increase engagement and improve quality of care. At the same time, participants develop skills, confidence and employability, creating a pathway into health and social care careers.

Now in its sixth cohort, VtC has supported more than 75 participants and continues to grow in reach and impact. By combining workforce development with service improvement, the programme creates benefits for volunteers, staff and patients alike. Strong leadership, stakeholder engagement, comprehensive training and ongoing evaluation have enabled VtC to become embedded within routine practice. The initiative delivers sustainable improvements in care and provides a compelling example of long-term innovation, workforce development and organisational impact.

Impact & results achieved

The Volunteer to Career programme has delivered sustained and measurable benefits for patients, staff, volunteers and services since its launch. In partnership with Helpforce, an evaluation framework was established to monitor volunteer progression, workforce outcomes and the impact on patient experience and service delivery. Regular reporting and feedback have consistently demonstrated the programme's long-term success.

One of the programme's most significant achievements has been supporting progression into employment and education. Across the first four cohorts, 33 volunteers (69%) progressed into employment, including 27 healthcare-related roles, while a further eight volunteers progressed into further or higher education, including apprenticeships. Volunteers have successfully moved into substantive healthcare roles, honorary contracts, apprenticeships and educational programmes, demonstrating the programme's effectiveness as a pathway into health & social care careers.

The impact extends beyond workforce development. The first four cohorts have contributed 2,109 hours of support, directly supporting 1,846 service users, facilitating 3,738 service user interactions and assisting 1,095 staff members. Volunteers have enhanced patient experience through social interaction, therapeutic activities, recovery-focused support, feedback collection and practical assistance. Staff report that volunteers provide valuable additional capacity, helping reduce pressures on teams and enabling clinicians to focus on specialist care.

Now in its sixth cohort, VtC has become an embedded, sustainable programme that continues to deliver long-term improvements in patient experience, workforce development and service delivery across CWP.

What makes this initiative stand out?

Our VtC programme is distinctive because it successfully combines workforce development, patient experience improvement and volunteering within a single sustainable model. Rather than viewing volunteers solely as an additional resource, the programme positions them as valued contributors to service delivery while simultaneously supporting the development of the future health and care workforce.

A key strength of the programme is its co-designed approach. Volunteer roles are developed alongside clinical teams to ensure they respond to genuine service needs and provide meaningful experiences for participants. This enables volunteers to contribute to patient care while developing skills and confidence. The programme also stands out through its commitment to inclusion and opportunity. VtC actively engages individuals from a wide range of backgrounds, including those seeking career changes, people returning to employment, refugees, members of the Armed Forces community and individuals living in deprived communities. This widens access to healthcare careers and supports workforce diversity. Structured training, mentorship and ongoing support are another key feature. Volunteers are equipped with the knowledge and confidence needed to succeed while benefiting from professional development opportunities and exposure to healthcare careers.

The impact on patient care further distinguishes the programme. Volunteers support therapeutic activities, patient engagement and recovery-focused interventions while helping release clinical staff time. Through continuous evaluation, strong leadership and partnership working with Helpforce, the programme has evolved over six cohorts and become embedded within organisational practice. Its ability to benefit patients, staff and volunteers simultaneously makes VtC distinctive.

Contact

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Concentric Health

Transforming Surgical Safety Through Trust-Wide Digital Consent

Categories

- Patient Involvement in Patient Safety - In Partnership with Patient Safety Learning

Organisation description

Concentric Health is the UK's leading provider of digital consent for surgical and medical procedures. Its digital consent platform is used across approximately 30% of NHS hospitals, supporting more than 30,000 clinicians and two million patients annually. Concentric worked with Barts Health NHS Trust to replace paper-based consent with a safer, more transparent digital process centred on shared decision-making.

Summary

A 2023 safety audit found that paper-based consent was no longer fit for purpose. Important risk information often reached patients too late for them to properly consider their options, while consent-related issues were the second most common cause of delayed theatre starts.

Barts Health selected Concentric as its digital consent partner following a rigorous selection process, and digital consent has now been used for more than 160,000 consent episodes across 69 surgical specialties and four hospitals. Patients can review clear information at home, access content in their own language and make informed decisions before their procedure.

Impact & results achieved

More than 2,000 clinicians now use the platform each week. Missing, illegible and incomplete forms have been eliminated before surgery, while integration with the Electronic Patient Record ensures documentation is immediately accessible.

Feedback from 69 frequent staff users highlighted improvements in ease and efficiency, digital safety and patient experience. Staff reported greater confidence in challenging unsafe practice before surgery.

Of 435 patients surveyed, 68.5% expressed positive sentiment and 27.8% were neutral. In one case, digital validation identified that a procedure had been omitted from a patient's consent documentation. The issue was corrected with the patient before surgery, avoiding the risk of proceeding without valid consent or delaying the operation.

What makes this initiative stand out?

Patient involvement was central to the initiative and influenced decisions about language, accessibility and theatre hardware.

The programme combines scale with reliability, operating across 69 specialties and four hospitals, achieving 100% compliance across all areas of the original safety audit.

The close partnership between Barts Health, its patients and Concentric has created a sustainable system that continually uses feedback to improve safety, equity and patient experience.

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Cygnet Health Care

Complaints Team

Categories

- Teams Making a Difference to Experience

Summary

The Cygnet Complaints Team demonstrates what exceptional organisational service looks like. Despite being a small team, it provides compassionate and timely support to more than 170 services across multiple nations and regulatory frameworks.

The team has transformed complaints handling by creating a responsive, transparent and improvement-focused service. It champions the rights and experiences of the people Cygnet supports, placing service users, families and stakeholders at the centre of the process. Every concern is treated as an opportunity to learn, improve care and deliver positive change.

Its impact during 2025–2026 includes:

2,186 complaints managed across Cygnet

A 2% year-on-year reduction in complaints

696 formal complaints investigated through robust review processes

309 complaints upheld or partially upheld, ensuring concerns were acknowledged and actions implemented

4,370 compliments received – 50% more than the number of complaints

Between April and June 2026, the team also exceeded all its response targets. Of Early Resolution complaints, 97% were answered within five working days or an agreed extension, with 82% resolved within five working days. For formal complaints, 100% were answered within 20 working days or an agreed extension.

These results demonstrate the team's ability to operate effectively at scale while maintaining high standards of care and responsiveness. By strengthening processes and improving the ways people can raise concerns, it has made feedback more accessible and ensured issues are addressed promptly and compassionately.

The team's work goes far beyond resolving individual complaints. It has embedded a culture in which feedback drives improvement, transparency builds trust and learning leads to better care. Its professionalism, empathy and commitment to continuous improvement have delivered measurable benefits for service users, families and staff across Cygnet.

The team's impact is felt throughout the organisation: quietly, consistently and profoundly.

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Cygnet Health Care

Cygnet Health Care

Categories

- Independent Excellence in Experience of Care

Organisation description

Cygnet is a leading UK provider of mental health and social care services for adults and children. Its hospitals, community services and care homes provide personalised pathways, supporting people to achieve their goals and live as independently as possible.

Working with the NHS, ICBs and local authorities, Cygnet provides emergency, planned and community-based care that improves choice and access to support closer to home. More than 13,000 employees support almost 8,650 people annually across 167 services, with 84% of its healthcare services rated 'Good' or 'Outstanding'.

Summary

Over the last two years, Cygnet has executed the most significant private investment in UK mental health infrastructure in recent history.

Recognising that mental ill health is one of the UK's single largest cause of disability, coupled with a significant reduction in NHS mental health bed capacity and growing demand for specialist services, Cygnet delivered and concluded a £132 million, two-year expansion programme (Building for Better Healthcare) that fundamentally increased the resilience of the UK's mental healthcare ecosystem.

Cygnet delivered seven new specialist mental health hospitals and refurbished 181 existing beds, creating environments co-produced with patients, carers, Experts by Experience and staff. Rather than designing hospitals for people, we designed them with the people who would use them, ensuring every decision was driven by one question; 'Will this improve the experience of the person receiving care?'

This approach created environments that are calming, dignified and recovery-focused that patients describe as feeling "more like hotels than hospitals."

The impact has been significant. Patients are receiving specialist care closer to home, reducing out-of-area placements and enabling greater family involvement.

Impact & results achieved

Improved Patient Experience

- Patient feedback consistently demonstrates the difference therapeutic environments make.
- Patients frequently describe our hospitals as: "More like hotels than hospitals."
- One patient shared: "I felt very supported and relaxed. I'm in a better place now."
- Another said: "This is the best hospital I've ever stayed in."

Our discharge surveys show:

- 4.5/5 for "Staff are caring and supportive".
- 4.4/5 for "The care and treatment I received helped me progress towards discharge".
- 4.4/5 for "Cygnet helped me feel better."
- 76% of Google reviews are rated four or five stars, reflecting positive experiences across our services.

Keeping people closer to home

- Building for Better Healthcare has expanded specialist capacity by 230 beds, allowing around 1,500 additional people every year to access care.
- This has reduced out-of-area placements and enabled more patients to remain closer to their families, carers and support networks, something consistently identified as important for recovery.

Better healthcare outcomes

- 95% of adults were discharged to community settings.
- 93% of CAMHS patients returned home or to community placements.
- 79% of people with learning disabilities moved to less restrictive settings.
- Daily functioning improved by 30% across healthcare services.
- Average length of stay reduced by 17.1%.

Safer environments

Our Social Hubs have delivered measurable improvements in safety and wellbeing.

Across multiple sites:

- Incidents reduced by 25–35% within six months.
- Staff engagement increased by up to 45%
- Burnout reduced by 35%
- Quality and external recognition
- Despite significant growth, quality has remained consistently high.

Today:

- 84% of services are rated Good or Outstanding - 17% higher than the independent mental health sector average.
- All new hospitals reached high occupancy while maintaining safe and effective care.
- Our Social Hub programme won the Low Cost High Impact Award at the Design in Mental Health Awards 2025, while our hospitals have attracted national attention for their co-produced, patient-centred design.

The results are clear: better environments create better experiences, safer care and better outcomes.

What makes this initiative stand out?

Building for Better Healthcare stands out because it did not ask: "What should a hospital look like?"

It asked: "What would help someone recover?"

Patients, carers and staff were not consulted at the end, they were involved from the beginning.

The initiative also demonstrates that improving patient experience is not separate from improving safety, outcomes and staff wellbeing; these goals are intrinsically linked.

By viewing the environment itself as a therapeutic intervention, Cygnet has redefined what modern mental healthcare environments can achieve.

Contact

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Cygnet Health Care

Cygnet Hospital Kewstoke Farm Project

Categories

- Environment of Care

Organisation description

Cygnet is a leading provider of mental health and social care services for adults and children in the UK. Our network of award-winning hospitals and community-based services offer a range of specialist care pathways tailored to individual needs. We put those in our care at the heart of all we do, working together to support every person to achieve their goals and live as independently as possible.

As a national care provider, with a network of professional, high-quality services across the UK, we are able to offer solutions and work in partnership with the NHS, ICBs and local authorities to provide much-needed services including emergency and planned admissions, as well as community-based care.

Cygnet services allow the NHS to increase patient choice and improve access to care closer to home.

Our expert and highly dedicated care team of more than 13,000 employees support almost 8,650 individuals each year across 167 services to consistently make a positive difference to their lives.

Summary

Cygnet Hospital Kewstoke has transformed an eight-year disused farm into a thriving therapeutic environment that is improving patient experience, supporting recovery and strengthening community connections through genuine co-production.

Rather than simply redeveloping unused land, the project placed service users at the heart of every stage. Patients worked alongside occupational therapists, support staff, local horticultural experts and Cygnet's Experts by Experience (EbEs) to design, restore and shape a space that reflects what people receiving inpatient mental health care said they wanted: meaningful activity, opportunities to learn practical skills, access to nature, and a place that feels hopeful rather than institutional.

The farm now delivers structured occupational therapy, horticultural activities, cooking sessions using home-grown produce, social interaction, wellbeing opportunities and skills development that support greater independence after discharge. It is also creating new partnerships with the local community, including Weston College, with ambitions to provide produce to local food banks and expand volunteering opportunities.

The initiative demonstrates how co-production, therapeutic design and community collaboration can transform patient experience. It has increased confidence, engagement and wellbeing among service users while challenging stigma surrounding mental health. More importantly, it has created a lasting legacy that continues to evolve through the voices of patients, carers, staff and people with lived experience.

Impact & results achieved

Although still evolving, the farm has already significantly improved patient experience. Its greatest success has been engagement: patients who initially watched from a distance have gradually become active participants, demonstrating increased confidence, motivation and trust in therapeutic relationships.

Feedback highlights feeling calmer outdoors, learning practical skills, taking pride in visible progress, improved social interaction and a renewed sense of purpose and optimism. The farm has also broadened occupational therapy beyond indoor activities, providing meaningful outdoor occupations linked directly to recovery goals.

The first successful harvest, including onions, cauliflower and lettuce, was used in cooking sessions, enabling patients to experience the full journey from planting to preparing meals. This supports independent living skills, nutritional awareness and confidence, while reinforcing Recovery Education principles. Shared activity has also strengthened relationships between staff and patients.

Success is measured through patient feedback, occupational therapy outcomes, participation levels and observations from staff and service users. Partnerships with Weston College are creating potential education and vocational opportunities, while plans for food-bank donations and community volunteering could reduce stigma and generate lasting social value.

What makes this initiative stand out?

Many organisations create therapeutic gardens. Cygnet Hospital Kewstoke created something much more ambitious.

This project transformed an abandoned farm into a living recovery environment designed, built and continually shaped through genuine co-production. Rather than asking patients to participate in a finished project, they became partners in creating it.

Equally important was the involvement of Cygnet's Experts by Experience, whose lived experience ensured every stage reflected what truly matters to people receiving inpatient mental health care.

The initiative combines environmental design, occupational therapy, recovery education, community engagement, vocational development and social value within one integrated programme. Patients are not simply gardening. They are developing confidence, rebuilding identity, learning transferable skills, improving wellbeing, strengthening relationships and preparing for life beyond hospital.

The project also reaches beyond hospital boundaries by creating partnerships with education providers, community organisations and local residents.

It demonstrates that patient experience is not improved through buildings alone, but through creating environments where people feel valued, trusted and empowered.

That combination of co-production, recovery and community impact is what makes this initiative truly distinctive.

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Derby & Burton Hospitals Charity

Sensing Spaces of Healthcare at Derby and Burton Hospitals

Categories

- Environment of Care

Organisation description

Air Arts is the arts and wellbeing programme for University Hospitals of Derby and Burton NHS Foundation Trust (UHDB). Established in 2007, the team of 4 arts managers led by Laura Waters use visual arts, music, creative participation, exhibitions, heritage projects and environmental enhancements to improve the experience of patients, visitors and staff across 5 hospital sites. The programme aims to create welcoming healthcare environments, reduce anxiety, support wellbeing, aid recovery and provide positive distractions from illness.

Air Arts is part of Derby & Burton Hospitals Charity (DBHC), the official charity supporting UHDB. The charity provides core funding for the programme and helps secure additional funding from organisations such as Arts Council England, The National Lottery and other charitable trusts and foundations. This relationship enables Air Arts to deliver creative health initiatives across hospitals in Derby, Burton, Lichfield, Tamworth and surrounding areas.

Summary

Sensing Spaces of Healthcare at Derby and Burton Hospitals combines pioneering research, strong leadership, measurable impact and genuine co-production to improve the hospital environment to support patient recovery and staff wellbeing. Rather than relying on traditional estates-led improvements, the project introduces an innovative sensory consultation methodology developed with the University of Bristol, using evidence-based insights alongside hospital performance indicators to identify areas of greatest need and deliver targeted, effective interventions.

This new approach brings together patients, staff and partners in a collaborative process of identifying challenges and co-creating solutions. It demonstrates strong leadership through its willingness to test new ideas, learn from lived experience and translate research into practical change. Most importantly, the initiative delivers meaningful outcomes by improving the everyday experience of healthcare spaces, helping to reduce stress, support wellbeing and create environments that better meet the needs of diverse users. Its inclusive design process ensures that smaller voices can influence decision-making, whilst its evidence-based methodology provides a robust framework that can be sustained, evaluated and refined over time.

With a scalable model that can be replicated across departments, hospital sites and NHS organisations nationwide, Sensing Spaces of Healthcare represents not only a successful local innovation but a transformational approach with the potential to influence healthcare design and patient experience far beyond Derby and Burton.

Impact & results achieved

The impact on the staff involved in the pilot has been significant in terms of their engagement and commitment to wanting to make a difference. Anecdotal feedback indicates an improved sense of autonomy, better communication between team members and a more positive outlook about their working environment. In terms of improvements on wellbeing, we use a series of questions based on likert scales which patients and staff complete before and after improvements . The results are compelling and demonstrate a clear improvement in self reported wellbeing in enhanced spaces.

For example on an enhancement project in a chemotherapy bays where patients and staff were involved in the design of bay enhancements, prior to the project, 50% of respondents reported feeling neutral about the environment. Following enhancements to the bays, 90% of respondents reported feeling positive or very positive about their environment.

Given that we are targeting areas of highest need and working to create bespoke solutions, we anticipate these results being replicated or improved once the project is rolled out.

We also gather qualitative responses in our surveys. Our feedback backs up the evidence demonstrating that co-designed enhancements support wellbeing, and a sense of autonomy, whilst reducing stress and anxiety. In our regular surveys, an average of 99% of people agree that Air Arts activities improves their well-being and we regularly achieve 100% in our FFT scores.

What makes this initiative stand out?

What makes it particularly special is that it challenges conventional approaches to improving hospital environments by not just focusing on the actual buildings, but on how people experience those spaces. While many environmental improvement projects concentrate on aesthetics alone, this brings the whole sensory experiences of patients, visitors and staff into the decision-making. An important consideration is that sensory experience is heightened by the stress of being in hospital and may also be changed by illness. If a person's sensory needs are not met during illness, recovery takes longer and mental health suffers too. By combining pioneering research, sensory consultation and co-created problem solving with hospital performance data, we have created a unique and evidence-based methodology for understanding where environmental challenges exist and how they can be addressed in a meaningful way through a variety of interventions.

The initiative is also distinctive because it brings together disciplines that do not traditionally work closely together, including healthcare, research, patient experience, quality improvement, wellbeing and design. This has enabled the project to move beyond the usual ways of working to develop solutions that are informed both by lived experience and by organisational evidence. The result is a more holistic and person-centred approach to environmental improvement that recognises the important role healthcare spaces play in shaping wellbeing, recovery, comfort and staff morale.

A key contributor to the project's success is its commitment to genuine co-production. Patients and staff are involved throughout the process, helping to identify issues, share experiences and shape solutions. This has ensured that interventions are inclusive and responsive to real needs.

Most importantly, the project has developed a practical and transferable framework that can be embedded into future improvement work. Rather than delivering isolated environmental changes, it creates a sustainable model for continuous improvement, enabling organisations to better understand and respond to the sensory needs of the people who use healthcare spaces.

Contact

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East London NHS Foundation Trust

Pathways App

Categories

- Outstanding Contribution to Experience of Care
- Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

Summary

Shuayb deserves special recognition for demonstrating the transformational impact that lived experience can have on improving healthcare. Rather than simply sharing his experiences, he has applied his lived experience of autism alongside his technical skills, creativity and commitment to collaboration to help shape the Pathways App, improving communication, accessibility and patient involvement within secure forensic mental health services.

His contributions have played a key role in making the app more inclusive. He co-created the Family, Friends and Carers webpage, a new feature within the Pathways App designed to provide families, friends and carers with clear, accessible information about mental health services, the multidisciplinary team, legal frameworks and key terminology. He has also helped develop practical tools to strengthen patient feedback, supported continuous quality improvement, and empowered other service users to contribute confidently through meaningful co-production. His work has consistently demonstrated that people with lived experience are not only experts by experience but valuable partners in designing better healthcare services.

His contribution has also helped the Pathways App gain national recognition, including winning the HSJ Digital Award for Empowering Patients Through Digital and the Occupational Therapy Excellence Award for OT Innovation of the Year. These achievements demonstrate the quality, innovation and wider impact of his work, while reinforcing the value of embedding lived experience within service improvement.

Above all, he has helped create a culture where patients, families, carers and people with lived experience are listened to, respected and empowered through the Pathways App to shape the future of healthcare. He deserves special recognition for demonstrating that lived experience is not simply a perspective to be consulted, but an expertise that can transform services, improve patient experience, strengthen partnerships with families and carers, and inspire more inclusive, accessible and collaborative healthcare for the future.

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Eastern Health Cluster – Allied Health Professional Development

The Capability-to-Care™ Transformation Framework A Governance Model Transforming Workforce Capability into Measurable Patient Outcomes

Categories

- International Excellence in Experience of Care
- Leadership and Governance for Experience Excellence

Organisation description

Eastern Health Cluster (EHC) is one of Saudi Arabia's largest integrated healthcare providers, serving more than three million people across the Eastern Province. Its 20,000 staff deliver services spanning prevention and primary care through to specialist, mental health, rehabilitation and long-term care.

As part of Saudi Arabia's Vision 2030 healthcare transformation, EHC is committed to person-centred, value-based care. Its Capability-to-Care™ Transformation Framework ensures that investment in workforce development leads to measurable improvements in patient outcomes, experience, clinical quality and organisational performance.

Summary

Healthcare organisations invest substantially in workforce development, yet few can demonstrate how these investments improve patient outcomes. Most capability frameworks measure educational activity—training completed, competencies achieved, or certifications obtained—but rarely show how workforce capability translates into better patient care.

Eastern Health Cluster addressed this gap by developing the Capability-to-Care™ Transformation Framework, an innovative governance model that connects workforce capability directly to measurable improvements in patient experience, clinical quality, safety, operational performance, and healthcare value.

Rather than treating professional development as a standalone educational function, the framework integrates workforce planning, competency assessment, clinical privileging, evidence-based practice, governance, and continuous outcome measurement into a single transformation pathway. Every capability initiative is designed with predefined patient and organisational outcomes, ensuring that workforce investment delivers measurable value rather than educational outputs alone.

The framework enables healthcare leaders to move beyond asking "How many staff were trained?" to answering "How did improved capability make care safer, more effective, and more person-centred?"

Scalable across healthcare professions and services, the Capability-to-Care™ Framework provides a practical blueprint for value-based healthcare, demonstrating how governance, leadership, and workforce capability can be transformed into sustainable improvements in patient outcomes. It represents a fundamental shift from measuring learning to measuring the impact of learning on the people who matter most—patients.

Impact & results achieved

The Capability-to-Care™ Transformation Framework has fundamentally changed how Eastern Health Cluster measures the value of workforce development. Rather than evaluating success through training hours or competency completion alone, the framework links workforce capability directly to patient outcomes, clinical quality, patient safety, service performance, and organisational value.

Success was measured through a structured Capability-to-Impact dashboard incorporating capability scores, competency validation, patient outcome indicators, service access, safety metrics, quality indicators, and operational performance. These measures were selected to demonstrate whether workforce investment translated into measurable improvements in healthcare delivery rather than educational outputs.

The framework has been successfully applied across multiple strategic initiatives, including the governed Dry Needling service, Women's Health Model of Care, Interventional Radiology competency pathway, Respiratory Therapy governance programme, and specialised professional development programmes. These projects demonstrate the framework's ability to convert workforce capability into measurable service improvements, enhanced patient experience, strengthened governance, and safer clinical practice.

The framework has also established a standardised governance model for capability assessment, enabling data-driven workforce planning, prioritisation of development investment, and continuous performance monitoring across Allied Health services.

Beyond individual projects, the Capability-to-Care™ Framework has created a sustainable organisational approach that aligns workforce capability with strategic objectives and value-based healthcare. By providing healthcare leaders with measurable evidence of how capability investment improves patient care, it has shifted organisational success from measuring learning to measuring the impact of learning, creating a scalable model for healthcare transformation across the Cluster and beyond.

Capability Initiative
Patient/Service and outcome

- Dry Needling: Reduced treatment pathway and improved access
- Women's Health Model of Care: Expanded multidisciplinary services and improved continuity of care
- Interventional Radiology: Improved competency assurance and patient safety
- Respiratory Therapy: Standardised governance and workforce readiness
- Capability Index: Data-driven workforce planning and investment decisions

What makes this initiative stand out?

The Capability-to-Care™ Transformation Framework is unique because it shifts workforce development from measuring learning activities to measuring their impact on patient outcomes. Rather than focusing on training completion alone, it integrates workforce planning, competency assessment, clinical governance, privileging, patient safety, and outcome measurement into a single governance model that translates workforce capability into measurable patient value.

Its success is driven by strong executive leadership, multidisciplinary collaboration, data-driven decision-making, and continuous performance monitoring. Scalable across clinical specialties, the framework provides a sustainable blueprint for improving patient experience, clinical quality, workforce readiness, and value-based healthcare, making it transferable to healthcare organisations nationally and internationally.

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Eastern Health Cluster – Allied Health Professional Development

DALEEL – Evidence-to-Practice Accelerator Transforming Research Evidence into Better Patient Care

Categories

- International Excellence in Experience of Care

Organisation description

Eastern Health Cluster (EHC) is one of Saudi Arabia's largest integrated healthcare providers, serving more than three million people across the Eastern Province. Its 20,000 staff deliver services spanning prevention and primary care through to specialist, mental health, rehabilitation and long-term care.

As part of Saudi Arabia's Vision 2030 healthcare transformation, EHC is committed to person-centred, value-based care. Its Capability-to-Care™ Transformation Framework ensures that investment in workforce development leads to measurable improvements in patient outcomes, experience, clinical quality and organisational performance.

Summary

DALEEL™ – Evidence-to-Practice Accelerator was developed to address one of healthcare's greatest challenges: translating research and innovation into routine clinical practice that improves patient care. While healthcare organisations generate valuable evidence, implementation is often inconsistent, resulting in delayed adoption of proven interventions and missed opportunities to improve patient outcomes.

DALEEL is a governance-led framework that systematically transforms evidence into measurable improvements in patient experience, clinical quality, safety, and service performance. The framework brings together clinicians, researchers, educators, quality teams, and healthcare leaders to identify high-value evidence, prioritise implementation, develop workforce capability, and evaluate outcomes using a structured governance process.

Unlike traditional research programmes that measure publications or educational activity, DALEEL measures what matters most—whether evidence changes practice and delivers better outcomes for patients. By integrating implementation science, multidisciplinary collaboration, clinical governance, and continuous evaluation, the initiative creates a sustainable model for embedding evidence-based care into everyday clinical practice.

The framework has established a scalable approach that supports service transformation across multiple clinical specialties and can be adapted by other healthcare organisations. By bridging the gap between knowledge and practice, DALEEL demonstrates how research can become a practical driver of safer, more effective, person-centred, and value-based healthcare, making it deserving of international recognition.

Impact & results achieved

DALEEL™ has transformed how Eastern Health Cluster translates evidence into practice by introducing a structured governance process that ensures research and innovation lead to measurable improvements in patient care rather than remaining as academic outputs.

Success was measured using a balanced evaluation framework covering implementation, workforce, clinical, patient, and organisational outcomes. We selected these measures because they demonstrate whether evidence is not only adopted but also sustained and capable of improving healthcare delivery.

Key implementation measures included the number of evidence-based projects progressing through the DALEEL pathway, implementation completion rates, multidisciplinary participation, and compliance with governance requirements. Workforce measures assessed clinician engagement, competency development, and adoption of evidence-based practice. Clinical and patient measures included improvements in care processes, patient safety indicators, patient experience feedback, service efficiency, and selected patient outcome measures relevant to each implementation project.

Rather than applying a single outcome measure across all projects, DALEEL requires every initiative to define measurable objectives before implementation and evaluate its impact using pre- and post-implementation data. This ensures that improvements are evidence-driven, locally relevant, and continuously monitored.

The framework has strengthened collaboration between clinicians, educators, researchers, quality teams, and operational leaders, creating a consistent organisational approach to implementing evidence-based practice. It has accelerated the translation of research into clinical services, improved governance and accountability, supported workforce capability development, and established a sustainable model for continuous improvement.

Most importantly, DALEEL has shifted organisational success from "What evidence have we produced?" to "How has evidence improved patient care, experience, safety, and service quality?"

This cultural transformation provides a scalable foundation for long-term, person-centred healthcare improvement across the organisation.

What makes this initiative stand out?

DALEEL™ stands out by addressing a critical healthcare challenge—bridging the gap between research and routine clinical practice. Unlike traditional programmes that measure publications or educational activities, DALEEL measures whether evidence leads to meaningful improvements in patient experience, safety, quality, and service performance.

Its unique strength is a governance-led, standardised implementation framework that integrates implementation science, clinical governance, workforce capability development, quality improvement, and multidisciplinary collaboration. Every initiative follows the same structured pathway from evidence appraisal to implementation and outcome evaluation, ensuring consistency, accountability, and sustainability.

The framework's success is driven by strong executive support, multidisciplinary ownership, and a focus on outcomes that matter to patients rather than organisational activity alone. Because it is scalable and adaptable across specialties and healthcare settings, DALEEL creates a sustainable culture of continuous learning and evidence-based practice. This combination of strategic governance, measurable impact, and transferability makes DALEEL an innovative model for improving patient care and healthcare performance.

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Eastern Health Cluster – Allied Health Professional Development

Transforming the Musculoskeletal Patient Journey: A Personalised Dry Needling Service that Reduced Visits, Improved Access and Enhanced Recovery

Categories

- Patient Involvement in Patient Safety - In Partnership with Patient Safety Learning

Summary

Musculoskeletal pain is a leading cause of disability, repeated healthcare use and reduced quality of life. Eastern Health Cluster (EHC) recognised that patients do not necessarily need more appointments; they need better outcomes in fewer appointments.

Using Dry Needling as its first implementation, the initiative introduced a person-centred model combining evidence-based practice, shared decision-making, clinical governance, competency-based privileging and continuous outcome measurement.

EHC supports more than 11,000 musculoskeletal patients through over 73,000 physiotherapy sessions annually. The model aims to reduce treatment sessions by 30%, potentially releasing more than 22,000 appointments each year and improving access without increasing workforce capacity.

Co-designed by clinical, rehabilitation, governance, quality and patient-safety teams, the initiative provides a scalable model for improving outcomes, experience and service sustainability.

Impact & results achieved

The initiative established a framework measuring patient outcomes, experience, service performance and safety. Its focus is on faster recovery, fewer visits, improved access and safe, high-quality care. Baseline analysis found that patients attended an average of seven physiotherapy sessions. A pilot at Dammam Medical Complex will involve 273 patients with low back pain and aims to reduce this average to four sessions–a potential 43% reduction.

Achieving this would release approximately 819 appointments in one quarter, allowing new patients to access care sooner without increasing staffing. It could also reduce the physical, emotional and financial burden of repeated visits.

The pilot will inform the wider transformation of musculoskeletal services across EHC, supporting improved access, stronger governance and more sustainable care.

What makes this initiative stand out?

This initiative turns workforce capability into measurable patient value. It brings together evidence-based practice, shared decision-making, staff competency, governance and patient safety in one sustainable model. Collaboration across teams has embedded the approach into routine practice. More than dry needling, it provides a model that could help other healthcare organisations improve patient experience, clinical quality, efficiency and value.

Contact

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Essex Partnership University Trust

Recognising the work of Mike

Categories

- Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

Summary

Mike truly deserves recognition for his contributions to volunteering and improving the care people experiencing psychosis receive. He enabled our coproduction group to get off to a flying start and supported us to implement changes into the team that have had a lasting impact and helped to improve the care we provide to those experiencing a first episode of psychosis.

Mike is a welcoming, supportive presence and is able to offer a safe space to other members, encouraging them whilst they share their experiences and developing friendships within the group space. His contributions have enabled projects to be implemented into the service and his feedback has been invaluable when working to improve the care provided. The projects that Mike has contributed to have facilitated real change, which has been noticed by service users and the staff within the team.

Mike's passion is so evident, from creating YouTube videos and writing a book, he is breaking down barriers and stigma and opening up spaces where people can feel seen and understood. He is a true inspiration and has been a key figure in service development. He deserves special recognition for all his work in not only improving the service we provide, but to the information and resources he is sharing through his YouTube channel and his book.

Contact

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Flen Health

Patient Voice Project- Qualitative research, patient guide creation & published article

Categories

- Independent Excellence in Experience of Care

Organisation description

Flen Health is a family-owned global wound care company specialising in wound and skin healing solutions. Founded in Belgium, the company develops products that aim to improve both clinical outcomes and patients' quality of life. Through a strong focus on innovation, education and collaboration, Flen Health works closely with healthcare professionals to advance wound care across a range of healthcare settings. Across Europe, Flen Health employs approximately 100 people. This project was undertaken within the UK affiliate, which has around 30 employees. The UK business is centred around its flagship brand, Flaminal, a primary wound dressing widely used by healthcare professionals and patients. Flaminal is particularly valued for its ease of use, making it a suitable option for patients managing their own wound care.

Summary

We wanted to challenge the traditional approach of developing patient education resources for patients rather than with them. In partnership with Picker and the Picker Experience Network (PEN), we created a patient engagement programme that prioritised patient voice in decision making and asset development.

Twelve patients and carers with diverse wound care experiences participated in two discussion panels. By using an external facilitator, participants felt able to share honest reflections on accessing services, managing treatment, self-care, and the impact of living with a wound. The programme moved beyond consultation, giving participants genuine influence over project outputs and future thinking.

The insights generated challenged existing assumptions and identified practical opportunities to improve patient support, education and tools. Patients highlighted what information is most valuable, when it is needed, and how it should be communicated to support confidence and self-management.

These findings directly informed the development of a patient guide, ensuring content reflected real patient needs. The learning also informed recommendations for healthcare professionals and was published in Wounds UK, extending its reach and ability to replicate across different areas.

This initiative deserves recognition because it demonstrated how meaningful consultation can improve patient experience, influence professional practice, and create lasting change within a sustainable model to improve future engagement.

Impact & results achieved

The project created impact at both an individual and wider system level. Success was measured through participant feedback, structured workshops, pre-work questionnaires, polls, qualitative discussions and thematic analysis of all contributions.

This approach was chosen to capture not just what patients experienced, but why those experiences mattered and how they could inform improvement.

The project generated rich insights into four key areas: accessing and navigating wound care services, shared care, adherence to treatment, and the quality of patient information. Participants identified challenges including fragmented care pathways, inconsistent communication, delays in accessing support, and the emotional, practical and financial burden of living with a wound. These findings provided actionable recommendations for healthcare professional and industry service improvement.

Patients and carers directly influenced project outputs, including the development of more accessible and inclusive patient resources. Their feedback resulted in practical changes such as simplified language, improved accessibility features, greater cultural inclusivity, and the creation of both summary and detailed information formats.

Importantly, the impact extended beyond the project itself. The findings were shared through a published article, enabling patient insights to reach healthcare professionals across the wound care community. The project has also established a sustainable model for involving patients in future initiatives, ensuring lived experience continues to inform decision-making and innovation.

What makes this initiative stand out?

What makes this initiative special is the strength of the partnership behind it. Rather than a company designing a project and asking patients for feedback, Flen Health, Picker and the Picker Experience Network (PEN) worked together from the outset to create an approach that was independent, credible and patient-led. Each partner brought different expertise: Flen Health brought wound care knowledge and a commitment to improving patient support; Picker and PEN brought expertise in patient experience research and robust methodology and brought access to a diverse community of people with lived experience. Together, we created an environment where patient voices could be heard and valued.

The partnership was critical to the project's success. Independent facilitation by Picker helped participants feel comfortable sharing honest experiences, including both positive and challenging aspects of wound care. This generated rich insights that may not have emerged through traditional engagement approaches. It also ensured the findings reflected patient priorities, rather than organisational assumptions.

Another factor that makes the initiative different is that it went beyond creating a patient resource. The partnership enabled the development of broader recommendations for healthcare professionals and industry, while also generating insights that were shared through a published article, extending the impact across a wider community.

Ultimately, the success of the initiative came from a shared commitment to the aim of understanding what patients want and what will help them, mutual trust between partners, and the belief that people with lived experience should help shape the conversations, decisions and solutions that affect them. By combining the strengths of industry knowledge, patient experience research and lived experience, the partnership delivered outcomes that none of the organisations could have achieved alone.

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Global Initiative

مستشفى القطيف المركزي
Qatif Central Hospital

Nursing Olympics

Categories

- Staff Experience and Wellbeing

Organisation description

Qatif Central Hospital (QCH) is a Ministry of Health secondary care hospital located in Qatif, Eastern Province, Kingdom of Saudi Arabia. The hospital serves a large and diverse population by providing comprehensive healthcare services across a broad range of specialties, including emergency medicine, inpatient and outpatient care, surgical services, critical care, diagnostic imaging, laboratory medicine, rehabilitation, and other allied health services.

QCH employs approximately 3,000 staff members, including physicians, nurses, allied health professionals, administrators, and support personnel, working collaboratively to deliver safe, effective, and patient-centered care. The hospital is committed to continuous quality improvement, patient safety, innovation, and excellence in healthcare delivery. Through multidisciplinary collaboration and evidence-based practice, QCH strives to improve clinical outcomes, enhance patient experience, and support the strategic objectives of the Saudi Ministry of Health and Saudi Vision 2030.

Summary

Nursing Olympics is an innovative, gamified corporate wellness and professional development initiative developed to transform workforce engagement, psychological wellbeing, and clinical learning. Created in response to increasing burnout, staff disengagement, and training fatigue among healthcare professionals, the initiative reimagines mandatory education as an immersive Olympic-style experience that inspires learning through teamwork, healthy competition, recognition, and shared achievement.

Unlike traditional educational approaches, Nursing Olympics combines scenario-based clinical simulations, interactive skills challenges, live team competitions, and structured recognition within a psychologically safe and motivating environment. By integrating gamification with evidence-based learning principles, the program encourages active participation, strengthens critical thinking, enhances clinical competence, and promotes collaboration across multidisciplinary teams.

More than a training program, Nursing Olympics positions professional development as a strategic workforce wellbeing initiative. It fosters resilience, improves employee morale and engagement, strengthens organizational culture, and creates a positive learning environment where staff feel valued, motivated, and empowered.

The initiative is supported by measurable competency assessments, participant feedback, and performance analytics to evaluate outcomes and drive continuous improvement. Designed as a sustainable and scalable model, Nursing Olympics can be readily replicated across departments and healthcare organizations, supporting long-term workforce development while contributing to safer, higher-quality, and more patient-centered care.

Impact & results achieved

The Nursing Olympics has improved workforce wellbeing, professional development and organisational performance by combining staff engagement, recognition and competency assessment within one sustainable programme. Nursing turnover fell from 11.26% in 2023 to 3.48% in 2025, while registrations more than doubled from 93 to 190 and participation in wider nursing activities rose by approximately 30%.

The initiative also increased attendance at educational sessions from 72% to 84%, while enrolment in the Preceptorship Course grew from 42 to 80 nurses. Following the competition, 89% of participants reported greater confidence in clinical decision-making, 91% were satisfied with the event and 86% felt professional development and career opportunities had improved.

Scenario-based questions provide objective evidence of knowledge gaps, allowing education to be tailored to genuine workforce needs. For example, poor performance in medication-related questions led to the development of an accredited medication education programme. This data-driven approach strengthens teamwork, motivation and psychological safety while making learning more targeted and cost-effective.

Using internal educators, a digital question bank and a standardised format, the Nursing Olympics can be repeated annually with minimal additional resources. The model is scalable across other departments and organisations, demonstrating how engaging, evidence-based learning can improve staff experience, strengthen capability and support safer patient care.

What makes this initiative stand out?

Nursing Olympics is an innovative workforce wellbeing initiative that combines education, engagement, recognition, and professional development into a single, sustainable model. By transforming mandatory education into an engaging Olympic-style experience, it enhances staff wellbeing, clinical competence, teamwork, and organizational culture.

Supported by measurable outcomes and a scalable, low-cost design, the initiative has improved staff engagement, participation in education, and workforce retention. Its adaptable framework can be implemented across departments, hospitals, and healthcare systems, making it a sustainable model for strengthening workforce wellbeing and delivering safer, higher-quality patient care.

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Global Initiative

مستشفى القطيف المركزي
Qatif Central Hospital

Quality Café Initiative: A Step Closer to Positive Patient Safety Culture

Categories

- Leadership and Governance for Experience Excellence
- Patient Involvement in Patient Safety - In Partnership with Patient Safety Learning

Organisation description

Qatif Central Hospital (QCH) is a Ministry of Health secondary care hospital located in Qatif, Eastern Province, Kingdom of Saudi Arabia. The hospital serves a large and diverse population by providing comprehensive healthcare services across a broad range of specialties, including emergency medicine, inpatient and outpatient care, surgical services, critical care, diagnostic imaging, laboratory medicine, rehabilitation, and other allied health services.

QCH employs approximately3,000 staff members, including physicians, nurses, allied health professionals, administrators, and support personnel, working collaboratively to deliver safe, effective, and patient-centered care. The hospital is committed to continuous quality improvement, patient safety, innovation, and excellence in healthcare delivery. Through multidisciplinary collaboration and evidence-based practice, QCH strives to improve clinical outcomes, enhance patient experience, and support the strategic objectives of the Saudi Ministry of Health and Saudi Vision 2030.

Summary

Since the Institute of Medicine reports with the following report on quality had emerged, patient safety—which prevents patient harm—has become an essential part of the global healthcare system. Consequent reports concentrated on components of a comprehensive redesign of the healthcare system that prioritized patient safety and pushed for a shift from a blame-and-fear culture to one of accountability, safety, leadership support, and patient-centeredness.

our hospital's top focus for five years, beginning in 2022, is to enhance our patient safety culture by recognizing value and consequences of staff and leadership engagement, safety incident reporting, change management, and rewarding efforts- core components of our quality and patient safety cafe initiative.

Using results of institutional safety surveys in 2021 and 2022 and applying FOCUS PDCA methodology, our aim is to increase by 40% reaching 75% in Average Positive Scores per Domain in AHRQ survey over 5 years selecting 4 domains with the lowest positive response rate: response to errors, Management support, reporting of patient safety, and communication about errors. After implementing the initiative's core component, its impact on improving a positive patient safety culture studied. Consequently, a remarkable increase by 68% in safety event reporting and 89% in reporting sentinel events discerned. Improvements in both qualitative and quantitative measures, like higher attendance at training and café sessions, higher staff morale, stronger leadership support, and greater patient and staff engagement. A higher percentage of staff members—100%—participated in patient safety culture survey in 2023. all patient safety culture domains displayed an increase by 9% in 2021 and 20% in 2022, an average of 15%. Furthermore, there is an increase by 10 % in patient safety reporting, by 17% in error communication, and by 62% in response to errors which is highest compared to all domains, however, Management support remained same.

Impact & results achieved

The data collection period is from December 2019 to August 2023. After implementing the initiative's core components, its impact on improving a positive patient safety culture was analyzed. Consequently, a remarkable increase in safety event reporting starting in mid-2021 from an average of 102 in 2021 to 316 in 2022 reports per month with a 68% increase and also an 89% increase in reporting sentinel events discerned. An increase in the number of reported events is a key indicator of our move toward a more positive safety culture. Additionally, we observed improvements in both qualitative and quantitative measures, like higher attendance at training and café sessions, higher staff morale, stronger leadership support, and greater patient and staff engagement. In fact, a higher percentage of staff members—100%—participated in the patient safety culture survey in 2023 with an increase from 3% to 26%.

Despite the fact the difference in the 2022 version of the AHRQ survey, all patient safety culture domains displayed an increase from 2019 to 2022 by 9% in 2021 and 20% in 2022, an average of 15%. Furthermore, on the four chosen domains, patient safety reporting has increased by 10%, error communication has increased by 17%, and the response to errors has increased by 62% which is the highest compared to all domains, however, Management support has remained the same. Since the five-year plan is an ongoing endeavor, we anticipate the results of the 2023 culture survey to examine the plan's influence and efficacy and modify it as necessary to reach the optimum goal of improving the positive patient culture.

What makes this initiative stand out?

What makes the Quality & Patient Safety Café unique is that it goes beyond traditional patient safety training by creating a sustainable culture change rather than delivering isolated educational sessions. The initiative combines leadership engagement, staff empowerment, recognition, interactive learning, and continuous performance measurement into a single improvement model.

Unlike conventional awareness programs, the initiative was built on baseline AHRQ Patient Safety Culture Survey results and targeted the hospital's lowest-performing safety culture domains through structured interventions using the FOCUS-PDCA improvement methodology. This ensured that every activity addressed a clearly identified organizational need rather than a perceived one.

Another distinguishing feature is the strong emphasis on positive reinforcement. Staff were recognized for reporting safety events, sharing lessons learned, and actively contributing to patient safety improvements, helping to shift the organizational culture from blame to learning and continuous improvement.

The success of the initiative was driven by visible executive leadership support, active multidisciplinary participation, data-driven decision-making, and continuous staff recognition. Together, these elements created a highly engaging environment that strengthened trust, increased reporting, and embedded patient safety into everyday practice rather than treating it as a compliance activity.

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Gloucestershire Hospitals NHS Foundation Trust

"Say Hello in Any Language"

Categories

- Partnership Working

Organisation description

Gloucestershire Hospitals NHS Foundation Trust is a large acute NHS trust serving a diverse population across Gloucestershire and surrounding areas. The Trust operates major hospital sites in Gloucester and Cheltenham and employs over 8,000 staff, delivering a wide range of services including emergency care, specialist treatment, and community-based support. Committed to high-quality, person-centred care, the Trust works closely with partners and local communities to reduce health inequalities and improve patient experience across its services.

Summary

Gloucestershire Hospitals NHS Foundation Trust serves a diverse community speaking over 100 languages. During a 15 Step Challenge Review of Children's and Young People's Emergency Department, members of the Trust Young Influencers Programme identified a critical but often overlooked barrier to positive patient experience: language and communication inequality.

Say Hello in Any Language" is a powerful example of what happens when young people are truly heard. Through the Young Influencers Programme, young people identified a deeply human issue—patients feeling anxious, isolated, and unheard because of language barriers.

Working in partnership with staff and the Trust charity, they created a simple but transformative solution: a badge system showing which languages staff speak. This makes it easier for patients to connect with someone who understands them and supports early access to interpretation and translation (T&I) services. It strengthens communication from the first moment, helping people feel comfortable, understood, and involved in their care—transforming experiences and helping reduce inequalities across healthcare.

- Simple, innovative idea making staff language skills visible and accessible
- Co-designed with young people, staff, and the Trust charity
- Low-cost, sustainable, improving communication and early T&I access
- Inclusive, supporting those less often heard and celebrating diversity
- Scalable and easy to adopt across services

With 510 badges across 51 languages in 32 departments, the impact is clear—supporting more human, fairer care for all.

Impact & results achieved

This initiative has created meaningful, human impact—transforming how people feel in moments that matter most.

Clear, measurable outcomes include:

510 multilingual badges produced across 51 languages

Adoption across 32 departments, with continued spread through staff demand

Impact on patient experience:

For many patients and families, this simple badge has transformed moments of anxiety into moments of connection. Being able to speak to someone in their own language helps people feel safer, more confident, and genuinely included in their care.

One patient reflected:

"When I saw someone who could speak my language, I felt at ease straight away—it made me feel like I wasn't alone."

Patients describe feeling more welcomed, understood, and respected—turning what could be overwhelming experiences into ones where they feel seen and valued.

Impact on staff and culture:

Staff feel proud to represent their language and culture. The badges spark smiles and conversations, strengthening connections across teams and with patients, and creating a visibly inclusive environment.

Wider organisational impact:

The project has embedded a culture where inclusion is felt in everyday interactions. It shows that when young people lead, even small ideas can reduce inequalities and create lasting, compassionate change.

What makes this initiative stand out?

What makes this initiative truly stand out is its simplicity, authenticity, and the power of youth-led change. A small idea—helping someone say "hello" in their own language—has created a profound shift in how people experience care.

Unlike many improvement projects, this was not designed for patients, but with and by young people. The Young Influencers identified a deeply human need and translated it into a practical, visible solution that makes an immediate difference in real moments of care.

Key elements of success include:

Authentic youth leadership, challenging traditional power dynamics and ensuring the solution reflects real lived experienceCo-production and partnership working, bringing together young people, staff, and the Trust charity to deliver sustainablySimplicity with high impact, creating immediate emotional and practical benefits without complexity or costVisibility, turning inclusion into something patients can see, feel, and experience instantlyMost importantly, it transforms everyday interactions. A badge becomes more than a tool—it becomes reassurance, dignity, and connection.

This initiative proves that meaningful change does not need to be complex. When people feel heard and valued, even the smallest idea can have extraordinary impact.

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Gloucestershire Hospitals NHS Foundation Trust

Sounds of the Soul 2025 & The Sangeet Memory Box 2026 – bringing memory, culture and connection back through music

Categories

- Partnership Working

Organisation description

Gloucestershire Hospitals NHS Foundation Trust is a large acute NHS trust serving a diverse population across Gloucestershire and surrounding areas. The Trust operates major hospital sites in Gloucester and Cheltenham and employs over 8,000 staff, delivering a wide range of services including emergency care, specialist treatment, and community-based support. Committed to high-quality, person-centred care, the Trust works closely with partners and local communities to reduce health inequalities and improve patient experience across its services.

Summary

In 2023, Mindsong partnered with the hospital Trust to help people living with dementia reconnect with identity, culture, family and joy through the power of familiar music

For many people living with dementia, memory loss can also mean losing connection to culture, language, faith and who they are. We heard that services do not always reflect this, and people can feel unseen or not fully understood.

“Sounds of the Soul 2025 & The Sangeet Memory Box 2026” is a deeply personal partnership, close to my heart, showing how listening can gently bring people back to themselves. Led by the Gloucestershire Hospitals Engagement & Involvement Team, this work began by spending time with communities—simply talking, listening, and understanding what music and sound truly meant to them before anything was designed. People shared how dementia was taking away not just memory, but connection to culture, language, faith, and identity.

Working in partnership with Mindsong, community groups, faith leaders, families and chaplaincy teams, we co-designed something simple yet powerful. Through music, storytelling and shared spaces, people began to reconnect—with themselves and with each other. As one carer shared: “For the first time in a long while, I felt like I had my mum back—even if just for a moment.”

We saw moments that stay with us: a mother humming again after years of silence, families rediscovering memories, and a son finding comfort sitting beside his father at the end of life.

This work turns listening into action—creating inclusive, meaningful care that restores dignity, strengthens connection, and brings humanity back into healthcare.

Impact & results achieved

The impact of this work has been deeply personal and, at times, quite profound. We measured success not just through numbers, but through what we saw, heard, and felt—through stories, shared moments, and the connections that came back to life.

By truly listening, we captured how music carries memory, identity, and emotion. People shared reflections of life before partition, national anthems filled with pride and loss, journeys across seas, and songs tied to marriage, family, and belonging. Each song in the playlists holds a story—a piece of someone’s life.

We saw people light up in ways not seen for years. One patient, who had not spoken for days, slowly lifted their eyes as a familiar song played, then began to sing. In that moment, their family saw the person they loved return. These moments meant everything. As one carer shared: “For the first time in a long while, I felt like I had my mum back—even if just for a moment.”

Families are now reaching out more, including from diverse communities, inviting music therapists into their homes after seeing the difference it makes. Conversations around dementia are changing, too. We learned that language does not always have the words to describe living with dementia, and this can create silence or misunderstanding. Through this work, music has helped bridge that gap—giving people a way to express what cannot easily be said. In doing so, it has supported wider learning across organisations, helping shape more culturally sensitive approaches, improving understanding within translation and interpreting services, and strengthening how we talk about and support dementia in our communities.

Staff report a deeper understanding and more compassionate care. Impact was observed through changes in mood, connection, and wellbeing, with consistent positive feedback over time.

This work has also strengthened trust with communities and extended its reach—shared on BBC radio and selected for the World Congress of Music Therapy (WCMT 2026), where Mindsong will share this learning more widely.

Ultimately, this work shows that even when memory fades, connection still lives—and it is in these moments that true care is felt.

What makes this initiative stand out?

What makes the Mindsong Project stand out is its ability to reach people where traditional care often cannot—through emotion rather than words. In a space where communication fades, it gently restores connection in a deeply human way.

Unlike clinical approaches, this work centres on the person. Through personalised music—rooted in each individual’s life, culture, and memories—it brings identity to the forefront. As one patient shared:

“That felt like me again.”

We also heard powerful reflections:

“1965… before partition… working the land, harvesting grains…”

“We were not allowed to go to the cinema until we were married…”

“When Lata Mangeshkar sang… I felt pride and sadness.”

The stories shared during sessions also showed how deeply music connects to identity. One participant described being taken back to life before partition—working on the land, harvesting crops, and sharing simple meals with family. Others spoke about cultural values, early adulthood, and the social expectations they lived through. “We were taught honesty, beauty, love and devotion – Satyam, Shivam, Sundaram.” These were not just memories—they were lived experiences brought back to life in the moment.

Key elements of its success include:

- A personalised, story-led approach
- Strong emotional impact and reconnection
- True partnership across patients, families, and staff
- Simple idea, lasting change

In these moments, people are not defined by dementia—they are reconnected with who they have always been.

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HCA Healthcare UK

Midwifery Led Antenatal and Delivery Service, and Maternity Outpatients

Categories

- Excellence in Personalised Care
- Independent Excellence in Experience of Care

Organisation description

The Portland Hospital is the only fully private maternity hospital in London, offering both Consultant-Led and Midwife-Led maternity care. The service facilitates approximately 1,500 births each year, ranging from low-risk, midwifery-led pregnancies and births to highly complex maternal and fetal obstetric cases.

The Midwife-Led Team manages an expanding range of outpatient maternity services. All women receiving maternity care at The Portland Hospital attend an initial booking appointment with the outpatient midwifery team. In addition, the team provides pre-assessment appointments for elective caesarean sections, facilitates maternity tours, delivers antenatal and postnatal infant feeding support services, and manages the dedicated Midwife-Led Care antenatal pathway. Through these services, the team plays a pivotal role in ensuring high-quality, personalised care throughout the pregnancy, birth, and postnatal journey.

Summary

This submission recognises the Outpatient Midwife-Led Team for their exceptional commitment to delivering personalised, compassionate, and high-quality maternity care. Through their professionalism, expertise, and patient-centred approach, they make a significant difference to the women, babies, and families they support, reflected in outstanding patient feedback, DAISY Award nominations (award that honours kind and compassionate care) , repeat service users, and specific requests for their care.

The team continually demonstrates innovation and new thinking. Key developments include a dedicated Bereavement Champion providing continuity of care through the Purple Butterfly pathway (dedicated pregnancy loss and bereavement pathway), continuity of carer teams for low-risk women receiving Midwife-Led Care, personalised planning for complex cases, and small-group facility tours that provide reassurance and foster a sense of trust and belonging. Where appropriate, continuity of care is extended from outpatient to inpatient services.

Under Hayley's leadership, the service has evolved significantly. Over the past decade, she has championed improvements including a 24/7 Consultant on-call rota, redesigned staffing models to enhance continuity of carer, and the introduction of services such as Postnatal and Infant Feeding Clinics. Her leadership has created a culture of innovation, collaboration, and excellence.

The team's success and reputation have led to plans to replicate this model beyond London, increasing access to exceptional private maternity care across England.

Impact & results achieved

The success of the Outpatient Midwife-Led Team is evidenced through a range of qualitative and quantitative outcomes:

Consistently excellent patient feedback, demonstrating high levels of satisfaction with the personalised, compassionate, and continuous care provided. DAISY Award nominations and other patient-led recognitions, reflecting the exceptional experiences of women and families. Women specifically requesting members of the team for their maternity care, demonstrating trust and confidence in the service. Increasing patient numbers and repeat service users, with many families returning for subsequent pregnancies. Positive outcomes from continuity of carer initiatives, with women reporting stronger relationships with their midwives and greater confidence throughout pregnancy and the postnatal period. Growth and sustainability of services, including the successful establishment of Postnatal and Infant Feeding Clinics and the continued expansion of Midwife-Led Care pathways. Improved accessibility to care through innovative initiatives, such as self-referral processes and virtual hospital tours. Recognition from the wider organisation through plans to replicate the service model beyond London, demonstrating its effectiveness, scalability, and value. High levels of staff engagement and retention, reflecting the positive culture, leadership, and professional development opportunities fostered within the team. Collectively, these measures demonstrate a service that consistently delivers safe, high-quality, woman-centred care whilst driving innovation, improving patient experience, and achieving sustainable growth.

What makes this initiative stand out?

This initiative stands out because it was developed directly from listening to women and families and responding to an identified gap in care. Rather than focusing solely on clinical provision during pregnancy and birth, it recognised the importance of continuity, relationships, and support throughout the entire maternity journey, particularly during the often-overlooked postnatal period.

The initiative also stands out because it has been achieved within a private maternity setting while maintaining a strong focus on safety, accessibility, and family-centred care. It has led to tangible benefits, including exceptional patient feedback, repeat service users, specific requests for team members, and growing demand for the service.

Most importantly, the initiative is sustainable, scalable, and transferable. The significance of this initiative is heightened by the current challenges facing maternity services across the UK. National reports and patient surveys have highlighted concerns around workforce pressures, inconsistencies in care, declining continuity of carer, and variation in women's experiences, particularly during the postnatal period.

At a time when confidence in maternity services has been affected by high-profile reviews and ongoing scrutiny of safety and quality, this model demonstrates how relationship-based, continuity-led care can improve both patient experience and satisfaction. By placing women and families at the centre of service design and ensuring ongoing support throughout the maternity journey, the initiative offers a practical example of how maternity services can respond to the needs and expectations of today's pregnant population.

Its success has influenced wider service development within HCA Healthcare UK, with plans to replicate elements of the model beyond London, extending access to high-quality, continuity-based maternity care to more women and families.

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Here

Here Health Builders (Lived Experience)

Categories

- Developing the Capability for Person-centered Care

Organisation description

Here is an employee-owned social enterprise delivering NHS community healthcare services across Sussex in partnership with NHS organisations, including Sussex Community NHS Foundation Trust (SCFT). Through its Health Builder programme, Here has pioneered the meaningful involvement of people with lived experience in designing, improving and delivering healthcare. This submission focuses on how Here and SCFT have embedded Health Builders within Sussex MSK Health to build clinicians' capability and create a culture of personalised care across an integrated musculoskeletal service serving more than one million people.

Health Builders are people with lived experience of musculoskeletal conditions or caring for someone with a long-term health condition, working alongside clinicians, educators and leaders to shape services, support patients, strengthen community connections and improve care through lived experience. Their contribution spans peer support, service improvement, governance, education and quality improvement.

Summary

Embedding lived experience into workforce development to build clinicians' capability for personalised care.

Personalised care is widely recognised as essential to delivering high-quality healthcare, yet many organisations still struggle to embed it consistently in everyday clinical practice.

Through a partnership between Here and Sussex Community NHS Foundation Trust (SCFT), Sussex MSK Health has taken a different approach by embedding Health Builders, people with lived experience of health and care, within the way clinicians learn, reflect and improve.

Rather than acting solely as patient representatives, Health Builders have become partners in clinician development. They co-design and co-deliver training, support Shared Decision-Making education, contribute to the Personalised Care Observation Tool (PCOT), participate in reflective practice, and play an active role in governance and quality improvement.

Eight Health Builders are embedded within this work and have completed 15 PCOT observations. Their contribution has also helped shape Community Appointment Days (CADs), a nationally recognised model of neighbourhood health, and the approach has successfully transferred into Stroke services.

By embedding lived experience into professional development, Sussex MSK Health is creating a practical, sustainable and transferable model for developing person-centred care across integrated healthcare systems.

Impact & results achieved

The greatest impact of this work has been a fundamental shift in the role of lived experience within Sussex MSK Health. Rather than contributing to service improvement after decisions have been made, Health Builders are now embedded in how clinicians learn, reflect, improve and deliver personalised care.

As this is a culture change programme, success was measured by the extent to which lived experience became embedded in clinician development, influenced service design and spread beyond its original setting. Evidence includes education and governance activity, training evaluations, PCOT observations and Wessex Academy benchmarking.

Health Builders now co-design and co-deliver personalised care and Shared Decision-Making training, support reflective practice, undertake PCOT observations and contribute to governance through the SCFT Personalised Care Working Group.

Results include:

Eight Health Builders actively involved in personalised care. Fifteen PCOT observations completed, with more planned. Health Builders embedded within clinician education, reflective practice, governance and quality improvement. Community Appointment Days (CADs), co-designed with Health Builders, recognised nationally as an exemplar of neighbourhood health. The approach adopted within Stroke services, demonstrating the model is transferable beyond musculoskeletal care. SCFT education attendance, participant evaluations and Wessex Academy benchmarking providing evidence of workforce engagement and a baseline for measuring longer-term cultural change. While culture change takes time, this work has already established a sustainable, transferable model for embedding lived experience within clinician development.

"The Health Builders challenge us, encourage us and inspire us. Their lived experience has become one of our greatest assets in helping clinicians put personalised care into practice." Georgi Daluiso-King, Clinical Head of Personalised Care and Population Health, Sussex MSK Health.

What makes this initiative stand out?

Many organisations involve people with lived experience in reviewing or redesigning services. Far fewer embed them within the way clinicians learn, reflect and improve.

Embedding lived experience within clinician development does more than improve engagement. It strengthens professional practice, influences service design and helps create a lasting culture of person-centred care.

Rather than acting as advisors or occasional contributors, Health Builders have become trusted partners in education, Shared Decision-Making training, reflective practice, governance and quality improvement. Lived experience is now part of how clinicians develop their knowledge, skills and practice, rather than something considered after decisions have been made.

This has been made possible through a genuine partnership between Here and Sussex Community NHS Foundation Trust, bringing together lived experience, clinical leadership and organisational commitment to create a shared approach to personalised care.

The impact extends beyond clinician development. Health Builders helped shape Community Appointment Days (CADs), now recognised nationally as an exemplar of neighbourhood health, and the approach has successfully transferred into Stroke services. Together, these achievements demonstrate a practical, transferable blueprint for embedding person-centred care across the NHS.

'I loved the end "I became a partner in my own care. Fully informed, fully involved, fully human". That is what I hope we can promote and give to our patients; that's the purpose, the goal. Patient Care Advisor.

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Kate Allatt, Speaker & Advocacy

Lived Experience Global Locked In Syndrome Advocacy

Categories

- Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

Summary

At the age of 39, Dr Kate Allatt experienced a brainstem stroke and developed locked-in syndrome. Although conscious and able to think, she was unable to move or communicate. Her recovery was considered highly unlikely, yet she went on to regain movement, walk out of hospital and rebuild her life.

Before her stroke, Kate ran her own marketing business. Following her recovery, she drew on this experience, alongside her first-hand understanding of locked-in syndrome, to become an advocate, author, speaker and consultant.

Just three months after leaving hospital in 2010, Kate founded the registered charity Fighting Strokes. Initially run entirely on a voluntary basis, the charity grew from Kate's determination to provide the encouragement, information and human connection she would have valued during her own time in hospital.

For more than 16 years, Kate has offered voluntary support to people affected by locked-in syndrome, including survivors, families and those supporting their recovery. Her work has achieved an international reach through media appearances, podcasts, speaking engagements and direct advocacy.

At the heart of Kate's approach is the belief that people with locked-in syndrome should be recognised as conscious individuals with potential, preferences and a voice. Her work challenges assumptions about recovery and encourages professionals and families to communicate directly with patients, involve them in decisions and maintain hope.

Kate is the author of the internationally published non-fiction book Running Free: Breaking Out of Locked-In Syndrome, released in 2011. Kate has contributed to published research, combining her lived experience with professional and clinical perspectives. Her work has helped build understanding of locked-in syndrome, recovery and the role that communication, rehabilitation and patient involvement can play.

Her unique perspective bridges the gap between patients, families, healthcare professionals, researchers and organisations. Through Fighting Strokes, her research, writing and speaking, Kate continues to champion the rights and potential of people affected by stroke and locked-in syndrome around the world.

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Khafji General Hospital

KGH Patient Experience Excellence Project: Elevating Beneficiary Satisfaction

Categories

- Commissioning for Better Experience of Care
- International Excellence in Experience of Care

Organisation description

Khafji General Hospital (KGH) is part of the Rural Health Network within the Eastern Health Cluster, located in the Eastern Province of the Kingdom of Saudi Arabia.

The hospital serves the population of Al Khafji Governorate, situated in the northeastern border region of Saudi Arabia, providing comprehensive secondary healthcare services to the local community.

KGH is a 100-bed general hospital offering a wide range of medical and surgical services, including:

Internal Medicine General Surgery Pediatrics Orthopedics Obstetrics and Gynecology (OB/GYN) Emergency Department (ED) Other general medical specialties The hospital is equipped with both an Adult Intensive Care Unit (AICU) and a Neonatal Intensive Care Unit (NICU). Comprehensive laboratory and diagnostic imaging (radiology) services are available to support patient care.

Healthcare services are delivered by a multidisciplinary team consisting of:

79 physicians representing various specialties and professional grades. 86 nursing staff providing inpatient, outpatient, and critical care services. 74 allied health professionals, including pharmacists, laboratory specialists, radiology staff, respiratory therapists, physiotherapists, and other clinical support personnel. Khafji General Hospital is committed to delivering safe, high-quality, patient-centered care and continuously improving healthcare outcomes through quality improvement initiatives, patient experience programs, and compliance with national accreditation standards.

Summary

Khafji General Hospital implemented the Patient Experience Excellence Project to enhance beneficiary satisfaction across the Outpatient Department (OPD), Emergency Department (ED), and Inpatient Services using the FOCUS–PDCA quality improvement methodology. The initiative addressed key operational challenges, including prolonged waiting times, emergency department delays, inconsistent communication, and discharge inefficiencies that negatively affected the patient experience.

A multidisciplinary team redesigned clinical workflows and implemented evidence-based interventions, including AIDET communication training, ER Fast Track, early discharge planning, leadership rounding, and continuous patient feedback monitoring. Progress was measured through patient satisfaction surveys, performance indicators, and regular quality reviews.

The project produced measurable and sustainable improvements. Emergency Department satisfaction increased from 89.24% to above 94%, while Inpatient satisfaction improved from 77.94% to above 94%. Outpatient satisfaction remained consistently high at above 92%, demonstrating sustained performance.

This initiative established a culture of patient-centered care, strengthened multidisciplinary collaboration, standardized communication practices, and embedded continuous quality improvement into daily operations. Its measurable outcomes, sustainability plan, and alignment with national healthcare transformation priorities make it a scalable model for improving patient experience across healthcare organizations.

Impact & results achieved

The Patient Experience Excellence Project delivered measurable improvements in satisfaction, efficiency and quality of care across Khafji General Hospital. Progress was assessed through standardised patient satisfaction surveys, alongside monthly monitoring of complaints, compliments, waiting times, leadership observations and patient feedback.

Emergency Department satisfaction rose from 89.24% in Q4 2025 to over 94% in Q1 2026–an increase of 4.76 percentage points. Inpatient satisfaction increased from 77.94% to over 94%, a 16.06-point improvement, while outpatient satisfaction remained above 92% despite growing demand.

Standardised AIDET communication improved interactions between staff and patients, while ER Fast Track and early discharge planning reduced delays. Multidisciplinary working, leadership rounds and regular feedback reviews enabled timely action and increased staff involvement in quality improvement. Ongoing monitoring, education and quarterly reviews have embedded these changes into routine practice, creating a sustainable model that can be replicated elsewhere.

What makes this initiative stand out?

The Patient Experience Excellence Project took a whole-system approach, using the FOCUS–PDCA improvement methodology to identify root causes, redesign workflows and embed sustainable changes across outpatient, emergency and inpatient services.

Hospital leaders, clinical teams and support services worked with patients and families to combine operational improvements–including ER Fast Track and early discharge planning–with consistent patient-centred communication through the AIDET framework. Patient feedback, complaints and performance data directly shaped priorities and service redesign.

The project increased Emergency Department satisfaction from 89.24% to over 94% and inpatient satisfaction from 77.94% to over 94%, while outpatient satisfaction remained above 92%. Strong leadership, multidisciplinary accountability, continuous monitoring and staff education have sustained these results, creating a scalable model for improving patient experience and strengthening a culture of continuous improvement.

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King's College Hospital

King's Patient and carer partnership Framework for Quality Improvement

Categories

- Partnership Working

Organisation description

King's College Hospital NHS Foundation Trust is one of the UK's largest teaching hospitals, employing approximately 14,000 staff across five hospital sites and serving a diverse population of more than one million people across South East London. The Trust provides local, specialist and tertiary services and is committed to continuously improving patient care through innovation, research and quality improvement. This initiative was led by the Continuous Improvement & Innovation (CI&I) team in partnership with patients, carers, Patient Experience, Equality, Diversity & Inclusion, Communications, frontline staff and executive leaders.

Summary

"They stopped talking about me—and started talking with me." This reflection from Patient Partner James Norris captures the transformation achieved through this initiative.

A 2022 Theory of Change evaluation undertaken by King's Improvement Science (Developing a Theory of Change for the quality improvement training programme at King's College Hospital | Our projects | King's Improvement Science) identified meaningful patient and public involvement as a critical indicator of successful Quality Improvement (QI). However, our own QI data showed that only 14% of improvement initiatives involved patients or carers and there was no standardised approach to recruit, support or partner with them. This gap between evidence and practice became the catalyst for change.

Working in equal partnership with patients, carers, frontline staff, Patient Experience, Equality, Diversity & Inclusion, executive leaders and improvement specialists, we co-designed King's Patient and Carer Partnership Framework for Quality Improvement. The Framework provides a standardised approach, practical tools, governance, digital resources and ongoing support that enables every improvement team to meaningfully partner with patients and carers throughout the improvement journey.

Within six months, the initiative achieved a 10% increase in the number of projects with patients and/or carer involvement, approximately 500% increase in the number of patients and/or carers involved, 50% fully agreed that the involvement was meaningful and added value, and 86% of patients and staff felt fully supported, respected and valued.

The Framework is now being embedded across King's and provides a practical, sustainable and transferable model for improving healthcare with patients rather than for patients.

Impact & results achieved

The initiative delivered measurable improvements in both organisational capability and partnership.

See framework here

Within six months, the Framework achieved:

50% fully agreed that the involvement was meaningful and added value. 10% increase in the number of projects with patients and/or carer involvement. Approximately 500% increase in the number of patients and/or carers involved. 86% of patients and staff felt fully supported, respected and valued. The project also delivered a lasting organisational benefit by creating King's first standardised Framework for patient and carer partnership in Quality Improvement. Instead of relying on individual project teams to determine how patients should be involved, staff now have access to a consistent, practical approach supported by governance, guidance and digital resources.

The cultural impact was equally significant.

As Patient Partner reflected:

"They stopped talking about me—and started talking with me."

Staff also recognised the value of working in partnership:

"It was fascinating to hear their input and how the QI department dealt with the various topics raised."

"It gave me a much clearer idea about how the framework can be applied to more improvement projects hospital-wide and ensure we are making our Trust better together"

What makes this initiative stand out?

Many organisations encourage patient involvement. This initiative created the organisational infrastructure to make it happen consistently.

Rather than delivering a single successful project, we co-designed the King's Patient and Carer Partnership Framework for Quality Improvement, transforming partnership from an ad hoc activity into a standard way of delivering improvement.

As one patient/carer summarised:

"They stopped talking about me—and started talking with me."

While long-term patient outcomes are yet to be formally evaluated, the Framework is already ensuring improvement is shaped by lived experience, strengthening staff engagement and creating the conditions for more person-centred care and better patient outcomes.

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Leeds Teaching Hospitals NHS Trust

NHS
The Leeds Teaching Hospitals
NHS Trust

Metastatic Pancreatic Cancer – improving pathways and patient experience in a nurse led clinic

Categories

- Teams Making a Difference to Experience

Summary

The nurse led metastatic pancreatic cancer clinic started in July 25 and since then we have supported 41 patients whom fit the criteria for the clinic.

- 27 seen in the clinic
- 9 seen on a ward
- 4 not seen (for various reason)
- 1 Telephone review

Of these patient there were 35 metastatic, 3 with recurrence and 3 with locally advanced disease.

25 patients were referred to medical oncology and 16 were for best supportive care.

Of the patients referred to oncology, 13 had some palliative chemotherapy and 12 unfortunately did not make it to the first chemotherapy cycle.

Of the 41 patients seen between July 25 and May 26, 19 have sadly died.

Average time from meeting a CNS to death is 40 days.

All patients seen were started on Creon and supplement drinks. All reviewed by a dietician within 7 days.

All patients for best supportive care were referred to community palliative care the same day.

The above data is snap shot of some of the information captured during audit of the nurse led clinic. It highlights the need for an efficient pathway process to either get patients to a treatment or to help manage problematic symptoms at diagnosis. As a CNS team we are able to use our expert knowledge of pancreas cancer/treatments to have an open and honest conversation about appropriate next steps with patients. We can signpost to all relevant support networks to ensure maximum support.

Verbal feedback from patients/relatives has been positive with regards to the support given by the CNS team in the clinic. Most patients appreciated being able to be seen so quickly following a scan and being told their diagnosis.

Case example:

Female patient, 67 years old, CT scan showed metastatic pancreatic cancer (liver and lung mets)

Attended nurse led clinic in a wheel chair, appeared frail and reporting numerous problematic symptoms.

She was clearly for best supportive care and the patient/family were in agreement.

In clinic she was given Creon and supplement drinks.

On the same day as clinic she was referred to: Community palliative care urgently, dietician team, welfare rights/SR1 and telephone call to GP.

All of the above services made contact with the patient within 2-3 days.

Unfortunately the patient died 9 days after being seen in the nurse led clinic.

The above example is the reason why a clinic such as this is so necessary. I would like to think the interventions made in the clinic and the same day referrals meant that she was seen by the right people, in a timely manner to help with her symptoms. The input of all those community services will have undoubtably meant that her end of life care was managed properly.

Prior to the nurse led clinic this patient would have likely died before her scan was even discussed on the MDT.

Contact

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Lime

Lime Music for Health

Categories

- Environment of Care

Organisation description

Manchester University NHS Foundation Trust (MFT) is one of the largest NHS Trusts in the UK, providing specialist and community healthcare services across ten hospitals and a wide range of community settings, serving a diverse population of more than one million people.

Lime is MFT's award-winning Arts and Health programme. Established over 50 years ago and supported by Manchester Foundation Trust Charity, Lime delivers art and music programmes that enhance patient experience, staff wellbeing and healthcare environments across the Trust.

This submission relates to Lime's Music for Health programme, which operates across Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital. Delivered by a specialist team of Music for Health Practitioners working alongside multidisciplinary clinical teams, the programme supports adult patients receiving acute, rehabilitation and specialist care, including stroke, critical care, dementia, frailty, respiratory, transplant and surgical services. During 2025–26, the programme delivered 565 participatory music sessions across 26 priority wards.

Summary

Acute hospital wards are clinically effective environments, but they can also be noisy and stressful for patients, carers and staff. Lime's Music for Health programme transforms the sensory environment of care through a pioneering model that embeds specialist Music for Health Practitioners within multidisciplinary clinical teams across Manchester University NHS Foundation Trust.

Building on more than two decades of practice, Lime has developed an evidence-based model that moves beyond traditional performance to deliver responsive, person-centred music interventions that complement clinical care, support rehabilitation and create calmer, more compassionate ward environments.

During 2025–26, the programme delivered 565 bespoke sessions across 26 priority wards. Independent evaluation involving 226 participants demonstrated significant improvements in patient and staff experience, with 64% achieving peak relaxation, 65% experiencing positive distraction from pain or anxiety, and 80% of wards reporting improved atmosphere and therapeutic relationships. Underpinned by workforce development, clinical partnerships, independent evaluation and continuous quality improvement, Music for Health demonstrates how creative health can sustainably transform the environment of care.

Impact & results achieved

To strengthen the programme's evidence base, Lime commissioned an independent mixed-method evaluation using the validated ArtsObs observational tool, designed to evaluate performing arts interventions in healthcare. The study combined quantitative observation with qualitative feedback to assess changes in mood, relaxation, distraction, ward atmosphere and participant experience. A total of 226 patients, staff and visitors were observed across 15 wards at Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital.

The findings demonstrated significant improvements in patient and staff experience. Before sessions, most participants recorded mood scores of 3–4 on a seven-point scale; during the music, the majority recorded 6–7. Sixty-four per cent of patients and visitors achieved the highest level of observable relaxation, while 65% experienced strong positive distraction from pain, anxiety or distress. Eighty per cent of wards reported improved atmosphere, creating calmer environments that enhanced patient engagement, communication and therapeutic relationships.

The evaluation also identified wider benefits. Staff consistently reported reduced stress, improved morale and greater patient engagement, while observations suggested calmer ward environments supported care delivery, staff safety and reduced patient deconditioning. Routine monitoring demonstrated sustained delivery at scale, with 565 participatory sessions delivered across 26 priority wards between April 2025-March 2026.

Evaluation findings, practitioner reflection and feedback from patients and clinical teams are embedded within Lime's continuous quality improvement process, ensuring the programme continues to evolve while delivering measurable improvements to the environment of care.

What makes this initiative stand out?

As an artist-led Arts & Health organisation, Lime believes artistic excellence is fundamental to achieving meaningful health outcomes. Rather than asking musicians to adapt their artistry to healthcare, Lime has developed a pioneering model that enables exceptional artists to work safely, ethically and responsively within complex clinical environments. Music is not simply the vehicle for the intervention—it is the intervention.

This philosophy is supported by the growing Creative Health evidence base, including the WHO review of arts and health, which demonstrates that the greatest benefits are achieved through high-quality, person-centred artistic practice delivered by skilled practitioners. This evidence has shaped every aspect of Lime's Music for Health model.

Over the past eight years, Lime has developed a specialist practitioner workforce that combines artistic excellence with structured training, mentoring, continuing professional development, reflective practice and clinical collaboration. Led by Lead Music for Health Practitioner Holly Marland, practitioner development includes specialist workshops, guest artists, peer learning and a structured trainee pathway, through which three practitioners have progressed into the wider team.

The programme's distinctive strength is that it never separates artistic excellence from compassionate care. Every interaction is co-created with patients, carers and staff, enabling practitioners to respond to changing clinical, emotional and cultural needs. This combination of artistry, workforce development, clinical partnership and independent evaluation has created an evidence-based model that is transforming the environment of care and redefining the role of professional artists within the NHS.

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Liverpool John Moores University

Safe Hospital programme

Categories

- Equity in Experience

Organisation description

The Safe Hospital Programme brings together Liverpool John Moores University, Doctors of the World UK and the University Hospitals of Liverpool Group to improve healthcare access and experience for refugees, asylum seekers and migrants. The partnership combines academic expertise, specialist knowledge of migrant health and advocacy, and the reach of one of England's largest NHS hospital groups.

Developed in response to barriers including language, limited understanding of healthcare rights, housing insecurity, cultural differences and fear of accessing services, the programme has created a co-designed Nurse Champion model. This equips staff to deliver culturally responsive, trauma-informed and rights-based care across hospital services.

The programme provides a sustainable foundation for workforce development, research and service improvement. Its legacy will be a growing network of Nurse Champions, stronger links between healthcare and community services, and lasting organisational change that reduces inequalities and supports safer, more compassionate and equitable care.

Summary

The Safe Hospital Programme: Nurse Champions for People Seeking Sanctuary is an innovative partnership between Liverpool John Moores University, Doctors of the World UK, and the University Hospitals of Liverpool Group, established to tackle inequalities in healthcare access and experience for refugees, asylum seekers, and migrants. The programme responds to barriers such as language difficulties, housing insecurity, limited understanding of healthcare entitlements, and fear of accessing services, all of which can contribute to poorer health outcomes and unsafe admissions and discharges. Through a pioneering Nurse Champion model, the initiative promotes trauma-informed, culturally responsive, and rights-based care across hospital services.

Twenty-three nurses from 14 specialties volunteered to become champions, demonstrating exceptional commitment to health equity, inclusion, and patient advocacy. Seventeen nurses completed specialist training, which resulted in substantial improvements in knowledge and confidence, including increased understanding of immigration status (44.2% to 96.4%) and advocacy confidence (57.8% to 92.8%).

The programme has strengthened multidisciplinary collaboration, improved awareness of health inequalities, enhanced advocacy for vulnerable patients, and supported safer, more coordinated care. It has also created a sustainable network of champions who are influencing practice, supporting colleagues, and driving organisational change. With strong evidence of impact, inclusion, leadership, and transferability, the model offers a scalable solution for improving equity, patient experience, and healthcare outcomes across the NHS.

Impact & results achieved

The success of the Safe Hospital Programme was measured using a mixed-methods evaluation approach, including pre- and post-training surveys, participant feedback, reflective workbooks, focus groups, interviews, and a follow-up impact survey to assess changes in knowledge, confidence, attitudes, and clinical practice.

The programme demonstrated significant improvements across all measured learning outcomes. Knowledge of immigration status increased from 44.2% to 96.4%, understanding of the UK asylum process from 48.4% to 94.6%, and advocacy confidence from 57.8% to 92.8% following training. Participants also reported greater confidence in trauma-informed care, healthcare entitlements, safe discharge planning, safeguarding, and supporting GP registration.

Follow-up evaluation showed that Nurse Champions were actively applying their learning in practice. Participants reported stronger patient advocacy, improved multidisciplinary collaboration, better recognition of social vulnerabilities, and increased use of community resources and referral pathways. Several nurses successfully supported patients to access primary care, challenged misconceptions around healthcare eligibility, and promoted safer discharge arrangements.

Importantly, the programme has established a sustainable network of Nurse Champions and informed the development of a Trust-wide protocol, creating the foundations for long-term improvements in equity, inclusion, patient experience, and continuity of care for people seeking sanctuary.

What makes this initiative stand out?

The Safe Hospital Programme stands out because it moves beyond awareness-raising to deliver a practical, system-wide solution to one of the most overlooked areas of healthcare inequality: the experiences of refugees, asylum seekers, and people seeking sanctuary during hospital admission, inpatient care, discharge, and follow-up. Rather than focusing solely on individual staff training, the programme combines workforce development, policy influence, service improvement, partnership working, and protocol development to create lasting organisational change.

A unique strength of the initiative is the partnership between Liverpool John Moores University, Doctors of the World UK, and the University Hospitals of Liverpool Group. This collaboration brings together academic expertise, frontline clinical leadership, specialist migrant health knowledge, and community perspectives to co-design solutions that are evidence-based, practical, and sustainable.

Another distinguishing feature is the diversity of the Nurse Champions themselves. Twenty-three nurses from 14 specialties volunteered to participate, many bringing lived experience of migration alongside extensive clinical expertise. This combination of professional knowledge and personal insight created a powerful foundation for advocacy, empathy, and culturally responsive care.

The programme has achieved measurable outcomes, with substantial improvements in knowledge, confidence, and advocacy skills, while also establishing a sustainable Train-the-Trainer model, a Trust-wide protocol, and a growing professional network. It has already attracted national attention through presentation at the Royal College of Nursing Congress, prompting interest from other NHS organisations. Most importantly, the initiative has embedded the voices of people seeking sanctuary within service development, ensuring that future care pathways are shaped by those with lived experience. This combination of innovation, measurable impact, partnership, inclusion, and sustainability is what makes the programme exceptional.

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Manx Care

In Your Shoes Listening Events

Categories

- Teams Making a Difference to Experience

Summary

The Manx Care Experience and Involvement Team and Manx Care Advice and Liaison Service (MCALS) deserve special recognition for the significant impact they have made in ensuring the voices of residents, patients and carers influence the delivery and improvement of health and social care services across the Isle of Man.

Over the past year, the team has led a transformation in how patient experience is understood and used to drive improvement. They developed Manx Care's first Resident, Patient and Carer Experience and Meaningful Involvement Strategy, creating a clear framework for embedding lived experience at the heart of decision-making, service design and quality improvement. The strategy was co-produced with residents, patients, carers, staff and community partners and is built around ten promises reflecting what matters most to those who use services.

The team has also introduced the innovative "In Your Shoes" programme, enabling patients, carers and families to share their experiences directly with staff and senior leaders. These powerful conversations have informed service improvements, increased empathy and strengthened person-centred care.

Through MCALS, the team supports thousands of people each year, helping individuals navigate services, resolve concerns and ensure feedback leads to meaningful change. Their commitment to partnership working, co-production and continuous improvement was recognised through an Isle of Man award for Excellence in Teams Working Together.

By championing a strong "You Said, We Did" approach and placing people at the centre of everything they do, the team has created lasting cultural change and improved experiences for communities across the Isle of Man.

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MediSites360

The Alder Hey Virtual Tour: enabling patients to experience the journey of their hospital visit before they arrive

Categories

- Digital and Technology Innovation for Experience

Organisation description

The 360 Technology Group Limited T/A MediSites360, was founded by Alan Tisch and Carl Timms. Located in Halifax, West Yorkshire. We are a health tech start up but with over 40 years of digital technology and media experience. In 2024 we delivered, in partnership with Alder Hey Children's NHS Foundation Trust and supported by Alder Hey Children's Charity, an immersive digital twin of the hospital designed to reduce pre-visit anxiety, improve wayfinding, and help children, young people and families feel more prepared before arriving. What began as an innovative virtual hospital experience has grown into Europe's largest full-hospital 360° virtual map in a health setting, now covering more than 313,000 square feet across campus and community sites.

The initiative goes far beyond a standard virtual tour. It combines 360° navigation with embedded videos, staff and young-person avatars, explainers, and intuitive digital signage to help users understand where to go, what spaces look like, and what to expect. The expanded model now includes 110 videos and significantly more clinical, research and community environments, making it a practical patient-experience tool rather than simply a communications asset.

Its value is already visible in use and feedback. Since launch, the tour has attracted more than 30,000 visits and been used by over 17,000 people, with positive feedback highlighting its role in reducing uncertainty and helping families feel more confident and informed ahead of appointments and admissions.

Summary

MediSites360, developed in partnership with Alder Hey Children's NHS Foundation Trust and funded by Alder Hey Children's Charity, is a digital twin initiative designed to improve patient and family experience before arrival at hospital. It enables children, young people and families to explore Alder Hey in advance, helping them understand where they are going, what different spaces look like, and what to expect before appointments, procedures or admissions.

The initiative has grown from an ambitious first phase into Europe's largest 360° hospital virtual map, now covering over 313,000 square feet across hospital, campus and community sites, with 110 embedded videos, avatars of staff and young people, and enhanced digital signage. Since launch, it has attracted more than 30,000 visits and has been used by over 17,000 people.

Most importantly, it is delivering measurable patient-experience impact. Alder Hey feedback shows 85.7% of respondents rated the experience good or excellent, 92.3% said it moderately, significantly or completely reduced anxiety, and 100% said they were somewhat or very likely to attend a scheduled appointment after using the virtual map. This is digital innovation directly improving preparedness, confidence and reassurance before care begins.

Impact & results achieved

The initiative has delivered measurable impact against its core aims: improving experience, reducing anxiety, increasing confidence and helping families feel more prepared before arrival.

Alder Hey's published data shows strong adoption. Since launch, the virtual tour has attracted more than 30,000 visits and has been used by over 17,000 people, demonstrating that families are actively using the platform as a pre-visit resource.

The most powerful evidence comes from direct user feedback gathered by Alder Hey:

In response to "How would you rate your overall experience with the virtual tour of Alder Hey?", 85.7% of respondents rated it good or excellent, including 60.7% who rated it excellent. This shows a high level of satisfaction with the experience itself.

In response to "How much did the virtual tour reduce any anxiety you or your child felt about visiting Alder Hey?", 76.9% said it significantly or completely reduced anxiety, and 92.3% said it reduced anxiety at least moderately. This directly evidences the emotional impact the initiative was created to deliver.

In response to "After experiencing the virtual map, how likely are you to attend a scheduled appointment?", 100% of respondents said they were somewhat or very likely to attend, with 83.3% saying very likely. While this is not presented as proof of reduced missed appointments, it is a strong indicator that the initiative supports confidence, preparedness and positive intent to attend.

Qualitative feedback also supports the impact. MediSites360's case study includes parent feedback describing the virtual tour as "invaluable" in helping a child understand what she would see, become familiar with the hospital and feel more prepared.

The impact is therefore both quantitative and human: high usage, strong satisfaction, measurable anxiety reduction, and evidence that families feel more confident before attending.

What makes this initiative stand out?

This initiative stands out because it uses advanced digital twin technology to address one of the most human aspects of healthcare: fear of the unknown. Many digital health projects focus on efficiency, administration or operational processes. This project focuses directly on the emotional experience of children, young people and families before they arrive at hospital.

Its innovation lies in shifting patient experience upstream. Rather than waiting until a family arrives on site to support them, Alder Hey and MediSites360 created a way to begin reassurance, orientation and preparation at home. The hospital visit is improved before the hospital visit even starts.

It also stands out because it combines scale with patient-centred design. The platform covers over 313,000 square feet across hospital, campus and community sites and includes 110 embedded videos, avatars and enhanced digital signage. But its value is not simply that it is large. Its value is that the scale allows more pathways, more environments and more families to be supported.

Most importantly, this initiative now has direct evidence of impact. Feedback shows 85.7% of respondents rated the experience good or excellent, 92.3% said it reduced anxiety at least moderately, and 76.9% said it significantly or completely reduced anxiety. That is what makes it award-worthy: it is innovative, ambitious, widely used and measurably improving patient and family experience.

The key elements behind its success are clear purpose, strong partnership, patient-journey-led planning, accessible content, phased delivery, and the willingness to expand and improve the model based on feedback.

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Mersey and West Lancashire Teaching Hospitals NHS Trust

Transforming the Experience of Critical Care

Categories

- Environment of Care

Organisation description

Mersey and West Lancashire Teaching Hospitals NHS Trust is one of the largest hospital trusts in North West England, serving more than 600,000 people across five hospital sites. Formed in July 2023 through the merger of St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust, it provides emergency, surgical, maternity, cancer, community and specialist services.

The Trust has two critical care units, based at Southport and Whiston hospitals. This nomination relates to the Whiston site, which provides intensive and high-dependency care for patients requiring advanced life support, close monitoring or post-operative support. As well as serving as a regional specialist burns centre, the department treats patients with sepsis, major trauma, respiratory or cardiac emergencies, neurological conditions, multi-organ failure and complications following surgery.

Care is delivered by a multidisciplinary team including critical care consultants, doctors, advanced practitioners, nurses, healthcare assistants, therapists, pharmacists, dietitians, psychologists, educators, rehabilitation specialists, and research, administrative and operational colleagues.

Summary

Critical care environments are inherently complex and unfamiliar. For patients and families, this unfamiliarity is a significant source of distress. Through patient experience feedback, staff insight, and observation, we identified consistent themes:

Patients described feeling overwhelmed by the environment before even entering

- Anxiety was often heightened by uncertainty and lack of clear understanding
- Families reported feeling unprepared and emotionally distressed when visiting for the first time
- Verbal explanations given during preoperative discussions were often not retained due to stress
- Written information did not adequately support individuals with lower literacy levels or differing needs

Feedback from patients, families and students consistently highlighted that the intensive care environment can appear intimidating, complex and, at times, overwhelming. The unfamiliar sounds of monitoring equipment, the presence of advanced medical technology, and a lack of understanding of the multidisciplinary team's roles often contributed to feelings of anxiety, uncertainty and fear at an already highly stressful time.

Recognising this unmet need, our team set out to develop an innovative ICU Virtual Tour designed to provide an accessible, realistic and compassionate introduction to critical care. Co-produced with patients, families, staff and wider stakeholders, the virtual tour demystifies the critical care environment, introduces the healthcare professionals involved in patient care, explains key aspects of the patient journey and highlights the invaluable role that families can play throughout recovery.

We recognised that the challenge was not simply about providing more information—but about providing information in the right way, at the right time, and in a format that supports emotional as well as cognitive understanding.

By enabling patients, relatives and learners to explore the environment before entering it, the virtual tour aims to reduce anxiety, improve understanding, promote family engagement and support a more positive experience of care. It transforms information provision from a traditional written format into an immersive, patient-centred resource that empowers individuals with knowledge, reassurance and confidence during one of the most vulnerable periods of their lives.

Our ICU Virtual Tour is more than a video; it is a transformational patient experience initiative that brings transparency, compassion and understanding to critical care, ensuring that no patient or family enters the intensive care journey feeling unprepared or alone.

Impact & results achieved

The initiative recognises that critical care affects both patients and their families. By showing the environment, equipment, monitoring and sounds in advance, the video reduces fear of the unknown, shock and psychological distress, while reassuring viewers about the quality of care provided. Patients report feeling calmer and more prepared on admission.

Families also feel more confident during visits, allowing them to focus on their loved one, offer emotional reassurance, communicate with staff and participate more fully in the care journey. The video provides standardised, accurate information in visual, plain language, improving accessibility across different literacy levels and backgrounds.

Its proactive approach anticipates and prevents distress before admission, recognising that patient experience is emotional as well as informational. By supporting the whole family, it strengthens the patient's support network and promotes a more inclusive healthcare experience.

What makes this initiative stand out?

This initiative stands out due to its proactive Approach. Rather than responding to anxiety at the point of admission, this work anticipates and prevents distress before it occurs. In its design it explicitly recognises that Patient experience is emotional as well as informational and fear and uncertainty must be addressed directly

The use of visual, plain language communication ensures greater inclusivity

Improved understanding across diverse patient groups with a whole family focus. By including families, the initiative acknowledges that, healthcare experiences are shared and that supporting families improves outcomes for patients.

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Mid Yorkshire Teaching NHS Trust

That One Person

Categories

- Patient Involvement in Patient Safety - In Partnership with Patient Safety Learning

Summary

Our Patient Safety Partners are our critical friends in supporting patient-centred care, making a significant and profound impact across our Trust. They have created powerful safety training videos, collaborating with staff to ensure the patient voice is not only heard but embedded in everything we do. They are the drivers behind the “That One Person” initiative, inspiring a culture of compassion and accountability. They developed a powerful presentation to staff, which reinforced how one individual can create a meaningful legacy to our patients, having an enduring influence, supporting sustainable improvements in patient safety and experience

Our Patient Safety Partners have embedded their “That One Person” initiative into everything they do; attending meetings, reviewing safety event documentation and even complaint responses. They are part of a panel who review anonymous complaint responses and by bringing this initiative into this panel has improved our complaint responses. Compared to previous years, the Trust has not seen an increase in re-opened complaints and positive feedback has been received from the Parliamentary & Health Service Ombudsman to say that they have seen a reduction in the number of complaints received about our Trust. This can be attributed to the improved quality of our responses embracing the “That One Person” initiative.

Although the initiative is still in the early stages of being widely shared across the organisation, we are hoping to see an improvement in our National Patient survey and National Staff survey results.

Being “That one person” is helping to create an open and learning-focused culture by demonstrating approachability, active listening, and a willingness to address concerns without judgment. When staff and patients see someone consistently encouraging honest communication and responding respectfully, it helps build trust and psychological safety. This can encourage individuals to speak up about concerns, mistakes, or areas for improvement without fear of blame. As a result, clear and trusted channels for raising concerns become stronger, supporting continuous learning, improving teamwork, and enhancing the quality and safety of patient care.

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NHS East Genomics

Familial Hypercholesterolaemia Identification Hub

Categories

- Commissioning for Better Experience of Care

Organisation description

Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) is the largest acute teaching hospital in Norfolk and a major tertiary referral centre serving Norfolk and Waveney. Working closely with the James Paget University Hospital and The Queen Elizabeth Hospital King's Lynn, NNUH provides specialist services to a population of over one million people. The Trust delivers a broad range of acute, specialist and regional services, including lipid and cardiovascular care, and plays a leading role in education, research and innovation across the region.

The Norfolk and Waveney Familial Hypercholesterolaemia (FH) Identification Hub is provided by NNUH and supported by the Norfolk and Suffolk Integrated Care Board and East Genomics.

Norfolk and Suffolk Integrated Care Board (ICB) is the statutory NHS organisation responsible for planning and commissioning health services for approximately 1.7 million people across Norfolk and Suffolk. Working with NHS providers, local authorities, voluntary sector organisations and local communities, the ICB aims to improve population health, reduce health inequalities and deliver sustainable, high-quality care. Prevention and early intervention are central to its strategy, including programmes that support earlier identification and management of cardiovascular disease and other long-term conditions.

NHS East Genomic Medicine Service (East Genomics) is one of seven regional Genomic Medicine Services in England, serving a population of over 8 million people across the East of England and East Midlands through a network of 30 NHS Trusts and 11 ICBs. Bringing together genomic laboratories, clinical services and expert staff across the region, East Genomics works to embed genomics into routine NHS care, improve equitable access to genomic testing, support earlier diagnosis and personalised treatment, and drive innovation that improves patient outcomes across cancer, rare, inherited and common diseases.

Summary

Familial hypercholesterolaemia (FH) is one of the most underdiagnosed inherited conditions. Untreated, affected individuals are at high risk of premature heart attacks and death, despite the availability of effective, low-cost therapies.

Current NHS case-finding approaches are inefficient. One criteria used in primary care requires 102 patients to be tested to identify a single FH case, making widespread detection difficult and inefficient.

The FH Identification Hub is a patient co-designed, ICB-commissioned population-health programme that transforms FH detection through a seamless pathway combining digital case finding, remote specialist review and genetic testing. This replaces costly, referral-based models with a more efficient approach.

Our programme has achieved a 19% genetic diagnostic yield, substantially higher than conventional pathways, while reducing costs by 42%, enabling more people to be identified and treated.

Our patients are getting faster access to assessment, fewer unnecessary appointments, improved understanding of inherited cardiovascular risk, and convenient specialist support closer to home. Inclusive, multilingual digital tools improve accessibility, reduce pressure on primary care and support earlier diagnosis.

The FH Hub Clinical Lead has established a Community of Practice to share learning, best practice, and patient education, creating a scalable model to prevent cardiovascular disease, hospital admissions and premature deaths.

Impact & results achieved

Since launching in January 2026, the FH Hub has identified and invited 1,435 patients into a pathway providing timely assessment, genetic testing and treatment. So far, 521 patients have been tested, 185 reports received and 32 people diagnosed with familial hypercholesterolaemia (FH), enabling earlier intervention and cascade testing for relatives who may also be at risk.

Real-time monitoring shows a 19% diagnostic yield—significantly higher than traditional referral pathways—while delivering care at 42% lower cost than standard secondary-care referrals. Patients report a convenient, supportive experience, with clear information helping them understand and feel reassured about their family's cardiovascular risk.

The Hub has also reduced pressure on primary and secondary care while improving access. Through its regional Community of Practice, FH-related contacts across the East Genomics network increased from 96 to 994 in 12 months—a 935% rise—while ten educational sessions generated 352 interactions. The programme offers a scalable, patient-centred model for identifying people before preventable cardiovascular disease occurs.

What makes this initiative stand out?

The initiative combines population health management, genomic medicine and person-centred care in a way rarely seen in routine NHS services.

Using the validated FAMCAT2 algorithm, patients are identified directly from primary care records and invited into a streamlined pathway, improving access and reducing reliance on traditional referrals. Online assessment and remote specialist support make genomic healthcare more accessible and convenient.

Patient co-production has been central to the programme's success. The East GMS Patient Panel shaped communications and digital content, while multilingual resources, translation services and accessibility tools have improved engagement and reduced inequalities.

The Hub has shown that proactive genomic medicine can be clinically effective and financially sustainable, delivering higher diagnostic yields at lower cost than traditional pathways. Each diagnosis also enables cascade testing and prevention across families, extending the programme's impact.

More than a diagnostic service, the FH Hub is a preventative, patient-centred model that identifies people before disease develops and brings genomic healthcare closer to home.

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NHS Greater Glasgow and Clyde

Patient Experience Public Involvement Team

Categories

- Teams Making a Difference to Experience

Summary

Everything described above is the work of seven people, in an organisation of 41,000, serving 1.3 million. A team this size cannot sustain involvement across a system this large by delivering it alone. It can only do so by making it commonplace and part of the organisation's culture. That is the strategic development, and it explains why the team's effort is distributed the way it is: 432 staff are now active on Care Opinion, trained through an approach built around person-centred values and responding openly rather than defensively; over 500 staff through Lunchtime Learning sessions, alongside bitesize resources so capability is accessible and open to all and 125 teams supported to run their own engagement rather than having it run for them.

The evidence that their approach is working is found when PEPI is no longer providing the initial hands-on support, such as the Waiting Well resource that will keep shaping orthopaedic patients' expectations long after the co-design sessions ended, and Care Opinion Bear that will keep making feedback possible for children, whether or not anyone from PEPI visits the ward. A team measured by its own visibility would not have made these choices.

That is also what makes the work transferable. The learning has already moved beyond NHSGGC engagement findings, shaping the national rollout of blood-borne virus testing through Public Health Scotland, deprescribing engagement work presented at the SP3A Annual Conference, featured in the Pharmaceutical Journal and shared with Queen Mary University of London. But the more replicable thing is the operating model itself; a small central team that builds capability rather than hoarding it and treats its own necessity as something to be reduced. Any board in the UK could adopt it.

What makes this team deserving of recognition is not only what they have achieved but how, without fanfare, without a large budget, and while being reflective enough to challenge their own assumptions as readily as they challenge others.

The PEPI team does not measure its success by the volume of feedback it collects or the number of events it runs, though does ensure this information is readily available to those who require it. It measures success by whether the public voice is present where it needs to be: in the design of services, in the response to a mother's story about her child's care, in the decisions that shape how care is delivered, and in the culture of an organisation that is steadily learning to listen more openly.

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Norfolk and Suffolk NHS Foundation Trust

Improving Culture at NSFT

Categories

- Staff Experience and Wellbeing

Organisation description

NSFT provides mental health and learning disability care for people across Norfolk and Suffolk.

We support a population of just over 1.6 million people and employ more than 5,000 staff. Our biggest bases are at Hellesdon Hospital, Norwich, Wedgwood House, Bury St Edmunds and Woodlands Unit in Ipswich, but our staff are based in more than 50 locations.

Summary

In 2024, NSFT created a new Trust strategy - Improving Together - Safer, Kinder, Better. The strategy sets out our commitment for continuous improvement to create a safer, kinder and better organisation. Together, with our service users, families, carers and our partners, we are striving to make real improvements to the mental health and wellbeing of our local communities.

The strategy comprises of four priorities - one of which is Improving Culture, which has focus on attracting and retaining talented people and developing an open, supportive, inclusive and learning culture. This entry showcases the significant amount of work and positive outcomes which have been achieved since Improving Culture was identified as a priority at NSFT.

Impact & results achieved

There have been significant improvements in staff engagement in 2025/26, since the Improving Culture large-scale change programme was launched. Examples of these include:

NHS Staff Survey responses - the no. of staff who engaged with the survey grew from 46% (2024) to 68.2% (2025).

Over 350 staff were involved in LiA Pioneer teams. LiA Pulse Check results (September 2025) for staff involved were between 23% and 40% higher than other staff across fifteen key questions, showing the positive impact the programme had on them, their colleagues and those we care fort.

There have been 25k engagements with LiA digital content in the last year, including 50 dedicated Quick Win case studies.

From our focus on Inclusion, we accelerated our work on race by setting up a new Race Equity Group, and introduced the Patient and Carer Race Equality Framework to tackle the disparities in the care experienced by global majority service users.

As a result of our Race Equity work, 'Race Equity and PCREF' became a largescale change programme for 2025/26. Key actions from this programme included:

Commissioning the Trust's first Workforce race equality report which was published in 2025. It has given the Trust a valuable understanding of the lived experiences of our Global Majority staff. It provided an important foundation for us - and our senior leadership - to implement robust, long-term strategies to lead to sustainable and positive change.

Delivering a dedicated Race Equity Conference in May 2025 for over 200 members of NSFT staff, which was designed by senior leaders in just three months. At the event many of our staff demonstrated true courage, vulnerability and humanity. They shared their experiences, to help all in attendance understand why race equity is everyone's business. The conference was very positively received with over 300 ideas for actions shared. The event was rated 4.83 out of 5 for event satisfaction.

Producing a Race Equity Strategic Plan which sets out how we'll become a fairer, more inclusive organisation for both staff and the people who use our services. It focuses on tackling racial inequalities, improving experiences, and building a culture where everyone feels valued and has equal opportunities.

What makes this initiative stand out?

What makes this programme stand out, is the sheer level of involvement and engagement with Improving Culture programmes across the Trust, both internally and externally.

For Wave 3 of the LiA programme, over 40 teams have been formed, now involving over 500 colleagues. It has become the way things are done at NSFT, being the methodology for introducing Culture of Care across 21 inpatient wards and implementing six key actions for delivering a new EPR

Staff wellbeing and culture are key aspects of the LiA programme, with new teams shaped from Staff Survey and wider feedback to:

- Develop creative spaces for staff breaks
- Support Victims of Hate Crime
- Embed kindness into everything we do
- Create new platforms for leadership growth and mentorship
- Champion wellbeing for our medics,
- Implement new ways to listen to and act on staff feedback

With Race Equity and PCREF becoming a large-scale change programme, there has been significant developments with delivering on our Race Equity Strategic Plan, including a Global Majority Leadership development programme - a bespoke and unique development programme for black, Asian and minority ethnic leaders; and a Transformational reciprocal mentoring programme - a systemic intervention where pairs work equally at developing a deep understanding of each other's experiences.

Led by Yvonne Coghill, the first programme has completed, with 19 Global Majority leaders being inspired to develop and grow within our Trust.

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Norfolk and Suffolk NHS Foundation Trust

Making Experience Everyone's Business: Transforming How NSFT Listens, Learns and Leads

Categories

- Leadership and Governance for Experience Excellence

Organisation description

Norfolk and Suffolk NHS Foundation Trust (NSFT) provides mental health, learning disability and autism services to more than one million people, employing around 4,500 staff across inpatient, community and specialist services.

In 2025, NSFT created a dedicated Patient Experience Directorate, bringing together patient experience, co-production, peer support, volunteering, Recovery College, complaints and PALS, carers' services and health equity. Led by senior patient experience roles, the Directorate ensures that lived experience informs service improvement, quality, safety and decision-making across the Trust.

Summary

The creation of Norfolk and Suffolk NHS Foundation Trust's Patient Experience Directorate transformed how the organisation listens, learns and improves through lived experience.

Historically, patient experience, participation, co-production, complaints, carers, volunteering, peer support and health equity operated through separate structures. While valuable work was taking place, opportunities to connect learning, influence organisational priorities and drive improvement were often limited.

Led by a Chief Patient Experience Officer and Director of Patient Experience, the Directorate introduced executive accountability, strengthened governance and created sustainable mechanisms through which service users, carers, volunteers and communities could influence decision-making.

The Directorate has enabled significant organisational developments including the Service User and Carer Large Scale Change Programme, locality Service User and Carer Councils, the Trust Carers Charter, Listening Into Action improvement programmes and enhanced approaches to learning from complaints, PALS national surveys and lived experience insight.

By positioning patient experience alongside quality, safety and performance, the initiative has embedded lived experience within organisational culture and decision-making. The result has been improved visibility, stronger accountability, increased participation and a sustainable framework through which patient, carer and community voices drive improvement across the Trust.

Impact & results achieved

The creation of the Directorate has delivered significant organisational benefits.

Most importantly, patient experience has moved from being viewed as the responsibility of specialist teams to becoming a shared organisational priority. Clear governance, executive leadership and accountability have ensured that patient and carer experience is increasingly considered alongside quality, safety and performance within routine decision-making structures.

The Directorate has created a unified framework through which complaints, PALS intelligence, survey feedback, lived experience insight and co-production activity can inform improvement. This has improved organisational learning and reduced fragmented approaches to gathering and acting upon feedback.

The Directorate has also acted as an enabler for wider organisational transformation. Through the Trust Service User and Carer Large Scale Change Programme, it has provided the governance, leadership and infrastructure required to deliver a range of strategic developments. These include the establishment and growth of locality Service User and Carer Councils, implementation of the Trust Carers Charter, development of lived experience leadership opportunities, and introduction of Listening Into Action as a mechanism for co-productive change.

Measures of success include:

- Establishment of a dedicated Patient Experience Directorate with executive and Board-level accountability.
- Integration of multiple functions into a single governance framework.
- Delivery of the Trust Service User and Carer Large Scale Change Programme and associated workstreams.
- Growth and strengthening of Service User and Carer Councils across localities.
- Development of an Involvement Register with more than 160 lived experience participants.
- Co-production and implementation of the Trust Carers Charter.
- Introduction of Listening Into Action to support co-productive improvement programmes, including improvements to complaints processes and organisational learning from feedback.
- Enhanced focus on health equity, inclusion and delivery of PCREF.

Although many outcomes are cultural and systemic, evidence demonstrates stronger accountability, improved visibility of patient experience and greater confidence that lived experience is influencing strategic priorities and service improvement.

What makes this initiative stand out?

What makes this initiative distinctive is that it did not seek to improve a single service, pathway or feedback mechanism. Instead, it fundamentally changed how patient and carer experience is governed, led and embedded across an entire NHS organisation.

The Directorate created a single strategic framework connecting patient experience, co-production, complaints, PALS, peer support, volunteering, carers, Recovery College and health equity. This integration has enabled insight from multiple sources to influence quality, safety, improvement and organisational priorities.

Unlike many patient experience initiatives, the Directorate has focused on creating the conditions that enable sustainable change. Through executive leadership, governance and accountability, it has established long-term structures through which service users and carers can influence decisions and shape improvement.

This can be seen through the development of the Trust Service User and Carer Large Scale Change Programme, implementation of the Trust Carers Charter, establishment of Service User and Carer Councils, expansion of lived experience leadership opportunities and introduction of Listening Into Action as an approach to co-productive change.

The inclusion of health equity and PCREF within the Directorate is also unusual and reflects a commitment to ensuring experience excellence is inclusive and responsive to inequalities.

Ultimately, what makes this initiative stand out is that it has transformed patient experience from a collection of individual activities into a strategic organisational capability that shapes culture, governance, improvement and decision-making across the Trust.

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Northern Cancer Voices

From Lived Experience to System Action: Tackling Financial Barriers to Cancer Care Through "Treat, Heat or Eat"

Categories

- From Insight to Impact

Organisation description

Northern Cancer Voices is a patient-led cancer advocacy charity based in the North East and North Cumbria. The organisation works across community and healthcare systems to improve the experiences of people affected by cancer through lived experience insight, engagement, and partnership working.

Operating regionally, Northern Cancer Voices engages with thousands of individuals each year through community outreach, peer support programmes, and strategic involvement in NHS and research initiatives. In 2025–26, the organisation engaged with over 3,451 people in cancer-related conversations, including 1,404 individuals directly affected by cancer, and supported 936 people through signposting and referrals.pdf)

The organisation delivers:

- Community-based peer support groups and navigation support
- Lived experience insight to inform service design and improvement
- Partnership work across NHS Trusts, Cancer Alliances, research bodies, and VCSE organisations

Northern Cancer Voices operates through a network of staff, volunteers, and community leaders, embedding itself within local communities to reach underserved populations. Its work spans emotional and practical support, reducing inequalities in access to care, and influencing system-level change through patient voice.

The organisation is recognised for its strong partnership model and its role in connecting communities with decision-makers, ensuring that lived experience directly informs improvements in cancer care, patient experience, and service delivery.

Summary

Treat, Heat or Eat is a partnership-led initiative by Northern Cancer Voices that transforms lived experience insight into practical action to tackle financial barriers affecting cancer care.

Through engagement with over 3,451 individuals, we identified a critical issue: people affected by cancer were missing or delaying treatment due to cost-of-living pressures, including transport, food, and heating costs.pdf). Patients described having to choose between attending appointments and meeting basic needs, highlighting a significant but often hidden inequality in experience of care.

In response, we co-designed a targeted intervention working with NHS partners, community organisations, and Northern Gas Networks (NGN) to address both immediate need and wider system gaps. The programme provides direct support, trusted referral pathways, and essential resources including energy advice, Priority Services Register access, and safety interventions.

In 2025–26, the initiative delivered 2,310 support conversations, 249 referrals to partner services.

Impact & results achieved

Treat, Heat or Eat has delivered both immediate practical impact for individuals and wider system-level benefits, addressing a key gap in the cancer pathway.

The initiative has supported people to remain engaged in their care by reducing financial and practical barriers:

These interventions improved safety, reduced stress, and enabled individuals to prioritise their health and treatment.

This is reflected in experience measures across our wider engagement:

98% of individuals reported feeling better after engagement

Increased confidence in accessing support and navigating services.

The initiative has strengthened:

Identification of vulnerable patients within community and healthcare settings

Cross-sector referral pathways between health, energy, and voluntary sectors

Awareness of financial hardship as a key driver of patient experience and inequality

We used a mixed-methods approach combining:

Quantitative delivery data (activity, referrals, reach)Patient feedback and lived experience insights

Partner feedback on system improvements

We also calculated a Social Return on Investment (SROI) of £12.41, demonstrating that for every £1 invested, £12.41 of social value was generated through improved wellbeing, reduced risk, and increased access to support.

What makes this initiative stand out?

Treat, Heat or Eat stands out because it challenges traditional approaches to engagement and support by reaching people who are often described as "hard to reach" but are, in reality, rarely reached by services.

What makes the initiative unique is its ability to:

Access underserved populations at scale, engaging thousands of individuals through trusted environments

Identify hidden vulnerability, particularly where financial hardship and safety risks are not disclosed

Translate lived experience into immediate and practical action, not just insight

The initiative is further strengthened by its multi-sector partnership model, bringing together health, community, energy, and legal partners to provide coordinated, holistic support.

Crucially, this work reframes "hard to reach" groups as communities that services must adapt to reach effectively. By doing so, Treat, Heat or Eat not only delivers direct impact but also shifts how systems think about access, engagement, and equity in patient experience.

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Northern Cancer Voices

Northern Cancer Voices Model

Categories

- Equity in Experience
- Long Term Improvement in Experience of Care

Organisation description

Northern Cancer Voices is a patient-led cancer advocacy charity operating across the North East and North Cumbria. The organisation works at the intersection of community and healthcare systems to improve the experience of people affected by cancer through lived experience, inclusive engagement, and strong partnership working.

Our work is focused on reducing inequalities in cancer experience and access to care, particularly for individuals and communities who are often underserved or underrepresented. We do this by embedding ourselves within communities, building trusted relationships, and ensuring that real experiences directly inform how services are designed and delivered.

In 2025–26, we engaged over 3,451 individuals in cancer-related conversations, including 1,404 people directly affected by cancer, and supported 936 individuals through navigation and referrals to trusted services.

Northern Cancer Voices delivers:

- Community-based engagement and outreach across diverse and underserved populations
- Peer support programmes that reduce isolation and improve wellbeing
- Lived experience insight that informs service improvement, policy, and research
- Strategic partnership working with NHS organisations, Cancer Alliances, research bodies, and VCSE partners

The organisation operates through a network of staff, volunteers, and community leaders and is recognised for its ability to connect communities with decision-makers, ensuring that patient voice leads to meaningful, system-level change.

Summary

Northern Cancer Voices delivers a community-rooted, partnership-led model that improves equity in cancer experience by ensuring lived experience from underserved communities directly shapes services and support.

Through engagement with over 3,451 individuals, including 1,404 people affected by cancer, we identified significant barriers to accessing care, including financial hardship, lack of trusted information, and limited engagement with traditional services.

In 2025–26, we supported 936 individuals through navigation and referrals, delivered 147 peer support groups reaching 1,761 attendees, and worked with NHS organisations, community leaders, and research partners to embed lived experience into decision-making.

The result is improved experience, increased access to support, and greater inclusion in service design.

This model demonstrates how partnership, trust, and community presence can reduce inequalities and drive system-level change.

Impact & results achieved

In 2021, we attended the Patient Experience Network Awards as volunteers. Since then, we have grown into a structured organisation embedded across community and system settings, demonstrating the value of lived experience in shaping care.

Between 2023 and 2026, we have:

- Established charitable status and secured funding to deliver sustained activity.
- Built a workforce of staff and volunteers rooted in lived experience and community trust
- Developed partnerships across NHS, research, VCSE, and corporate sectors

In 2025–26 alone, we achieved:

- 3,451 community engagements, including 1,404 people affected by cancer
- 936 individuals supported through navigation and referrals
- 147 peer support groups reaching 1,761 attendees
- 98–100% of people reporting improved wellbeing after engagement.

Our work has:

- Influenced NHS Trusts, Integrated Care Systems, and the National Cancer Plan
- Strengthened engagement with underserved communities
- Built capacity through community leaders and champions, extending impact beyond the organisation

What began as a grassroots initiative has become a trusted bridge between communities and systems, demonstrating that lived experience—when embedded through strong partnerships—can deliver measurable improvements in equity, access, and patient experience. We also measure our SROI and that has grown from £5 to £13.49 in 3 years.

What makes this initiative stand out?

Northern Cancer Voices stands out because we operate in a space that few others occupy. We sit between communities and systems, connecting people's real, lived experiences of cancer with the organisations that design, fund, and deliver care – ensuring that insight leads to action, not just conversation.

We do things differently – and that difference is intentional.

We ask the questions others want to ask but often don't, and crucially, we act on what we hear. We don't admire the problem, we don't turn up to meetings to shuffle papers around the table, and we don't navel gaze. Our focus is simple: listen, act, and deliver change that people can feel.

Our uniqueness is not just what we do, but where we sit and how we move between worlds. We are trusted in communities and credible within systems, allowing us to translate lived experience into practical action and system improvement.

Our superpower is our connection to communities. We go to where people are – not where services expect them to be – building trust in environments that feel safe, familiar, and culturally relevant. This enables us to reach people who are often described as "hard to reach," but who are simply not reached in the right way.

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Northern Care Alliance NHS Foundation Trust

Transforming Patient Experience Through Real Time Feedback

Categories

- From Insight to Impact

Organisation description

The Northern Care Alliance NHS Foundation Trust (NCA) is one of the largest NHS providers in England delivering high quality, compassionate care to more than one million people across Salford, Oldham, Rochdale and Bury. With around 20,000 staff, the NCA provides integrated health and social care in homes, communities and across its four hospitals: Salford Royal Hospital, The Royal Oldham Hospital, Rochdale Infirmary and Fairfield General Hospital. The Trust is committed to saving lives, improving lives and ensuring patients receive the same high standard of safe, reliable and compassionate care wherever they are treated. By working closely with partners and investing in the right skills and expertise, the NCA continues to enhance the health and wellbeing of the communities it serves.

Summary

New Thinking: OLA transforms how patient insight is gathered in addition to retrospective surveys with real time intelligence captured at the point of care. Its structured framework and involvement of people with lived experience ensure insight is authentic, analysable and actionable.

Leadership: OLA's success is rooted in strong, value led leadership that is a supportive improvement tool rather than a formal inspection process. With phased implementation, executive sponsorship and governance oversight OLA is embedded into organisational culture and ensures long-term resilience.

Outcomes & Sustainability: OLA has delivered measurable improvements across safety, communication, accessibility and patient flow, with reductions in complaints and strengthened staff morale. Its operational framework, revisit cycle and quality assurance processes ensure improvements are monitored, reinforced and sustained.

Involvement & Inclusion: Volunteers, non-clinical staff and people with lived experience capture the real time insight, strengthening authenticity. As a result, a concern is resolved before it becomes a complaint. A family feels supported rather than overwhelmed. A patient feels seen rather than overlooked. The model adapts across all care settings.

Transferability & Dissemination: Designed to be flexible and for replication, OLA's clear standards and training pathway have enabled Trust wide adoption and national recognition, with NHS England identifying the NCA as a training provider.

Impact & results achieved

1. OLA has delivered more than 400 structured visits generating a rich, reliable evidence base and demonstrating the model's scalability and consistency.

2. Tangible improvements to privacy and dignity, OLA identified repeated concerns about sensitive conversations occurring in open areas.

Actions taken included:

redesigned triage processes creation of private escalation spaces strengthened staff guidance Follow up visits confirmed no further negative feedback, evidencing sustained improvement.

3. Improved accessibility for patients with sensory impairments, A Trust wide themed review revealed inconsistent awareness of hearing loops and communication aids.

As a result:

targeted staff training was delivered signage and guidance were improved visibility of support tools increased Subsequent OLA visits showed greater patient confidence and more consistent staff practice.

4. Enhanced patient flow and waiting experience, OLA highlighted confusion around waiting times and next steps. Services responded by:

redesigning digital waiting boards simplifying messaging This led to reduced anxiety, better understanding of patient flow and fewer interruptions at reception desks.

5. Reduction in concerns and complaints: By resolving concerns in real time, OLA contributed to a measurable reduction in formal complaints, demonstrating its impact on early intervention and de-escalation.

6. Strengthened staff morale and culture: Immediate recognition of good practice boosted morale and reinforced compassionate behaviours. Staff reported feeling supported rather than inspected, which improved engagement and openness.

7. Creation of Patient Experience Champions: In response to early OLA findings, the Trust established a network of Patient Experience Champions to embed learning locally and sustain improvements.

8. A formalised, quality assured operational framework, OLA now operates through:

a scheduled revisit cycle themed reporting integration with complaints, safety and inspection intelligence a standardised training and accreditation pathway This ensures consistency, safety and long-term sustainability.

9. A meaningful pathway into NHS careers: Volunteers and aspiring clinicians involved in OLA have progressed into HCA and clinical roles using OLA as a structured introduction to patient contact and compassionate communication strengthening the future workforce.

10. National recognition and spread: NHS England have recognised the Northern Care Alliance as a national training provider for OLA, confirming the model's credibility, transferability and wider sector value.

What makes this initiative stand out?

OLA is a real time feedback and improvement system that helps organisations understand patient and family experiences as they happen. It captures what matters most and transforms how organisations understand and improve care by turning real time insight into action, positively and meaningfully impacting the patient experience.

It identifies strengths and concerns while patients are still present, enabling immediate resolution and real time recognition of compassionate, high quality care. Involving volunteers, carers and people with lived experience brings authenticity and humanity that traditional audits cannot match.

As a structured, scalable system with standardised themes, reporting and training, OLA can be replicated across services without losing quality. By triangulating real time insight with safety, complaints and regulatory data, it strengthens organisational intelligence and highlights risks and excellence earlier.

OLA reaches seldom heard voices, supports volunteers into NHS roles, and has national recognition as a training model.

In essence, OLA stands out because it does what patient experience systems have long promised but struggled to deliver it turns insight into action immediately, consistently and sustainably it strengthens safety, improves experience and builds a culture where listening leads to meaningful change.

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Northern Health and Social Care Trust

‘When Someone Dies’ Supporting People with Learning Disabilities Through Bereavement

Categories

- Excellence in Personalised Care

Organisation description

The Northern health and Social Care Trust (NHSCT) is one of five integrated Health and Social Care Trusts in Northern Ireland. It provides a comprehensive range of hospital, community, mental health and social care services to a resident population of approximately 490,000 people across the boroughs of Antrim /Ballymena and Carrick/ Newtownabbey, Causeway, Mid and East Antrim. The Trust employs approximately 13,000 staff across acute hospitals, community services and specialist care settings.

The project was led by the Adult Learning Disability Service alongside Palliative Care Service and the Trust Bereavement Co-Ordinator.

Summary

People with learning disabilities have historically experienced significant inequalities in bereavement support. They are often excluded from conversations about death, receive information that is inaccessible or difficult to understand, and may be denied opportunities to express their grief or participate in decisions affecting them. Recognising this inequity, the Northern Health and Social Care Trust developed ‘When Someone Dies’, a co-produced bereavement initiative comprising an accessible bereavement booklet for people with learning disabilities and accompanying guidance for families, carers and professionals.

The initiative was developed through genuine partnership of people with learning disabilities, the Adult Learning Disability Service User Forum and a multidisciplinary team including Palliative Care, Speech and Language Therapy, Health Facilitation, Learning Disability Specialist Nurses, and the Trust Bereavement Coordinator. Their collective expertise ensured the resource reflected lived experience, promoted accessible communication and addressed the practical challenges faced by those supporting people with learning disabilities through bereavement.

More than the development of a booklet, this initiative represents a change in practice. The accompanying guidance and education programme have supported healthcare professionals, social care staff and carers to approach conversations about death and grief with greater confidence, consistency and compassion. The resource has been implemented across the Trust and successfully used in practice, with positive feedback continuing to be received from people with learning disabilities, families and professionals. Interest generated through conference presentations, Queen’s University Belfast and professional networks has demonstrated its wider relevance and potential to influence beyond the organisation.

By addressing a recognised health inequality through co-production, partnership working and accessible communication, ‘When Someone Dies’ is improving the experience of bereavement support for people with learning disabilities. the initiative demonstrates how relatively simple, sustainable interventions can create meaningful change, ensuring that people with learning disabilities are supported with the dignity, compassion and inclusion they deserve during one of life’s most difficult experiences.

Impact & results achieved

The initiative has already had a positive impact on people with learning disabilities, families, carers and professionals. Although formal quantitative evaluation is ongoing, early qualitative feedback demonstrates that the resource is improving confidence, communication and inclusion in bereavement support.

The ‘When Someone Dies’ booklet is now being used in practice to support people with learning disabilities experiencing grief and loss. Feedback from individuals, families and staff has been consistently positive, highlighting the value of having an accessible resource that helps explain death, encourages meaningful conversations and enables people to participate more fully in discussions surrounding bereavement.

The accompanying guidance has strengthened professional confidence by providing practical advice on supporting sensitive conversations and promoting a consistent, compassionate approach across services. Feedback from education sessions and implementation has highlighted the value of combining an accessible resource with practical guidance for those providing support.

Success has been measured through ongoing feedback from people with learning disabilities, family members and multidisciplinary professionals throughout development and implementation. The Trust wide launch, together with invitations to present the initiative at professional conferences and at Queens University Belfast, demonstrates growing recognition of the projects value and wider applicability.

A formal evaluation framework is in place to monitor longer term outcomes, including user and staff feedback, use of the resources in practice and its influence on confidence, communication and equitable bereavement support. The findings will inform future development and support publication of the project’s outcomes.

What makes this initiative stand out?

This initiative stands out because it challenges a long-standing inequality in how people with learning disabilities experience bereavement support. Rather than simply developing an accessible resource, it has transformed the way people with learning disabilities, families and professionals approach conversations about death, grief and loss.

A key strength of the initiative is its genuine co-production. people with learning disabilities were actively involved throughout the development process, alongside carers and a multi-disciplinary team of professionals. Their lived experience directly influenced the language, content and design of the resource, ensuring it reflected the needs and preferences of those it was created to support.

The initiative is distinctive because it combines accessible bereavement booklet with practical guidance and education for those providing support. This approach moves beyond producing a resource alone by embedding knowledge, confidence and compassionate practice across health and social care services.

Ultimately, the project demonstrates how partnership working, accessible communication and person centered practice can reduce inequalities and improve experiences of care. Its simplicity, sustainability and potential for wider adoption make it a practical model for supporting people with learning disabilities through one of life’s most difficult experiences.

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Northumbria Healthcare NHS Foundation Trust

Northumbria Healthcare
NHS Foundation Trust

Creating a Legacy for Amber

Categories

- Partnership Working

Organisation description

Serving one of the largest geographical areas of any NHS Trust in England, Northumbria Healthcare provides a wide range of services to more than half a million people living in Northumberland and North Tyneside. It is one of the few Foundation Trusts in the country to have been twice rated 'outstanding' overall by the Care Quality Commission. It is consistently one of the best-performing NHS organisations in the country and was awarded Advanced Foundation Trust status in June 2026. More than 12,000 dedicated NHS staff are employed to provide services across health and care sites and the wider community. Our teams deliver care from hospitals, in a range of community venues and in people's own homes.

Our services include:

- Emergency and urgent care services including emergency surgery
- Planned and on-going care and rehabilitation
- Outpatient clinics in a range of conditions
- Elective surgery
- Diagnostic services
- Maternity services
- Children's services
- End of life care
- Therapies including physio, occupational and speech and language
- Community services such as district nursing and health promotion

Summary

The Creating a Legacy for Amber initiative demonstrates the profound impact that compassion, partnership and innovation can have on public health delivery. By placing lived experience at the centre of its approach, Northumbria Healthcare NHS Foundation Trust (NHCT) has moved beyond traditional communication methods to create something truly meaningful, relatable, and effective. Amber's story has provided a powerful lens through which vaccination and screening messages are understood - not as abstract concepts, but as life-saving actions that matter deeply to individuals, families, and communities.

This work has not only delivered measurable improvements in awareness and uptake, but has also fostered a cultural shift within the workforce. Staff are more engaged, motivated, and connected to the purpose of their roles, ensuring prevention is championed consistently across all interactions. The strength of the partnership with Amber's Legacy, built on trust and shared values, has been key to this success, demonstrating how collaboration can amplify impact far beyond what could be achieved alone.

Importantly, the initiative has shown that local action can drive national influence. Through digital reach, community engagement, and scalable resources, the model offers a blueprint for others seeking to improve vaccination and screening uptake.

Above all, this initiative ensures that Amber's legacy is one of hope, change, and prevention. As Darren shared in the video, his hope is that this work stands as a lasting commitment to ensuring no other family experiences such a devastating loss, and that every young person is given the knowledge, understanding, and opportunity to protect their future health.

Impact & results achieved

The initiative has delivered a strong combination of quantitative and qualitative impact, demonstrating both reach and meaningful engagement. Success was measured using a range of indicators, including digital engagement metrics such as views and shares, feedback from staff and community members, observed engagement during outreach sessions, and trends in uptake alongside broader awareness indicators.

In terms of digital reach, the campaign video achieved over 112,000 views and more than 1,000 shares, making it the most widely viewed content ever produced by NHCT. Its impact extended beyond the immediate region, with amplification from partners including UKHSA, GP practices, and the general public.

Behavioural influence was evident through anecdotal feedback, with individuals using the campaign to encourage others to attend screening appointments and vaccinate their children. Across clinic settings, staff reported more frequent and open conversations about cervical screening with parents and caregivers.

2025 uptake data shows that Year 10 Female Coverage in Northumberland recorded an incredible 97.6% uptake rate for girls. This was officially logged as the highest local authority coverage rate in all of England (gov.uk). To put this in perspective, Northumberland's female uptake sits more than 20 percentage points above the overall English national average for the same cohort, which sits at 75.5%

Workforce impact was also significant, with staff describing increased motivation and a stronger emotional connection to their roles, alongside a renewed sense of purpose. Community reach improved, particularly among harder-to-reach groups such as young people outside formal education, resulting in greater awareness among families and caregivers, (see evidence 3 Patchwork visit).

What makes this initiative stand out?

Several elements distinguish this initiative as innovative and impactful. Firstly, the integration of lived experience is central to its success. By sharing Amber's story, the campaign transforms what can often feel like abstract public health messaging into something deeply personal, relatable, and emotionally compelling. This approach helps audiences connect more meaningfully with the importance of prevention.

Secondly, the initiative achieves a careful balance between emotional storytelling and clear, evidence-based clinical messaging. It not only engages audiences on a human level but also reinforces the practical benefits of vaccination and screening in a credible and accessible way.

A further strength lies in its genuine partnership approach. The work was co-produced with a bereaved parent and their charitable organisation, grounded in trust, respect, and a shared commitment to making a difference. This authenticity strengthens both the message and its delivery.

The initiative has driven a powerful cultural shift, reshaping staff motivation, behaviours and professional identity beyond traditional service delivery. This impact is further strengthened by compelling national evidence. Recent findings published in The Lancet showed no cervical cancer deaths in women aged 20–24 between 2020 and 2024. Together, this powerful data and the deeply human impact of Amber's story continue to inspire and energise the team, reinforcing a shared determination to prevent future loss and protect the next generation.

Finally, its reach and scalability demonstrate how local collaboration can achieve national-level influence through digital platforms. Overall, it represents a shift towards connection, compassion, and storytelling in public health.

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Northumbria Healthcare NHS Foundation Trust

Northumbria Healthcare
NHS Foundation Trust

Health Navigator Project

Categories

- Equity in Experience

Organisation description

Serving one of the largest geographical areas of any NHS Trust in England, Northumbria Healthcare provides a wide range of services to more than half a million people living in Northumberland and North Tyneside. It is one of the few Foundation Trusts in the country to have been twice rated 'outstanding' overall by the Care Quality Commission. It is consistently one of the best-performing NHS organisations in the country and was awarded Advanced Foundation Trust status in June 2026. More than 12,000 dedicated NHS staff are employed to provide services across health and care sites and the wider community. Our teams deliver care from hospitals, in a range of community venues and in people's own homes.

Our services include:

- Emergency and urgent care services including emergency surgery
- Planned and on-going care and rehabilitation
- Outpatient clinics in a range of conditions
- Elective surgery
- Diagnostic services
- Maternity services
- Children's services
- End of life care
- Therapies including physio, occupational and speech and language
- Community services such as district nursing and health promotion

Summary

Targeting three service areas where missed appointments and inequalities were higher than our Trust average (Oral Surgery and Respiratory lung and sleep clinics), our Healthcare Navigation pilot was developed to improve access and experience for patients at higher risk of missing the care and treatment they need as outpatients. The project used risk-based identification to contact patients before their appointment to offer personalised support. It focused on patients who may face avoidable challenges to care. This included transport, communication, digital exclusion, low confidence, deprivation and long-term conditions.

The work moved beyond standard appointment reminders. It created time for patients to explain what made attendance difficult, and what support they needed to attend. In year one, Healthcare Navigators reached around 2100 patients. Around 63% of contacted patients attended their appointments following the Navigator phone call intervention with 25% of those patients living in IMD (Index of Multiple Deprivation) Decile 1. Local analysis evidenced that patients who were contacted were more likely to attend than those who could not be reached.

Patient and staff insight identified common barriers around travel, appointment information, health literacy, digital access and the impact of physical and mental health. This learning has been used to inform wider community engagement around healthcare navigation.

Impact & results achieved

Success was measured through contact outcomes, appointment outcomes, rescheduling or cancellation activity and a thematic review from patient conversations. Outcome measures were defined based on the aims of the project. The initiative aimed to support attendance, improve timely access to care and understand the barriers affecting patient experience.

Contact attempts, appointment outcomes and patient-reported challenges were recorded through an agreed data collection process. These measured were analysed and processed through internal and external evaluation.

In year one, Healthcare Navigators reached around 2,100 patients. Around 63% of contacted patients attended their appointment following the Navigator intervention. A quarter of contacted patients lived in IMD decile 1. This evidenced the project reached patients in the most deprived communities. Local analysis evidenced patients who were contacted were more likely to attend or reschedule than those who could not be reached.

The impact of the intervention is evident through the contrasting outcomes of two sub-groups within the cohort: those that could not be contacted compared to those who were contacted. Data shows attendances rates and cancellations were higher among those who had contact with the Healthcare Navigators, with 15% higher attendance and half the non-attendance rate of those not able to be contacted. Additionally, over time, the rate of non-attendance among the high-risk patients reduced to the same level of the non-attendance rate of the general IMD 1 cohort for all relevant specialities.

The impact of the navigator intervention went beyond attendance. Patient conversations identified challenges around travel, appointment information, digital exclusion, health literacy and the impact of physical and mental health. This provided services with clearer insight into why some patients miss appointments and how routine processes can create avoidable barriers.

The project improved patient experience by allowing patients time to ask questions, explain concerns and access practical support before their appointment. Additionally, it provided insights to support development of more equitable outpatient service design. The findings are now being used to inform service learning around communication, contact methods and more inclusive outpatient access.

What makes this initiative stand out?

The strength of the Healthcare Navigation pilot is the way it combined early risk identification with personalised patient contact. The project treated non-attendance as a wider systematic issue. It gave patients the space to explain their barriers and helped services understand what can make outpatient care harder to access for some patients.

The key elements that supported its success were:

- Using the DNA Predictor to target support
- Added human contact alongside standard appointment reminders
- Recorded patient challenges to inform service changes
- Co-production across clinical and non-clinical teams and external and academic partners
- Used patient and staff learning to inform more inclusive outpatient pathways

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Nottingham University Hospitals NHS Trust

NHS
Nottingham University Hospitals
NHS Trust

Enhancing Support for Neurodiverse Individuals with Cancer within the Macmillan Information and Support Service

Categories

- Emerging Good Practice

Organisation description

The Macmillan Information and Support Service at Nottingham University Hospitals NHS Trust provides emotional, financial and practical support to anyone affected by cancer, helping 5,655 people in 2025. Its specialist team operates from centres at Nottingham City Hospital and Queen's Medical Centre.

NUH is a leading cancer centre providing diagnosis, treatment, research and education. It serves local and regional populations, including patients referred from Lincolnshire, Derbyshire, Leicestershire and neighbouring areas for specialist and complex cancer care.

Summary

In 2024, a Neurodivergent cancer patient struggled to access information and support that took into consideration both his cancer diagnosis and Neurodivergence.

From this account, a gap in information and support for neurodivergent people living with cancer was identified. MI&SS Cancer Information Officer subsequently undertook a scoping exercise and literature review, which found limited research, guidance and tailored resources relating to the experiences and support needs of neurodivergent cancer patients.

These findings highlighted an unmet need within cancer services and led to the development of a project aimed at improving accessible, neurodiversity-informed information and support, which had never been done in the service before.

A clearly defined initiative to provided information and support for this patient group, including no-referral access to the initiative, was created, and a number of patients and partner organisations supported the multidisciplinary approach within the Trust to review existing provision and determine improvements required.

Bespoke staff training was sourced and undertaken by NUH Oncology professionals and support staff. This training enabled colleagues who work with cancer patients to have the confidence and skills to provide tailored information and additional support to neurodivergent individuals.

Digital and paper information to enhance support for this group of patients is now available for professionals, patients, carers and family members via NUH's Macmillan Information and Support Service.

Full evaluation is ongoing, however, early indication shows that the changes made clearly help neurodivergent individuals with the support they need to engage effectively with their cancer treatment and access the care available to them. Early outcomes also demonstrate a positive impact on staff knowledge and confidence following the training offered. Anecdotal feedback from service users and staff has highlighted the value of the changes made /support provided.

The initiative is easily transferable across different areas of the Trust by showcasing the changes made to resources, which can be replicated, and making the training available to other NUH colleagues.

Impact & results achieved

This project has addressed a recognised gap in the provision of information and support for neurodivergent people living with cancer within NUH. Full evaluation is ongoing and will be measured through Friends and Family Test, service-user engagement including footfall within the centres and wards, and number of information packs distributed.

Prior to this project, there were no dedicated resources for neurodivergent people living with cancer within the MI&SS. As a result, training has been given and a range of accessible information and resources have been introduced, including patient information packs. Together, these improvements help provide neurodivergent individuals with the support they need to engage effectively with their cancer treatment, feel supported and access the care available to them.

Early outcomes demonstrate a positive impact on staff knowledge and confidence. A self-assessment survey of the Macmillan Information and Support Team achieved a 100% response rate, with all respondents reporting increased knowledge and confidence following the training.

Feedback on the project has been overwhelmingly positive. Anecdotal feedback from service users, collected through conversations with MISS Staff, has highlighted the value of the support provided. One individual specifically commended the service for introducing resources and support for neurodivergent people living with cancer.

Sensory aids, including lanyards, fidget aids and ear defenders, are also now available through the MI&SS for neurodivergent individuals attending Nottingham City Hospital and Queen's Medical Centre. These aids can help cancer patients in hospital by reducing sensory overload, anxiety and distress, making it easier for them to engage with appointments, treatment and healthcare professionals.

The project also generated positive feedback across NUH, with particular interest from the Acute Learning Disability Liaison Team. Members of staff at NUH have also positively engaged with the training, which has included radiographers, dieticians and clinical nurse specialists. Progress and outcomes have been shared through the Nottingham Health Information Forum and with local and national neurodiversity organisations.

Feedback from neurodiversity charities has been consistently positive, with organisations welcoming the recognition of a previously overlooked area, and the introduction of dedicated support.

What makes this initiative stand out?

This project has brought together the limited information available on neurodiversity and cancer and translated it into practical resources and provided training within the MI&SS and NUH. Prior to this work, there were no dedicated resources or support pathways for neurodivergent people affected by cancer.

The project began with the needs of one individual and resulted in changes that benefit many. The needs of one man highlighted a gap in provision, and prompted the development of information packs, staff training, sensory resources and increased awareness across NUH, helping to create a more accessible and inclusive service.

This project has taken a group of individuals who are often overlooked within healthcare, and through relatively simple but meaningful changes, has helped make cancer information, support and hospital environments more accessible for neurodivergent individuals and their families.

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Patient and Client Council

Adult Protection Engagement Platform

Categories

- From Insight to Impact
- Long Term Improvement in Experience of Care

Organisation description

The Patient and Client Council (PCC) is an Arm's Length Body of the Department of Health in Northern Ireland, established to provide an independent voice for people on health and social care issues. Our vision is for a Health and Social Care service actively shaped by the needs and experiences of patients, clients, carers, and communities. We support individuals in raising concerns and promote public involvement in planning, developing, and deciding on health and social care provision. The PCC facilitates various engagement platforms, including the Adult Protection Engagement Platform, which connects service users with decision-makers to influence policy and practice.

The Patient and Client Council have 5 statutory duties:

- Representing the interests of the public in health and social care;
- Promoting public involvement in the planning and delivery of services;
- Supporting individuals who are making, or considering making, a complaint;
- Encouraging HSC bodies to provide accessible advice and information to the public;
- Conducting research into effective methods for public consultation and engagement.

"An Engagement Platform is a collaborative space that brings together individuals with shared experiences or interests in specific areas of health and social care. These platforms enable participants to share their lived experiences, contribute their perspectives, and engage directly with decision-makers. They serve as a mechanism for ensuring that services under review, development, or reform are informed by those with lived experience" (Sandra McCarry HSCNI Leadership Centre).

Summary

The Adult Protection Engagement Platform was established in August 2021 in response to the Home Truths report and the uncovering of CCTV footage showing abuse of residents in Muckamore Abbey Hospital (hereafter referred to as MAH).

Building on the success of the Care Homes engagement platform established during Covid 19, the Adult Protection engagement platform was created. The care homes engagement platform members were instrumental in developing the care partners initiative. This allowed designated family members to have access to their loved ones in Care homes during lockdown. Although similar, the adult protection engagement platform had its own terms of reference and code of conduct agreed and signed off by members. The primary objective was to ensure lived experience voice was used to shape the content of the Bill. As platform lead my role was to ensure members were given ample opportunity to meet with decision makers responsible for the content of the first ever Adult Protection Bill in Northern Ireland.

Following an extensive advertising campaign in the summer of 2021 and three induction sessions the Platform launched with 35 members. The members are made up of those with lived experience, carers, staff from HSC trusts, Community & Voluntary sector and statutory agencies.

Impact & results achieved

The impact this platform will have will be felt for many years to come. They have been instrumental in shaping parts of the Legislation in Northern Ireland. The platform have campaigned for the following:

Ensure that families of loved ones who are victims of abuse within a care setting must be informed immediately. This was not the case in DMCH and MAH. In fact, families were sometimes the last to be told that their loved one had been abused. This will change as a result of the Bill.

The families asked for CCTV to be made mandatory as it was CCTV that exposed the systemic abuse in MAH. The Bill team have stated that while they are unable to make CCTV a mandatory requirement of the Bill due to Article 8 of the EHRC "the right to privacy" they understand its importance in protecting the most vulnerable people in society and acknowledge its role in prevention of abuse.

That Independent Advocacy should be made available to anyone who is a victim of suspected abuse within a care setting. The advocacy services provided to families of MAH and DMCH fell well below the standard required. PCC and platform members have stated that Independent advocacy must be financially, structurally and psychologically independent.

In Feb 2026 The Health Committee were advised that the term 'Serious Case Reviews' (SCR) would be replaced with Adult Protection Learning Reviews (APLR). However, having engaged with platform members their view is the removal of the word "serious" from these reviews has the potential to diminish the gravitas of Adult Protection Learning Reviews and the potential to lose the level of seriousness that contributes to effective learning.

What makes this initiative stand out?

This initiative stands out for a number of reasons. The main reason has been that a small group of people from different backgrounds and organisation have come together to achieve a common goal. The platform hasn't been just a "talking shop". It has been a space where real change has been effected. The manner in which family members/carers with lived experience opened up and shared their experiences should be commended. It has not been easy but their resilience and determination has been phenomenal. They have turned the worst thing that has happened to them and their loved ones into something which will have a positive and lasting effect on our most vulnerable people for years and decades to come. They can be proud that they took the decision to reply to an advert in 2021 to join a group of like-minded people with a similar goal. Some of the platform were known to each other but for many it was a group of people who had never met. However, they all knew that NI needed change. It needed to catch up with England, Scotland and Wales in terms of legislation. NI was the only country without robust legislation, only guidelines which were not fit for purpose.

The key elements of it's success has been without a doubt the commitment of the members.

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Personal Homecare Pharmacy

Implementing Patient Centred Care in Clinical Homecare

Categories

- Joined-Up Care Experience

Organisation description

Personal Homecare Pharmacy Limited (PHP) is a Leicestershire-based clinical homecare provider employing more than 94 staff. Working with 74 NHS trusts across 135 hospital sites, it dispenses, delivers and administers specialist medicines in patients' homes, as well as training people to manage their treatment independently.

Founded to improve fragmented homecare pathways, PHP focuses on people and technology. A board-level Chief Patient Officer ensures that lived experience shapes strategy and services, while new technology improves coordination between patients, the NHS and pharmaceutical partners.

Through collaboration with patients, patient groups and healthcare partners, PHP designs opt-in services around individual needs. Its mission is to provide innovative, person-centred care closer to home, particularly benefiting people with long-term conditions in rural and underserved communities.

Summary

We adapted the Picker Principles of People Centred Care for our business. As care is delivered in patients' homes, we respect each individual and their family, upholding dignity, choice and personalised support to help people achieve their treatment goals, including greater independence.

New Thinking: Working with 6 patient organisations to develop in-house series of Therapy Awareness Weeks, reframing homecare delivery around the patient voice. We've also deployed technology to improve efficiency across service pathways for our team and the NHS, providing a framework for consistent, compassionate care.

Leadership: Our CEO and CPO jointly drive People and Technology as equal strategic pillars, aligning board-level accountability with frontline delivery.

Sustainable Outcomes: By combining people-centred design with innovation, including new patient portals, AI-driven prescription management and pharmacy labelling systems, we've streamlined operations while raising care quality and safety across the pathway. Evidence in Appendix 2

Involvement and Inclusion: Patients and patient associations helped train staff, building genuine understanding of the needs of the people we serve. Patients are partners, ensuring services reflect real lived experience, particularly for those in rural areas with limited access to care. We set up a Patient Council.

Transferability and Dissemination: This model is built to scale, offering a replicable blueprint for the wider Clinical Homecare Sector and NHS.

Impact & results achieved

Firstly, we listen to all feedback written or oral from employees, patients, NHS, external partners including logistical, nursing, technology, professional organisations including the NCHA Patient Advisory Council of which PHP are members and our CPO chairs the council. We act on change.

Key Achievements:

- Held 6 Therapy Awareness weeks in collaboration with 7 Patient Organisations
- Secured the criteria for meeting Customer Service Excellence (CSE) (Appendix 2.3)
- Implemented 2026 Patient Survey Feedback Appendix 2.4
- Designed and implemented portals; Patient, NHS, Nursing, conducted trial with E-Sign and co-designed the Patient App

Resulting in the removal of known safety risks associated with paper-based prescribing, manual handovers and fragmented communication creating a shared, real-time view of Patient status across care settings. (Appendix 2.5,2.6)

To achieve this at scale, we repurposed proven e-commerce technology within a highly regulated clinical environment, applying pharmaceutical-grade safety controls, governance, and compliance. Case Studies. Each portal was designed collaboratively with the NHS and feedback from patients.

- We introduced a PV Case Management Module for accurate and safe reporting of Pharmacovigilance matters.

What makes this initiative stand out?

Our focus is on two key themes, People and Technology:

This means genuinely listening to the people we serve and to our customer groups, Patient and Professional Associations, the NHS, the private sector and the pharmaceutical industry, alongside caring for our employees who deliver that support, and tailored to local population needs across the UK.

We believe in Clinical Homecare, however, it's not currently as effective as it needs to be and we are on a mission to change this for our company and the sector. Homecare must be run to high standards, it needs investment and knowledge of new technology to improve processes, and must consistently deliver high-quality service to patients, commissioners and the NHS.

The opportunity for Clinical Homecare in the UK is significant. UK homecare services are estimated to save the NHS £1.67 billion a year, with potential for further savings by shifting care from hospitals into patients' homes (ABPI, July 2025). Homecare, funded by manufacturers and supported by providers and the NHS, allows patients to receive treatment at home, either self-administered or with clinical support.

A Kent and Medway study found an average of 2.4 hospital bed days saved per patient, totalling 703 fewer bed days and a cost saving of £770,101.35. Extrapolated across the 640,000 people currently receiving clinical homecare in the UK, this equates to 1,523,200 bed days saved annually – a potential £1.67 billion NHS saving.

Many established providers are now starting to focus more closely on technology and people's needs, but we respectfully believe we are leading the way in both, backed by case studies and adopted working practices. Patient groups tell us we are ahead in our thinking; encouraging, though not yet evidence-based, so we are working to build the evidence that shows our services set the sector standard.

Our drive comes from a duty of care to ensure Clinical Homecare meets the needs of people and the NHS. While we must be profitable to operate, quality remains our main driver.

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Preventx & The Love Tank CIC

Powered by Partnership: Delivering England's First Fully Digital PrEP Pathway

Categories

- Partnership Working

Organisation description

Preventx is the UK's largest provider of remote sexual health services. Working with 80 NHS Trusts, local authorities and community partners including The Love Tank CIC, Preventx delivers digital pathways that expand access to testing, treatment and HIV prevention while supporting clinical services.

The Love Tank is a not-for-profit community interest company (CIC) that promotes the health and wellbeing of underserved communities through education, community building, research, events, outreach, and communication and design.

Operating at the intersection of healthcare technology, diagnostics and public health, Preventx provides end-to-end digital sexual health services including STI testing, contraception, treatment pathways and HIV prevention through Sexual Health London (the largest publicly funded remote sexual health diagnostics programme globally), SH.UK, test.me and freetest.me.

Preventx employs over 115 staff across clinical, technology and operational teams, operating a UKAS-accredited and CQC-registered in-house laboratory processing hundreds of thousands of tests each month. Preventx has 18 years' experience delivering remote sexual health services, dispatching over 8 million testing kits and processing more than 20 million samples to date.

Summary

This partnership demonstrates what is possible when community expertise, public health and digital healthcare innovation unite with a shared public health mission.

Preventx, East Sussex County Council and The Love Tank co-created England's first end-to-end digital HIV PrEP service: a new model for HIV prevention that removes barriers to access while remaining clinically safe, inclusive and community-informed.

Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention medication used by HIV-negative individuals to reduce the risk of acquiring HIV.

Launched as a pilot in East Sussex in July 2024, the service has since expanded to 14 local authorities across London and the wider UK, delivering more than 6,000 PrEP prescriptions to date and demonstrating the scalability and transferability of the model.

Crucially, this was not technology delivered in isolation. The partnership combines digital innovation with ongoing outreach, co-production and community engagement to ensure the service remains accessible to underserved populations and those less likely to engage with clinic-based pathways. At a time of increasing pressure on sexual health services and persistent inequalities in HIV prevention access, this collaboration provides a sustainable model for the future of HIV prevention.

Impact & results achieved

The impact of the Digital PrEP Service has been measured through a combination of prescribing activity, patient engagement, equity indicators, repeat usage and commissioning growth.

Between July 2024 and April 2026, the service delivered 5,903 PrEP prescriptions, including 1,438 new initiations and 2,015 repeat prescriptions, demonstrating both successful uptake and ongoing retention within the pathway.

Measuring repeat prescribing is particularly important, as it demonstrates sustained engagement with HIV prevention rather than one-off access. By April 2026, monthly prescribing volumes had increased from a single prescription during launch month to 696 prescriptions per month.

Equity and accessibility are also key measures of success. Approximately half of patients lived within IMD deciles 1–3, indicating strong reach into more deprived communities. Service data also demonstrated uptake across diverse ethnic groups and among populations more likely to engage with online healthcare than traditional clinic settings.

The service has also improved the patient experience by reducing barriers linked to stigma, travel, waiting times and appointment availability, while helping sexual health clinics free capacity for complex care.

The partnership continuously seeks feedback from patients to inform ongoing improvement and ensure the service remains accessible, inclusive and responsive to patient needs. One such survey covering North East London had 153 responses:

71% of respondents said they would not have started PrEP if it had not been available online, demonstrating the service's role in expanding access to HIV prevention.

86% described accessing PrEP digitally as "very acceptable", highlighting strong patient confidence in remote sexual health care.

Convenience was the primary reason for choosing the service, with patients citing easier access compared to travelling to clinics or taking time off work/studies.

92% intend to continue using the Digital PrEP Service, indicating high levels of satisfaction and long-term engagement.

94% reported greater peace of mind around HIV prevention since starting PrEP through the service.

The service achieved an average recommendation score of 9.28/10, with 50% of respondents already recommending it to others.

97% of patients were satisfied or very satisfied with delivery times and packaging, reinforcing the accessibility and usability of the end-to-end digital pathway.

What makes this initiative stand out?

What makes the Digital PrEP Service special is that it did not simply digitise an existing clinic process - it fundamentally redesigned how HIV prevention could be delivered.

The service introduced England's first fully integrated digital PrEP pathway, enabling eligible patients to access online assessment, remote clinician consultation, at-home STI and renal testing, prescribing and home delivery of medication through a single service. This was achieved while maintaining robust clinical governance and safety standards equivalent to traditional clinic pathways.

A key differentiator has been the combination of digital innovation with genuine community partnership. The service was developed collaboratively with The Love Tank CIC, local authorities and NHS partners to ensure it remains accessible, culturally competent and responsive to the needs of underserved communities.

Another major strength has been its focus on equity and prevention. Rather than replacing clinics, the initiative complements existing services by reducing barriers linked to stigma, geography and appointment access, while freeing specialist teams to focus on complex care.

Success has been driven by strong partnership working, data-led service design, scalable technology, clinical leadership and ongoing community engagement, allowing the service to rapidly expand from a pilot in East Sussex to 14 local authorities across the UK.

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Reem Hospital

Patient Experience Excellence

Categories

- Developing the Capability for Person-centered Care
- From Insight to Impact
- International Excellence in Experience of Care

Organisation description

Reem Hospital is a purpose-built, multispecialty healthcare organisation on Reem Island, Abu Dhabi. With more than 200 beds, it delivers outpatient, inpatient and post-acute services supported by advanced diagnostics and specialist rehabilitation. Its multicultural workforce serves a diverse population and operates around a shared commitment to safe, compassionate, inclusive and value-based care. The hospital places particular emphasis on continuity of care, rehabilitation and ensuring that patients and families feel heard, respected, informed and involved throughout their care journey.

The programme was designed for more than 850 clinical and non-clinical employees representing diverse professions, languages and cultural backgrounds.

Summary

"I Am the Patient Experience" is Reem Hospital's integrated capability system, developed after a 2023 diagnostic identified variation in communication, reassurance and service recovery (refer to figure 2). Rather than introducing stand-alone training, Reem aligned empathy-based recruitment, experiential learning, patient stories, simulation, departmental coaching, governance and performance monitoring.

Departmental engagement increased from three to 18 departments, while participation outside the Patient Experience team rose from 5.6% to 86.2%. Recorded annual attendance also increased by 156%, demonstrating sustained growth, broader inclusivity and stronger organisational ownership.

PXC activity strengthened inclusion, embedded experience criteria into recruitment and created a transparent record through accessible trackers, minutes and outcome reports.

Complaints remained below 0.5% despite a 30% increase in unique patients. More than 13 external organisations and educational cohorts requested the programme.

The model demonstrates that sustainable person-centred care is created when recruitment, learning, leadership, patient partnership, measurement and daily systems reinforce the same behaviours.

Impact & results achieved

Impact was evaluated through workforce capability, patient experience, service recovery, inclusion, and external spread.

From baseline to date, departmental engagement increased by 500%, from three to 18 departments, while participation outside the Patient Experience team rose from 5.6% to 86.2%. Recorded annual attendance also increased by 156%.

Outpatient satisfaction increased from 97% in 2023 to 100% in 2025, and inpatient satisfaction from 96% to 100%.

Google rating increased from 3.9 in 2023 to 4.4 in 2024 and 4.6 by July 2026. Despite 30% growth in unique patients, complaints remained below 0.5% of interactions, and 98.54% of concerns were resolved before formal escalation.

Subgroup analysis identified a risk of under-representation among women and People of Determination. Reem Hospital strengthened accessible referrals, appointment support and inclusive service pathways. Subsequent monitoring showed balanced physiotherapy access: 49% male and 51% female patients, including People of Determination.

Physiotherapy, including patients who are People of Determination, served 49% male and 51% female patients, compared with the UAE population distribution of approximately 69% male and 31% female.

It served 29% Emirati and 71% non-Emirati patients; this demonstrates strong representation of both groups in a country where international migrants constitute over 88% of the population.

Patients included 9% children, 3% teenagers, 82% adults and 7% older adults, while diagnostic-service users showed a comparable gender and nationality distribution.

Access was supported through 15 funding pathways—national insurance, 13 private or employer-funded schemes, and self-pay—demonstrating access across different socioeconomic groups.

Improvements generated through this capability included the Reem Majlis, a culturally responsive recreational space proposed by Emirati inpatients and delivered through multidisciplinary collaboration.

More than 13 external organisations and educational cohorts requested the programme. Together, these measures demonstrate strengthened capability, experience, inclusion and organisational ownership.

The combination of improved capability scores, early concern resolution, patient comments and sustained satisfaction provides stronger evidence than any single measure alone.

What makes this initiative stand out?

The initiative stands out because it develops person-centred capability through an integrated workforce system rather than a training event.

Reem Hospital did not attempt to train compassion into an unchanged system. It aligned who is recruited, what is taught, how behaviour is practised, what leaders observe and how patients influence improvement.

It begins before employment through empathy-based assessment, builds practical skills through immersive learning, gives patients a direct role in governance, translates feedback into service improvements and holds departments accountable through measurable indicators. This connects selection, behaviour, operations and leadership within one model.

Its name is a behavioural intervention. "I Am the Patient Experience" replaces task-passing with personal accountability and applies equally to clinicians, receptionists, technicians, housekeepers and executives.

"Switch the Seat" is another differentiator. Employees do not merely discuss empathy; they experience care from the patient's perspective and reflect on how uncertainty, language, waiting and communication affect dignity and trust. Patient stories and dialogue with leaders create an emotional connection that conventional e-learning cannot achieve alone.

The programme was designed and delivered internally using existing Human Resources, Learning and Development, Quality and Patient Experience expertise. This makes it practical, cost-conscious and scalable while preserving a distinctive organisational identity.

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Royal College of Paediatrics and Child Health

RCPCH Engagement Standards

Categories

- Partnership Working

Organisation description

The Royal College of Paediatrics and Child Health (RCPCH) is a UK-wide medical royal college and registered charity. It supports paediatric training, campaigns for better child health and workforce policy, delivers international development work and runs extensive engagement programmes for children, young people and families.

Its Children and Young People's Engagement Team leads the RCPCH &Us lived-experience network, the RCPCH Engagement Academy and the RCPCH Engagement Standards. Around 2,000–3,500 children, young people and family members take part in its work each year.

Summary

The RCPCH Engagement Standards deserve recognition because they were mandated by children and young people. We asked more than 3,000 children and young people across the UK whether they should have a say in shaping health services. 89% said yes.

Over the following year, children and young people, parents, paediatricians, NHS organisations, charities and partners worked together to create the first UK-wide, rights-based engagement standards for child health. This went far beyond consultation. Young people and families were involved throughout governance, working groups and design sessions, directly shaping the framework, language and priorities alongside key stakeholders including 40+ paediatricians, charities and health improvement/ transformation leads.

What makes the project stand out is that it turns engagement from an aspiration into a practical, transferable approach that organisations can use to involve children and young people in service design, improvement and decision-making.

Drawing on evidence from more than 60 pieces of legislation and participation frameworks, while keeping lived experience at its heart, the Standards are already influencing training, organisational practice and national programmes. They are now being embedded into wider paediatric standards and supported by new guidance, tools and resources, creating a sustainable legacy for meaningful participation and better patient experience.

Impact & results achieved

The biggest impact has been helping organisations move engagement from something they value in principle to something they can plan, deliver and improve consistently.

We measured success in two ways: the quality of the development process and the impact of the Standards after launch. We wanted the Standards to be built with children and young people, not for them. Success measures included engaging widely with children and young people, involving them in governance and decision-making, reviewing existing evidence, establishing a multidisciplinary working group, and launching a final set of Standards that reflected both lived and professional experience.

The project engaged more than 3,000 children and young people across the UK, over 60 paediatricians, parents, carers and a wide range of partners from NHS, voluntary and community organisations. We completed a review of more than 60 pieces of legislation, children's rights frameworks and participation charters, established a multidisciplinary working group and successfully launched the Standards on World Children's Day 2025. All planned measures were achieved.

Since launch, impact has been measured through dissemination, adoption and feedback. The Standards have been shared with more than 2,000 delegates at the RCPCH Conference through workshops, presentations, posters and video resources. They have been referenced by organisations including Youth Focus North West, Greater Manchester ICB and the AEGIS research programme, and are being embedded within the updated RCPCH Facing the Future Standards. They are increasingly being used to shape training, guidance and improvement discussions across health services.

We also wanted to understand impact at an individual, community and strategic level, drawing on Thompson's PCS model. Feedback from children, young people, families and professionals has been overwhelmingly positive and demonstrates the difference the project has made:

"So proud that this has come together, as a paediatrician, it's incredible to see the work over the last year but also the potential to keep making a difference through the standards."

"Being able to talk about the standards to paediatric services who think engagement is pink and fluffy means that we are more empowered as parents and young people to advocate properly. They look shocked when we say it's an actual standard."

"The standards are so good they make me happy to see the hard work we've put in out there now for other people. And it's only the start."

Young people and parents have reported feeling more confident challenging organisations because engagement is no longer viewed as a 'nice to have' but as a recognised standard.

Perhaps the strongest measure of success is that the work has not stopped at publication. The Standards are now being embedded into wider paediatric programmes and supported by new guidance, case studies and a Children's Rights Impact Assessment tool currently being piloted. The Standards have also been featured in Dr Mo Akindolie's Healthcare Leadership Conversations podcast, extending their reach beyond paediatrics and into wider conversations about leadership, patient experience and children's rights. Together, this demonstrates a sustainable legacy that will continue to strengthen how children and young people influence the services designed for them.

What makes this initiative stand out?

What makes the RCPCH Engagement Standards different is that they were not created about children and young people – they were created in partnership with them as equals alongside professionals. Rather than consulting children and young people at the end of the process, they were involved throughout governance, decision-making, design and review, alongside parents, paediatricians, NHS organisations and voluntary sector partners.

The Standards are also unique in being the first UK-wide, rights-based framework focused specifically on the meaningful involvement of children and young people in health decision-making. While many organisations have local engagement approaches, there was no national framework bringing together children's rights, participation and child health in a practical way that could be used across services.

A key factor in the project's success has been the strength of the partnership. The project combined lived experience, professional expertise and evidence ensuring the final product was both credible and practical. Just as importantly, decisions were made collaboratively, with challenge, discussion and shared ownership throughout. It has created a shared language and clear expectations around engagement, giving organisations a practical framework while empowering children, young people and families to influence decisions that affect them.

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Royal Devon University Healthcare NHS Foundation Trust

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Delivering pastoral support and structured education to Cancer Support Workers: improving wellbeing and personal achievements

Categories

- Staff Experience and Wellbeing

Organisation description

Royal Devon University Healthcare NHS Foundation Trust provides services across Northern, Eastern and Mid Devon, supporting more than 615,000 people across 2,000 square miles. With over 15,000 staff, it is Devon's largest employer.

The Trust delivers emergency, specialist, general, community and primary care through North Devon District Hospital, the Royal Devon and Exeter Hospital, and services in community settings and people's homes. Its specialist services extend across the South West, supported by strong links to research, innovation and universities.

Summary

Traditional wellbeing services did not suit and was not easily accessible to our new workforce. The Cancer Support Worker (CSW) Workforce Programme was developed to improve staff wellbeing, professional development, retention and patient care across cancer services. Following the introduction of CSWs across multiple tumour sites, many staff experienced professional isolation and limited access to structured support. Through clinical leadership, a comprehensive workforce development programme was created, recognising that high-quality patient care depends on a valued, supported and skilled workforce.

The programme co-produced with cancer support workers combines reflective practice, education, wellbeing initiatives, opportunities and leadership development. Key elements include; CSWs co-design the programme, ensuring it reflects their needs and priorities to include quarterly education sessions and facilitated reflective practice led by an oncology counsellor, Advanced Communication Skills Training, Psychological Skills Training, ACCEND Foundations of Cancer Care and shared learning including collective projects. Since implementation we have 100% staff retention and have already extended to other organisation. The program is easily transferable to other organisations and specialities.

Impact & results achieved

The programme has transformed the experience of Cancer Support Workers across the organisation. Through education, networking, reflective practice and recognition, we have created a supportive community where staff feel empowered and valued.

Unlike traditional development programmes, CSWs actively shape educational content and influence programme development. This culture of co-production ensures staff have a genuine voice. Feedback includes: "We have a voice that is listened to and heard. We are supported in our development. It's not all about our band and uniform – we are more than that."

Staff report increased confidence, stronger professional identity and a greater understanding of their contribution to the multidisciplinary team.

Reflective practice has had a profound impact on staff wellbeing and resilience. Cancer Support Workers regularly support people experiencing distress and uncertainty following a life changing diagnoses. Reflective practice provides protected time to process these experiences in a supportive environment.

Staff describe the sessions as invaluable: "Reflective practice gives you permission to stop and think about how situations have affected you."

The impact extends beyond wellbeing. Reflective practice has strengthened relationships across tumour sites, increased psychological safety and encouraged openness and trust.

Staff report greater confidence managing difficult conversations, improved emotional resilience and increased willingness to contribute ideas and service improvements.

We believe reflective practice has been a major factor in maintaining workforce wellbeing and achieving exceptional retention.

A strong sense of belonging has developed across the workforce. Through celebration events, award nominations, educational presentations and awareness campaigns, staff have gained confidence and pride in their contribution. One participant commented: "I've enjoyed our project. It makes me realise that my role and what I do really impacts across the Trusts."

This captures one of the programme's most important achievements: ensuring staff feel recognised, respected and valued.

The programme has enabled staff to develop confidence in both clinical and non-clinical aspects of their role. Feedback includes: "I benefitted from psychological skills and advanced communication training to help explore patient concerns."

Staff increasingly lead presentations, share best practice and undertake quality improvement projects. This demonstrates growing confidence, leadership and professional aspiration.

Perhaps the strongest measure of success is workforce retention. We are proud to report 100% retention across the Cancer Support Worker workforce since implementation of the programme in 2020. This is particularly significant during a period where recruitment and retention remain major challenges across healthcare services.

By prioritising wellbeing, development, recognition and peer support, we have created a culture where people are happy, want to stay, grow and contribute.

The confidence generated through the programme has translated into meaningful service improvements led by CSWs. Although the primary aim was to improve staff experience and wellbeing, benefits for patients have also been significant. Between April 2023 and January 2024:

3,689 Holistic Needs Assessments were offered. 2,784 personalised care plans requiring action were completed. We believe these outcomes are a direct consequence of investing in a confident, supported and engaged workforce.

The impact of the programme has been recognised externally through various awards programmes.

What makes this initiative stand out?

This initiative places staff experience and wellbeing at the centre of workforce transformation. Rather than focusing solely on education or service delivery, we created a comprehensive programme built around psychological safety, reflective practice, professional development, peer support, recognition and belonging.

Key outcomes include:

Expansion from 4 to 18 CSWs. 100% workforce retention. Improved wellbeing and resilience. Increased confidence and professional identity. Stronger multidisciplinary relationships. National award recognition. Staff-led service improvements directly impacting patients. Improved patient personalised care and support delivery.

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From Feedback to Boardroom: Embedding Patient Experience at the Heart of Organisational Governance

Categories

- Leadership and Governance for Experience Excellence

Organisation description

The Royal Devon University Healthcare NHS Foundation Trust (RDUH) is one of the largest integrated healthcare providers in the Southwest of England.

Formed in April 2022, RDUH brought together the Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT). This merger created a single organisation spanning Northern, Eastern, and Mid Devon, combining expertise, services, and resources to improve the resilience and sustainability of healthcare across the region.

Today, the Trust serves a population of over 615,000 people, covering a largely rural geography of more than 2,000 square miles. It is the largest employer in Devon, with over 17,000 staff working across hospital, community, and specialist services.

RDUH delivers care through two acute hospitals, the Royal Devon and Exeter Hospital (Wonford) in Exeter and North Devon District Hospital in Barnstaple, alongside a network of community hospitals, outpatient clinics, and services delivered in people's homes. The Trust provides a full range of services, including emergency care, planned and specialist treatment, community health services, and primary care, with some specialist services extending across the wider Southwest peninsula.

The merger has created a single organisation with a shared vision: to deliver high quality, joined up care across hospital and community settings, while strengthening connections with the communities it serves.

Summary

Following the integration of the Royal Devon's two predecessor trusts in 2022, we recognised a unique opportunity to fundamentally transform how patient experience was led, governed and embedded across the organisation. Rather than treating patient experience as a standalone function, we established a strategic programme of cultural and organisational change, underpinned by the creation of a dedicated senior leadership role, a Trust-wide Patient Experience Strategy, and a comprehensive governance framework that positioned experience alongside quality, safety and performance as a strategic priority.

Our innovative approach created clear governance routes through which patient, carer, volunteer and community voices influence decision-making from frontline services through to Board level. New structures including the Patient Experience Committee, Patient Experience Operational Group, Volunteering Steering Group, Volunteer Connect listening events and Board patient stories have ensured experience is embedded within organisational culture and accountability.

The programme has delivered measurable and sustainable outcomes, including the development of a thriving volunteering service, strengthened patient information governance, transformed interpretation and translation services, enhanced carer support, making services more accessible and inclusive and improved mechanisms for learning from feedback.

Co-produced with patients, carers, volunteers, staff and community partners, this model is highly transferable and demonstrates how strong leadership and governance can place the patient voice at the heart of decision-making, delivering lasting improvements in person-centred care across a large integrated healthcare organisation.

Impact & results achieved

The initiative has strengthened leadership, governance and patient-centred care by creating clear routes for feedback to influence service improvement, policy and organisational priorities. Increased feedback through Care Opinion, improved complaints response times and patient stories shared at Board provide richer insight into the experiences of patients and families.

Volunteering governance was transformed following an internal audit, leading to the Trust's first Volunteering Strategy and stronger accountability. Active volunteers increased from around 150 to 480, contributing more than 37,000 hours annually, while maintaining 100% DBS and over 85% mandatory training compliance.

The programme also delivered the Trust's first Patient Experience Strategy and new policies covering patient communications, interpretation and translation, and health and care information. Together, these changes have embedded lived experience within strategic decision-making and strengthened the connection between patient experience, quality and safety.

What makes this initiative stand out?

What makes this initiative exceptional is that it transformed patient experience from a collection of separate activities into a strategic organisational priority, supported by clear leadership, accountability and governance. Rather than introducing additional processes, the Trust redesigned how the voices of patients, carers, volunteers and communities influence decisions across the organisation.

New structures—including the Patient Experience Committee, Patient Experience Operational Group, Volunteering Steering Group, Volunteer Connect listening events and Board-level patient stories—ensure that feedback is heard, acted upon and escalated appropriately. A refreshed Patient Experience Strategy has shifted responsibility for improvement from the corporate Patient Experience Team to leaders across clinical, operational and corporate services, with actions now owned and monitored throughout the Trust.

The programme has delivered several organisational firsts, including strategies for patient experience and volunteering, alongside policies covering patient communications, interpretation and translation, and health and care information. Together, these have strengthened assurance, improved audit outcomes, supported the growth and professionalisation of volunteering, and created sustainable foundations for continued improvement.

Learning is also being shared regionally and nationally through NHS England networks, professional presentations and national conferences, positioning Royal Devon as a leader in patient experience. Visible leadership, meaningful involvement and robust governance have created lasting cultural change, embedding patient experience as everyone's responsibility and ensuring it continues to influence decisions, services and person-centred care.

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Implementation and Evaluation of Transitional Care for newborn babies at RDUH - reducing separation, improving outcomes

Categories

- Excellence in Personalised Care

Organisation description

Royal Devon University Healthcare NHS Foundation Trust (RDUH) is an NHS foundation trust based in Devon, South West England, operating two acute hospital sites: Royal Devon and Exeter Hospital (Wonford) in Exeter and North Devon District Hospital in Barnstaple. RDUH provides a comprehensive range of acute, specialist and community services to a catchment population of approximately 615,000.

This project was undertaken at the Exeter site, a district general hospital with a Level 2 Local Neonatal Unit caring for babies born from 27 weeks gestation, where approximately 3,500 women give birth each year. The work was delivered by the perinatal team – a motivated group of neonatal medical and nursing staff and midwifery professionals supporting the care of newborn babies and their mothers after birth. Located in the large and mainly rural county of Devon, geographic isolation can significantly impact families' ability to visit and remain close to their baby during a hospital admission.

Summary

As neonatal professionals, we know that avoiding the separation of mothers and babies after birth is beneficial to both the baby's medical care and the mother's wellbeing. Yet at RDUH Exeter, our systems were working against this. Babies born at 34 weeks were admitted to the neonatal unit, separated from their mothers, whereas babies born at 35-36 weeks were cared for on the postnatal ward without specialist neonatal nursing support. Term babies were being admitted to the neonatal unit at rates above our network average. Our 2021 GIRFT report told us our late preterm babies were staying longer than at any other comparable unit in the country.

We knew we needed to change. In November 2025, our perinatal team – neonatal consultants, neonatal nurses and midwives working together – expanded and redesigned Transitional Care, doubling capacity from 4 to 8 beds, relocating to the postnatal ward, and introducing dedicated staffing and clear clinical guidelines to keep families together while their baby received the care they needed.

The results exceeded our expectations. Mother-infant separation fell from 47% to less than 1% for direct TC admissions. Length of stay for late preterm babies halved. Hypothermia and hypoglycaemia rates fell dramatically. And our parents told us, in their own words, how much it meant to them to stay together.

Impact & results achieved

The results of the TC expansion were striking, and were measured prospectively across multiple domains from the outset of the test of change.

Quantitative data was collected for all babies admitted to TC and compared against a matched three-month period prior to implementation, focusing on late preterm babies (34-36+6 weeks gestation) where the clinical impact was expected to be greatest. In the pre-implementation period, 36 late preterm babies were admitted; in the post-implementation period, 33 were admitted to TC.

Mother-infant separation fell from 47% to 22% overall – and to less than 1% for babies admitted directly to TC without requiring NNU input. Average length of stay for late preterm babies halved, from 8.5 days to 4.1 days. Rates of hypothermia during admission fell from 37% to 8.6%, and hypoglycaemia from 67% to 7%. The proportion of babies receiving intravenous antibiotics fell from 67% to 41%, reflecting more appropriate, less interventional care. Breastmilk feeding rates at discharge improved from 53% to 63%. Of 33 preterm babies admitted to TC, only one required readmission to hospital – demonstrating that earlier discharge and reduced intervention did not compromise safety.

Over the first three months, 113 mother and baby pairs were kept together who would previously have been separated, accumulating 401 TC cot days.

Parent feedback was collected via QR code survey throughout the pilot. Of 20 respondents, 100% said that avoiding separation from their baby was extremely important to them – and 79% were not separated at all. 100% rated staff support as excellent and felt comfortable asking questions about their baby's care. 95% rated feeding support as excellent. 72% said having their partner stay overnight was extremely important – and 75% of partners did stay. As one parent told us: "I got given so much time and help to get the breastfeeding right, I don't think we would have continued without this support." Another described TC as "a lovely calm area to rest and be a family after a difficult time in labour."

Staff feedback was also strongly positive. Neonatal nurses described TC as calm, welcoming and family-centred, and reported that when staffing was adequate, the quality of care for families was demonstrably improved. Midwifery staff valued having late preterm babies supported by neonatal nurses, reducing pressure on the postnatal ward.

What makes this initiative stand out?

TC is not a new concept nationally, but for RDUH it represented a fundamental shift in how we think about neonatal care, changing our ways of working to keep mothers and babies together.

The project was driven by evidence, co-designed with staff, and evaluated with a rigorously evaluated using QI methodology. Crucially, it was delivered cost-neutrally, within existing resources, by a multidisciplinary team spanning neonatal medicine, neonatal nursing and midwifery.

The strength of our parent feedback sets this project apart. Twenty families took the time to tell us what TC meant to them. Every single one rated staff support as excellent. Every single one felt comfortable asking questions. Feeding support was rated excellent by 95%. One mother told us they would not have continued breastfeeding without the support they received. The feedback from families showed that the TC project really delivered improvement for families and this is the outcome that matters the most.

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Oncology Menopause Support Group: Transforming Cancer Survivorship Care through Patient-Led Initiative

Categories

- Emerging Good Practice

Organisation description

Royal Devon University Healthcare NHS Foundation Trust provides services across Northern, Eastern and Mid Devon, supporting more than 615,000 people across 2,000 square miles. With over 15,000 staff, it is Devon's largest employer.

The Trust delivers emergency, specialist, general, community and primary care through North Devon District Hospital, the Royal Devon and Exeter Hospital, and services in community settings and people's homes. Its specialist services extend across the South West, supported by strong links to research, innovation and universities.

Summary

Completing cancer treatment is a major milestone, but for many women it brings treatment-induced menopause and new challenges. Women told us they felt supported to survive cancer but not to manage life after treatment. Hot flushes, fatigue, sleep disturbance, cognitive difficulties, anxiety and reduced quality of life affected their wellbeing. Many felt unprepared, isolated and unsure where to access reliable information. As one woman said, "I thought I was the only one experiencing this."

In response, we co-designed the Oncology Menopause Support Group with women living with and beyond cancer. The programme provides evidence-based menopause education, nutrition and lifestyle advice, symptom management, wellbeing support and peer connection, creating a proactive survivorship pathway.

Initially launched as a six-month pilot, within four sessions 30 women attended, 125 referrals were received, six oncology teams referred, and 24 feedback responses (20 patients, four staff) were collected. Women reported greater confidence, understanding and reassurance, leading to an ongoing peer-supported drop-in model embedded within survivorship care.

Impact & results achieved

The programme has demonstrated measurable improvements in access, patient experience and confidence.

At baseline, there was no dedicated oncology menopause pathway. Women identified unmet needs including limited access to menopause information, uncertainty about symptom management and a lack of peer support opportunities.

Success has been measured through:

attendance and referral activity patient feedback staff feedback repeat engagement reported changes in confidence and understanding Key outcomes include:

Patient engagement - 30 women attended within the first four sessions

Demand - 125 referrals received

Oncology integration - Six oncology teams able to refer women

Feedback - 24 responses collected (20 patients, 4 staff)

Confidence - Women reported feeling more confident following participation

Information impact - 100% reported the information provided was an "eye-opener"

The greatest impact has been the change in women's experience.

Before attending, women described feeling alone, uncertain and unprepared.

Following participation, women reported:

Improved understanding of treatment-related menopause increased confidence managing symptoms reassurance that their experiences were shared by others reduced isolation through peer connection Women described the impact:

"For the first time, I understood what was happening to me."

"I left feeling more confident and in control."

An important unintended outcome was the creation of a supportive community of women who felt understood by others with shared experiences.

Although the original aim was to provide menopause education and practical strategies, women consistently identified peer connection as one of the most valuable aspects of the programme. This directly influenced service redesign.

The programme has progressed from pilot to sustainable service through:

integration into oncology pathways established referral routes multidisciplinary ownership reusable education resources continued patient involvement

Future evaluation will include pre- and post-session confidence ratings, patient-reported experience measures, quality-of-life measures and longer-term follow-up.

What makes this initiative stand out?

The Oncology Menopause Support Group is a patient-led innovation that has transformed cancer survivorship care by addressing the often-overlooked impact of treatment-induced menopause. Women living with and beyond cancer told us they felt well supported during treatment but unprepared for the physical and emotional challenges that followed, including hot flushes, fatigue, sleep disturbance, cognitive changes, anxiety and isolation.
In response, we co-designed a dedicated survivorship pathway with women who had lived experience, ensuring the service reflected what mattered most to patients. Rather than creating a standalone support group, the programme redesigned care from a reactive model of managing concerns during individual appointments to a proactive, holistic pathway combining evidence-based menopause education, nutrition and lifestyle advice, symptom management, wellbeing support and peer connection. Patient feedback shaped every stage of development and directly led to the introduction of an ongoing peer-supported drop-in model, demonstrating true co-production and continuous improvement.

The programme has shown strong early impact, with 125 referrals, 30 women attending the first four sessions, referral access across six oncology teams and overwhelmingly positive patient feedback. Women reported increased confidence, improved understanding of treatment-induced menopause and reassurance from connecting with others who shared similar experiences. The initiative has also established sustainable referral pathways, multidisciplinary collaboration and a transferable model that can be adapted across oncology services. By listening to patients and embedding their voices in service design, the Oncology Menopause Support Group has created an innovative, compassionate and sustainable approach to survivorship care, ensuring women are supported not only to survive cancer but to live well beyond it.

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Phil Tearle – An outstanding contribution to volunteering

Categories

- Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

Summary

Phil Tearle is a Patient Partner and Chair of the Royal Devon University Healthcare NHS Foundation Trust's Cancer Patient Partnership Group. His commitment to patient advocacy began following his prostate cancer diagnosis in 2018. After early detection and successful treatment, Phil wanted to use his experience to support others and improve cancer care.

He began volunteering with Prostate Cancer UK in 2019 and, after moving to Devon in 2023, expanded his contribution through FORCE Cancer Charity and the Royal Devon's Living With and Beyond Cancer programme.

Through Prostate Cancer UK, he reaches rural and underserved communities, particularly farming communities whose members may be less likely to access healthcare.

At FORCE, Phil regularly provides compassionate, face-to-face support to people affected by cancer. Whether offering conversation, a cup of tea or simply listening, he creates a safe and reassuring environment for patients and families. He also supports fundraising activities, including the Great West Run and Nello Bike Ride, and has even dressed as Father Christmas at a local farm shop to raise funds.

As Chair of the Cancer Patient Partnership Group, Phil ensures that patients' perspectives influence clinical pathways, service improvements and strategic decisions.

Phil helped co-produce the patient resource 6 Things You Can Talk About, designed to encourage more purposeful conversations in clinics. Following its launch, sexual dysfunction and financial worries moved into patients' ten most frequently reported concerns, showing that people felt more able to discuss previously sensitive issues.

His rural engagement work, including collaboration with Mole Valley Farmers, has gathered insights that were translated into patient-led 'We Statements'. These helped inform the introduction of the Cancer Care Companion, a digital health and wellbeing information and support tool within the Trust's Electronic Patient Record system.

Phil also champions supported self-management. He has helped develop scripts and videos covering fatigue, emotional wellbeing, financial concerns and sleep, while reviewing digital tools to improve their accessibility. Nationally, he has represented patient perspectives at a Macmillan Cancer Support and Department of Health and Social Care event, bringing the learning back to guide the Partnership Group's work.

Phil's compassion, humility and authenticity enable him to connect with patients, professionals and communities alike. He does not simply represent the patient voice; he ensures it influences decisions and shapes the future of cancer care. His sustained commitment, particularly to people whose voices may otherwise go unheard, makes him a truly deserving recipient of a PEN Award.

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Royal Devon University Healthcare NHS Foundation Trust

Royal Devon University Healthcare NHS Foundation Trust

You Said, We Did: Working together to improve the research experience

Categories

- From Insight to Impact

Organisation description

The Royal Devon University Healthcare NHS Foundation Trust is one of the largest acute NHS trusts in the South West of England, serving a population of over 630,000 people across Devon. The Trust provides a wide range of acute, community and specialist healthcare services from multiple sites, including the Royal Devon and Exeter Hospital and North Devon District Hospital.

The Trust has a strong commitment to research and innovation and hosts a diverse portfolio of commercial and non-commercial studies across multiple clinical specialties. The Royal Devon Commercial Research Centre (CRC), based in Exeter, specialises in the delivery of commercial clinical trials for children and adults, providing participants with access to innovative treatments, vaccines and preventative therapies. The CRC works closely with industry partners, research teams and patient representatives to deliver high-quality research whilst ensuring participant experience remains central to study delivery.

The Trust employs approximately 15,000 staff and is committed to delivering person-centred care, continuous improvement and meaningful patient and public involvement across all aspects of healthcare and research.

Summary

The Royal Devon University Healthcare NHS Foundation Trust's "You Said, We Did" initiative has transformed participant feedback into a sustainable programme of continuous improvement within the Commercial Research Centre (CRC). Recognising that excellent research is defined not only by clinical outcomes but also by participant experience, the initiative was developed to move beyond traditional survey data and establish meaningful participant partnership.

Building on consistently positive results from the NIHR Participant Research Experience Survey (PRES), the CRC introduced participant focus groups to gain deeper insight into the experiences of people taking part in commercial clinical trials. Participants worked directly with senior leaders to identify opportunities for improvement, validate findings and co-design solutions. A structured feedback cycle comprising "We Think We Heard", "You Said, We Will Do" and "You Said, We Did" reports ensured transparency and accountability throughout.

Over two years, participants have directly influenced numerous service improvements, including communication processes, participant information, appointment systems and site navigation. Forty participants have contributed to the programme, helping establish a culture where feedback is actively sought, acted upon and reported back.

The initiative demonstrates how meaningful participant involvement can be embedded within commercial research delivery, strengthening trust, improving participant experience and creating a transferable model of co-production that can be adopted across research and healthcare settings.

Impact & results achieved

The initiative has had a significant impact on both participant experience and organisational culture. By creating a structured mechanism for listening and responding to participant feedback, the CRC has strengthened participant partnership and embedded continuous improvement into routine research delivery.

Participants identified numerous opportunities to improve the research experience. As a result, the CRC implemented a range of practical changes, including enhanced appointment reminder systems, improved communication processes, clearer participant information, updated site maps, earlier discussions regarding travel insurance and strengthened approaches to sharing study results when available.

Feedback also highlighted the importance of language. Participants expressed a preference for being referred to as "participants" rather than "patients", leading to staff education and greater awareness of participant-centred communication.

The initiative has provided measurable evidence that participant involvement leads to meaningful change. Across the first two years, 40 participants have directly contributed to service development. Attendance has remained strong, with many participants returning to subsequent sessions and discussions becoming increasingly participant-led.

Success has been measured through a combination of qualitative and quantitative indicators. These include participant attendance and engagement, implementation of identified actions, participant feedback on the process itself and ongoing participant experience data collected through PRES. The CRC also maintains participant retention rates in clinical trials of approximately 99%, reflecting the strong relationships developed with participants and the emphasis placed on participant experience.

Participant feedback demonstrates the value of the initiative. One participant commented, "I always felt human as opposed to a lab rat," whilst another stated, "I felt I was an individual, not just a number." Following the initiative, one participant remarked, "Well done with this exercise, keep up the good work!!" These comments reflect a culture where people feel heard, respected and able to influence the services they use.

What makes this initiative stand out?

The initiative stands out because it moves beyond traditional feedback collection and creates genuine participant partnership. Rather than simply gathering opinions, participants are actively involved in validating findings, shaping solutions and reviewing progress.

A particular strength is the structured feedback cycle that closes the loop between listening and action. Participants can clearly see how their contributions have influenced service development, helping build trust and encouraging continued engagement.

The direct involvement of senior leaders further distinguishes the initiative by demonstrating that participant views are valued at all levels of the organisation. Within the constraints of commercial clinical trials, the programme has created meaningful opportunities for co-production and participant influence that extend beyond individual studies.

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Serious Hazards of Transfusion

My Transfusion: Co-producing a patient-led digital resource for safer, more informed blood transfusion care

Categories

- Partnership Working
- Patient Involvement in Patient Safety - In Partnership with Patient Safety Learning

Organisation description

Serious Hazards of Transfusion (SHOT) is the UK's independent haemovigilance scheme, collecting and analysing reports of transfusion-related incidents, errors and adverse reactions since 1996. Its findings identify emerging risks and inform the UK Transfusion Safety Standards, helping reduce preventable harm and improve patient outcomes.

SHOT works with the MHRA, UK Blood Services, NHS organisations, professional bodies and patient representatives to strengthen national policy, education and transfusion practice across England, Scotland, Wales and Northern Ireland.

Summary

My Transfusion is the UK's first patient-focused blood transfusion education app and web platform, developed through true co-production to support safer transfusion care through informed patient involvement. Created by Serious Hazards of Transfusion (SHOT), the UK's independent haemovigilance scheme, the initiative addressed a longstanding gap in transfusion care where patients often receive limited information before receiving blood. Patient partners with experience of transfusion across malignant and non-malignant conditions were involved from concept through to design, testing, validation, implementation and ongoing evaluation. Their lived experience directly shaped content, accessibility, tone and functionality.

A structured leadership and governance approach brought together patients, transfusion specialists, digital developers and national stakeholders, ensuring clinical accuracy, accessibility and sustainability. Inclusive recruitment ensured representation across different backgrounds, experiences and levels of digital confidence.

Since its release in July 2025, My Transfusion achieved more than 2100 app downloads and 97000 active views, with sustained engagement in content supporting consent and shared decision-making. Patients report improved understanding and confidence, while clinicians report more effective consent discussions. Designed as a free, nationally accessible resource, the platform is readily transferable across healthcare settings and provides a scalable model for patient-centred digital education and co-produced safety improvement.

Impact & results achieved

My Transfusion has delivered early evidence of improved patient experience, informed decision-making and safer transfusion care. Success was measured using a combination of digital analytics, stakeholder feedback and engagement with content designed to support informed consent, shared decision-making and patient safety.

During the first year following launch, the platform recorded 3300 unique users, with 97000 active views. Engagement was exceptionally strong, with users viewing an average of 24.2 pages and spending over 6 minutes per session. These measures were chosen to assess not only reach, but the extent to which patients were actively engaging with educational and safety-related content rather than briefly accessing the resource.

Analytics show sustained use of key information supporting informed consent and shared decision-making, including sections covering essential transfusion information, risks, benefits and alternatives. This demonstrates that patients are seeking information needed to participate meaningfully in decisions about their care.

Co-production has fundamentally shaped the patient experience. Patient partners directly influenced language, navigation, safety messages and the inclusion of practical and emotional support. As a result, the platform addresses questions and concerns that matter most to patients, helping reduce anxiety and increase confidence before transfusion.

Feedback from clinicians indicates that patients are arriving better prepared for discussions, asking more informed questions and participating more actively in consent conversations. This supports the transition from transfusion as a procedure that is "done to" patients towards a partnership model where patients are informed participants in their care.

The platform has also demonstrated strong accessibility and reliability, with use across iOS, Android and web platforms and 100% crash-free performance. As a free, nationally available resource aligned with NICE Quality Standard 138, My Transfusion provides a sustainable approach to improving patient understanding, supporting patient-activated safety behaviours and strengthening the quality of transfusion consent and shared decision-making.

What makes this initiative stand out?

What makes My Transfusion unique is that it is not simply a digital information resource, but a genuinely co-produced safety initiative that addresses a clearly identified national need. While patient information about transfusion has traditionally been fragmented, inconsistent and largely designed by healthcare professionals, My Transfusion was developed with patients as equal partners throughout the entire process, from identifying priorities and designing content to testing, validation, implementation and ongoing review.

The initiative addresses several important challenges simultaneously: improving patient understanding, supporting informed consent, reducing misinformation, strengthening shared decision-making and enhancing transfusion safety. This is particularly relevant in light of the findings of the Infected Blood Inquiry, which highlighted the need for greater transparency, better information and stronger patient involvement in decisions about transfusion. The Inquiry Report | Infected Blood Inquiry

The success of My Transfusion is rooted in the combination of lived experience, clinical expertise and digital innovation. Patient partners ensured the resource addressed real concerns, fears and practical questions, while healthcare professionals ensured alignment with national guidance and safety standards. The result is an accessible, evidence-based resource that patients trust and clinicians value.

Unlike many local initiatives, My Transfusion is free, nationally accessible via both app and web platforms, and designed to be used across all specialties where transfusion occurs. Strong early engagement demonstrates that patients are actively using information on transfusion risks, benefits and alternatives, supporting more informed participation in care.

Importantly, the project's impact extends beyond transfusion. It provides a scalable and transferable model for developing future digital health resources through meaningful co-production. The principles, governance approach and engagement methods can be adopted by other organisations seeking to create patient-centred, accessible and trusted healthcare information.

Ultimately, My Transfusion demonstrates how genuine partnership with patients can create a resource that improves safety, experience and confidence while delivering lasting value for patients, staff, organisations and the wider healthcare system.

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South East Wales Vascular Network

From Patient Voices to Measurable Change in Vascular Surgery: The PREMIERE Project

Categories

- From Insight to Impact

Organisation description

The South East Wales Vascular Network (SEWVN) provides specialist vascular and endovascular care to around 1.56 million people through a hub-and-spoke model centred at the University Hospital of Wales in Cardiff. The initiative was led by CEDAR, in collaboration with three Welsh vascular networks, multidisciplinary teams, patients, carers and representatives including the Circulation Foundation.

The project focused on improving care for vascular patients, who are often older, living with multiple conditions and navigating complex pathways across inpatient surgery, outpatient monitoring and community rehabilitation. By capturing patient-reported outcomes and experiences, the collaboration aims to reduce fragmented care and improve support for people facing severe pain, repeated admissions, lengthy recovery and the risk of limb loss.

Summary

Vascular patients often endure complex, occasionally fragmented care-pathways in the NHS, yet their experiences have never been systematically measured. Led by South East Wales Vascular Network (SEWVN) in collaboration with the Centre for Healthcare Evaluation, Device Assessment and Research, PREMIERE demonstrates new thinking by co-producing and validating the UK's first vascular-specific Patient-Reported Experience Measure (PREM). Driven by COSMIN methodology and involvement alongside the Circulation Foundation (the UK's national vascular patient charity) and diverse advocates, we translated qualitative narratives into a robust 14-item clinical tool. Our multi-centre validation proved the PREM is psychometrically valid and feasible for routine NHS care. Importantly, the collected data immediately generated actionable targets for local service improvement, identifying quantifiable gaps in communication and discharge planning. Demonstrating exceptional leadership, the PREMIERE team successfully delivered this NHS Wales-funded initiative and has now partnered with the Vascular and Endovascular Research Network (VERN) to scale it. Backed by the Vascular Society (VSGBI), Get It Right First Time (GIRFT), and the NHS Outcomes and Registries Programme (ORP), PREMIERE establishes a blueprint for integrating PREMs into national audits and the NHS App. This innovation gives a vital voice to a vulnerable population, providing the missing metric to deliver truly equitable, patient-centred care.

Impact & results achieved

The primary impact of PREMIERE is that it successfully translates the complex, qualitative lived experiences of vascular patients into actionable, factual numbers.

To measure the initiative's success and the tool's impact, we deployed the PREM across three Welsh vascular networks, capturing experiences from a diverse cohort of 240 patients. We evaluated the tool using rigorous, internationally recognised COSMIN guidelines. We chose these specific psychometric measures (testing construct validity, reliability, and feasibility) to definitively prove the tool was robust and acceptable for routine NHS use, distinguishing it from generic surveys.

The measurement process proved highly successful. Feasibility was exceptional: the PREM takes an average of just 7 minutes to complete, with 82.1% of patients completing it independently. Through rigorous item reduction, we refined the tool from 22 to 14 highly relevant items. The results proved the tool is sensitive to clinical realities; for example, PREM scores dropped significantly for patients experiencing longer hospital stays ($r = -0.36$) or emergency admissions ($r = -0.15$).

Crucially, the initiative provided services with their first tangible, data-driven targets for improvement. We identified critical gaps in care. For instance, we uncovered severe widespread deficiencies in the discharge pathway: 88.3% of patients reported lacking written post-discharge information, and 60.0% received no guidance on pain management.

By pinpointing exactly where the pathway struggles, the PREM provides units with hard, factual numbers to drive immediate service improvements. Hospitals can now implement targeted interventions, such as dedicated pain management leaflets or revised discharge protocols, and use the PREM's real-time feedback loop to track whether these changes generate tangible gains in patient experience over time.

What makes this initiative stand out?

What makes PREMIERE truly stand out is the unique, high-stakes nature of the specialty it serves. Vascular patients face some of the most emotionally and physically gruelling journeys in the NHS, yet their experiences have historically fallen into a "data black hole".

Unlike other surgical specialties, vascular care does not lend itself easily to Patient-Reported Outcome Measures (PROMs). Major procedures, such as carotid endarterectomies and abdominal aortic aneurysm (AAA) repairs, are predominantly preventive; we do not necessarily make patients 'feel better' post-operatively. Conversely, for conditions like chronic limb-threatening ischaemia, the disease is progressive and patients face agonising, life-altering decisions, such as choosing between living with severe chronic pain or undergoing a major limb amputation.

Because clinical outcomes (PROMs) often remain static or reflect chronic decline in this population, capturing the experience of care, how compassionately patients are communicated with, how they are supported through fragmented transitions, and how they are involved in critical decisions, is the absolute gold standard for measuring quality.

Generic hospital surveys fail to capture this context. PREMIERE stands out because it is the UK's first validated, specialty-specific PREM designed directly around this immense clinical complexity. Its success stems from our co-production model; by ensuring patients and advocates drove the agenda, we created a tool that doesn't just ask "were you satisfied?", but measures what truly matters in a life-or-death clinical pathway.

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South Tyneside and Sunderland NHS Foundation Trust

Living with Cancer Initiative

Categories

- From Insight to Impact
- Partnership Working

Organisation description

South Tyneside and Sunderland NHS Foundation Trust (STSFT) is one of the largest integrated acute and community providers in the North East of England, serving a population of approximately 450,000 people across South Tyneside, Sunderland and surrounding areas. The Trust delivers services from major acute hospital sites alongside an extensive network of community, primary and outpatient services.

The population served is characterised by significant health inequality, with large areas ranked among the most socioeconomically deprived in England. Many communities experience high levels of long-term conditions, multimorbidity and complex social need, including low health literacy, unemployment, and social isolation. These factors contribute to poorer health outcomes and increased reliance on urgent and emergency care services.

STSFT employs over 8,000 staff across a diverse, multidisciplinary workforce, including a significant international workforce that reflects the cultural diversity of the communities it serves. This workforce plays a critical role in delivering culturally competent, inclusive care.

The Trust provides a full range of services including emergency care, cancer services, specialist medicine, maternity, community nursing, and integrated care pathways. As demand continues to grow—particularly from people living with long-term and life-limiting conditions, there is a strong organisational focus on prevention, reducing inequalities, and developing more proactive, community-based models of care.

Summary

The Living with Cancer initiative has redefined care for people living with Treatable but Not Curable (TBNC) cancer, combining population intelligence with lived experience to address both system gaps and cultural stigma. Using ACORN profiling alongside patient?led storytelling, it identified hidden inequities and reframed “palliative” care as living well, not dying. Compassionate, nurse-led leadership has been central, creating safe spaces for patients, carers and staff to share experiences and co-design solutions. Senior cancer nurses connected services across acute, community and primary care, championing a shift from reactive to proactive, person-centred care. Clear outcomes and sustainability include establishing TBNC as a distinct population, evidencing avoidable emergency use, improving communication and confidence at key transition points, and developing a case for investment that will support further work in this space, to embed and evaluate lasting change. Strong involvement and inclusion ensured patients, particularly from deprived and culturally diverse communities, shaped every stage. Co-produced resources improved accessibility, addressed health literacy, and amplified under-represented voices. Finally, the model shows high transferability and dissemination, with regional adoption of resources through the Northern Cancer Alliance, offering a scalable, evidence-based approach to improving equity, experience and system efficiency across cancer pathways.

Impact & results achieved

This initiative has delivered measurable impact by establishing, for the first time, a clear and credible evidence base describing the needs, risks and inequalities experienced by people living with Treatable but Not Curable (TBNC) cancer. A mixed-methods approach was used, combining quantitative data (emergency attendance, admission rates and length of stay) with rich qualitative insight from patients, carers and staff to ensure a holistic understanding of impact. Baseline analysis showed that 46% of TBNC patients attended emergency care within 12 months of diagnosis, with 79% requiring admission and an average length of stay of 11 days, equating to 17,413 bed days. These measures were selected to demonstrate system pressure, patient experience and opportunities for earlier intervention. Mapping this data against deprivation and ACORN profiling strengthened understanding of inequality and enabled targeted action.

Qualitative measures, gathered through steering groups and co-production events, demonstrated improved patient experience, particularly around feeling heard, better informed and more confident navigating services. A co-produced patient film has also been developed, powerfully capturing lived experience and reframing TBNC care; it has been shared at the Trust’s Public Board, amplifying patient voice and influencing organisational understanding at the highest level. Building on these insights, a health and wellbeing programme for people living with cancer has been developed, including specialist sessions on fatigue management, the importance of physical activity, and access to psychological support. This provides earlier, proactive support and promotes self-management and quality of life.

Workforce impact includes increased confidence in identifying TBNC patients, earlier conversations about support, and improved cross-team understanding of roles and responsibilities. Importantly, this phase has secured sustainable impact by informing a successful business case for ongoing investment, ensuring continued measurement against this baseline and progression towards reduced emergency reliance and improved coordinated care.

What makes this initiative stand out?

What makes the Living with Cancer initiative distinctive is its ability to combine compassion, data, and genuine co-production to address a group that has historically been overlooked within cancer services. Rather than focusing solely on service redesign, it fundamentally reframes how people living with Treatable but Not Curable (TBNC) cancer are understood, from a transitional phase of care to a long-term lived experience requiring continuity, identity and proactive support.

A key differentiator is the equal weighting of lived experience and population intelligence. Patient voices were not simply consulted but embedded as partners in leadership, shaping language, priorities and solutions. The co-produced patient film and resources ensured that emotional and cultural realities were addressed alongside clinical need, challenging stigma and redefining perceptions of “palliative” care.

The initiative also stands out for its nurse-led, values-driven leadership. Senior cancer nurses created safe, inclusive spaces for honest conversation, connecting services across traditional boundaries and translating insight into practical change. This compassionate leadership enabled cultural as well as operational transformation.

Its success is further driven by its focus on equity, using tools such as ACORN profiling to target hidden need, and its pragmatic, scalable design, building on existing services rather than requiring new infrastructure.

Ultimately, it is the combination of insight, inclusion, and actionable change that makes the initiative both impactful and transferable, delivering meaningful improvements for patients while supporting sustainable system transformation.

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Southport and Formby Health

You Said, We Did: Co-Creating a Thriving Workforce

Categories

- Staff Experience and Wellbeing

Organisation description

Southport and Formby Primary Care Network brings together 14 GP practices serving around 129,000 patients. Working with its GP Federation and health, social care and voluntary-sector partners, it delivers coordinated, person-centred services that improve access, outcomes and health inequalities.

Its Enhanced Health and Care Homes team supports more than 80 care and nursing homes in an area with England's second-largest care home population. Led by a GP and comprising specialist nurses and care coordinators, the team reviews residents requiring long-term planning and develops personalised care and support plans, including DNACPR documentation where appropriate.

Summary

Southport and Formby Health (SAFH) is a GP Federation serving 129,000 residents through 14 member practices, working collaboratively with Southport and Formby PCN. Over the past three years, the organisation has delivered a sustained, innovative programme of staff wellbeing and cultural change, recognising that workforce wellbeing is fundamental to safe, high-quality patient care.

Using a listening-led approach, SAFH has embedded wellbeing into everyday practice through annual staff surveys, a robust You Said – We Did action framework, refreshed organisational values co-created with staff, and visible, compassionate leadership. New initiatives such as quarterly director-led engagement lunches, menopause support groups, flexible working arrangements, and inclusive wellbeing activities demonstrate fresh thinking and practical delivery at scale.

Leadership has been central to success, with clear objectives, strong communication, and resilience in responding to staff feedback. Outcomes are evidenced through improved staff engagement, psychological safety, retention, and morale, directly supporting consistent, patient centred service delivery across multiple clinical services.

The programme is sustainable and evolving, with future-focused investment through regional collaboration including the Joy at Work pilot and development of a nature-based wellbeing space with The Mersey Forest. This transferable, inclusive model demonstrates how proactive workforce wellbeing can drive lasting organisational and patient benefit.

Impact & results achieved

The initiative has delivered measurable and meaningful impact for staff, leadership and service delivery.

Measurement and evaluation

Success has been measured primarily through annual staff survey data, supplemented by qualitative feedback, attendance at wellbeing activities, and retention indicators. The survey was chosen as it provides consistent benchmarking year on year and captures both quantitative and narrative insight.

Key outcomes include:

Improved staff engagement scores, particularly in areas relating to feeling listened to, supported and valued

Increased confidence in senior leadership visibility and approachability following the introduction of engagement lunches

Positive feedback on refreshed organisational values, with staff reporting clearer expectations around respectful and supportive behaviours

Strong participation in wellbeing activities, indicating relevance and accessibility across different roles and working patterns

The menopause support initiative provides a clear example of impact. Following its introduction in early 2026, an evaluation survey in April confirmed that participants found the sessions supportive, informative and confidence building. As a result, the programme has been extended throughout 2026.

Impact on service delivery and patient experience

While the initiative is staff focused, its impact extends to patients through:

Improved morale and reduced burnout, supporting safer and more compassionate care

Greater workforce stability and continuity across services

Enhanced teamworking and communication within and across departments

Unintended positive outcomes have included stronger peer support networks, increased cross departmental understanding, and greater openness in conversations about mental health and wellbeing.

What makes this initiative stand out?

What makes this initiative special is its consistency, authenticity and co-production. Rather than being delivered as a short term wellbeing campaign, it represents a sustained cultural shift, shaped by staff voice and reinforced through visible, compassionate leadership.

A key strength is that staff experience the initiative as something developed with them, not for them. This has created a strong sense of ownership, trust and shared responsibility across the organisation.

Key differentiators include:

- Embedding wellbeing into organisational strategy, values and everyday practice
- Senior leaders creating protected time to listen, not just communicate
- Acting on feedback through clear and visible You Said – We Did changes
- Addressing often overlooked areas such as menopause support
- Balancing innovation with practicality to ensure inclusion and accessibility for all staff

The initiative stands out because it treats staff wellbeing not as an add on, but as a core foundation for delivering high quality, compassionate patient care. By embedding this approach into how the organisation operates, it has delivered meaningful and lasting change.

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Southport and Formby Primary Care Network

Bringing Women's Health Closer to Home: Reducing Inequalities Across Southport and Formby

Categories

- Equity in Experience

Organisation description

Southport and Formby Primary Care Network (PCN) is a partnership of 14 GP practices serving approximately 129,000 patients across Southport and Formby. Working collaboratively with primary care, community services, social care, voluntary organisations and wider health partners, the PCN is committed to improving patient outcomes, reducing health inequalities and delivering coordinated, person-centred care. The organisation's vision is to work as one integrated network while maintaining the strengths of individual practices, ensuring patients can access the right care, at the right time, in the right place. Through innovation, partnership working and a strong focus on population health, the PCN develops and delivers services that improve accessibility, inclusion and experience for local communities.

Summary

Southport and Formby PCN developed an innovative Women's Health Equity Programme to tackle longstanding inequalities in access to cervical screening and specialist women's health services. Rather than expecting patients to overcome barriers themselves, we redesigned services around the needs of underserved communities, including women facing language barriers, learning disabilities, anxiety, neurodiversity, work and caring commitments, menopause-related challenges and LGBTQIA+ individuals with a cervix.

Through strong clinical leadership and partnership working across primary care, cancer services, learning disability teams, the voluntary sector, communications specialists and service users, we introduced multilingual communications, outreach clinics, evening and weekend appointments, drop-in cervical screening, a community-based LARC service, a specialist Women's Health Hub, inclusive resources and home-based screening support. Patient feedback continuously shaped service development, ensuring solutions remained responsive and accessible.

The programme has delivered measurable impact, including 193 cervical screening samples completed through the service, reduced LARC waiting times from 12–18 months to around two months, and 71 referrals to the Women's Health Hub within its first months of operation. Patient feedback consistently highlights feeling listened to, empowered and able to access care when and where it suits them. The model is sustainable, embedded across the PCN and readily transferable, providing a practical blueprint for reducing health inequalities and improving equity in experience across healthcare systems.

Impact & results achieved

The programme has delivered measurable improvements in access, inclusion and patient experience by addressing barriers faced by underserved groups and bringing services closer to communities. Success was measured using service activity data, waiting times, attendance figures and patient feedback, enabling us to monitor both access and experience outcomes.

Improved access to cervical screening was a key outcome. Since December 2024, the 7-Day GP Service has received 345 enquiries regarding cervical screening and completed 193 cervical screening tests, providing women with flexible access outside traditional GP appointments.

Targeted interventions also demonstrated positive results. Saturday drop-in cervical screening clinics attracted 44 attendees across three sessions, with feedback highlighting the benefits for working women, those experiencing anxiety and neurodiverse patients. Patients described the service as more accessible and convenient than traditional appointment-based models.

The PCN-wide LARC service significantly improved access to specialist menopause-related care, reducing waiting times from 12–18 months in secondary care to approximately two months within primary care.

The Women's Health Hub has also had a substantial impact, receiving 71 referrals by May 2026, with patients reporting they felt listened to, supported and able to make informed decisions about their care.

The programme has demonstrated that targeted, inclusive approaches can successfully engage women who traditionally face barriers to care, including non-English speakers, people with learning disabilities, LGBTQIA+ communities, neurodiverse patients and women unable to access services during traditional working hours. This has helped reduce inequalities in access and experience across the PCN.

Beyond activity measures, the programme has reduced health inequalities through multilingual resources, learning disability outreach and inclusive LGBTQIA+ communications, ensuring more women can access care in ways that meet their individual needs.

What makes this initiative stand out?

What makes this initiative unique is that it did not focus on a single service or patient group. Instead, it took a whole-system approach to addressing women's health inequalities by identifying multiple barriers to access and designing tailored solutions for different communities. Rather than expecting patients to fit into existing services, we redesigned services to fit around patients' lives, needs and preferences.

The programme combines a range of innovative interventions, including multilingual communications, drop-in cervical screening clinics, evening and weekend appointments, home and care home screening for people with learning disabilities, inclusive LGBTQIA+ resources, a community-based LARC service and a specialist Women's Health Hub. Together, these initiatives have improved access for groups traditionally underserved by healthcare services.

A key factor in its success has been continuous listening and adaptation. Patient feedback, attendance data and learning from early interventions directly shaped service development, allowing us to remove barriers as they were identified and create more accessible, person-centred services.

Unlike many projects that focus on a single intervention, this programme delivers a coordinated, system-wide approach to women's health equity. It brings together prevention, screening, specialist care, education and community outreach within one programme, addressing the needs of multiple underserved populations. The combination of innovation, measurable outcomes, strong patient involvement and sustainable delivery has created lasting change for women across Southport and Formby.

The programme also stands out for its strong partnership working across primary care, specialist clinicians, learning disability services, voluntary sector organisations, communications teams, training providers and patients themselves. This collaborative approach has enabled sustainable change, reduced health inequalities and created a model that is practical, scalable and transferable to other healthcare settings.

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Southport and Formby Primary Care Network

Putting Residents First: Personalised Care at Scale in Southport and Formby Care Homes

Categories

- Excellence in Personalised Care

Organisation description

Southport and Formby Primary Care Network brings together 14 GP practices serving around 129,000 patients. Working with its GP Federation and health, social care and voluntary-sector partners, it delivers coordinated, person-centred services that improve access, outcomes and health inequalities.

Its Enhanced Health and Care Homes team supports more than 80 care and nursing homes in an area with England's second-largest care home population. Led by a GP and comprising specialist nurses and care coordinators, the team reviews residents requiring long-term planning and develops personalised care and support plans, including DNACPR documentation where appropriate.

Summary

New thinking & Leadership - We recognised the scale of the challenge to support one of the largest care home populations in England and therefore developed an innovative approach to the PCN DES requirements by providing a specialist service on behalf of our GP practices. This enables consistent, high-quality proactive care at scale for approximately 2,000 care home residents. We wanted to ensure our model placed residents and their families at the heart of decision-making for future care. Our team of specialist Frailty Nurses are skilled at having sensitive conversations to help people with these decisions supported by our Frailty specialist GP Clinical lead. We have also extended our offer to patients with specialist Learning Disabilities Nurses who complete the LD Healthchecks, providing specialist support to patients to ensure the best possible outcomes for patients with Learning Disabilities.

Outcomes and Sustainability - We continue to develop a robust way to performance manage our work. We have a well-developed Standard Operating Procedure that uses a template driven model to ensure all our activity is accurately coded as well as having the benefit of EMIS Writeback to ensure the information is shared with our GP practices. Our Operational Manager runs monthly searches to identify the agreed KPIs against our contract as well as softer patient, family and care homes feedback. We want to ensure we listen to our service users and learn and improve.

Sustainability - under the PCN contract this service will remain sustainable but we still want to learn and improve.

Involvement and inclusion - we have developed our EHCH model with our practices and through engagement with our care homes that we continue to evolve. We have aligned our care homes to a GP practice, reducing the number of care homes each practice works with to improve access, relationships and better coordinate care. For our largest practice this has reduced the number of homes they work with from 57 homes to 23 and another from 40 to 14. Our Care Homes only have one GP practice to contact for acute care for their residents.

Transferability and Dissemination - our GP Clinical Lead and PCN Team are playing key roles in neighbourhood development, particularly for Frailty work. We work closely with ICB colleagues to share our good practice.

Impact & results achieved

The Enhanced Health in Care Homes team provides coordinated support for approximately 2,000 residents living in care and nursing homes across Southport and Formby. Success is measured through activity data, completion of annual reviews and personalised care plans, multidisciplinary reviews and feedback from care homes.

The service has established a consistent weekly multidisciplinary review process, ensuring residents discharged from hospital and those identified as vulnerable receive timely assessment and follow-up. Annual resident reviews and structured medication reviews are systematically identified and completed, supporting safer prescribing and improved management of long-term conditions. In 2025/26 the team completed 1154 Personalised Care & Support Plans Feedback from care home staff highlights improved access to clinical support, stronger relationships and increased confidence in managing complex residents. Families benefit from earlier conversations about future care preferences, ensuring decisions reflect residents' wishes and reducing crisis-driven interventions. We have also introduced specialist Learning Disabilities Nurses who support our practices to complete LD Healthchecks both in care homes and at home. This supports our LD patients to have experienced nurses who complete holistic healthchecks, a full assessment of their needs (including LTC reviews when appropriate), reducing need for multiple contacts, safe holds and improving continuity of care.

What makes this initiative stand out?

Delivering personalised care for approximately 2,000 care home residents across Southport and Formby requires a highly coordinated and innovative approach. The team has developed a dedicated Enhanced Health in Care Homes model that proactively supports residents on behalf of partner GP practices, allowing personalised care to be delivered consistently and at scale.

What makes this initiative exceptional is its ability to combine efficiency with compassionate, resident-centred care.

Rather than waiting for residents to reach crisis point, the service proactively identifies need, anticipates deterioration and supports residents and families to make informed decisions about future care. Residents' wishes remain at the centre of all discussions, particularly around personalised care planning, advance care planning and end-of-life care. A recent development within the service has been the introduction of cervical screening support for eligible women with learning disabilities living in care settings. Recognising significant access inequalities. WE trained a specialist learning disabilities nurse to undertake cervical screening and support women through the process. Many of these patients had been unable to access routine screening for years due to mobility issues, the need for specialist support or anxiety associated with appointments. Through this work, women who had not received cervical screening for more than 10 years have now successfully accessed screening/ Where screening is not clinically appropriate or is not in line with the wishes and best interests of the individual, the nurse supports practices to ensure records are updated correctly, preventing inappropriate invitations and reducing distress for patients and families. This helped address a significant health inequality for a highly vulnerable population.

This commitment to personalised care is reflected in the feedback received from families, who frequently describe feeling listened to, supported and involved throughout the process.

The success of the initiative is underpinned by strong clinical leadership, dedicated care coordination, trusted relationships with care homes and genuine collaboration across organisational boundaries. A key strength of the model is the way it brings together care homes, primary care, community services, ambulance services, hospital partners and families to deliver coordinated care that reflects what matters most to each resident.

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The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust

Little Voices: From Award Winner to Lasting Legacy

Categories

- Long Term Improvement in Experience of Care

Organisation description

Walsall Healthcare NHS Trust provides local general hospital and community services to around 260,000 people in Walsall and the surrounding areas.

We are the only provider of NHS acute care in Walsall, providing inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof. The £170 million development of our Pleck Road site was completed in 2010 and the continued upgrading of existing areas ensures the Trust has state of the art operating theatres, treatment areas and equipment. We provide high quality, friendly and effective community health services from some 60 sites including Health Centre's and GP surgeries. Covering Walsall and beyond, our multidisciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail elderly, can remain in their own homes to be cared for. The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services. Our teams, in the Centre and the community, provide high quality medical, nursing and therapy care for local people living with cancer and other serious illnesses, as well as offering support for their families and carers.

Summary

Little Voices is an award-winning co-production programme that empowers children and young people to shape healthcare services through meaningful participation and engagement. First recognised as the Overall Winner at the PENNA Awards 2023 and more recently named Regional Champion for Patient Involvement and Choice in the inaugural NHS Excellence in Healthcare Awards 2026, the programme has demonstrated sustained impact, continuous improvement and lasting cultural change.

Developed to address the lack of direct involvement of children and young people in healthcare decision-making, Little Voices introduced innovative and inclusive approaches using creative engagement, play, art, storytelling and accessible feedback methods. Through hundreds of interactions, children and young people have influenced service design, healthcare environments, communication materials, recruitment processes and organisational priorities.

Strong leadership, partnership working and a commitment to co-production have enabled the programme to evolve beyond a standalone initiative and become embedded within patient experience, quality improvement and service development activities. Particular focus has been placed on engaging children and young people with disabilities, additional communication needs and other seldom-heard groups. Over several years, Family and Friends Recommendation scores have consistently averaged above 95% across Paediatric Assessment, Ward 21 Children's Services and Day Case services. The Little Voices model has been formally copyrighted and shared with numerous NHS organisations, including more recently the York and Scarborough Teaching Hospitals NHS Foundation Trust, demonstrating its sustainability, transferability and enduring contribution to improving experience of care.

Impact & results achieved

The Back to Basics programme provided the catalyst for Little Voices, bringing together learning from the National Children and Young People's Survey, Family and Friends Test (FFT), mystery patient activity, complaints, concerns, compliments and direct feedback from children and young people. This triangulated approach enabled the Division to identify priority areas for improvement, monitor progress and measure the impact of changes over time.

To support this, the Patient Experience Team introduced a dedicated paediatric patient experience reporting framework using themed analysis of FFT comments, mystery patient feedback, complaints, concerns and compliments. This has enabled the Trust to track trends in positive and negative feedback and respond proactively to the issues that matter most to children, young people and their families.

The initiative has delivered significant and sustained improvements. Since January 2023, inpatient paediatric services have consistently received positive feedback relating to staff attitude, compassion and communication, with the Paediatric Assessment Unit demonstrating a continued increase in positive comments. Family and Friends Test recommendation scores have consistently remained above 90%, with services now averaging above 95% across Paediatric Assessment, Ward 21 Children's Services and Day Case services.

In addition, more than 40% of positive comments specifically reference staff attitude, significantly exceeding the Trust inpatient average of 30%. Mystery patient feedback has consistently been positive regarding staff courtesy, dignity and respect, involvement in care, and the quality of the environment and facilities.

The impact of Little Voices extends beyond performance measures. A dedicated clinical improvement group was established to oversee actions arising from feedback, ensuring improvements are implemented, monitored and benchmarked against future National Children and Young People's Survey results. The programme has also created new opportunities for involvement through Enhancing the Ward Experience (EWE) Volunteers, recruited in partnership with Walsall College. Most importantly, Little Voices has created a lasting legacy. The initiative led to the establishment of a Children and Young People's Group, chaired by the Chief Nursing Officer and linked directly to Trust governance structures. This forum provides oversight, challenge and assurance across all services accessed by children and young people, ensuring their voices continue to influence strategic decision-making, service development and quality improvement. What began as a response to survey feedback has evolved into an embedded and sustainable model of co-production that continues to improve experience of care across the organisation.

What makes this initiative stand out?

Little Voices is special because it moves beyond simply listening to children and young people and instead positions them as genuine partners in improving healthcare services. Rather than relying solely on feedback from parents or traditional surveys, the programme creates opportunities for children to influence decisions, shape environments, contribute to recruitment, improve patient information and help design safer, more responsive services.

What makes the initiative different is that children are involved from the beginning of the improvement process and are empowered to help identify issues, develop solutions and evaluate outcomes. Their involvement has influenced everything from bedside communication tools and personalised care boards to recruitment panels, complaints information, food menus and child-friendly resources linked to Martha's Law.

A key factor in the programme's success has been its commitment to meaningful co-production. Strong leadership, partnership working with schools, clinical teams and patient experience staff, and a willingness to act on what children tell us have enabled Little Voices to become embedded within the culture of Children's Services.

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The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust

Patient Voice Team – Driving Meaningful Change Through Partnership, Insight and Co-Production

Categories

- Teams Making a Difference to Experience

Summary

The Patient Voice Team at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust Group deserves recognition for the transformative role it has played in ensuring that the voices of patients, carers and communities influence how healthcare services are designed, delivered and improved.

The team has championed a culture where patient experience is not viewed as a reporting requirement but as a catalyst for meaningful change. Through passionate leadership, innovation and collaboration, the team has helped move the organisation from listening to patients to working alongside them as partners in improvement.

The team's impact can be seen across a broad range of initiatives. They developed the Group's Patient Experience Enabling Strategy, creating a vision for embedding patient voice across both Trusts. They pioneered Little Voices, an award-winning programme that gives children and young people a meaningful platform to shape services and influence decision-making. They have led the development of lived experience and co-production approaches, expanded opportunities for patients to participate in service redesign and recruitment, and played a key role in strengthening engagement across maternity, children's, community and specialist services.

The team has also been instrumental in ensuring that the voices of underserved communities are heard, leading work to better understand patient demographics, tackle health inequalities and improve inclusion. Through community partnerships, targeted engagement and innovative approaches to participation, they have helped services reach people who have traditionally been underrepresented in healthcare decision-making.

What sets the team apart is its ability to turn insight into action. Whether supporting programmes such as the nationally recognised Calm Connections Clinic, developing patient panels, establishing co-design opportunities, or creating new ways for patients and communities to influence change, the team consistently demonstrates that patient experience should drive improvement, not simply measure it.

At the heart of this work is an unwavering belief that better outcomes are achieved when patients, carers and staff work together. The team's passion, creativity and commitment have inspired colleagues across the organisation, helping to embed a culture where every voice matters and every experience is an opportunity to improve.

The Patient Voice Team has not only improved experiences of care for thousands of patients and families; it has created the foundations for a more compassionate, inclusive and person-centred healthcare system. Their influence can be seen in services, culture and strategy, making them truly deserving of recognition for the difference they continue to make every day.

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The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust

The Golden Thread: One Team Improving Experience Across Two Trusts

Categories

- Teams Making a Difference to Experience

Summary

The Patient Voice Team at Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust deserves special recognition for transforming how patient, carer, volunteer and colleague voices influence the design, delivery and improvement of healthcare services. Operating across two NHS Trusts, the team brings together patient experience, volunteering, chaplaincy, community engagement, lived experience, customer service and partnership working into a single integrated model focused on improving experience of care.

The team's impact has been recognised both locally and nationally. They are twice recipients of the Trust's Non-Clinical Team of the Year Award and were recently recognised as Midlands Regional Champions for Patient Involvement and Choice in the inaugural NHS Excellence in Healthcare Awards for their innovative Little Voices programme. Their leadership has also contributed to the Trust achieving an initial independent assessment of "High Achieving, with Areas of Excelling Practice" against NHS England's Experience of Care Improvement Framework.

The team has established a highly inclusive engagement infrastructure, including Lived Experience Partners, Little Voices, LGBTQ+, Armed Forces and Veterans, Interfaith and Carers' forums, ensuring seldom-heard voices help shape services and strategic decision-making. Through an advanced patient insight model combining surveys, FFT, complaints, PALS and mystery patient feedback, they ensure experience drives improvement at every level.

Their volunteering programme, described independently as the "golden thread" running through both organisations, supports 486 volunteers and generates more than £2.3 million of social value annually, enhancing patient well being, supporting staff and strengthening community connections.

What makes this team exceptional is its ability to turn feedback into action, partnerships into impact and lived experience into lasting change. Their work has created a sustainable culture of co-production, inclusion and continuous improvement that is improving experiences for thousands of patients, families, volunteers and colleagues across the Black Country every year.

Contact

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Trigeminal Neuralgia Association UK

Giving a Voice to People Living with Trigeminal Neuralgia and Facial Pain

Categories

- Outstanding Contribution to Experience of Care
- Outstanding Contribution to Volunteering, including Patient, Carer or Community Recognition

Summary

Aneeta Prem MBE deserves special recognition for using her lived experience of bilateral trigeminal neuralgia to improve understanding, support and advocacy for others affected by facial pain.

Trigeminal neuralgia can disrupt eating, speaking, sleeping, working and family life. Because the condition is often invisible, patients may feel dismissed, misunderstood or isolated. Aneeta understands this experience personally and has used it to strengthen the work of Trigeminal Neuralgia Association UK.

Through patient communications, webinars, helpline routes, regional networks and volunteer engagement, Aneeta helps people feel believed, informed and less alone. She also brings together patients, families, volunteers and clinicians, ensuring the condition is understood as a life-changing experience rather than simply a diagnosis.

Her work recognises the wider impact on families and carers, who may feel helpless when supporting someone experiencing severe and unpredictable pain. By improving awareness and communication, she helps others understand the condition's physical, emotional and social effects.

As a charity leader, magistrate and author, Aneeta brings compassion, credibility and sound judgement to her work. Most importantly, she ensures lived experience remains central to the charity's approach.

Aneeta represents patient advocacy at its best: honest, practical and rooted in personal understanding. She helps people affected by trigeminal neuralgia feel seen and supported, gives volunteers confidence that their experiences matter and provides reassurance that nobody has to face the condition alone.



UCLH – The Lighthouse Service

A streamlined approach to providing integrated quality care for children and families who have experienced sexual abuse

Categories

- Joined-Up Care Experience
- Long Term Improvement in Experience of Care

Organisation description

The Lighthouse, London's Child House, opened in Camden in 2018 as the UK's first Child House. Based on the international Barnahus model, it provides a child-friendly, multidisciplinary service for children and young people who have experienced sexual abuse or exploitation across five North Central London boroughs. It supports those aged up to 18, and some young adults with learning disabilities, alongside their families and carers.

Led by University College London Hospitals NHS Foundation Trust, the service brings health, advocacy, therapeutic support, case management and criminal justice services together under one roof. This includes medical and wellbeing assessments, sexual health care, psychological therapies, support navigating the justice process, video-recorded interviews and links to court proceedings.

An independent evaluation found that children, families and partners valued the wraparound support, strong partnership working and reduced need to repeatedly retell their experiences. Following strategic advocacy by the Lighthouse, the government announced in December 2025 that the Child House model would be introduced across all seven NHS regions in England.

Summary

The Lighthouse is the UK's first Barnahus (Child House) service, transforming support for children who have experienced sexual abuse. Developed in response to evidence that fragmented health, social care and justice systems were causing additional distress and barriers to support, the Lighthouse brings healthcare, mental health services, advocacy and justice processes together within a single child-friendly, trauma-informed environment.

What makes the model distinctive is its integrated rights-based approach. Rather than expecting children to navigate multiple services and repeatedly recount traumatic experiences, agencies work together around the child, improving access to health, recovery and justice. Children and families are active partners in shaping the service through co-production, routine feedback and embedded lived-experience.

Strong multi-agency leadership, governance and partnership working enable the successful implementation and sustainability of a model that aligns with international Barnahus Quality Standards and is influencing practice nationally and internationally.

Since opening, the Lighthouse has supported more than 3,000 children and families. More than 99% of children report positive experiences of care, with evidence demonstrating improvements in trauma symptoms and emotional wellbeing. By combining innovation, collaboration, measurable impact and continuous learning, the Lighthouse has created a model that is improving outcomes and redefining how services respond to child sexual abuse.

Impact & results achieved

The impact of the Lighthouse is measured through activity data, outcome measures, external evaluation and feedback from children, young people (CYP), families and professionals. These measures assess service reach, access, experiences, outcomes and children's access to health and justice.

Since opening, the Lighthouse has supported more than 3,000 children and families through an integrated model combining healthcare, mental health support, advocacy and criminal justice support. Over 80% of CYP access CAMHS support, around 70% receive longer-term support, and nearly all receive criminal justice advocacy where required. More than 200 Video Recorded Interviews (VRIs) and 50 pre-recorded evidence sessions or remote court hearings have taken place on site, improving access to justice and reducing the burden on children. Service data also demonstrates improved and timely access to health and mental health support.

The initiative has achieved its core aim of providing an integrated, child-centred and trauma-informed response that reduces re-traumatisation and improves access to support. The model is benchmarked against international Barnahus Quality Standards and monitored through routine performance data, service reviews and external evaluation. An economic evaluation estimated approximately £3 in future savings for every £1 invested; highlighting both the social and financial value of the model

The experience of children and families is a key measure of success. Analysis of Experience of Service Questionnaire (ESQ) responses from 441 children and young people between March 2023 and March 2026 found that 99.1%-99.8% reported being treated well, having their views taken seriously, feeling comfortable in the environment and receiving a high-quality service. Feedback consistently highlights the kindness and professionalism of staff, clear communication, involvement in decisions and the value of a safe, child-friendly environment. Children and families report feeling listened to, supported and understood, while their feedback continues to drive service improvements, creating an ongoing cycle of evaluation, learning and quality improvement.

What makes this initiative stand out?

What makes the Lighthouse special is its child-centred, rights-based approach, which redesigns services around the needs of children and young people rather than expecting them to navigate fragmented health, social care and justice systems. Through a single multidisciplinary team, children receive coordinated support that reduces the need to repeatedly recount traumatic experiences, minimising further harm and improving access to timely care and justice.

The Lighthouse goes beyond co-location, bringing together health, mental health, advocacy and justice professionals in a genuinely integrated, trauma-informed model. Children's voices are central to service development, with a dedicated Lived Experience Consultant embedded within the team and feedback routinely informing improvements to the environment, resources and support provided.

The service is underpinned by robust governance, strong partnership working and effective risk management, ensuring high-quality, safe and sustainable care. Its impact is evidenced through comprehensive outcome monitoring and feedback, with 99% to of 441 children and young people reporting positive experiences, including feeling listened to, respected and well supported.

By combining integrated working, meaningful co-production, continuous improvement and a commitment to children's rights, the Lighthouse delivers measurable benefits for children and families and is recognised as an example of national and international best practice.

Contact

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Ulster University

A GP Quality Improvement project on the optimisation of patients with hypertension

Categories

- Developing the Capability for Person-centered Care - Student Led

Organisation description

During the academic year of 2025/26 I was allocated a GP attachment in Irvinestown Health Centre. As this was my penultimate year at Ulster University we had placement Monday-Thursday in hospital followed by Friday in GP from August to June. Having a longitudinal placement in GP allowed me to carry out this QI project, facilitating PDSA cycles, analysing data, involvement of stakeholders and implementing change. Alongside this project, a role I had in GP was carrying out student surgeries, where I was able to run my own clinic, present my findings to a GP tutor and come up with management plans. This allowed me to grow as a medical student and gave me a vital understanding of the role of QI in healthcare.

Irvinestown Health Centre is a rural GP practice in Northern Ireland covering a vast number of villages across County Fermanagh and County Tyrone (Irvinestown, Ederney, Kesh, Lisnarick, Ballinamallard, Trillick, Belleek & Boa). The practice has seven GPs (and a GP trainee) who work alongside practice pharmacists, practice nurses, receptionists, community pharmacists, speech and language therapists, district nursing, and more recently expansion to involve access to a physiotherapist and mental health practitioners.

Summary

A component of this academic year was to complete a QI project during GP placement, I wanted to give this project my all, achieve real outcomes that positively impact patients and truly understand what it is like to become a leader. I didn't just want to pass this component of medical school but wanted to create a project that continues to grow and expand in my absence. I felt passionately about creating a project that challenges practitioners, the growing and aging population and polypharmacy. I wanted to pick an area that truly needed improved, where ambiguity and poor education exist, and give practitioners the confidence and skills needed to improve this area.

Throughout this QI project, I hit setbacks and challenges, but looking back, these are what made me truly understand QI, build upon my ideas and collaborate more effectively. I am so proud of what I have achieved in Irvinestown health centre, I got to ensure medication reviews happened regularly to improve patient safety and education. I'm thrilled I met and surpassed my SMART aim, this project feels like just the beginning and I'm so excited to implement more QI projects and expand this current one.

Impact & results achieved

The following measurements were taken from Egton Medical Information System (EMIS) in Irvinestown health centre and no identifiable data was removed from the practice.

Baseline measurement: Number of patients 80 years old, with a systolic blood pressure ‹120mmHg in the past year, who are coded as 'Hypertension'.

93 patients identified from EMIS search on 28/11/25.

I used those coded with hypertension to identify patients on antihypertensives that may be contributing to a postural hypotension.

Outcome measure: from the same group of patients as above, the number of patients identified that have had up to date follow up blood pressure +/- medication review

50/93 (54%) patients.

PDSA cycle 1 initiated on 12/12/25: Introduction of a Flow Scheme to align practitioner management

49/82 (59.76%) patients (measured 09/01/26) identified that have had up to date follow up blood pressure +/- medication review

PDSA cycle 2 initiated on 16/01/26: Practitioner Education session

52/85 (61.18%) patients (measured 06/02/26) identified that have had up to date follow up blood pressure +/- medication review

PDSA cycle 3 initiated on 06/02/2026: Treatment Room Guidance (education session and flowchart)

57/82 (69.51%) patients (measured 27/02/26) identified that have had up to date follow up blood pressure +/- medication review

PDSA cycle 4 initiated on 20/02/26: Student Surgeries

63/79 (79.75%) patients (measured 20/03/26) identified that have had up to date follow up blood pressure +/- medication review

Overall, I met the SMART aim* of 70% (79.75% achieved), with a net increase of 25.75% from baseline (54%)

*SMART aim: Within the next 4 months, ensure that 70% of patients ? 80 years old with sBP‹120mmHg have their BP rechecked and medication reviewed accordingly.

What makes this initiative stand out?

I think my QI is different from other projects as it looks at an area in medicine in which we don't have clear guidelines, there's ambiguity and no clear consensus on the management of this patient cohort. Practitioners have become so well equipped at identifying for instance hypertension and the treatment of this, but shy away from certain areas such as deprescribing, polypharmacy, postural hypotension and falls prevention in the elderly population. It puts the focus on proactive management of patients, thinking about preventative measures and how to overall improve patient care.

I believe this QI was so successful because of the collaboration within the practice between various members of the MDT, how the patient was always the main focus and priority. Each member of the team had the chance to educate the patient on why we check postural BPs, what signs and symptoms there are of postural hypotension, which medications could be contributing and how as a team we will monitor this moving forward. This led to great collaborative teamwork and morale was boosted every time we made positive impacts.

Contact

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Ulster University

Recognising the People Who Matter Most: A Student-Led Quality Improvement Project to Strengthen Person-Centred Dementia Care

Categories

- Developing the Capability for Person-centered Care - Student Led

Organisation description

Green Road Medical Practice is a GP practice located in Conlig, County Down, Northern Ireland, providing primary healthcare services to a registered population of approximately 4,869 patients. The multidisciplinary team includes General Practitioners, practice nurses, healthcare assistants, administrative and reception staff, working collaboratively to deliver comprehensive, person-centred care.

The practice provides a broad range of services, including the management of long-term conditions, preventative healthcare, minor illness, mental health support, frailty management and dementia care. As the first point of contact for many patients, the practice plays a key role in coordinating care with community services, secondary care providers and family carers to ensure continuity of care. This quality improvement project was undertaken within the practice as part of a student-led initiative to improve the documentation of next of kin details for patients living with dementia. The project focused on strengthening communication, supporting shared decision-making and improving the safety and quality of person centred care for a vulnerable patient population.

Summary

People living with dementia are among the most vulnerable patients in primary care, and when decision-making capacity declines, involving the right family members and carers becomes fundamental to safe, person-centred care. This student-led quality improvement initiative addressed a significant gap in practice by improving the accurate recording of next of kin (NOK) information, ensuring that the people most important to patients could be identified and involved when it mattered most. Baseline review identified that although many patients had an alternative contact recorded, only 37% had accurately documented NOK details, creating risks to communication, shared decision-making and continuity of care.

As the student project lead, I worked collaboratively with General Practitioners, administrative staff, patients and carers to design and implement four iterative Plan-Do-Study-Act (PDSA) cycles. Interventions included staff education, stakeholder engagement, standardised documentation processes, integration of EMIS templates and prompts, and the establishment of a student-led dementia review clinic. By embedding improvements within routine clinical workflows rather than relying on individual behaviour, the project achieved sustainable organisational change aligned with national dementia guidance. Accurate NOK documentation increased from 37% to 87%, strengthening patient safety, improving communication with carers and supporting timely, person-centred decision-making. The changes have been sustained through revised registration processes, integrated EMIS templates and consultation prompts, with plans to extend the approach to other vulnerable patient groups.

By combining compassionate leadership, measurable outcomes, multidisciplinary collaboration and sustainable system redesign, this initiative demonstrates how student-led innovation can deliver lasting improvements in patient experience and provides a practical, transferable model for person centred care across primary care.

Impact & results achieved

The project's success was evaluated using outcome, process and balancing measures to assess whether the interventions improved both the quality of documentation and the delivery of person centred care while remaining practical within routine general practice. The primary outcome measure was the proportion of patients living with dementia who had accurately recorded and correctly coded next of kin (NOK) information. This was chosen because reliable NOK documentation underpins effective communication, continuity of care and timely best-interest decision-making. Data were collected from anonymised patient records at baseline and every three to four weeks following each Plan-Do-Study-Act (PDSA) cycle to monitor progress and inform subsequent interventions. Baseline analysis identified 38 patients living with dementia. Although 71% had an alternative contact recorded, only 37% had accurately documented NOK details using the correct coding. By project completion, accurate documentation had increased to 87%, exceeding the project's target and demonstrating a substantial improvement in both the quality and consistency of patient records. A run chart demonstrated progressive improvement throughout the project, with the greatest gains occurring after the introduction of system-level interventions, including standardised coding, EMIS prompts and consultation templates. The absence of regression suggested that the improvements were sustained rather than short-term.

Process measures confirmed successful implementation of the planned interventions, including staff education, consultation prompts, standardised coding, EMIS templates and the student-led dementia review clinic. Balancing measures identified only a modest increase in workload during implementation, which was offset by more efficient documentation and reduced time spent locating missing information.

The initiative improved care for people living with dementia by helping clinicians identify and contact the right family members promptly. This strengthened communication, shared decision-making and continuity of care, demonstrating how simple system changes can create lasting improvements in person-centred dementia care.

What makes this initiative stand out?

This initiative stands out because it demonstrates how student-led leadership can deliver meaningful, sustainable improvements in person-centred care. Rather than viewing next of kin (NOK) documentation as an administrative task, the project reframed it as a patient safety and experience issue, recognising that when people living with dementia lose the ability to make decisions, involving the right family members and carers is fundamental to delivering safe, compassionate care. A key strength was its emphasis on sustainable system redesign rather than individual behaviour. Instead of relying on clinicians to remember to update records, the project embedded standardised templates, coding guidance and EMIS prompts into routine clinical workflows. These practical, low-cost interventions improved consistency, reduced variation and ensured that accurate NOK documentation became part of everyday practice.

The project also highlights the value of collaborative leadership. As the student project lead, I worked alongside General Practitioners, administrative staff, patients and carers to identify barriers, co-design solutions and refine interventions through iterative PDSA cycles. This inclusive approach created shared ownership and supported lasting organisational change.

Ultimately, the project's success is reflected not only in improved documentation, but in ensuring that people living with dementia are more likely to have the right people involved in decisions about their care. It provides a practical, sustainable and transferable model for strengthening person-centred care across primary care settings.

Contact

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University Hospitals Coventry and Warwickshire NHS Trust

From drop in to digitally enabled and how UHCW are meeting maternal vaccination ambitions by removing barriers to access

Categories

- Digital and Technology Innovation for Experience

Organisation description

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) is one of the largest acute teaching trusts in the NHS, serving a population of more than one million people across Coventry, Warwickshire and the wider region. The Trust provides a broad range of acute, specialist and community services and is a regional centre for trauma, cancer and specialist care.

UHCW's maternity service supports thousands of women and families each year across hospital and community settings, providing antenatal, intrapartum and postnatal care alongside public health initiatives such as maternal vaccination programmes. This submission focuses on UHCW's maternity vaccination service and its implementation of Dedalus Swiftqueue to improve access, patient experience and vaccination uptake across multiple sites.

About Dedalus

Dedalus is one of Europe's leading healthcare technology providers, supporting healthcare organisations across acute, community and integrated care in more than 38 countries. Trusted across the UK, Ireland and Europe, Dedalus technology supports almost one third of European citizens and has been recognised as Best in KLAS for Acute Care EHR for three consecutive years.

For more than 40 years, Dedalus has worked alongside healthcare organisations to improve productivity, connect care and support sustainable transformation. Designed around the realities of clinical and operational practice, its solutions help organisations optimise patient flow, reduce administrative burden and make better use of existing resources.

Through long-term partnerships, Dedalus supports organisations to deliver transformation at a pace that reflects their priorities, capacity and operational needs, building the foundations for continuous improvement, better-connected care and lasting operational performance.

Summary

For maternity vaccination teams, access is everything. In recent years, maternity services have taken on a greater role in vaccine delivery, while continuing to face ambitious national uptake targets and growing demand. At UHCW, access to vaccination was heavily reliant on a drop-in model, creating uncertainty for women and limiting visibility for staff.

To address these challenges, UHCW implemented Dedalus Swiftqueue, introducing a hybrid model combining digital booking with continued walk-in access. The approach was designed to improve flexibility, accessibility and operational oversight while ensuring women who preferred non-digital routes were not excluded from care.

The results were significant and between 2024/25 and 2025/26, the Trust achieved a 27% increase in flu vaccination uptake, an 81.8% increase in RSV vaccination uptake and a 26% increase in pertussis vaccination uptake. The service exceeded its contractual performance targets and secured additional funding to support continued development.

A maternity-led time-and-motion review also identified a 29% reduction in administration time per patient episode, equivalent to 138 seconds saved per patient, 63 minutes per day and 23 hours per month.

The project demonstrates how digital innovation, service redesign and strong clinical leadership can improve access, reduce health inequalities and deliver measurable improvements in both patient and staff experience.

Impact & results achieved

The impact of the initiative has been seen across patient experience, operational performance and vaccination uptake.

Between 2024/25 and 2025/26, UHCW achieved:

- 27% increase in flu vaccination uptake
- 81.8% increase in RSV vaccination uptake
- 26% increase in pertussis vaccination uptake

The service exceeded its contractual performance targets and secured additional funding to support future development.

Alongside improved uptake, a maternity-led time-and-motion review measured the operational impact of the new workflow and found:

- 138 seconds saved per patient episode
- 29% reduction in administration time
- 63 minutes saved per day
- 23 hours saved per month

Importantly, these efficiencies were achieved without reducing patient-facing clinical time. All savings came from documentation and administrative processes, allowing clinicians to spend more time discussing vaccination, answering questions and supporting informed decision-making.

The service also expanded across multiple sites, improving access for women across Coventry and Rugby. Staff gained real-time visibility of appointments and demand, helping them balance workloads, respond more effectively to operational pressures and deliver a more consistent service.

Vaccinators reported greater confidence in planning clinics, reduced uncertainty around attendance and more time to focus on patient care.

What makes this initiative stand out?

This initiative stands out because it demonstrates a clear link between digital innovation and improved patient outcomes.

Rather than implementing technology for technology's sake, UHCW used Swiftqueue to solve a genuine access challenge. The focus was not simply on digitising appointments, but on making vaccination easier to access for women while giving staff the visibility they needed to run an expanding service.

The project achieved measurable improvements across multiple areas simultaneously: a 27% increase in flu vaccination uptake, an 81.8% increase in RSV uptake, a 26% increase in pertussis uptake and a 29% reduction in administrative time per patient.

It also balanced innovation with inclusion. Women could choose how they accessed care, whether through digital booking, staff support or walk-in appointments.

The project demonstrates how digital technology can contribute directly to public health goals by removing practical barriers to care. The result is a scalable, patient-centred model that demonstrates how digital technology can improve access, experience, efficiency and public health outcomes at the same time.

Contact

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University Hospitals Dorset NHS Foundation Trust

University Hospitals Dorset
NHS Foundation Trust

Thrombolysis in Acute Stroke Experience Based Co-design Project

Categories

- Emerging Good Practice

Organisation description

University Hospitals Dorset (UHD) serves a population of more than 800,000 people. Situated on the south coast of England, UHD serves the people of Bournemouth, Poole, Christchurch, East Dorset, the Purbecks, western parts of the New Forest, and South Wiltshire (plus the many holiday makers visiting this beautiful part of the country each year!

Following the merging of Bournemouth and Poole hospitals in 2020, UHD is now one of the largest stroke services in England. UHD treats approximately 1300 people through inpatient services each year following new stroke symptoms, in addition to outpatient services. UHD has a 43 bedded stroke unit based at the Royal Bournemouth Hospital, with a team of more than 100 multidisciplinary team staff members, contributing across our acute and rehabilitation pathways.

UHD has a reputation for offering dynamic and innovative stroke care throughout our care pathway; for many years playing an active role in clinical trials that have supported the evolution of acute stroke treatment, UHD was also the first NHS hospital to introduce robotics (Walkerbot) to support rehabilitation post stroke. For many years UHD has offered 24/7 access to acute stroke care and treatment using clot busting drugs (thrombolysis) to support early management of ischaemic stroke (caused by blockage).

Summary

UHD have been adopting a new approach to understanding experience of using our stroke services; focusing on acute stroke treatment pathways, specifically experiences of receiving thrombolysis treatment. This follows a period of major organisational restructure and involvement in national pathway efficiency projects. We wanted understand experience of care in a meaningful way, asking 'what does it feel like to receive thrombolysis treatment at UHD now?' We applied an experience based co-design (EBCD) methodology to support this work, which is novel in this context.

EBCD is a new approach for us, we are seeing the rewards of working differently (better insight leading to generation of codesigned pathway solutions). Learning from this work will directly influence our strategy for how we continue to integrate user experience in our service and improvement initiatives going forward. We hope the short term legacy of this work will be better experience of thrombolysis, however our hope is that the learning from this work spreads like ripples across the water, leaving a longer term legacy of EBCD being regularly part of our engagement approach and giving us tools we feel confident applying across our UHD Stroke pathway.

Impact & results achieved

This remains a 'work in progress' but we are already seeing the impact of working differently, with staff responding positively to new engagement approaches (we are currently formally asking for feedback about the workshop but early experiences have been favourable and supportive on continued involvement). We hope formal feedback will also help our project team in hosting future events. Longer-term we anticipate this work will correspond with stroke door to needle times (time from arrival to thrombolysis treatment (existing local and national dataset). This is significant as consenting conversations has been a key theme identified by both service users and staff in our discussions and is area of improvement (co-designed consenting tools and education in development). Further evaluation of new pathway changes will support quality assurance. We have identified quick wins which we can measure through audit of clinical records to ensure touch points of care have been offered as/when service users recommended (booklets given and family involvement offered at key time points).

What makes this initiative stand out?

Acute stroke is a medical emergency and 'time is brain'. Thrombolysis is an established and effective treatment, with best outcomes when given as early as possible. In emergency care, out of necessity care often feels 'done to', with health care professionals taking the lead. In the UK stroke teams aim to achieve a door to needle time of less than 1 hour.

It has been the priority of this work that we offer care that is safe, responsive and efficient, and that in doing so, it does not compromise on quality and experience (giving this equal parity). Whilst EBCD methods have been used in stroke care, we are not aware of it being used at this stage of the pathway. We believe this work will positively enhance acute stroke care at UHD and other teams could learn from this project.

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University Hospitals of Leicester NHS Trust

‘Leicester Maternity Matters’: Improving Access to Information Through Podcasts and Community Engagement Events

Categories

- Emerging Good Practice

Organisation description

University Hospitals of Leicester NHS Trust (UHL) is one of the largest NHS teaching trusts in England, as well as being a regional centre for a number of specialist services. UHL provides services across 3 hospitals; Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital and 7 community hospitals. It serves over 1 million residents. UHL employs more than 15,000 staff. UHL is a hub for medical research and partners with the University of Leicester to host the National Institute for Health and Care Research (NIHR) Biomedical Research Centre.

Leicester Maternity Services provide care throughout pregnancy, birth and the postnatal period for families across Leicester, Leicestershire and Rutland. Care is delivered in the community, in hospital settings and through home birth services, with around 10,000 babies born each year. UHL has two Neonatal Units, hosting a Level 3 unit at Leicester Royal Infirmary providing the highest level of care for the most complex babies, including those born before 28 weeks gestation.

Summary

The Leicester Maternity Matters Podcast and Meet the Experts events were developed in response to feedback from the Birth Reflections Service and the Maternity & Neonatal Voices Partnership (MNVP), which highlighted that many women and their partners felt unprepared for pregnancy, birth and early parenthood. Rather than relying solely on traditional information channels such as leaflets, websites and videos, the project introduced an innovative approach by using a free-to-access podcast platform and community events to provide trusted maternity information in formats already widely used by families. This fresh, patient-centred model was co-designed with service users, MNVP representatives and multidisciplinary maternity staff, ensuring the initiative remained focused on real patient needs throughout design, delivery and evaluation.

Since launching in August 2025, the podcast has produced 22 episodes and achieved over 2,400 plays, while more than 300 women have attended community events.

Feedback demonstrates increased confidence, reassurance and awareness of local services. The initiative is highly sustainable, requiring no dedicated funding, and has already inspired wider use of podcasts for staff education across the Trust. Learning has been shared through Trust communications and conference presentations, while national and international listeners demonstrate its potential for transferability and wider adoption across healthcare settings.

Impact & results achieved

The impact of these initiatives is measured through digital analytics directly from Spotify for the podcast and service user feedback following engagement events to support continuous improvements.

The podcast has attracted >200 followers, with over 2400 episode plays. 80% of listeners are aged 28–44 years, reflecting the local maternity population, while around 10% of listeners are male, demonstrating engagement with birth partners. We monitor the most popular episodes and how long episodes are listened to meaning we can establish suitable episode lengths for future episodes.

The Meet the Expert events continue to grow in popularity, with the third event attended by over 100 expectant parents and families and >300 women attending overall so far. Feedback has been overwhelmingly positive, with attendees reporting increased confidence, improved understanding of birth choices and appreciation for the opportunity to access trusted information directly from maternity professionals in an interactive and supportive environment - see supporting evidence attached. Feedback has been received through patient surveys shared following the events. Women have been able to access care during the events including access to vaccinations. Vicki, a pregnant woman, received her vaccine at one of the events “Having my vaccination at the event made it so easy and reassuring. I know how important immunisations are during pregnancy, not just for me but to help protect my baby too, so it was great to be able to get it done whilst also learning about all the other support available”.

Early indicators suggest positive outcomes associated with these initiatives. Since the launch of the podcast, we have observed reductions in specific themes referred to the Birth Reflections Service, alongside a reduction in third-degree tears and an increase in breastfeeding initiation rates. We are continuing to develop robust outcome measures for the Meet the Expert events and plan to monitor indicators such as homebirth rates and vaccination uptake. At our most recent event, attendees were invited to provide contact details and consent for follow-up after birth, enabling us to better understand the impact of the event and the information provided on their birth and postnatal experiences.

What makes this initiative stand out?

These initiatives are unique because they have been co-designed with service users to address identified gaps in access to trusted maternity information and engagement. They are also low-cost initiatives. The Leicester Maternity Matters Podcast is one of the few hospital-based maternity podcasts in the UK and the only one dedicated to showcasing the full range of maternity services within our Trust. Developed in response to service user feedback, it provides accessible, evidence-based information delivered by trusted maternity professionals, enabling families to access reliable advice at a time and place that suits them.

Similarly, the Meet the Expert event is the only wide-scale event in the local area that offers expectant families the opportunity to speak directly with midwives, obstetricians and specialist teams in an informal, supportive environment. The events are tailored to meet the needs of our diverse community, with involvement from specialist services including diabetes, pelvic health and infant feeding teams. Practical measures such as interpreters, accessible venues and free parking help reduce barriers to attendance and promote inclusion. The combination of genuine co-production, multidisciplinary collaboration and a commitment to equitable access has been fundamental to the success and sustainability of both initiatives.

Early involvement and continuous involvement in both initiatives have been instrumental in the development and on-going improvement of this project and has increased public Trust in our maternity services with Baroness Amos supporting the journey Leicester Maternity services are on, to improve experiences.

Contact

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University Hospitals of Leicester NHS Trust

NHS
University Hospitals of Leicester
NHS Trust

Recognising the work of Sue Mason

Categories

- Outstanding Contribution to Experience of Care

Summary

Sue Mason has dedicated more than 40 years to healthcare and nursing, building an exceptional career defined by compassion, integrity and a commitment to improving patient care.

As Head of Nursing for Renal, Respiratory, Cardiac and Vascular Services at University Hospitals of Leicester NHS Trust, Sue leads a large and complex clinical portfolio. Despite the demands of her role, she remains visible, approachable and connected to patients and staff. Colleagues know her as an authentic and caring leader who listens, provides reassurance and ensures people feel valued.

Sue's career has included roles as a Ward Sister, Practice Development Nurse and Clinical Governance Manager, enabling her to influence care from frontline delivery through to strategic leadership.

She continually seeks opportunities to improve clinical practice, patient outcomes and staff experience. Sue has supported new patient pathways and virtual ward services, helping more patients receive safe, high-quality care closer to home while reducing unnecessary hospital stays. Her leadership combines innovation with an unwavering focus on safety, quality and continuity of care.

Sue has also made an enduring contribution to the development of others. Through mentorship, coaching and role modelling, she has supported countless nurses and healthcare professionals to build their confidence, progress their careers and become leaders themselves.

What sets Sue apart is her ability to combine strategic vision with genuine compassion. She empowers teams, recognises colleagues' contributions and continually asks how care can be improved for patients and families.

Sue's leadership has strengthened services, improved patient experiences and created a lasting legacy of kindness, innovation and excellence. Her extraordinary contribution over more than four decades makes her richly deserving of the Lifetime Achievement Award.



University Hospitals of North Midlands NHS Trust

University Hospitals of North Midlands NHS Trust

The introduction of SPaRC (Spiritual, Pastoral and Religious Care) Champions

Categories

- Emerging Good Practice

Organisation description

University Hospitals of North Midlands NHS Trust provides acute and specialist care to around three million people across Royal Stoke University Hospital and County Hospital in Stafford. Its 13,000 staff deliver emergency, planned and specialist services, including major trauma, cardiac care, children's services, neonatal intensive care and cancer treatment.

Based within Patient Experience, the chaplaincy team works closely with bereavement, palliative and dementia services, providing spiritual, pastoral and religious care to patients, families and staff. It also supports memorials, staff remembrance and partnerships with faith and community organisations.

With 53% of Stoke-on-Trent's population living in some of England's most deprived communities, the team contributes to wider efforts to reduce health inequalities and improve access, experience and outcomes for marginalised groups.

Generally, as Chaplains we seek:

- To respond to any unmet spiritual, religious, cultural, and emotional needs of service users appropriately and effectively.
- To provide appropriate spiritual care to people in times of need.
- To act as a resource to health and social care professionals, patients, and carers in order to promote and engage in multi-disciplinary team working within and across organisational boundaries.
- To act as an advocate for service users when required.
- To ensure that service users have access, as appropriate, to space for confidential discussions, private reflections and/or religious observances/ rituals.
- To promote access to spiritual, pastoral, emotional or religious care for those within the Trust.
- To ensure that front line staff are adequately trained in basic spiritual care awareness, chaplains within the department will contribute to the Trust's professional education and training programs, especially in the specialist area of spiritual care.
- To provide a service that gives access 24/7 for spiritual, pastoral, and religious care and/or advice.
- To ensure the personal, professional development of chaplains and chaplaincy volunteers.
- To work together with the Trust to aim to attain nationally agreed benchmarks for spiritual health care and chaplaincy

Summary

Spiritual care support is important to patients and not routinely offered to them in hospital

'He told me that when he was an inpatient, he wanted someone to offer him something to do with spirituality,... someone to tell him about life and explore his faith.'

Anecdotal evidence, feedback from staff and patients and an audit in 2025-6 demonstrated that Spiritual Care was not routinely documented within patients' plans of care.

To help support staff recognise the significance and positive impact of Spiritual, Pastoral and Religious Care (SPaRC) on a patient's care pathway SPaRC Champions were introduced. They have become a bridge between departments and the Hospital Chaplains.

Champions understand that spiritual needs are integral to holistic care.

They help ensure spiritual care is available to everyone and advocate for and with patients for accessible, quality, timely and consistent SPaRC.

Spiritual care is "everyone's business"...staff should be a 'familiar, accessible point of contact for care, compassion and connection.' Champion A.

'I feel like the staff are now a lot more mindful and it's helping us to better care for the spiritual needs and the wellbeing of all our patients'. Champion B.

Impact & results achieved

The impact of the initiative has been measured through qualitative and quantitative methods to capture changes in practice, awareness and referrals.

1. Semi-structured interviews with SPaRC Champions. Five interviews were carried out to assess qualitative outcomes. Champions were asked: 'What works well and how they know, what the difficulties are and how to overcome them, whether they detect changes in attitudes among staff or patients, and whether they are making additional referrals to the chaplaincy department'.

2. Review of ward referrals. A review of referrals from ward staff to the SPaRC department was undertaken to analyse quantitative outcomes.

3. Patient and family feedback. Direct feedback was collected. Examples include: "Thank you for your love and support it means so much to all of us" and a comment signposting care received via a Champion: "X went above and beyond... her kindness had a profound impact on the patient and family and also deeply touched the staff on AMU."

Recruitment: 20 SPaRC Champions have been recruited to date

Further interest: A further 8 staff have expressed interest in becoming Champions.

Diversity: The Champion roles reflect diversity across job roles including senior/staff nurses, clinical support workers, discharge facilitators, quality and safety, deputy managers, and care coordinators. Champions are also diverse across wards, and faith/belief, race, sex, marriage/civil partnership status..

Training: Funding was sourced for spiritual care training. Champions have accessed both in-situ and e-learning opportunities to develop intrapersonal, interpersonal, spiritual assessment and spiritual care competencies. Enrolment in the spiritual care training course is ongoing.

Early indicators suggest improved visibility of SPaRC, stronger interdisciplinary working, and more confidence in raising and referring spiritual care needs. There is also growing recognition that SPaRC is relevant to patients regardless of religious belief.

What makes this initiative stand out?

What makes this initiative special is the people involved and the passion, compassion and commitment they bring to a patient-first approach and a commitment to delivering the best quality patient care.

A core element of its success is the understanding of the importance of SPaRC as part of holistic care, an area that is often overlooked in healthcare. The initiative is different from other projects because it promotes the importance of spiritual care, is implemented within multidisciplinary teams and involves a breadth of healthcare professional roles. By creating SPaRC Champions, SPaRC is given visibility and prioritised alongside clinical care.

This focus on shared ownership, practical action, and everyday presence in clinical areas has helped the initiative to feel meaningful, sustainable and valued by both staff and patients.

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VeinCentre

VeinCentre

Walk Out Happy – Transforming the VeinCentre Patient Experience

Categories

- Independent Excellence in Experience of Care

Organisation description

VeinCentre is the UK's largest independent specialist provider of minimally invasive vein treatments, dedicated exclusively to the diagnosis and treatment of varicose veins, thread veins and other venous conditions. Established in 2003, VeinCentre has grown to a network of clinics across England, Scotland, Wales and Northern Ireland, treating thousands of patients each year.

With a multidisciplinary team of consultant vascular surgeons, specialist doctors, sonographers, nurses and patient care teams, VeinCentre delivers evidence-based care in a welcoming outpatient environment. Patients benefit from rapid access to expert assessment, treatment under local anaesthetic and personalised aftercare, with a strong organisational commitment to delivering outstanding clinical outcomes alongside an exceptional patient experience.

Summary

Walk Out Happy is VeinCentre's organisation-wide patient experience initiative, created to ensure every patient receives exceptional care from first enquiry through to treatment and aftercare.

Recognising that outstanding healthcare is about more than clinical outcomes alone, VeinCentre set out to transform the patient journey by placing compassion, communication and patient confidence at the heart of every interaction.

Walk Out Happy is different because it is not a standalone campaign; it is an embedded culture that brings together clinical excellence and patient experience. It gives everyone that works at VeinCentre ownership of the experience – with everyone understanding their role in helping patients feel informed, reassured and valued.

Through listening to patients, acting on feedback and continuously improving services, VeinCentre has created a consistent, personalised experience across its growing nationwide network of clinics.

The initiative has delivered measurable improvements in patient satisfaction, confidence and engagement, demonstrating that when patients feel genuinely cared for, exceptional experiences and exceptional clinical outcomes go hand in hand.

Impact & results achieved

The impact of Walk Out Happy has been measured through a combination of quantitative and qualitative feedback, ensuring that success is assessed through both data and patient stories.

Measures include:

- Patient satisfaction scores.
- Patient reviews.
- Patient testimonials.
- Areas for improvement identified through patient comments.
- Referrals.

Social following and growth. Results achieved include:

- Trustpilot Score of 4.8 (based on 1700+ reviews in 2025)
- 13,000 patients treated in 2025
- 92 World Class NPS score
- Successfully accredited as Best Companies 'One to Watch' recognising good levels of employee engagement
- 86% of employees say that VeinCentre provides a great service to our patients
- Awarded Top 10 Best Companies in Health & Social Care category - an example of Walk Out Happy resonating with our patients!

What makes this initiative stand out?

What makes Walk Out Happy unique is that it transforms the patient experience from a set of activities into an organisational culture.

Many healthcare organisations focus primarily on clinical outcomes, but VeinCentre recognised that how patients feel throughout their journey is just as important.

The strength of Walk Out Happy is its simplicity and ambition.

Its success has been driven by three key elements:

A clear shared purpose-giving everyone at VeinCentre a common purpose and goal. Patient-led improvement-using real feedback to shape patient services, communications and the overall experience. Cultural ownership-ensuring patient experience belongs to everyone.

Contact

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Walsall Healthcare NHS Trust

Calm Connections Clinic

Categories

- Excellence in Personalised Care

Organisation description

Walsall Healthcare NHS Trust provides integrated acute and community healthcare services for a population of around 286,000 people across Walsall and the surrounding areas. The Trust delivers services from Walsall Manor Hospital, community health centres and patients' homes, offering a wide range of hospital, community and specialist services.

The Trust is committed to delivering safe, high-quality, compassionate care and places patient experience, inclusion and personalised care at the heart of service delivery. Maternity services support thousands of women, babies and families each year, providing care throughout pregnancy, birth and the postnatal period. The Trust is dedicated to reducing health inequalities, improving outcomes for local communities and ensuring services are shaped by the voices and experiences of patients and families.

Through a strong culture of continuous improvement, partnership working and innovation, Walsall Healthcare NHS Trust actively develops services that respond to the needs of its diverse population and improve the quality of care and patient experience for all.

Summary

The Calm Connections Clinic is a pioneering trauma-informed maternity service developed by Walsall Healthcare NHS Trust to support women experiencing pregnancy after birth trauma, pregnancy loss, severe anxiety, perinatal mental ill-health, or previous negative maternity experiences. Established in June 2024 in direct response to patient feedback, the service addresses a significant gap in maternity care by focusing on emotional recovery, psychological wellbeing and personalised care.

As the first multidisciplinary clinic of its kind in the Black Country, Calm Connections brings together specialist expertise in birth trauma, bereavement and perinatal mental health to provide seamless, holistic support. Women receive personalised emotional support, advocacy, birth reflections, individualised care planning and continuity throughout pregnancy and beyond, enabling them to rebuild confidence, make informed decisions and feel empowered in their care.

The impact has been significant, with referrals increasing from 22 women in 2024 to 85 in 2025 and 70 referrals received by July 2026. Women consistently report reduced anxiety, improved confidence and renewed trust in maternity services, with many describing the support as life-changing.

Nationally recognised through the Make Birth Better Award for Best Birth Trauma Project, Calm Connections demonstrates how co-produced, compassionate and personalised care can transform experiences and outcomes for vulnerable women and families while addressing inequalities and improving patient experience.

Impact & results achieved

Since launching in June 2024, the Calm Connections Clinic has transformed the experiences of women requiring additional emotional and psychological support during pregnancy. The service has improved confidence, reduced anxiety, strengthened trust in maternity services and enabled women to feel more informed, supported and empowered throughout their pregnancy journey.

Success has been measured through referral data, patient feedback, patient stories, service evaluations and qualitative outcomes reported by women accessing the clinic. We selected these measures because the primary purpose of the service is to improve patient experience, emotional wellbeing and personalised care, areas that are best demonstrated through both activity data and the lived experiences of those receiving support.

Demand for the service has grown significantly, demonstrating both the need for the clinic and confidence in the support it provides:

This represents a near four-fold increase in referrals during the first full year of operation. The clinic has also supported women from diverse communities, with 25 women referred from ethnic minority backgrounds during 2026, helping to improve access to personalised support for groups often at greater risk of experiencing health inequalities.

Women consistently report feeling listened to, understood and reassured. Many describe reduced anxiety, increased confidence in preparing for labour and birth, a better understanding of previous experiences and improved trust in maternity services.

One woman reflected:

"After my first birth I was really anxious and worried about going through the same negative birth experience. However, meeting Hari, Laura and Tracy was incredible because they listened, went through my medical notes, were sympathetic, helped me manage my anxiety and put measures in place to put me at ease."

Another stated:

"Sometimes you need someone to take charge and advocate for you and the team did that for me when I felt like I couldn't."

Perhaps the most powerful measure of success came from a woman who said:

"Definitely, I would not have got through pregnancy without them."

The impact and innovation of the service have also been recognised externally through the Make Birth Better Award for Best Birth Trauma Project (2025), a feature on BBC News, and a Certificate of Recognition at the Trust's Spotlight on Improvement Awards, demonstrating both local and national acknowledgement of its contribution to improving personalised maternity care.

What makes this initiative stand out?

The Calm Connections Clinic is unique because it focuses on an often-overlooked aspect of maternity care: emotional recovery following birth trauma, pregnancy loss and difficult maternity experiences. Rather than simply reflecting on past experiences, the service provides proactive support during pregnancy, helping women rebuild confidence, reduce anxiety and prepare for birth feeling informed and empowered.

As the first multidisciplinary clinic of its kind in the Black Country, it combines specialist expertise in birth trauma, perinatal mental health and bereavement care within a single personalised pathway. This enables women to receive seamless, trauma-informed support without repeatedly retelling their stories.

A key factor in the clinic's success is that it was developed directly in response to patient feedback. Women told us they wanted to be listened to, understood and advocated for, and these principles remain at the heart of the service.

The clinic has transformed experiences for many women, helping them regain trust in maternity services and achieve positive outcomes they once thought impossible. As one woman said:

"Definitely, I would not have got through pregnancy without them."

This ability to restore confidence, hope and trust is what makes Calm Connections truly special

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Walsall Healthcare NHS Trust

Care Without Conveyance: Bringing Emergency Department Decision-Making to Patients

Categories

- Joined-Up Care Experience

Organisation description

Walsall Healthcare NHS Trust (Walsall Healthcare) provides local acute and community services to a population of approximately 260,000 people. The trust is the only provider of acute services in Walsall, offering inpatient and outpatient care, as well as delivering a range of community health services from 60 sites across the area. Some of the community services provided by Walsall Healthcare include urgent community response (UCR) and home-based care, enabling those with long-term conditions and people living with frailty to receive care in their own home.

Walsall Healthcare sits within the second most deprived integrated care system in England, and the local authority borough is in the most deprived decile across the country. This creates significant population need and operational challenges, and it has driven the trust and system partners to think differently about how they deliver care to better suit the needs of their local communities.

Summary

Care Without Conveyance: Bringing Emergency Department Decision-Making to Patients is an innovative Community Emergency Medicine Service that redesigns urgent and emergency care by moving senior clinical decision-making out of hospital and into the community. Delivered through a unique partnership between Emergency Medicine Consultants, Advanced Clinical Practitioners, West Midlands Ambulance Service, the Care Navigation Centre and community services, the initiative enables patients to receive specialist assessment, treatment and care planning in their own homes, often avoiding unnecessary attendance at the Emergency Department.

Developed in response to increasing urgent care demand, rising patient complexity and the impact of avoidable hospital admissions on frail and vulnerable patients, the service focuses on delivering the right care, in the right place, at the right time. Patients benefit from faster access to expert clinical decision-making, reduced disruption, improved continuity of care and treatment closer to home.

During a six-month pilot, the service supported 441 patients, with 78.9% managed safely within the community and over 80% of face-to-face patients avoiding Emergency Department conveyance. This resulted in an estimated 706 bed days saved and over £500,000 in net system savings while improving patient experience and reducing pressure across urgent and emergency care services.

What makes this initiative exceptional is its genuinely joined-up approach. By bringing together multiple organisations and professional groups around a shared goal, the service has transformed how patients move through the urgent care system. The model demonstrates how collaboration, innovation and early specialist intervention can improve outcomes, enhance patient experience, reduce hospital dependence and create a sustainable, scalable solution for the future of emergency care.

Impact & results achieved

The impact of CEMS has been measured through service activity data, admission avoidance metrics, bed-day savings, financial modelling, patient feedback and partner evaluation.

Over a six-month pilot period:

441 patients received support.78.9% were treated safely within the community. More than 80% of face-to-face patients avoided Emergency Department conveyance. An estimated 706 bed days were avoided. Approximately £695,000 in gross savings and over £500,000 in net savings were achieved.

For patients, the impact has been significant. Care has been delivered in familiar surroundings, avoiding lengthy waits, unnecessary admissions and disruption to daily life. Frail patients have avoided hospital-associated deconditioning, while those requiring specialist assessment have accessed care more quickly through direct referral pathways.

Feedback from patients has highlighted appreciation for receiving compassionate, responsive care at home, whilst partner organisations have reported increased confidence in shared decision-making and strengthened multidisciplinary relationships.

The service has also contributed to improved flow across urgent and emergency care pathways by reducing avoidable attendance and admission.

What makes this initiative stand out?

What makes CEMS unique is that it changes where and when specialist decisions are made.

Many urgent care models focus on adding capacity. CEMS focuses on improving clinical decision-making earlier in the patient journey. By bringing Emergency Department expertise into the community, the service prevents unnecessary hospital attendance while maintaining high clinical standards.

The success of the model comes from genuine partnership working, innovative workforce design and a relentless focus on delivering care around the patient rather than requiring the patient to fit the system.

The result is a safer, more efficient and more person-centred urgent care pathway.

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Walsall Healthcare NHS Trust

Frailty Without Boundaries: One System, One Team, One Journey

Categories

- Joined-Up Care Experience

Organisation description

Walsall Healthcare NHS Trust provides acute and community healthcare services for a population of around 286,000 people across Walsall and surrounding areas. The Trust delivers care through Walsall Manor Hospital, community health centres and services provided in people's homes, offering a wide range of emergency, acute, maternity, children's, outpatient and community services.

Serving one of the most diverse and deprived populations in the region, the Trust is committed to delivering safe, high-quality, compassionate and person-centred care. Through innovation, partnership working and a strong focus on reducing health inequalities, Walsall Healthcare NHS Trust works with patients, communities and partner organisations to improve outcomes, enhance patient experience and ensure services are designed around the needs of local people.

Summary

Frailty Without Boundaries is a whole-system approach to improving the experience and outcomes of older people living with frailty across Walsall. Developed through partnership between acute, community, primary care, social care, ambulance services, mental health services, care homes and voluntary sector organisations, the programme has transformed fragmented services into a single coordinated frailty pathway.

The initiative was developed in response to the growing number of older people experiencing multiple long-term conditions, increasing demand on urgent and emergency care services, and poor experiences caused by repeated assessments, avoidable admissions and delayed discharges. Rather than creating additional standalone services, partners designed an integrated operating model that supports people throughout their entire frailty journey.

The programme combines Frailty Same Day Emergency Care (FSDEC), Urgent Community Response, Community Emergency Medicine, Virtual Wards, Home First pathways, integrated discharge planning and proactive community support into one connected system. This ensures older people receive the right care, in the right place, at the right time.

The impact has been significant. Frailty SDEC enables 79% of patients to return home the same day, Urgent Community Response avoids hospital admission for 79% of referrals, and 90.4% of people aged over 75 are discharged to their usual place of residence. The programme has also achieved an eighth-place national ranking in the GIRFT (Getting it right first time) Elderly Care Index.

By removing organisational boundaries and placing patient needs at the centre of decision-making, Frailty Without Boundaries has delivered measurable improvements in patient experience, care coordination, system flow and independence, providing a sustainable and transferable model for integrated frailty care.

Impact & results achieved

The programme has delivered measurable improvements across patient experience, admission avoidance, discharge outcomes and care coordination.

Success was measured through operational performance data, benchmarking, admission avoidance metrics, discharge outcomes, virtual ward utilisation and patient flow indicators.

Key achievements include:

Frailty SDEC (Same Day Emergency Care)

- 295 patients managed through the seven-day front-door frailty model.
- 79% returned home the same day.
- Average length of stay of 5.9 hours.
- Admission conversion rate of only 21%.

Community Services

- 3,551 Care Navigation Centre referrals in one month.
- 746 Urgent Community Response referrals.
- 79% admission avoidance following intervention.
- 54 admissions prevented through Community Emergency Medicine support.

Virtual Wards

- Six virtual wards established.
- Frailty Virtual Ward utilisation of 84%.
- Readmission rate of only 1.9%.

Discharge Outcomes

- 90.4% of people aged over 75 discharged to their usual residence.
- 47.3% discharged within three days.
- 66.5% of frail patients discharged within seven days.

Nationally, the programme achieved:

- GIRFT Elderly Care Index ranking of 8th in England.
- Rolling 12-month mortality of 5.7%.
- SHMI of 0.98.

These results demonstrate better patient flow, fewer admissions, improved outcomes and a more coordinated experience of care.

What makes this initiative stand out?

What makes Frailty Without Boundaries special is that it removes organisational boundaries and creates a truly joined-up system around the needs of the patient.

Many organisations have excellent frailty services. Walsall's achievement has been connecting those services into a single coordinated pathway spanning acute care, community services, social care and voluntary sector support.

Key factors behind its success include:

- Genuine partnership working.
- Shared ownership of outcomes.
- Strong multidisciplinary collaboration.
- Focus on independence and Home First principles.
- Early intervention and proactive care.
- Commitment to reducing duplication and fragmentation.
- Consistent focus on patient experience.

Rather than asking patients to navigate the system, the system works together around the patient.

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Worcestershire Acute Hospitals NHS Trust

#CallMe

Categories

- Excellence in Personalised Care

Organisation description

Worcestershire Acute Hospitals NHS Trust is an NHS acute Trust in the West Midlands, providing hospital services to a population of approximately 600,000 people across three sites: Worcestershire Royal Hospital, Alexandra Hospital, and Kidderminster Treatment Centre. The Trust manages around 830 inpatient beds, 135,000 admissions, 215,000 emergency attendances and 730,000 outpatient appointments a year, and employs several thousand clinical and non-clinical staff across acute medicine, surgery, emergency care, maternity, and a wide range of specialist services.

Summary

#CallMe adds a single question to existing patient ID wristbands, labels and PAS records: what do you want to be called? Rather than relying on staff to notice cultural, generational or gender cues, every patient is asked, every time, removing the burden of self-advocacy (New Thinking). Led through three PDSA cycles since 2021, delivery required no new technology: 181 wristband printers were reconfigured trust-wide in two weeks at zero capital cost, with senior nursing, Deputy Chief Nurse and Board level endorsement throughout (Leadership). By February 2026, 251,277 records had been completed; 25.4% of patients preferred a name other than their legal forename, rising to 29% in patients 65 and over. Completion has risen from roughly a quarter of patients at launch to a sustained 92–95% in 2026, embedded permanently in PAS rather than run as a campaign (Outcomes and Sustainability). It originated from a transgender child's care, was shaped with the both the Child and Young Persons Forum and Trust's Patient and Public Forum. Built entirely from infrastructure every trust already owns, it has reached Parliament through Worcester's MP and has an invitation to present to the Professional Records Standards Body (Transferability and Dissemination).

Impact & results achieved

Two measures have been tracked since 2021: the #CallMe field completion rate, the process measure and the proportion of completed records where the stated preference differs from the patient's registered legal forename, the outcome measure, both chosen because they directly capture whether the question is being asked and what it reveals. Both are reported weekly and monthly via the PAS dashboard, broken down by care setting and patient age band.

The cumulative PAS dataset to February 2026 contains 251,277 completed #CallMe records. Of these, 25.4% recorded a preferred name different from the patient's legal forename, rising systematically with age from 9.2% in children aged 0–3 to 29.0% in patients 65 and over; 17.1% of children aged 4–12 and 21.1% of adolescents also preferred a different name, confirming the issue is not confined to older adults.

Completion itself has risen steadily and held. Inpatient and day-case completion improved from roughly 25% of patients at launch to a sustained 92–93% through early 2026, with subsequent trust dashboard data extending to May 2026 showing individual weekly readings as high as 95%. Combined emergency department and SDEC completion rose from around half of patients in April 2025 to a weekly high of 88% in April 2026, holding at 85% in the most recent week recorded. Outpatient completion, historically the hardest setting to shift, rose from 65.6% to 80% over the same period, the most consistent improvement trajectory of any care setting.

These results have translated into external recognition, including the BMJ 2021 Digital Innovation Team of the Year award and National Advisor for LGBT Health award (2022).

What makes this initiative stand out?

Most attempts to address what a patient wants to be called rely on staff noticing a cue: an unfamiliar name, a visibly transgender patient, an older person who corrects them. #CallMe rejects that model. The insight driving its design is that name preference cannot be predicted from any demographic characteristic: it is almost as common in young children (17% of 4–12-year-olds) as it is in the group usually assumed to be most affected, older adults (29% of those 65 and over). The only reliable mechanism is to ask everyone, every time, removing the burden of self-advocacy from the patient and the burden of guesswork from the clinician.

The intervention itself is deliberately unglamorous, a field on an existing PAS screen, wristband and label, not a new app or piece of technology, yet the ambition lies in scope: a five-year, three-site, every-care-setting rollout built entirely from infrastructure the Trust already owned, at zero capital cost.

The key elements behind its success have been disciplined PDSA methodology rather than a single launch event; the decision to make the question universal rather than targeted at presumed at-risk groups, which removed any stigma from asking; and the weekly ward-level dashboard, which turned a one-off implementation into a self-sustaining, locally-owned improvement process that is still gaining ground five years on.

Contact

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Worcestershire Acute Hospitals NHS Trust

#CallThem

Categories

- Emerging Good Practice

Organisation description

Worcestershire Acute Hospitals NHS Trust (WAHT) is an NHS acute care provider delivering elective and emergency surgical, medical and diagnostic services across Worcestershire, including Worcestershire Royal Hospital, Alexandra Hospital (Redditch) and Kidderminster Treatment Centre. #CallThem was developed and piloted within the perioperative recovery service at Kidderminster Treatment Centre, which provides elective day-case and short-stay surgery across multiple surgical specialties.

Summary

#CallThem is a quality improvement initiative giving recovery room staff allowance to make a brief courtesy telephone call to a patient's next of kin (NOK) within 30 minutes of arrival in recovery, simply confirming they are safe. Piloted at Kidderminster Treatment Centre in January 2026, it responds to a confirmed gap: no Midlands NHS Trust, and no national guidance body, has a systematic process for telling NOK when surgery is complete, despite strong international evidence that this is when family anxiety peaks. Rather than costly SMS or digital-tracking infrastructure, it activates a resource every recovery room already has: a clinician, a phone, and a recorded contact number. Pilot data showed high feasibility (93% NOK contact available, 73% of attempted calls connected, calls lasting 30 to 120 seconds) and uniformly positive feedback. The initiative has been shaped by, and presented to, the Trust's Patient and Public Forum and the Royal College of Anaesthetists' Patient Voices Away Day and Clinical Quality and Research Board, all of which endorsed it and directly informed development. It is now embedded in Trust documentation, giving it a sustainable footing for spread beyond the pilot site.

Impact & results achieved

Success was measured through call-level pilot data and qualitative feedback. Across 15 patient episodes, NOK or contact details were available in 93% of cases, a call was attempted in 93% of those, and 73% of attempted calls connected successfully; calls took 30 to 120 seconds and placed minimal burden on staff. NOK feedback was uniformly positive, with unprompted expressions of relief and gratitude and staff reported that families rarely asked for information beyond the call's intended scope. This was independently corroborated by the Patient and Public Forum, where every respondent strongly endorsed the initiative, several drawing on direct experience of poor communication elsewhere as the reason it matters. As an early-stage initiative, these results are treated as indicators rather than definitive outcomes, but they align closely with the wider international evidence base reviewed alongside the pilot, which consistently links brief perioperative communication interventions to reduced family anxiety.

What makes this initiative stand out?

#CallThem stands out because it solves a problem the international literature has largely missed – reassuring NOK who are not physically at the hospital – using a resource every recovery room already has rather than new technology. It is grounded in a rigorous literature review that pre-emptively addresses nuance in the existing evidence, for example distinguishing on-site from off-site families when interpreting earlier research, rather than overstating its case. It has also been tested against real patient, public and professional scrutiny three times over: locally through the Patient and Public Forum and nationally through both the Royal College of Anaesthetists' Patient Voices Away Day and its Clinical Quality and Research Board.

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Well, hello, to our back page

Patient experience is all about the details. Noticing the whole journey, not just the headline moments, and paying just as much attention to how something ends as how it begins. So there's something fitting about finding you here, at the very end of ours.

Some people read this book cover to cover. Some go straight to the categories that matter most to them. And some, let's be honest, go straight to the back to see how the story ends. Which, funnily enough, is exactly the instinct this whole book is built on: wanting to know the outcome, not just the moment.

Welcome to the "I made it to the back page" club. Entirely unofficial. Entirely deserved.

Email **helen.brady@pickereurope.ac.uk** with the subject **"I made it to the back page"** and we'll send you a proper certificate to prove it, official-looking, entirely pointless, yours to frame or forward as you see fit.

Thank you for reading, and for your support. What you do is making a difference!



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