the best medicine

POWERFUL STORIES OF STAFF-LED CHANGE
FROM THE 5TH BIGGEST EMPLOYER IN THE WORLD
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This approach is available to healthcare and non-healthcare organisations.

Any enquiries relating to this document should be addressed to:
Listening into Action (LiA) National Team
Optimise Limited
info@optimiselimited.co.uk
Tel: 07734 812644
hforbes@optimiselimited.co.uk
www.listeningintoaction.co.uk

Follow us on Twitter:
@LiAJourney
Introduction

The National Health Service (NHS) is the fifth largest employer in the world, employing more than 1.3 million people, and caring for more than a million patients every 36 hours*.

This is, not surprisingly, one of the most ‘values-based’ workforces in the world. People choose to work in the NHS largely because they care and want to make a difference to the lives of their patients and patients’ families.

And yet, if you ask NHS staff (as we often do) how much of their personal energy at work is lost through all the things that get in their way, they say a shocking 60-70%. Imagine if we could get this back and align the knowledge, enthusiasm and will of these 1.3 million people behind all the outcomes that matter the most – for our patients, for our staff and for the organisations they work for.

10 years ago we committed to building an approach to enable a fundamental shift in ways of working across the NHS, putting staff – who are closest to patients – at the heart of change.

Listening into Action (LiA)* is what emerged – a compelling, organisational journey that shakes things up and creates new energy. So far, more than 80 organisations have adopted it for themselves, with 50 more involved in early pilot work. New LiA organisations are coming on board all the time.

Deciding to go down this route is a ‘bungee jump moment’ for any organisation. Once you start, there’s no going back. It is intensive, clinically-led, and requires commitment from leaders who trust, empower and support teams to work differently.

Vitally, it locks the engagement effort in with strategic priorities and is all about measurable, demonstrable change. It’s not ‘soft stuff’, it’s what delivers the ‘hard stuff’.

It’s not easy, but the results are more than worth the effort. Working this way not only leads to better patient care – as shown so clearly in these 100 stories – but also the extent to which staff feel engaged and valued improves by up to 120% within 12 months in Listening into Action (LiA)* organisations.

They also report reduced staff sickness and use of agency staff; an increase in recruitment and retention; a shift in leadership style, capacity and capability; and a palpable impact on organisational culture.

‘The Best Medicine: 100 Powerful Stories of Staff-Led Change’ is a testament to the 1.3 million people who work in the NHS.

We have selected these stories from thousands across the country – all of which are fantastic and deserve recognition – to demonstrate what happens when an organisation ‘inverts the pyramid’ and powers up staff to lead change from the inside-out. The teams are geographically spread and include examples from acute, mental health and community-based services.

Around 35% of the average person’s total waking hours are spent at work. Imagine if every one of the 1.3 million people working in the NHS felt energised, engaged and valued every day. We hope you will find inspiration in these stories and contact those involved to find out more if you are facing similar challenges.

* NHS Confederation 2016
About The Authors

Hannah Forbes
Founding Director of Optmise Limited and joint architect of Listening into Action (LiA)®
hforbes@optimiselimited.co.uk
07734 812644

Gordon Forbes
Founding Director of Optmise Limited and joint architect of Listening into Action (LiA)®
gforbes@optimiselimited.co.uk
07734 812311

Sam Currie
Associate Director at Optmise Limited and lead on use of social media
sam.currie@optimiselimited.co.uk
07920 805054

“A powerful force for cultural change”
Alwen Williams, CEO at Barts Health NHS Trust

“Our staff feel energised and empowered by the LiA approach”
Judith Graham, Queen’s Nurse and Advanced Nurse Consultant

“This is real staff engagement. It feels different. It feels punchy. It feels great.”
Dr Esther Waterhouse, Consultant in Palliative Medicine

“The LiA ‘Pass It On’ events have the best days in my NHS career”
John Goulston, CEO at Croydon Health Services

“LiA is clever in its simplicity. Follow the formula, involve everyone, share your successes and enjoy the culture shift. What’s not to like?”
Tom Johnson, Radiologist

“LiA is helping us to make significant improvements for patients and staff at Europe’s oldest hospital”
Charles Knight, Consultant Cardiologist and Managing Director of St Bartholomew’s Hospital

“LiA really has developed me into the person and the nurse I am today”
Sarah Watkins, Ward Sister

“Magic Dust”
John Adler, first NHS CEO to adopt Listening into Action (LiA)®
Contents

Enhanced Recovery Programme impacts length of stay for hip/knee patients .................................................................35
Reducing isolation for service users in a Forensic Mental Health Unit ..................................................................................36
Nurse led improvements in Coronary Care Unit ..................................................................................................................37
Reducing A&E attendances for mental health patients ........................................................................................................38
Faster access to much needed Psychological Therapies ......................................................................................................39
Fast-track changes to patient flow through ‘Breaking the Cycle’ week ...............................................................................40
Providing specialist care for acute medical patients living with dementia ........................................................................41
Better and safer medicines management on our wards ........................................................................................................42
Making patient notes available quickly so we have more time to care ................................................................................43
Increasing productivity by changing the skill mix in Theatre Recovery ............................................................................44
Improvements in patient referral to Occupational Health ................................................................................................45
Huge reduction in Grade 2 hospital acquired pressure ulcers .................................................................................................46
‘Making mealtimes marvellous’ for older patients on our wards .......................................................................................47
Making life better for palliative care patients through easy access to prescriptions ..........................................................48
Reducing the stigma associated with sexual health clinics ................................................................................................49
Film teaches staff to sign #hellomynameis ..........................................................................................................................51
First Emergency Department in England to have a dedicated area for dementia patients .................................................52
Improved addiction recovery services ..................................................................................................................................53
60% improvement in number of unplanned patient moves .................................................................................................54
Safer, better care delivered by Community Support and Recovery team ............................................................................56
Reducing avoidable deaths and length of stay for patients with Acute Kidney Injury .......................................................57
19 forms down to 1 as innovative team cuts through bureaucracy ......................................................................................58
New Outpatient service sees an additional 1,000 patients per month at St Bartholomew’s .................................................59
Clear view of Theatre activity improves life for staff and helps reduce ‘on the day’ cancellations .........................................60
Freeing up time for more personal, supportive care for patients at Newton Hospital ..........................................................61
Acute Neurology Rehabilitation patients work with staff to create a patient-centred service ...........................................62
New Day Unit for Haematology patients and a big uplift in staff feeling care is safe ..........................................................63
Blasting ‘staff engagement’ out of the water across the NHS ...............................................................................................64
Frail, elderly patients seen by a specialist team within 30 minutes ......................................................................................65
Domestics play a vital role and no longer feel like ‘Invisible Ghosts’ ..................................................................................66
Avoiding unnecessary X-rays speeds up treatment time and promotes early recovery .....................................................67
Manager checklist simplifies and streamlines the recruitment process ............................................................................68
Contents

<table>
<thead>
<tr>
<th>Story Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor space and a sensory garden offers a little joy for patients with dementia</td>
<td>69</td>
</tr>
<tr>
<td>Providing a place of safety and reducing numbers in police custody by 83%</td>
<td>70</td>
</tr>
<tr>
<td>40% reduction in ‘on the day’ cancellations reduces patient distress</td>
<td>71</td>
</tr>
<tr>
<td>26% improvement in mandatory training compliance will impact patient care</td>
<td>72</td>
</tr>
<tr>
<td>Supporting staff to use Twitter</td>
<td>73</td>
</tr>
<tr>
<td>Improving outcomes through early identification of deteriorating patients at Newham</td>
<td>74</td>
</tr>
<tr>
<td>Delays in discharge from Critical Care Unit to wards down by more than 200%</td>
<td>75</td>
</tr>
<tr>
<td>Huge increase in patients going ‘home for lunch’ on planned day of discharge</td>
<td>76</td>
</tr>
<tr>
<td>‘Gold standard’ ways of working across our anaesthetic rooms</td>
<td>77</td>
</tr>
<tr>
<td>Sharing ownership of treatment plans with patients and families</td>
<td>78</td>
</tr>
<tr>
<td>Making our Theatres even more efficient by reducing ‘on the day’ cancellations</td>
<td>79</td>
</tr>
<tr>
<td>Joint working reduces admissions for psychosis patients</td>
<td>80</td>
</tr>
<tr>
<td>Improving the patient experience for our young patients</td>
<td>81</td>
</tr>
<tr>
<td>Providing equipment ‘fit for the job’</td>
<td>82</td>
</tr>
<tr>
<td>A powerful film to build understanding about deafness - an ‘invisible disability’</td>
<td>83</td>
</tr>
<tr>
<td>90% reduction in incidents of harm for people with learning disabilities</td>
<td>84</td>
</tr>
<tr>
<td>Huge reduction in waiting times for Trauma and Orthopaedics patients</td>
<td>85</td>
</tr>
<tr>
<td>24/7 access to Mental Health Services for service users and health professionals</td>
<td>86</td>
</tr>
<tr>
<td>Award winning programme improves care for patients with autism</td>
<td>87</td>
</tr>
<tr>
<td>Bus stop on a ward reduces patient wandering and provides a calm place to sit</td>
<td>88</td>
</tr>
<tr>
<td>Moving care closer to home with the Acute Care of the Elderly (ACE) Service</td>
<td>89</td>
</tr>
<tr>
<td>Having ‘take home’ medications ready means patients can leave without delay</td>
<td>90</td>
</tr>
<tr>
<td>Putting our Pharmacy Service at the heart of daily activity</td>
<td>91</td>
</tr>
<tr>
<td>100+ organisations in mass launch of #hellomyname is led by terminally ill doctor</td>
<td>92</td>
</tr>
<tr>
<td>Electronic prescribing frees up time to care</td>
<td>93</td>
</tr>
<tr>
<td>Improving Phlebotomy Services</td>
<td>94</td>
</tr>
<tr>
<td>New levels of support for patients from the South Lakes Respiratory Service Team</td>
<td>95</td>
</tr>
<tr>
<td>‘Gold Standard’ stroke care improves clinical outcomes and quality of life for patients</td>
<td>96</td>
</tr>
<tr>
<td>Involving patients in their own care in our Haemodialysis Service</td>
<td>97</td>
</tr>
<tr>
<td>Reducing time in hospital for young people with cystic fibrosis</td>
<td>98</td>
</tr>
<tr>
<td>Developing a multi-agency approach to the prevention of pressure ulcers</td>
<td>99</td>
</tr>
<tr>
<td>Improving inpatient flow in Cardiology at St Bartholomew’s Hospital</td>
<td>100</td>
</tr>
</tbody>
</table>
Our mission
To improve how we communicate with each other via email to be efficient and effective, reduce frustrations and develop our relationships with colleagues across the Trust.

Why we needed to change
The current number of emails stored within the Trust is equivalent to almost 1,000 volumes of the Encyclopaedia Britannica! The Trust is moving towards NHSMail2 which has a maximum mailbox size of 2GB. At current usage the 100 largest mailbox accounts would fill up within 6 months.

How we made the change
Held 3 x 90 minute Webinars to demonstrate how to use emails in a smarter way for 58 Core Clinical Service (CSS) staff. Pathology staff changed to use Jabber instant messaging as an alternative to emails. Key points and practical tips circulated for all staff to raise awareness of the impact of changes.

The difference we made
Webinar attendees are saving on average 35 minutes per day spent using email which equates to 19.1 extra days per person per year! The frequency of accessing their emails reduced by 36% and the number of emails sent daily reduced by 32.9%. If these figures were applied across the whole of UHMBT the potential savings in staff time equates to 419 full time posts – a cost of £12m! Food for thought and a huge opportunity for spread.

Potential for £12million savings by revolutionising use of email

Paul Atkinson
Histopathology Manager

Joe Ogle
Mortuary Manager

Claire Alexander
Divisional General Manager
Our mission
To ensure equitable provision of high quality child centred, effective and compassionate care to enable family life at home

How we made the change
Guidelines for families to clarify service delivery and manage expectations; a robust assessment framework; home notes to ensure effective communication and a robust (risk management) framework. In addition, parental guidance completed and agreed with the CCG; held a recruitment campaign to increase staffing resource available within the nursing bank; purchased sensory kits to improve the experience of children; agreed access to on call manager as a central point of contact for emergencies out of hours. Also developed a Standard Operating Procedure for the sickness process for staff

Why we needed to change
Children are now living at home with more complex health needs. We wanted to ensure that we could meet future demand and deliver safe, consistent, high quality, person centred care and enable children with complex health needs to enjoy life in their own home, preventing hospital admission, to reduce stress and anxiety and enhance the quality of family life

The difference we made
We have reduced agency usage by 90% and there has been a 130% increase in the recruitment of bank and permanent staff. We now have in place a robust, transparent, equitable assessment framework; partnership working has improved; and our service delivery is being achieved within financial balance. “I am really impressed with the approach that you have taken and the work that you have achieved” Helen Ford, Senior Commissioning Manager, Gloucestershire CCG

Getting it right for children with complex health needs at home

Caroline Osborne
Service Lead

Kerry O’Reilly
Team Leader

Lee Harrison
Team Leader
Our mission
To work together with all internal and external stakeholders to reduce delays for patients in the busy winter months

How we made the change
Through LiA, we brought our teams and external partners together to ask what we could do differently to manage winter. This led to new ways of working in the Edgecombe Unit, based on a consultant-led service, available 7-days a week, and includes:
1. ‘Safer:Faster’ – unblocking unnecessary delays to care for patients on less-crowded wards
2. Improved professional standards – to escalate delays and resolve issues quickly across our hospital and community services, and with our partners in social care
3. Planning ahead – including ordering prescriptions in advance to reduce delays when leaving hospital
4. ‘One-stop’ unit – providing rapid access to medical treatment for specific patients, especially the frail and elderly, without having to wait in the Emergency Department

Why we needed to change
Like all Trusts, the Accident and Emergency (A&E) Department at Croydon University Hospital sees much higher demand during the winter months. This increases pressure on our staff and resources to care for more people, whilst keeping waiting times as short as possible. To add to the challenge, our patients were being cared for in temporary facilities whilst development of a bigger and better £21.25m Emergency Department was underway

The difference we made
Up to 25 patients each day are avoiding having to be admitted into hospital unnecessarily. Staff are proud of the service, and Croydon has been in the top 5 best performing Trusts in London this winter, and within the top 20 nationally. 2 years ago our performance was in the bottom 8 nationally

Reza Motazed
Consultant Acute Physician & Nephrologist

Kathryn Channing
Lead Consultant in Emergency Medicine
Re-design of Domestic Service frees up time to care for nursing staff

Our mission
To enable our domestic staff to undertake a wide range of duties to help create a clean and safe environment for patients and release nursing time to care

How we made the change
The introduction of a new catering contract which included new ward hostesses enabled us to review ward tasks. Our domestic team generated fantastic ideas about how they could change their roles to undertake tasks for the benefit of patients, such as bed-making, patient equipment cleaning and improving communication at ward level

Why we needed to change
Nursing staff were spending too much time on a range of non-clinical tasks - taking them away from patient care

The difference we made
The new cleaning programme and Domestic team schedule has freed up nursing time to care for patients on Keppel ward – proving that this works. Since we implemented the changes we have consistently achieved 100% audit scores for cleaning key equipment. Our Domestics now feel proud and more engaged as members of the ward team. This is ready to spread to other wards

Donna Jones
Head of Facilities Services

Carol Hinchcliffe
Management Accountant

Ann Kerrane
Lead Nurse/AD of Infection Prevention and Control
Our mission
To provide allergy diagnosis and treatment closer to home for children in North Manchester

How we made the change
Set up a cost neutral twice monthly paediatric allergy clinic based at North Manchester General Hospital

Why we needed to change
Children and families from North Manchester were travelling a considerable distance to attend the allergy clinic in central Manchester

The difference we made
Care is now provided closer to home, reducing expensive travel costs and time off school/work for young patients and their parents

Mudiyur Gopi
Consultant Paediatrician

Photo provided by Lancashire Telegraph
Our mission
To improve the physical health and wellbeing of mental health patients on Avon Ward - an inpatient secure facility at Edgware Community Hospital - so that they have a better quality of life

Why we needed to change
Patients on Avon were prone to putting on weight which was a side effect of common medications. There was very little opportunity for patients to exercise, leading to frustration and aggression

How we made the change
Lobbied to get funding which has enabled us to provide Bells Gym (named after Dr Bellanca who led the work) with facilities and support for patients to stay fit and healthy

The difference we made
Bells Gym has been a huge hit with staff and patients. It has helped diffuse difficult situations and staff report that the number of violent incidents has reduced as people have a place to expend energy and frustration. A patient on the ward commented: “These new facilities are great. I have always been into fitness but have not been able to do very much whilst I have been on the ward, so having access to exercise equipment makes a big difference to me”

Faye Francesca Bellanca
Clinical Psychologist
‘Discharge to Assess’ pathway for older people prevents loss of independence and reduces length of stay

Our mission
To improve independence and recovery of older people by discharging them from hospital wards as soon as they are medically stable, to then be assessed at home or in the community for further social and functional support

Why we needed to change
Older people were spending longer than necessary on the ward waiting for assessments by health and social care professionals, and then for community care to be arranged. This was creating a potential for loss of independence and ‘deconditioning’

How we made the change
Implemented a ‘Discharge to Assess’ model including: Pathway Coordinator appointed with CCG support; visited Sheffield Hospital to develop ideas; working group mapped out 28 day pathway based in the community with step-down beds available; multi-disciplinary team of locum staff recruited

The difference we made
Older people can now be discharged as soon as they are medically stable on the ‘Discharge to Assess’ pathway – also known as the ‘Home Support Pathway’. They receive an assessment in the community, usually within 24 hours of discharge. 65 people have been accepted onto the pathway and have received assessments and rehabilitation where needed from the multidisciplinary team in the community. The collaborative, partnership approach across commissioning social services and Barts Health NHS Trust has helped turn an idea into an operational service in less than 8 weeks

Michael Moeller
Associate Director of Nursing and Therapies

Fiona Davies
Lead Nurse In-Reach
Our mission
To improve the environment for patients living with dementia, interact with patients positively, and train staff to overcome challenges

How we made the change
Training and awareness; dementia conference; dementia DVD; introduced meeting outcomes for tier 1 training for Health Education England; activities co-ordination supported by dementia specialist and volunteers; activities room for our patients; opened Memories Café

Why we needed to change
National Staff Survey feedback showed an increase in the number of incidents reported relating to aggression towards staff by patients, relatives and the public, particularly those working in Elderly Medicine

The difference we made
5% reduction in staff reporting violence and aggression towards staff from patients, relatives and the public; staff better skilled to deal with challenging behaviour resulting in fewer calls to security; more positive feedback from patients and carers; great feedback about our Memories Café with local media coverage; NHS Leadership Academy regional winner for Dementia Care supported by this work and finalist in Patient Experience (PENNA) recognition awards
Our mission
To improve our inpatient notes, save time and reduce paperwork

How we made the change
Created an FAQ sheet and shared across the site; trialled in one area; completed a before and after audit; rolled out to all areas

Why we needed to change
Staff told us that the notes were not user-friendly, they were very heavy and it was difficult to find what they were looking for

The difference we made
By stopping the printing of inpatient pathology reports, we saved approximately 400 sheets of paper per day. Also saved 7-10 hours per day previously spent on ward clerk filing, pathologists printing and signing, and doctors signing results that are often a few days old. Reduced the volume of notes which are now tidier and easier to use

Veera Reddy Karri
Medical
Supporting staff after serious incidents

Our mission
To ensure that within East Sussex all staff have access to debrief sessions following serious incidents.

How we made the change
Increased the total number of specially trained local clinical ‘debriefers’ from 12 to 15. Created a structured access to these staff through pre-bookable slots; arranged regular update training and supervision.

Why we needed to change
Serious incidents cause high distress and interruption to individual clinicians and their teams or services. Prompt debrief is proven to help the healing process.

The difference we made
We have improved our capacity to respond by 30% and with an introduction of a weekly rota for all 15 clinicians we are now able to respond to each team/clinician involved with a serious incident within 6 working days. We now offer 8 debriefing slots each month. The focus is now not only on fatalities, but also near misses and other untoward events.

Debbie Rimmer
Lead OT

Dr Philippa Casares
Lead Psychologist
Our mission
To improve patient safety across the Trust by ensuring that 3 appropriate checks of patient ID are consistently carried out.

How we made the change
3 appropriate checks of patient identification made without interruption: 1) Introducing themselves to patients by name and role 2) Asking for name and date of birth 3) Checking the wrist label and hospital number. Piloted the launch of a toolkit in the Renal Unit; recruited local champions and tested various methods of communication to spread the ethos behind Patient Safety Zone, including new logo, videos, posters, banners and other promotional materials; local champions observed and recorded practice on a simple audit data collection tool; issued certificates of compliance for a clinical area when the 3 principles of Patient Safety Zone are achieved. This is followed up with ongoing monitoring.

Why we needed to change
The Trust’s laboratories were concerned by the high frequency of labelling errors and further investigation suggested that the policy for patient identification was not being strictly adhered to. The problem was not exclusively related to pathology sample labelling, examples were seen across all interventions including medication and imaging. This prompted discussion across a multidisciplinary team before a serious error resulted.

The difference we made
The pilot was a success and other clinical areas across the Trust are being recruited to adopt this required change in culture using the toolkit. As awareness grows, we expect that the Patient Safety Zone will bring about a measurable reduction in errors associated with poor patient identification and that patient experience will also improve. There should also be a secondary impact associated with reduced expenditure, resulting from a decreased requirement to repeat processes following errors.
Promoting a culture of openness through Staff Guardians

Our mission
To enable staff to feel confident and supported to raise concerns

How we made the change
Introduced an escalation process for concerns raised requiring immediate action; started monthly monitoring meetings; updated policies; appointed three Staff Guardians and a Cultural Ambassador promoted through a communications campaign. Signed up to ‘Speak Out Safely’ campaign.

Why we needed to change
Our National Staff Survey results showed that 90% of staff concerned about unsafe clinical practice know how to report it (national average = 92%), and 59% would feel secure in raising a concern about unsafe clinical practice (national average = 67%). We wanted these numbers to be higher.

The difference we made
21 protected disclosures were raised this year, compared with only 9 last year. Since the introduction of the Guardians, the Trust now records all concerns (not just protected disclosures) brought forward, with a total of 83 concerns raised in the first 10 months alone. This not only widens our knowledge base and ability to monitor and plan more effectively, but reflects a more open culture. Our National Staff Survey results 2015 have already shown a 4-5% increase on raising concerns questions. Guardians presented at NHS Employers event - extremely positive response to our innovative approach; published by NHS Employers.

Carol Skillen
Registered Midwife/Staff Guardian

Cathy Maddaford
Non Executive Director/Staff Guardian

Sharon Landrum
OD Facilitator / Staff Guardian
Our mission
To make improvements to the patient journey for elective cardiac procedures

How we made the change
A radial lounge was developed to enable patients to be admitted into hospital for their procedure and be assessed, treated and discharged whilst fully dressed

Why we needed to change
The overall experience of short stay cardiology patients and carers needed to be improved by streamlining the current system and managing the available bed base

The difference we made
Enhanced the patient experience by improving privacy and dignity, and receiving ‘seated treatment’ means that there has been a reduction in the need for beds. In the average week the radial lounge is used by 30-35 patients, and bed capacity on the ward has improved
Our mission
To create a one-stop cataract assessment at Furness General Hospital to improve the patient experience and allow us to see more patients

How we made the change
We engaged with patients and staff to agree the most convenient location for the service and relocated resources

Why we needed to change
Elderly and frail patients were suffering major inconvenience due to having to travel between two different locations within the hospital accompanied by a nurse

The difference we made
The number of patient steps have reduced from 1,507 to 250. Waiting areas are more comfortable and located within the department. 5 more patients are assessed each week. Reductions in both waiting times and the waiting list for assessment

Providing a one-stop Cataract Assessment service to improve the patient experience

Leanne Herbert  
Sister

Christiane Shrimpton  
Consultant

Claire Alexander  
General Manager
Our mission
To move the murmur clinic from consultant-led to physiologist-led, offering a same-day faster service for patients and freeing up consultants

How we made the change
Conducted a patient survey; consulted GPs; reviewed the patient pathway; created new templates; arranged training for staff; sought accreditation with the British Society of Echocardiography (BSE); reviewed policies and protocols to codify practice and agreed business plan and risk assessment

Why we needed to change
Cardiac investigations reporting was subject to capacity issues creating significant delays – an average of 5 weeks - between investigation and results being sent to GPs

The difference we made
Within the first 18 months, the team has achieved the same-day target of 100% and the 5 week wait has been completely eradicated. Patient satisfaction has significantly increased and so has staff satisfaction

Nolan Stain
Physiologist

Marinius Butler
Clinical Lead
Our mission
To improve patient care and satisfaction by reducing waiting times for our Phlebotomy Service

How we made the change
We obtained an additional room with new sinks and computer ports at Purley Hospital and installed a new call system which makes it easier for patients to see their expected wait time

Why we needed to change
We were experiencing a high volume of patient complaints with regard to waiting times, this was being caused by a lack of space and equipment that we needed to provide efficient care

The difference we made
The additional room has enabled the team to see more patients in a day and has reduced wait times from 2 hours to 45 minutes. The new room provides a more comfortable environment for patients.
Our mission
To reduce the amount of wastage in the use of consumables within the Theatre department

How we made the change
10 Theatre Waste Champions were appointed to capture cost saving ideas; ‘High Cost Items’ posters have been created and are now displayed across the Theatre Department to raise awareness, and a ‘Think Twice’ sticker campaign launched to discourage unnecessary use of expensive consumables

Why we needed to change
Theatre staff wanted to be more aware of the cost of consumables so they could choose more wisely and implement their own cost saving ideas

The difference we made
Staff are now far more aware of what consumable items cost and will only open items when they are needed. Cost savings so far include an estimated £14,000 a year simply by changing over to domestic waste bags in the department
New ‘One Stop’ Breast Clinic at Whipps Cross

Our mission
To provide responsive and compassionate Breast Services at Whipps Cross University Hospital

How we made the change
Involved colleagues from breast surgery, estates, outpatient, imaging and our GP community in the design of our new model of service; redesigned patient pathways from the referral process through to post-operative discharge, to ensure they are safe, patient-focused and represent best clinical practice; secured capital funding to build a new bright, One Stop Clinic to bring our Service together in one location; held 3 patient events to help inform the design and colour scheme of the new clinic

Why we needed to change
Our imaging service was located a 15 minute walk from our outpatients department which was not ideal for any of our patients, especially those receiving an upsetting diagnosis. We needed to improve the experience for breast patients and staff and to provide a timely, responsive, compassionate service. We need to meet NICE guidance for triple assessment clinic appointments

The difference we made
Our new One Stop Clinic has now opened with very positive patient feedback about our bright and airy environment. New service and location will enable us to deliver 90% of NICE Triple Assessment guidelines, and meet our Referral to Treatment cancer targets. We can now provide Holistic Needs Assessments to all patients diagnosed with cancer. Over time our new service will become a centre of excellence, delivering world class diagnostics and treatment, providing an environment in which research and educational activities can flourish

Kirsty Webb-Wood
Operational Lead

Mark Rose
Operational Lead

Tina Donoghue
Receptionist and Patient Forum Lead
Our mission
To introduce ‘over-labelling’ of patient medicine in our community hospitals

How we made the change
Staff in the Community Health Services Medicines Management team created a standard operating procedure with permission from the CQC to solve practical issues and challenges, implementing changes needed in the absence of onsite dispensaries in our community hospitals

Why we needed to change
Over-labelling patient’s own medicines in the event of dose changes is standard practice in most hospitals. It is better for patient safety, reduces waste and reduces discharge delays

The difference we made
Reduced delayed and unsafe discharges, and missed doses. Increased patient/practitioner safety, efficiency, and patient self-medication. Reduction in waste saves the Trust £6,000 per annum

Jeanette Williams
LIA Lead

Rosie Furner
Senior Pharmacist
Our mission
To create a ‘new view’ of our Amigos computer system, to make information more intuitively accessible for all staff accessing the system

How we made the change
Working with a group of staff from different professional backgrounds - OT, Nurse, Consultant Psychiatrist and Information Technology - we have developed a new series of screens within the system

Why we needed to change
Staff told us that using the system was frustrating - this emerged as a significant priority during the LiA Big Conversations. Clinical practice has changed dramatically since the system was developed but Amigos had not kept pace with the changes. Staff wanted to be able to filter data and receive task reminders

The difference we made
Amigos is now able to filter data, a series of new screens reflect current practice, a red/amber/green (RAG) scoring system informs staff of tasks requiring completion. Feedback from staff has been excellent

Bob Amsbury
Clinical Information Systems Manager

Peter Walton
Occupational Therapist

Lisa Brown
Occupational Therapist
Our mission
To transform our breast cancer follow-up programme, providing clear, evidence-based information to our patients to help improve their general health and reduce risk of recurrence.

How we made the change
Engaged with cancer leads for Trust, GPs, commissioners, service designers and Livewell team. All new and follow-up patients are now advised on benefit of exercise and weight loss; referred to community Livewell team where relevant; invited to our ‘Taking Back Control’ programme. All consultants sending information to patients.

Why we needed to change
180 new breast cancers are diagnosed at the Trust every year. Improved health, nutrition and exercise decreases risk of breast cancer recurrence. Our current follow-up volume is a large strain on resources.

The difference we made
High attendance of course with only a 1 in 14 drop-out rate; good take up of Livewell exercise courses; end of course patient feedback very positive; recurrence rates will take 5-15 years to demonstrate the impact of the changes.

Breast Services Survivorship Programme helps patients to ‘take back control’

Maria Callaghan
Lead Clinician
Our mission
To improve the chemotherapy process in Ward 27 day care from community blood tests to administration, right through to discharge with oral medication for young adults (aged 13-24)

How we made the change
Developed chemotherapy pathways including nurse-led assessments; developed varied Patient Group Direction medication list and pre-packed medications; provided hand-held games consoles for patients to use during treatment; reward certificates for unpleasant treatments

Why we needed to change
Following refurbishment of Ward 27 the service changed to provide day-care chemotherapy to young adults, so changes needed to be made

The difference we made
Patients who are mid-cycle in their treatment no longer have to wait for prolonged periods of time. Within a year, the number of ‘chemotherapy administrations’ occurring between ward and day care over a 2 week period increased from 28 to 44, and wait times decreased from an average of 86 minutes to 59 minutes, resulting in a huge improvement for our young patients

Helaina Garvey
Staff Nurse

Yvonne Sarroukh
Deputy Sister
‘Dragons’ Den’ launched to fund staff innovation and support great ideas

Our mission
To actively encourage staff innovation and boost confidence to lead change through an innovation fund for one-off start-ups of up to £25K

Why we needed to change
Staff raised the need to support innovation and suggested the concept at the LiA Big Conversations. The fund was launched in response, to provide financial and practical support for great ideas

How we made the change
Made £250K available for innovative ideas; created application form and Dragons Den presentation set up; provided support and feedback for all applicants

The difference we made
£196K invested within the first 3 months. 3 examples of successful ideas are: replacing PICC lines to improve patient safety and comfort; improving antibiotic prescribing for easier access; improving hygiene intelligence through better training

Ruth Hoyte
LiA Lead
Our mission
To introduce an emergency Surgical Ambulatory Care service in order to reduce the number of admissions required for assessment.

Why we needed to change
Patients expressed their frustration at waiting times and having to be admitted to a ward for an assessment.

How we made the change
Urology assessment clinics ran over a 19 week period. During this time 115 patients were assessed.

The difference we made
Of the 115 patients, 90 patients were seen and sent home with a plan, 20 patients were admitted to hospital, 3 were sent to Accident and Emergency for appropriate care, 2 did not stay to complete assessment.

Hazel Jenkins
Ward Manager

Sharon Atkinson
Clinical Leader

Ameeta Joshi
Consultant
Our mission
To ensure 95% of all posts take no more than 8 weeks from vacancy approval to offer letter

How we made the change
Improved electronic document formatting to ease administration process for managers; providing guidance for all members of the recruitment team to have a standard process in place and make the system leaner; introduced a new online system for management of all recruitment; introduced a fast-track process for specific posts

Why we needed to change
Long recruitment times frustrate managers, impact negatively on teams and compromise staffing levels. The average time taken from vacancy alert to offer letter was 61 days. This also had a major impact on agency staff spend

The difference we made
The average time from vacancy alert to offer letter has reduced from 8.7 weeks to 5 weeks within 6 months - an improvement of nearly 50%. Staff feel more satisfied and the use of agency staff has reduced
Avoiding unnecessary time in hospital for children

Our mission
To provide great information to families which help them to avoid children spending time in hospital unnecessarily

Why we needed to change
Too often children are admitted to hospital when there are other, better ways to take care of them at home or in the community

How we made the change
Using social media, including Facebook and Twitter, to share useful information and resources regarding health promotion with the children, families and young people on the caseload. For example, pharmacy opening times during bank holidays, and tips for keeping enterally fed children hydrated during a heatwave. We have also produced stickers to give children following procedures to encourage them and allay their fears around cooperating with treatment

The difference we made
Families are better informed; we have raised the profile of our community teams, local services and support groups, and made more connections across the healthcare professions. This has increased positive interaction with children and young people, increased their confidence, and helped to avoid hospital admittances

Jacqui Mulling
Clinical Team Leader

Judy Ardley
Clinical Team Leader
Our mission
To improve communication between Phlebotomy and doctors to ensure there are no delays in the diagnosis and treatment of patients

How we made the change
The Phlebotomy team worked in partnership with doctors to develop and run a pilot handover scheme to improve communication between Phlebotomists on the wards and Doctors

Why we needed to change
Communication between doctors and the Phlebotomy team was not effective and ward bloods were not being completed until mid afternoon both of which were having a negative impact on timely treatment and discharge of patients

The difference we made
Prior to the changes ward bloods were not finished until mid-afternoon. Now 100% of ward bloods are completed by 12 noon, clinicians receive results sooner - reducing delays to treatment and patient discharge. Vastly improved daily handovers from Phlebotomists to doctors have led to easier and more predictable working and have improved the quality and safety of patient care

Janice Cloud
Matron

Sandra Ponsford
Phlebotomy Manager

Alison Fitzsimons
General Manager
Reduction unnecessary admissions for frail elderly patients at Whipps Cross

Our mission
To deliver an urgent, non-emergency pathway for elderly patients that they and their GPs will be delighted with, enabling them to be seen promptly but sleep in their own beds.

How we made the change
Expanded capacity (space and staffing) to accommodate more patients within the Ambulatory Care Unit. Extended opening hours until 8pm; designed new referral pathways; dedicated consultant cover until at least 5pm; set up consultant advice line; allocated space for Frail Elderly Unit manned by SHOs, nursing staff and dedicated consultant cover; integrated this with the admissions avoidance team, therapists and social workers.

Why we needed to change
Too many elderly patients who come to the Emergency Department needing urgent but not emergency care were being admitted into hospital unnecessarily. This had a negative impact on bed use, length of stay, and patient recovery.

The difference we made
We now take patients from GPs, Emergency Department, Community and from streamers, reducing numbers of patients coming through the Emergency pathway. Full investigation, diagnostics and treatment is offered in a single day with patients able to return home; admission rates vary between 4%-8% of patients seen; we are able to avoid around 9 admissions per day and a reduction of 7-12 admissions per day through the frail elderly unit.

Sarah Frankton
Clinical Director

Simon Green
Clinical Director

Mary Holland
Service Manager
Our mission
To improve working relationships within the multi-disciplinary team (MDT) on Eden Unit by building understanding and supporting each other to provide the best patient care.

How we made the change
Agreed ways of working; shadowed to understand each other’s roles; shared changes at team meetings; joint training to facilitate cross-discipline working; one manager in charge to provide consistency and standardisation.

Why we needed to change
Patients said we were not working well as a team or communicating effectively. We felt we were a disjointed team with no clarity in team roles and responsibilities which was impacting on the quality of patient care.

The difference we made
We are now working as one team with everyone focused on the same vision and goals. Staff are working flexibly to gain a better understanding of the patients abilities and needs throughout the day. Staff also now support each other’s roles when patient needs are higher. We now involve all disciplines in the recruitment and interview process with the clear communication to any new candidate that the ethos of the Eden Unit is integrated working.
Our mission
To raise the profile of the School Nurse Drop-In Service as a visible, accessible and confidential service for the young people of Gloucestershire

How we made the change
Created a sticker that is inserted into every secondary school student planner in Gloucestershire. These stickers are also displayed on the back of toilet doors and on posters. The stickers link to the Gloucester School Nursing Facebook page which provides information about ‘Drop-In’ services, linking to Sexual Health Services, C-Cards (free condoms) and other relevant services. The team are planning to work with coach companies to have poster versions of the stickers on buses

Why we needed to change
British Youth Council studies show that the School Nurse Service needs to be visible, accessible and confidential. Young people want to be able to access a school nurse directly without having to inform school staff. We also wanted to improve our service as part of Improving the Health and Well-Being of Children and Young People in the Five Year Forward View

The difference we made
Early indications show an amazing 25% increase in the uptake of the service. More young people are now aware of what the service is able to offer and how to access it. Our school nursing teams are reaching out to vulnerable young people who feel unable to access services via traditional GP routes. We also have links with a College of Education improving information sharing and care delivered to young people who are no longer attending school.

Emma Hill
School Nurse

Matt Blackman
Communications Manager

25% increase in uptake of School Nurse Service in Gloucestershire
Our mission
To improve the care we deliver to our deteriorating patients

How we made the change
Identified the need for new technology to support staff and made the case for Introducing VitalPAC hand held mobile technology

Why we needed to change
Needed to improve communication around the National Early Warning Scores (NEWS) supported by new technology to help staff to spot and take action more promptly and effectively

The difference we made
Now able to observe patient’s vitals 40% quicker; removing the need for a paper chart. Patients are monitored more efficiently with fewer people going into intensive care and fewer cardiac arrests which, in turn, will help to reduce mortality rates and improve patient outcomes

Kate Murray
Consultant

Nick McNeillis
Consultant
Our mission
To reduce the number of frail elderly patients who have a length of stay (LOS) of more than 10 days

How we made the change
During a trial month all patients aged over 85 were assessed by a geriatrician on arrival at hospital

Why we needed to change
12 hours in a hospital bed means 5% per cent loss of muscle power for a frail patient. This can affect the patient’s ability to stand leading to the loss of their independence

The difference we made
Of 37 patients seen over the month 87% were assessed by a geriatrician within 12 hours. 4 admissions for over 75 year olds were avoided, 21 patients were discharged to their usual place of residence following their attendance at the Emergency Department, 40% of the patients admitted either did not have to stay in hospital or their stay was limited to 1 to 2 days, 24% of patients had a LOS of between 3 and 7 days, 36% had a LOS of 7 days or more
Reducing day-to-day frustrations for our staff

Our mission
To make lots of small changes quickly which would make a difference for our staff and build belief in our Listening into Action new ways of working

How we made the change
Engaged leaders and staff in deciding and implementing ‘no brainer’ changes which would help to ‘unblock the way’ for staff across the Trust

Why we needed to change
Our LiA Pulse Check results showed a high level of day-to-day frustrations for our staff and feedback from our LiA Big Conversations identified a number of actions which could be taken quickly

The difference we made
Early Quick Wins for the benefit of staff and patients included: new equipment for domestics and grounds staff; snacks and drinks machine and seating in ambulance lounge; magazines in Outpatients Department; enhanced communication skills on corporate induction; staff communication/information boards; nurse name boards for wards; CEO department visits; new wheelchairs; simplified HR policy factsheets and managers’ guide; free scan pictures in maternity

Cathy McKeown
LiA Lead
Our mission
To improve the experience of our patients, relatives, visitors and staff by introducing positive, empowering, and inspirational art to our hospital

How we made the change
Used charitable funds to source art from local artists, staff, and affordable art fairs. Additional artwork has been sourced from a local primary school and ArtHalo, a local charity for adults with learning disabilities. The art is displayed in main outpatient departments, some wards, patient waiting areas and hospital corridors. Photos of nursing awards from the Trust archive form a permanent ‘corridor exhibition’

Why we needed to change
Research has shown that art can have a positive effect on inpatients. The measured improvements include inducing positive physiological and psychological changes in clinical outcomes; reducing drug consumption; shortening length of hospital stay

The difference we made
The environment is now more stimulating for visitors and staff. Members of the public can often been seen viewing paintings in the hospital corridor, providing a welcome distraction from any anxiety they might be experiencing due to their medical condition or going to and from their appointment. Staff feedback is very positive, many have requested art for their own working areas

John Goulston
Chief Executive
Enhanced Recovery Programme impacts length of stay for hip/knee patients

Our mission
To include all patients who have a Primary Total Hip or Primary Total Knee Replacement in the Enhanced Recovery Programme

Why we needed to change
Patients had a longer length of stay than necessary when attending for a total hip/knee replacement, and many patients experienced nausea and vomiting with Patient Controlled Analgesia (morphine PCA)

How we made the change
Agreed changes in analgesia; piloted to show results; updated patient booklets and Hip/Knee Classes; completed an audit to show:
• Length of stay before and after
• Improved pain management
• Reduced post-op nausea and vomiting
• Patient experience

The difference we made
Reduction in length of stay from 3-4 days down to 2-3 days for most patients with some going home on day 1
Reducing isolation for service users in a Forensic Mental Health Unit

Our mission
To involve our service users in changes to make them feel less isolated and better able to cope with day-to-day life

How we made the change
Supported patients to design a feedback questionnaire; set up a group for patients to meet each other, for social events and for help with practical issues; provided improved meeting room facilities for patients to use during their visits

John Short
Chief Executive

Why we needed to change
Patchy knowledge of our service within the Trust leading to patients ‘falling through the net’ or receiving inappropriate referrals. Patients feeling isolated, staff feeling frustrated, low morale, increased staff sickness levels

The difference we made
Patients involved in the design of the questionnaire felt immediately respected, valued and trusted; group meetings have helped patients feel less isolated, stress levels have decreased and they feel more in control of their lives, which has reduced the need for staff to provide guidance with everyday problems and sleep counselling; staff sickness levels have fallen and staff morale on the unit has increased
Nurse led improvements in Coronary Care Unit

Our mission
To improve the quality and safety of care for our patients in the Coronary Care Unit

How we made the change
Use of motion sensors for confused, wandering patients at night; implementation of role cards for all members of staff involved in cardio-pulmonary resuscitation; improvements made to the handover process, and an increase in the amount of patients that have telemetry to monitor their vital signs

Why we needed to change
Confused patients were at risk from wandering. Resuscitation and handover processes needed to be reviewed and improved

The difference we made
Improvements in safety for confused patients prone to wandering; streamlined care and improved safety during resuscitation; handover time reduced by 15-30 minutes, freeing up more time to care. Privacy and dignity has been improved for patients on telemetry

Simon Murjan
Charge Nurse
Reducing A&E attendances for mental health patients

Our mission
To stop preventable Accident & Emergency attendances for mental health patients in crisis

How we made the change
Converted a ground floor clinical room at the Department of Psychiatry into an ‘urgent care lounge’ supported by immediate input from support workers with direct access to mental health nurses and psychiatrists, working across the local CRHT, Mental Health Liaison and Rapid Response teams

Why we needed to change
Our mental health liaison data suggested that 50% of mental health patients that attended A&E did not have physical health needs and that their distress escalated whilst waiting for a compulsory A&E clearance within public waiting rooms

The difference we made
Patients do not have to wait in public areas and are seen faster by the most appropriate clinician. As they wait for their assessment they also get a chance to talk to a mental health support worker helping to reduce their immediate distress and optimise their care planning. On average the new lounge is looking after 15 patients per week

Karen Hoskin
General Manager

Beverley Davies
Team Leader
Our mission
To improve access and waiting times for Psychological Therapy in Primary Care

How we made the change
Front end of service redesigned and streamlined; therapy appointments system organised by admin freeing up therapists; service productivity monitored monthly in line with national guidance to minimise delays to therapy

Why we needed to change
The demand for psychological therapy was increasing, leading to further delays for people to access the service for assessment and therapy

The difference we made
Within 12 months, the number of clients referred to our service and assessed within 14 days has increased from 66% to 94%. Waiting times have improved considerably, for example, for Step 3 Cognitive Behavioural Therapy the average waiting times is 50.1 days compared to 84.5 days 3 months ago, with further improvements expected

Faster access to much needed Psychological Therapies

Nasreen Fazal-Short
Lead Medic

Stephanie Woodall
Lead Manager

Sue Slater
Lead Clinician
Fast-track changes to patient flow through ‘Breaking the Cycle’ week

Our mission
To make ‘breakthrough’ changes at The Royal London Hospital around some of our biggest challenges to improve patient flow and the patient experience

How we made the change
High profile ‘Breaking the Cycle’ week, when operational managers worked with clinical staff on the wards and in departments to identify bottlenecks in care and come up with ‘breakthrough’ solutions together, including change to ED initial assessment, changes to theatre scheduling, freeing up nursing time to be with patients

Why we needed to change
Recurring daily escalations negatively impacting patient pathways, flow and experience, including patients waiting to be assessed in Emergency Department (ED), blockages to admission, ward outliers, delays in discharge planning, and blockages in the discharge process

The difference we made
So far: reduced assessment times in ED down to 10 minutes on average; theatre scheduling converted overnight stays into day cases, saving 8 overnights beds within the first 2 weeks; junior nurses gaining more operational experience by taking charge of their wards; ward manager working clinically every morning; planned changes to the pathway of referral for Older Patients; more time at the patient bedside

Josh Bhatt
LIA Lead
Providing specialist care for acute medical patients living with dementia

Our mission
To provide a safe and suitable hospital care environment and service for medical patients living with dementia in the borough of Rochdale

How we made the change
Worked with service users and a large multidisciplinary team of staff in all aspects of the design and operational function of the five bed Oasis Unit based at Rochdale Infirmary - believed to be the first of it’s kind in a hospital in England

Why we needed to change
Patients with dementia require specialist nursing in a suitable environment to support recovery from medical conditions. Providing more services locally is part of a commitment we made with other local healthcare providers

The difference we made
The creation of the unit has provided a place where patients can stay for between 5 and 7 days, as opposed to the 48 hour target discharge for the short stay Clinical Assessment Unit. This ensures that referral and care pathways can be designed to fit the need of each patient to provide better continuity of care
Better and safer medicines management on our wards

Our mission
To improve medication management on wards

How we made the change
Pharmacy staff checking stock on wards instead of ward staff; providing education on the pharmacy process for ward staff; working with ambulance staff to ensure medicines are brought into hospital with patients

Why we needed to change
Medication was not following patients when they moved wards or were admitted via ambulance. The pharmacy team were having to re-dispense medication, leading to duplication of work and wastage

The difference we made
Savings of £24k within the initial 20 week cycle of LiA work; excess stock transferred from wards to other parts of the hospital; streamlining of stock requisition reducing overspend; greater involvement of pharmacy staff on wards releasing time to care for ward staff

Amanda Isted
Pharmacy Operations Manager

Jeanette Williams
LiA Lead
Making patient notes available quickly so we have more time to care

Our mission
To help staff gain access to patient notes quicker, ensuring that all notes are together on one system

How we made the change
Ensured that our systems could handle the amount of scanning required, made notes available electronically, and ran a pilot involving all the staff on a ward

Why we needed to change
Staff were wasting time visiting wards to find patient documentation

The difference we made
All staff can now access patient information more quickly, and Consultants can review observations from their PC and have the information they need before they attend the ward. This has freed up time to care, removed day-to-day frustrations, and reduced the need for filing and storage of patient notes. The success of the pilot means that this new way of working can now be rolled out to all inpatient wards
Increasing productivity by changing the skill mix in Theatre Recovery

Our mission
To improve the skill mix in Recovery areas to ensure complex needs of patients are met

How we made the change
Reorganised Recovery Teams into three groups overseen by a senior Theatre Practitioner. Theatre teams now call through to Recovery prior to a patient leaving Theatre so that an appropriate bay can be allocated

Why we needed to change
Theatre teams were having to spend a longer time with patients in recovery than they should which was impacting on productivity

The difference we made
Reorganising the Recovery Teams and processes mean that Theatre staff can now return to their area more promptly. Recovery team staff feel more supported and able to deal with complex patient needs, increasing their confidence and ensuring a high quality patient service

Lt Col Nick Bennett
Consultant Plastic Surgeon

Deborah Matthews
Clinical Services Manager

Julia Duggan
Clinical Manager - Theatres
Our mission
To improve referrals to Occupational Health by providing appropriate triage, evidence-based early intervention and improved efficiency, maintaining a holistic, person-centred approach.

How we made the change
Reduced administration by introducing a telephone triage trial; devised ‘Action Sheet’ as managers guide to referring; returned incomplete/inappropriate referrals; produced guidelines to telephone triage.

Why we needed to change
Referral rates to Occupational Health have escalated dramatically over the past 10 years from 30 to 100 per month. Patient satisfaction survey feedback: “Wait too long for an appointment, then didn’t see the right person”.

The difference we made
The telephone pilot was a success, resulting in a reduction in the time it takes OH to assess patients, making the process smoother for patients and reducing paperwork. Number of referrals received increased by 19.7% and the number of days to the first offered appointment decreased by 31.25%. Similar approach is now being used when people self-refer to the Occupational Health service.

Cathy Brough
Nurse Lead

Anita Oxley
Admin Lead

Charles Goss
Clinical Lead
Our mission
To reduce and prevent pressure ulcers across the local health economy

How we made the change
Cross community engagement; care home meetings; pressure ulcer prevention posters; promotion of slide sheets; ‘STOP Pressure Ulcer Day’; information stations across Wirral Community NHS Trust premises; Pressure Ulcer Champions; standardisation and availability of dressings; patient Information/passport; Wirral Wide Wound Formulary; tissue viability nurse visited all wards to promote

Why we needed to change
Significant improvement already with 62% reduction in Stage 3 and 100% reduction in Stage 4s, but last year there were 466 Grade 2 pressure ulcers, local CQUIN target set at 35% reduction

The difference we made
Within 12 months Grade 2 hospital acquired pressure ulcers were down to 220 compared to 466 the previous year, demonstrating a 53% reduction, achieving CQUIN of 35%

Andrea Ledgerton
Nurse Lead
Our mission
To enhance the mental health services for older people’s ward environments during mealtimes, improving patient enjoyment, health and wellbeing

How we made the change
Adopted a ‘tools down’ approach at mealtimes to allow all staff to join in; dining rooms have been redesigned in a café style; hosted themed nights to make mealtimes fun and increase the choice for service users; provided nicely decorated tables for patients and carers to celebrate special occasions with a meal

Why we needed to change
We wanted to ensure that mealtimes provided time for social interaction. We need to protect our service users time and make mealtimes more ‘homely’, varied and sociable

The difference we made
Meal times are now seen as more varied and as a social activity, with staff able to get to know patients in a more relaxed environment. All staff respect protected mealtimes, stopping other activity so that everyone can take part. This has created a more positive and happy experience for staff, patients and carers on the ward

Mandy Gamble
Ward Matron
Our mission
To improve communication with patients and the Community Dietetics Team

How we made the change
Adopted technology within the team; swapped existing equipment for small laptops, docking stations and iPhones all at neutral cost; developed electronic patient record available to MDT

Why we needed to change
Burdensome paperwork, lack of mobile technology and inefficient processes were adversely affecting the quality of our service to patients, communication out of the office was poor creating a risk for staff working alone

The difference we made
5 more patients a week can be seen; reduction in waiting list; paper use reduced by 50%; 13% reduction in duplication of work; improved and more consistent communication with patients and team; better quality of information with patients and staff; enhanced patient experience.

Adelle Blacow
Specialist Dietitian

Katie Gillespie
Team Manager

Linda Womack
AHP Lead
Our mission
To improve the process for prescribing medicines to palliative patients in the South Lakes area

How we made the change
Supported a team member to qualify as a ‘non-medical prescriber’, removing the need to contact GP surgeries. Multi-disciplinary team involved GP surgery, IT and pharmacy who changed the process and introduced technology for printing prescriptions, resulting in a same day service

Why we needed to change
Symptom control often involves medication changes, but the process was unsafe, difficult, time consuming and caused delays for patients. Being in a rural area meant contacting GPs by mobile phone was difficult

The difference we made
Reduced delays for patients who are now receiving same day medication. Replacing handwritten prescriptions with printed has reduced errors and time spent, and the reduction in time spent contacting GP surgeries has freed up time to care and deal with workload

Jenny Wilson
Macmillan Clinical Nurse Specialist

Jayne Denney
Team Lead Specialist Palliative Care
Our mission
To normalise integrated sexual health in Gloucestershire; to create a new brand identity for our service which demonstrates an open, positive and supportive service; to demystify and reduce the stigma of attending a clinic.

How we made the change
Designed a new service identity; produced a new website which was tested with service users and the general public across the county. Hope House was chosen as the brand identity as this was where many women in Gloucestershire had their babies many years ago.

Why we needed to change
There is a widespread stigma associated with sexual health clinics, and many people find it a stressful experience to attend.

The difference we made
The website went live in Jan 2016, early analytics indicate that we already have on average 700 website visitors per week. Current trends illustrate that 54% of website visitors are men who are generally hard to reach. Work on the service is ongoing - University of Gloucestershire Media and Marketing students are designing a promotional campaign to increase the rate of chlamydia testing for young people 16-24 years. This aims to increase the number of people accessing these services on a regular basis, and improve the whole service user experience.

www.hopehouse.nhs.uk
**Our mission**
To support and implement Kate Granger’s #hellomynameis campaign for all of our patients

**How we made the change**
Collaborated with SENSE to create a comprehensive instructional video to teach colleagues at our Trust how to sign their name; used Twitter to promote the video; visited more than 100 colleagues in various departments to provide face-to-face training

**Why we needed to change**
As a Trust we signed up to Kate Granger’s #hellomynameis campaign to ensure we deliver the essentials of compassionate care for all of our patients, including those who are deaf and hard of hearing

**The difference we made**
First Trust in the UK to offer this specialised training which made us a ‘site of choice’ for Kate Granger’s tour in 2015. Kate’s visit, the video and face-to-face training gave colleagues confidence and an enhanced understanding of the importance of improving compassionate care; staff felt engaged and ‘important’ and felt that the training was fun! We continue to promote the campaign across all levels in our organisation

https://youtube/FR0iWG2K3sg

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**Sarah Taylor**
LiA Lead
Our mission
To improve the experience of our patients with dementia

How we made the change
A dedicated area within our Emergency Department with ‘dementia friendly’ signage, large wall clocks, historic photos of Croydon, and bays in a quieter zone to reduce anxiety and the risk of patients wandering. New ideas on our wards include ‘reminiscence boxes’ and scrapbooks, and ‘memory lane’ tea parties hosted by our volunteers

Why we needed to change
Being in hospital can be distressing and confusing for patients with dementia. The Emergency Department is a particularly loud, busy, confusing area in which elderly patients may be at greater risk of distress, falls and wandering – factors which can, in turn, impact clinical and lifestyle outcomes

The difference we made
Patients are less confused and have a better experience when they come into our Emergency Department, which has had a positive impact on both patients and staff. On our wards, the new resources are helping to stimulate conversation and one-to-one contact with patients who are elderly, withdrawn or lonely. The tea parties encourage patients to socialise and provide companionship to those who have no visitors. Our special training around dementia awareness for staff complements this
Our mission
To tackle our high DNA (did not attend) rate and reduce recovery periods and relapse rates for our service users at the Central and West Addiction Recovery Community Hub (ARCH)

How we made the change
Set up a recovery group for patients; provided education on impact of not attending appointments or following treatment plans; new follow-up system for DNAs; new agreement in place for seeing and treating patients only if they attend the recovery group as part of their treatment plan

Why we needed to change
High DNA rate, inefficient working practices, prolonged recovery periods and higher relapse rates, increased service user abuse towards staff, low staff morale, increased sickness, high cost to the Trust

The difference we made
Dramatic reduction in DNA rate; improved recovery rate; improved service user experience - they now feel listened to and have a sense of belonging; better understanding by service users of the path to recovery; greatly improved staff morale; reduced stress and sickness levels; vastly improved team communication

John Short
Chief Executive
60% improvement in number of unplanned patient moves

Our mission
Ensure that patients have no more than 5 ward moves during their stay at LHCH, unless required for clinical need

How we made the change
Improvements in pre-operative assessment; providing patients with information about number of planned moves and what to expect; facilitated 4 new beds in Cedar Ward; more collaborative working with cross-division daily bed meetings

Why we needed to change
Poor patient experience when they are moved several times and not expecting it. Poor efficiencies, financial implications, poor patient flow

The difference we made
Within 4 months we have reduced the number of surgical patients experiencing more than 4 moves from 10.1% down to 3.7%. This is an improvement of more than 60% within a short time period. Improved patient experience and patient flow, with better bed management by working in collaboration with other divisions
Our mission
To improve the patient experience during an endoscopy procedure by offering Entonox sedation as an alternative to strong IV sedation.

How we made the change
Created a business plan to illustrate the case for Entonox which resulted in the installation of a gas pipeline and the equipment needed to administer it.

Why we needed to change
Entonox sedation is more pleasant for patients and reduces the need for an overnight stay in hospital.

The difference we made
30% of patients now choosing Entonox this reduces the need for overnight stays, patients recover faster and do not need transport home after the procedure, fewer side effects for patients; no need for injections.

30% reduction in need for overnight stays in Endoscopy Service

Dot Pearson
Specialist Practitioner

Mark Morrison
Unit Manager

Dr Saravanan
Consultant
Our mission
To improve Community Support and Recovery referral response rates, reduce waiting times and provide a service more tailored to the individual needs of our users.

How we made the change
Formed groups to focus on areas of patient pathways; transferred initial logging and referrals to administrative staff; ensured the right skill mix of staff present at initial meeting with service user.

Why we needed to change
Our first LiA Pulse Check revealed very low levels of staff satisfaction within the team due, in part, to high caseload levels. This was something that team managers were determined to change.

The difference we made
Our service is now tailored to users which has resulted in faster and more timely treatment, and safer and more effective discharge. We have more efficient ways of working which minimises delays through the pathway and utilises staff skills effectively. Our second LiA Pulse Check evidenced a huge shift with staff feeling 55% more valued and 56% more staff feeling that they are providing a high quality service to their patients.

Safer, better care delivered by Community Support and Recovery team

Jide Odusina
LiA Lead
Our mission
To help our staff spot potentially life threatening Acute Kidney Injury (AKI) in the Acute Medical Unit

How we made the change
More than 500 staff trained on the causes of AKI and how to identify patients at risk; a new chart was introduced to closely monitor patients; patient information is now provided to encourage cooperation and self-help from patients

Why we needed to change
AKI is linked to over 100,000 deaths in the UK each year. Early identification of patients at risk and accurate fluid balance management avoids unnecessary deaths

The difference we made
Average length of stay for AKI patients admitted as acute medical admissions went down from 10.2 days to 7.48 days within four months – this is a reduction of 27%; fluid balance monitoring charts in the Acute Medical Unit scored 100% compared to 65% a year ago; staff are more aware of Acute Kidney Injury and more confident in the management of it; this work has contributed to a reduction in avoidable deaths, with data collection ongoing
Our mission
To ensure our new starters get access to the IT systems they need on day one – StraightOn!

How we made the change
We collaborated with our HR, Registration Authority, Training and IT teams to integrate with their processes and create a single electronic form. We expanded our remit to include changes for existing staff and processing leavers.

Why we needed to change
Confusing and cumbersome process for granting access to IT systems included 19 pages of paper forms; prone to errors and delays and increased work for recruiting managers.

The difference we made
New starters can now get going without delay due to StraightOn! – one electronic form that has replaced 19 paper forms. There is a single, clear process for everyone to follow, reducing frustration and improving efficiency. Line managers now have more time to care: for patients, carers and their staff. IT staff have more time to improve the service we provide to our clinicians on the frontline.

Emma Watson
Applications Manager

Richard Fearn
Applications Officer

Pauline Tyler
Network and Security Manager

19 forms down to 1 as innovative team cuts through bureaucracy
New Outpatient service sees an additional 1,000 patients per month at St Bartholomew’s

Our mission
To provide our patients with an excellent experience of Outpatient services

How we made the change
Implementation of a ‘patient calling and flow’ system providing live and retrospective wait time data; introduction of a daily 8:30am planning huddle bringing together outpatients nursing, diagnostics, and administration; creation of new standard operating procedures by speciality; redesign of various pathways

Why we needed to change
Following a major merger and completion of construction works in May 2015, it was clear that our Outpatients services required focused work to provide our patients with truly world class care

The difference we made
Patients are better able to navigate between consultation and diagnostic areas especially within Cardiology. The planning huddle has eradicated a ‘them and us’ way of working, and the standard operating procedures provide clear and simple clinic overviews for all nurses and technicians – existing or newly recruited, substantive, bank or agency. Through the flow improving initiatives the Outpatient department is now able to see an additional 1,000 patients per month

Christine Reaveley
Senior Nurse

Dr. Saidi Mohiddin
Consultant

Will Brunt
Associate General Manager
Our mission
To improve working practices by delivering a ‘real time’ activity tracker for Theatres

How we made the change
Installed an activity tracker which can be viewed on Theatre staff workstations, and on larger screens in Theatre Admissions and Recovery Area

Why we needed to change
Staff found it difficult to know what was going on ‘real time’ in Theatre, creating inefficiencies, frustrations and delays for patients

The difference we made
Staff can plan their workload and allocate breaks that meet service demand and identify opportunities to move patients from one theatre to another to avoid cancellations. The Tracker has helped to contribute to a 18% reduction in ‘on the day’ cancellations over a 9 month period. Admissions staff now have a communication tool that allows them to provide regular updates to patients waiting for surgery instead of interrupting the Theatre Team.

Clear view of Theatre activity improves life for staff and helps reduce ‘on the day’ cancellations

Lt Col Nick Bennett
Consultant Plastic Surgeon

Deborah Matthews
Clinical Services Manager

Julia Duggan
Clinical Manager - Theatres
Freeing up time for more personal, supportive care for patients at Newton Hospital

Our mission
To enable nursing staff to spend more meaningful time with patients by removing the unnecessary elements of hourly intentional rounding.

Why we needed to change
A systematic approach to intentional rounding can improve patients’ experience of care and build their trust, ensure that care is safe and reliable, and alleviate pressure on nurses. However, our tool completion took too long - 75 minutes instead of 60.

How we made the change
Worked with ward nursing staff and a range of other staff across the Trust to develop ideas on how to change and improve the tool. Piloted the effectiveness of the new tool and surveyed ward staff and patients on the benefits.

The difference we made
We now have more efficient ways of working. The new tool is quicker to complete, saving approximately 40 minutes per hour; 320 minutes per day shift, and 480 minutes per night shift. This has released significantly more time to care.

Jayne Gore
Manager Lead

Jenny Welsh
Nurse Lead

Dawn Jackson
Nurse Lead
Our mission
To achieve excellent patient care from our integrated neurology rehabilitation service

How we made the change
Rebranded as the Croydon Acute Neuro-Rehab Service (CANS) to provide greater awareness for patients and staff. Patients are identified on ward boards using purple diamond magnets (‘shine bright like a diamond’) and photo boards of the team are displayed on wards. Posters designed by an ex-patient support an improved referral process

Why we needed to change
Neurology patients require complex specialist care. An LiA Patient Conversation revealed that the many patients felt they didn’t have enough information about the service to enable them to get the full benefit from it

The difference we made
Patients now experience a seamless multi-disciplinary outlier service and communication between patient and carers has improved. Multi-disciplinary care is more coordinated resulting in improved rehabilitation of patients

Amy Mighalls
Neuro Physio

Mary Brooks
Operational Clinical Lead

Zuhair Noori
Rehab Consultant
New Day Unit for Haematology patients and a big uplift in staff feeling care is safe

Our mission
To improve the quality and safety of patient care in the Haematology Department

How we made the change
Amalgamated Haematology Outpatient Unit and inpatients into Ward 24

Why we needed to change
Responses to Pascal Metrics staff survey and mandatory National Chemotherapy Peer Review put the unit below the Pascal Metric ‘safe’ zone on a number of key indicators

The difference we made
Within 3 months of the first round of LiA actions, everything had changed. We created a new day unit resulting in a reduced number of inpatient beds on almost neutral cost basis; improved nurse ratio from 1:14 (at times) to a consistent 1:6; staff believing their ward is safe for patients increased from 60% (just above the ‘danger zone’ in the Pascal Metric) to 94% (14% above the recognised ‘safe zone’); 44% increase in staff feeling positive about their working conditions; 47% increase in staff feeling valued and supported by their ward manager
**Our mission**
To radically boost how engaged and valued NHS staff feel, so we can attract and retain great people and provide the best care for patients.

**How we made the change**
More than 60 NHS organisations have been adopting LiA as a new way of working to connect with and engage staff in a systematic way. LiA links the engagement effort with quality improvement priorities, supporting teams to follow a simple 7 Step process to lead changes in their own areas. At the same time leaders and managers pull out all the stops to change working practices and ‘unblock the way’ for staff. LiA quickly embeds as ‘the way we do things around here’

**Why we needed to change**
Baseline LiA Pulse Check results from 76,000+ NHS staff show that only 17% of staff feel ‘day-to-day issues and frustrations that get in our way are quickly identified and resolved’, 27% feel ‘valued for the contribution I make and the work I do’, and 31% feel ‘managers and leaders seek my views on how they can improve services’. 100% is the goal!

**The difference we made**
Latest LiA Pulse Check results show a huge shift in how engaged and valued staff feel within 12 months. For example, results below from Barnsley Hospitals NHS FT show 107% improvement in staff feeling that ‘day-to-day issues and frustrations that get in our way are quickly identified and resolved’, 63% improvement in staff feeling ‘valued for the contribution I make and the work I do’, and 58% improvement in staff feeling that ‘managers and leaders seek my views on how they can improve services’. Croydon Health Services NHS Trust have seen improvements on every question for 4 years running.

**Hannah Forbes**
Optimise Director

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### Chart: LiA Pulse Check Results

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
<th>Q10</th>
<th>Q11</th>
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<th>Q13</th>
<th>Q14</th>
<th>Q15</th>
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</thead>
<tbody>
<tr>
<td>Positive Answer (%)</td>
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<td>75</td>
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<td>25</td>
<td>0</td>
<td>75</td>
<td>50</td>
<td>25</td>
</tr>
</tbody>
</table>

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**Listening into Action**
Our mission
To introduce a new service for frail older patients so they are seen by staff who specialise in their needs

How we made the change
Patients aged 75 and over – or aged 65 if they are coming from a care home – and identified as being frail were assessed by the elderly care team within 30 minutes of being admitted to A&E or Medical Emergency Assessment Unit (MEAU)

Why we needed to change
Evidence shows that if a specialist team see a patient as soon as they are admitted it improves their outcomes and their experience, and avoids patients being moved from A&E into wards that don’t specialise in frailty

The difference we made
Length of stay for patients who need to be admitted was reduced by 4 days to an average of 8 days – compared to the national average of around 12 days. During the trial, 26% of patients were deemed medically fit for discharge within 24 hours
Domestics play a vital role and no longer feel like ‘Invisible Ghosts’

Our mission
To listen to our domestic staff and housekeepers and make them feel valued for the work they do

How we made the change
Held LiA Conversations with our domestic staff, hosted by CEO and Trust Chair to listen to ideas and frustrations; introduced ‘employee of the month’; set up monthly sessions to give staff a voice; introduced more breaks for staff

Why we needed to change
Domestic staff play a vital role and can have a very positive impact on our service users, but often feel marginalised. One colleague said he felt like an ‘invisible ghost’ who people did not talk to and or think to hold a door open for

The difference we made
The profile of our domestic staff and the role they play has been improved. Domestic staff feel that their ideas are listened to and acted upon, and morale is higher. Carl, a domestic assistant, referred to LiA as ‘empowering’ and said this is ‘the future for a healthcare workforce’

John Short
Chief Executive
Our mission
To improve the process for insertion of Peripherally Inserted Central Catheters (PICC lines)

How we made the change
Invested in new equipment, called Nautilus, which helps clinicians accurately position PICC lines by providing accurate ECG readings

Why we needed to change
To remove the need for patients to undergo an X-ray to check that a catheter line has been inserted correctly

The difference we made
Treatment time has been speeded up by 60%; promoted early recovery as patients receive their treatment in a timely manner; reduced unnecessary exposure to radiation; waiting times for line insertion reduced; cost savings in X-ray services

Avoiding unnecessary X-rays speeds up treatment time and promotes early recovery

Barry Phillips
Clinical Lead

Lisa Redmond
Nurse Lead

Tina Lloyd
Nurse Lead
Manager checklist simplifies and streamlines the recruitment process

Our mission
To simplify and streamline the recruitment process for recruiting managers

How we made the change
A mixed team of staff reviewed the recruitment process and broke it down into four distinct phases - approve, advertise, interview and employ. They then created a one page checklist for recruiting managers and shared this widely

Why we needed to change
At our LiA Big Conversations staff said that the recruitment process was difficult to navigate – they wanted a simpler process so they could get staff into post more quickly

The difference we made
Managers now have a clear, one page ‘dashboard’ to help them navigate the recruitment process. There are simple indicators to show where action is needed and links are provided to the relevant forms

Martin West
LiA Lead
Our mission
Helping people living with dementia to enjoy life to the full and feel in touch with nature which, in turn, has therapeutic benefits

How we made the change
We consulted with staff, service users and their families about the idea of using the garden area, and developed a proposal for the garden to present to the Trust, who then supported development of the garden. The area is fully accessible with level footpaths to reduce the risk of falls, and there is sheltered seating which means it can be enjoyed in all weathers

Why we needed to change
Research shows that being outdoors and in touch with nature has tremendous health benefits for patients. The outside area was not accessible to our patients

The difference we made
The garden has made a massive difference to our patients. It offers sensory stimulation, with sound, colour, and textures, which is a recognised therapeutic approach for connecting with dementia patients who have lost higher cognitive functions such as speech. It also improves both physical and mental health. We developed the sensory garden as a true partnership between patients, their families and our clinicians who are experts in dementia care
Our mission
To improve the experience of people who are detained under Section 136 of the Mental Health Act

How we made the change
Changed the name of the facility from ‘Section 136 Suite’ to ‘Place of Safety’; made it a distinct service with specific staff induction/training; developed better assessment and discharge pathways; improved the environment

Why we needed to change
Too many people ending up in police custody; poor service user feedback about environment; not meeting the 3 hour assessment timescale; wanting to provide a better pathway for people who are intoxicated

The difference we made
The number of people who end up in police custody has reduced by 83%; service user feedback is now 79% positive in relation to staff support and environment; clarity on guidance around assessment timescales so that we are better able to meet the 3 hour target; closer links with substance misuse services providing a better pathway for people who are intoxicated; resolved staffing issues around Place of Safety
Our mission
To reduce ‘on the day’ cancellations caused by the Trust, thereby improving the patient experience and improving our performance

How we made the change
Implemented several service improvements and created an escalation process to convert potential cancellations into non-cancellations

Why we needed to change
Every ‘on the day’ cancellation causes significant distress to patients and their carers and generates high levels of waste within the hospital

The difference we made
Over 6 months we have reduced ‘on the day’ cancellations by 40% across all 3 sites in the hospital compared to the same period in the previous year. This has improved the experience for around 300 patients, reduced frustrations for large numbers of our staff, and avoided negative perceptions about the Trust

40% reduction in ‘on the day’ cancellations reduces patient distress

Buddhika S.W. Samarasinghe
LiA Lead

Abby Fell
Clinical Lead

Jo Hollidge
Nurse Lead
Our mission
To help staff with restricted or limited access to PCs to be able to complete their mandatory training

How we made the change
Block-booked time in eLearning suites; re-introduced face-to-face training for some mandatory training; created printable versions of eLearning workbooks and assessments; separated ‘core’ training from ‘core and service specific’ training so that managers could appropriately target compliance efforts

Why we needed to change
Despite delivering training via eLearning, some staff - particularly on ward areas - don’t have access to PCs during working hours

The difference we made
Core mandatory training compliance up from 70% to 82% (12%) and core and service specific compliance up from 59% to 79% (20%). Adult in-patient ward improvements have been even more significant, with core mandatory training compliance up from 71% to 89% (18%), and core and service specific compliance up from 59% to 85% (26%). Completing mandatory training has a direct impact on the safety and quality of care for our service users

Jodie McCarthy
LiA Lead
Supporting staff to use Twitter

Our mission
To encourage as many Trust staff as possible to confidently use Twitter in their professional roles as a way to share learning, ideas and news.

How we made the change
Developed a Twitter hashtag #TeamUHMBT; held Twitter chats and drop in sessions; held Twitter lessons at professional development days; improved guidance for staff in our own Trust; developing a new Trust policy to help staff use Twitter professionally.

Why we needed to change
Twitter is a great place to share valuable advice and resources and is also useful for connecting with other staff both at Trust level and the wider NHS. Many staff wanted to use Twitter but lacked confidence or didn’t know how to get started.

The difference we made
The number of staff using Twitter has increased rapidly, with 21 departments so far creating their own accounts; #TeamUHMBT hashtag is reaching around 40,000 Twitter accounts per week, promoting the fantastic work we do here at the Trust; staff are more confident in using Twitter in a professional capacity – they are able to pass their knowledge on to colleagues; other NHS Trusts have expressed a keen interest in our work with a view to encourage and support their own staff.

Joy Wharton
Lead Macmillan Palliative Nurse

Ed Northy
Chaplain Site Team Leader
Our mission
To identify deteriorating patients early and improve their outcomes by having them in the right place, reducing the number of admissions into Intensive Care and the number of cardiac arrests in the Observation Unit.

How we made the change
Created an admission checklist for the Observation Unit to ensure effective handover of patients from the Emergency Department; set parameters in relation to patients’ early warning scores within the admission criteria to decrease the number of patients being referred to the Critical Care outreach team; raised awareness among colleagues of the function of the Observation Unit as a place for patients awaiting a clinical or medical decision; invited every speciality to morning board rounds in the Observation Unit to discuss patients with the nurse-in-charge; attached team bleep numbers to observation charts to make escalation more straightforward; set up a log book to record unstable patients and calls to the Critical Care Outreach team to enable ongoing audit.

Why we needed to change
A significant number of patients (8-12 per month) admitted to the Observation Unit went on to suffer cardiac arrest or were transferred back to Resus or ICU. Lack of clarity about the transfer criteria from the Emergency Department to the Observation Unit led to inappropriate transfers. Confusion about the Lead Doctor for each patient in the Observation Unit resulted in delays in escalating issues to the medical and surgical teams. Patients were on inappropriate pathways from the Observation Unit to our Coronary Care Unit or Critical Care.

The difference we made
This work has made a significant contribution to improving the safety of patients at Newham University Hospital, halving the number of unstable patients being admitted to the Observation Unit each month. Patients are now being transferred to appropriate wards; the Observation Unit is now clearly understood to be an ‘assessment unit’; and the number of patients transferred from the Observation Unit to ITU or Resus has also been reduced.
Our mission
To expedite transfer of patients who are ready for discharge from the Critical Care Unit (CCU)

How we made the change
Implemented a combined bed and staff meeting across divisions prior to the safety huddle every morning. Identified one person in the Post-Operative CCU to coordinate discharges, and prioritised tests for patients ready for discharge to a ward. Introduced a new discharge lounge to facilitate transfers

Why we needed to change
Delays in discharge from the CCU measured 1800 hours within one month, resulting in a poor patient experience, negative impact on beds and patient flow, and penalties from commissioners

The difference we made
Delays were reduced from 1800 hours to 1475 hours within six months, and were down to 250 hours two months later. This is a significant improvement of more than 200% due to: patients better prepared for discharge to ward; beds available for patients from the CCU due to improved discharge process from wards to home; prioritisation of bed cleaning in wards. This means improved patient flow, better availability of beds, and improved flow from theatres

Fiona Altintas  
Nurse Lead

Sandra Roberts  
Manager Lead

Justin Ratnasingham  
Clinical Lead
Our mission
To rapidly increase the number of in-patients being discharged with the right medicines ‘in time for lunch’, starting on one ward and then spreading to others

How we made the change
Nurses, doctors and pharmacists discuss discharges planned for the following day and prepare any prescriptions for drugs to take home. Phlebotomists arrive early in the morning to take blood samples. Patients receive an information sheet prior to discharge

Why we needed to change
Prescriptions written on the day of discharge add an average wait of 6 hours for patients. The delay has a negative impact on the patient experience and increases length of stay in hospital

The difference we made
During the first cycle of LiA work on our pilot ward 86% patients were discharged ‘home for lunch’ compared to 20% before the changes. Due to the changes we have made across the whole of the Trust, 31.86% of patients are now discharged by 1pm compared with 18.71% a year ago

Selvin Armon
Matron

Louise Coughlan
Chief Pharmacist

Glynis Chestnut
Matron
‘Gold standard’ ways of working across our anaesthetic rooms

Our mission
To ensure consistency of standards and equipment across all of our anaesthetic rooms

How we made the change
Worked with a variety of staff who use it on a daily basis to design the ‘gold standard’ anaesthetic room, including the organisation of theatre equipment and stock to support improved and efficient working practices

Why we needed to change
To provide a consistent design and ways of working in anaesthetic rooms across the Trust so staff are able to start work immediately in the knowledge that their practice is safe and effective

The difference we made
All anaesthetic rooms across the Trust follow the same design, the rooms are now calm and clean which helps to inspire confidence in our patients. The changes have provided a safer working environment for both patients and staff

Diarmid Cochran
Medical Lead
Our mission
To provide a safe and caring environment on Lavender Ward that prepares our patients for independent community living

How we made the change
Worked closely with patients and staff to establish new ways of working that mean patients and their families are more involved in their own treatment planning and management from the first day, including involvement in care review meetings

Why we needed to change
We wanted to build a sense of shared ownership for treatment plans throughout the patient journey, giving patients and their families hope, comfort and confidence when they are at their most vulnerable and reducing unnecessary time in hospital

The difference we made
Patient and their families and staff have been brought closer together and now work towards a common goal. New ways of working on our wards have reduced crisis situations which has cut the need for extra staffing. The changes we have made have resulted in a reduction in deficit by £240k in total in one financial year. This year the unit has an underspend of £40k
Making our Theatres even more efficient by reducing ‘on the day’ cancellations

Our mission
To reduce the number of day case operations that get cancelled on the morning they are due to take place

How we made the change
Focused on Plastic Surgery as a pilot area. Ran a campaign to encourage patients to contact the hospital if they were unwell; devised a new, simple and concise script for reminder calls to patients

Why we needed to change
‘On the day’ cancellations were impacting the efficient use of Theatres and the patient experience. The highest rates were occurring with our day case patients in Plastics and General Surgery

The difference we made
Prevented 19 DNAs or ‘on the day’ cancellations in Plastic Surgery within the first 3 months, achieving the benchmark of fewer than 4% ‘on the day’ cancellations. DNA rate dropped by almost half compared with same time last year; generated income of around £20K; advance notice of non-attendance has reduced theatre slot wastage. Reminder calls have been so successful that this will also be rolled out in General Surgery, Ophthalmology and Orthopaedics. Evidence and results have been fundamental to an agreed business case for establishing the resources, systems and processes across the Trust

Lisa Walton
Operations Director
Our mission
To increase the use of Clozapine amongst Assertive Outreach Team (AOT) patients with treatment resistant psychosis

How we made the change
The Assertive Outreach Team identified 52 patients to benefit from Clozapine initiation and linked with the local rehabilitation unit to support these patients through the process of initiation. Started a 6 week trial one patient at a time

Why we needed to change
The average length of stay for patients with treatment resistant psychosis is 29 days per patient per year. Appropriate use of Clozapine reduces suicide rates and violence in patients with psychosis and prevents antipsychotic polypharmacy and difficult side effects which often lead to inpatient stays

The difference we made
The first patients to be inducted through our 6 week trial did not required hospital admission. As we continue the trial, we expect this will help to reduce suicide rates, improve the quality of life of our patients with treatment resistant psychosis, and save up to 1500 bed days per year
Our mission
To improve the service, environment and experience for young patients in the Children’s Ward and Outpatient Areas

How we made the change
Changed our Paediatric Phlebotomy service to enable bloods to be taken in the Outpatients Department rather than on the Children’s ward. Transferred patient notes from paper onto an electronic records system

Why we needed to change
Having bloods taken can be a daunting experience for young patients. We wanted to reduce some of their anxieties by providing this service in a more suitable, non-ward environment

The difference we made
Around 20 young patients per week are having bloods taken in Outpatients rather than on a ward. This has reduced pressure on ward staff and reduced waiting times for our young patients. The transfer of notes onto an electronic system has reduced our use of paper. We now plan to look at providing blood pressure and urine tests in the Outpatients Department to further improve the patient experience

Fran Campion
Matron
Our mission
To create a Trust-wide equipment library so staff have access to equipment ‘fit for the job’

How we made the change
Set up Medical Equipment Libraries on two sites; pump management, ownership, supply, delivery, pick up and decontamination now managed by those libraries

Why we needed to change
Infusion pumps are used to deliver life-saving medication. The Trust has over 2,700 infusion pumps but clinical staff often find them hard to locate

The difference we made
Survey showed that pumps were being hoarded, and that – at any given time - 73% of pumps held on wards were not being used. After the changes, this reduced to 27%. Staff now feel confident that they can locate a pump when they need one. As a result, we need fewer pumps lessening the burden and cost on maintenance, replacement budgets etc.
Our mission
To connect with and provide kinder, more empathetic services to patients with hearing impairments

How we made the change
Our ‘Hearing Me: Understanding Hearing Loss’ group collaborated with a local charity to produce a powerful film, combining the knowledge of the Gloucestershire Deaf Association, the skills of local film-maker James Banks, and a hefty dose of creativity, creating a totally different approach to mandatory training

Why we needed to change
Around 7 million people in the UK have a hearing impairment. Staff said we needed a new, inspiring approach to training – one that was engaging, relevant and moving – and to promote understanding, empathy and compassion for people who are different to ourselves

The difference we made
This powerful film is being used to build understanding about what it is like to be hard-of-hearing, improving the communication abilities of our staff and giving clear advice on specifics such as working with people who lip-read. This reflects what we are about: putting patients at the centre of excellent specialist care

Lucy Lea
Equality & Diversity Manager

Katie Parker
Engagement Manager

James Banks
Gloucestershire Deaf Association
Our mission
To improve the quality of care for service users with a learning disability who are accessing acute mental health inpatient wards

How we made the change
Worked with our Community Learning Disability Team to create a joint training programme which involves group supervision across the teams. Introduced specific learning disability care plans and an acute care pathway

Why we needed to change
Patients with a learning disability are 84% more likely to be involved in incidents of harm, and the inpatient length of stay for this group is 33% longer than usual – 53 days on average. There were no learning disability-specific care plans, and no learning disability-specific training. Staff were struggling to cope

The difference we made
32% reduction in length of stay; 90% reduction of harm incidents; 100% increase in use of learning disability care plans; established joint training programme incorporating Listening into Action (LiA) Conversations to keep our improvements moving

90% reduction in incidents of harm for people with learning disabilities

Paul Sabine
Charge Nurse

Sarah Oliver
Sister
Our mission
To cut waiting times and ensure that our Trauma and Orthopaedic patients are seen and treated in the right clinic every time at The Royal London Hospital

How we made the change
Clinicians agreed new ways of working to vet each patient referral accurately within 24 hours of receipt, and clinic templates were quickly redesigned to enable more accurate clinic booking. In addition, resources were diverted to ensure that scans are done more quickly to speed up the process.

Why we needed to change
The scanning and vetting of referrals was happening 6 weeks after patient appointments were booked. Patients were often booked into the wrong clinics - 66 in 2 months - resulting in cancellations and unnecessary waiting times for patients.

The difference we made
Patients are now being seen faster and in the right clinic; scanning of referrals has been cut to 3 days; overall waiting times for patients have reduced. This has led to increased clinic capacity as we no longer need to re-book patients into the right clinics and there are no inappropriate referrals. As well as improving clinical outcomes, this has a very positive impact on the patient experience and avoids frustration for staff.
24/7 access to Mental Health Services for service users and health professionals

Our mission
To develop a consistent approach to safely, compassionately and effectively respond to people at the point of access to mental health services

How we made the change
Redesigned our single point of access service to develop a new Mental Health Access Team, increasing operating hours to 24 hours, 7 days a week with a renewed focus on providing a safe and quality service

Why we needed to change
Our service users, staff, partners and commissioners were unsure about how to access Mental Health services and were unable to navigate their way around our teams/systems and internal pathways which are often confusing and unclear

The difference we made
24/7 working started within 6 weeks; implementation of GP direct dial urgent telephone line 24/7; 51% average increase in the number of crisis assessments delivered by the team; 100% consistent performance on our KPI of seeing crisis referrals into the Access Team, face to face, within 4 hours; ensured that the ‘Gate-Keeping’ process does not present a barrier to necessary care

Andy Oakes
Manager Lead

Nicky Griffiths
Clinical Lead

Xenofon Sgouros
Medic Lead
Our mission
To radically improve the services we provide to patients with Autism Spectrum Condition (ASC)

How we made the change
Developed system to identify patients with an ASC on admission or referral; autism awareness training for all frontline teams; empowering staff to make reasonable adjustments to clinical areas to support patients with autism and sharing their ideas across the Trust

Why we needed to change
NHS Survey across numerous organisations showed 76% of carers and 100% of patients with an ASC rated overall hospital experience as ‘average’, ‘poor’ or ‘very poor’

The difference we made
Number of staff feeling ‘somewhat’ or ‘very confident’ in supporting patients with autism after training was 33% and is now 100%. 95 trained staff now acting as Link Practitioners across the community to provide a more joined up service for patients. Our Trust received a formal accreditation from the National Autistic Society and won the North West Leadership Academy award for patient inclusivity for our Open 2 Autism programme

Lillian Rimmington
Clinical Lead

Sam Leonard
Nurse Lead

Lyn Bailey
Manager Lead

Award winning programme improves care for patients with autism
Bus stop on a ward reduces patient wandering and provides a calm place to sit

Our mission
To reduce patient wandering and create a safe zone for dementia patients on MacDonald Ward

How we made the change
We created a bus stop on our ward which included a painted mural on the wall, installation of a bus stop sign which was supplied by a local bus company, and a bench

Why we needed to change
Patients who are older or suffering from dementia often say they want to go home and this can lead to wandering. The bus stop idea has been used successfully in other organisations

The difference we made
Incidents of wandering on the ward have reduced by 60%. The bus stop has provided a place for patients to feel safe where they can interact with medical staff and spend calm, focused time with their visitors

Jeanette Williams
LIA Lead
Our mission
To help elderly patients avoid admission or to help them move rapidly through the hospital and back into the community.

How we made the change
An acute-based, 7-day service was set up by the Acute Care of the Elderly (ACE) Service, led by a senior multidisciplinary team to assess the needs of our older patients coming into A&E.

Why we needed to change
Supporting older people with complex health needs helps to avoid further deterioration or crisis. Skilled, rapid multidisciplinary assessment helps to reduce delays in putting appropriate treatment plans in place.

The difference we made
The responsive, on point service by the ACE Team means that older patients who come into A&E are rapidly and comprehensively assessed, facilitating packages of care to support patient recovery at home wherever possible. ACE has contributed to a 5 day reduction in length of stay across elderly care wards over the past two years, and a reduction in the number of admissions into hospital from the A&E observation ward for patients over 80 years of age.
Our mission
To improve availability of ‘to take home’ (TTO) medications prior to the day of discharge

How we made the change
Doctors, pharmacists and nurses worked together to ensure TTOs are completed on time; ensure review of TTO Tracker by nursing staff; daily meeting of doctor and pharmacist to validate TTO ready for discharge; medical rota made easily accessible for ward staff to see

Why we needed to change
Patients often complain of long waits to go home. This results in a poor impression after receiving excellent care, causing irritation to patients and frustration for staff. Discharges before midday were less than 5% against a target of more than 10%

The difference we made
Within four months the number of surgical patients discharged before midday increased from 6.5% to 9.9% for surgical patients, and from 8.6% to 15.2% for medical patients. This means an average of 11.8% of all discharges are done by lunchtime

Having ‘take home’ medications ready means patients can leave without delay
Our mission
To relocate the pharmacy department to ensure service meets General Pharmaceutical Council regulations, is more accessible and is more patient focused.

How we made the change
Started a morning briefing with every major decision made from the bottom-up; changed the location of the pharmacy; employed a stores keeper within existing resources; completely redesigned our work processes.

Why we needed to change
Pharmacy service located away from the sites we were serving resulting in 11 porter runs to site each day which had an impact on timely discharges.

The difference we made
Pharmacy service is now within walking distance of our services. This has improved responsiveness, we can now offer drop-in clinics and provide more deliveries to community hospitals reducing spend on taxis. Daily brief ensures consistent messages to service users, and new process means they can pick up their own medication.

Anthony Oxley
Pharmacy Lead

Andrew Moonesinghe
Pharmacy Lead
100+ organisations in mass launch of #hellomynameis
led by terminally ill doctor

Our mission
To rapidly spread basics of compassionate care through a UK-wide boost of Dr Kate Granger’s Twitter-based #hellomynameis campaign

How we made the change
Invited and lobbied all NHS organisations across the UK to sign up to a collective launch/boost of #hellomynameis on the same day; networked them together; provided WebEx sessions to share ideas and resources across organisations. Campaign and profile for adopting organisations shared on national TV, radio, print media and online news outlets nationally and internationally

Why we needed to change
Every person who comes into contact with a patient should introduce themselves and do everything possible to make them feel supported through their experience with us. This is often NOT the case and compromises patient care

The difference we made
National awareness and widespread adoption of #hellomynameis across more than 100 NHS organisations on the day and subsequently, reaching 100,000s of staff across England, Scotland, Wales and Northern Ireland, and impacting the experience of millions of patients

Kate Granger
Campaign Lead
Our mission
To introduce Electronic Prescribing using SystmOne at Leigh Walk in Centre.

How we made the change
We introduced a standard operating procedure for safe and secure prescription storage along with smart card registration authority access for prescribing staff. A Leigh Walk In Centre prescribing formulary was agreed and applied; printers were sourced and installed; necessary risk assessments completed, and staff were supported with the move with in-house training.

Why we needed to change
Our clinicians were spending valuable time hand writing prescriptions. Hand written prescriptions are difficult to audit. We needed to work with evidence based practice to standardise our patient care.

The difference we made
Electronic prescribing has helped to reduce patient waiting times and has freed up more than 18 hours of clinical time per month. Patient safety has improved; the system displays on-screen alerts for contraindications and we can provide patients with information on allergies, interactions and sensitivities. This new way of working ensures we are providing the most cost effective course of treatment for our patients.

Louise Simpson
Clinical Manager

Wendy Smith
Admin Lead

Elaine Jones
Nurse Lead
Our mission
To ensure that all requested bloods from acute wards are done on the same day

How we made the change
Refreshed and developed standards for phlebotomy; collected feedback from patients and staff which helped to inform the changes we needed to make; Phlebotomists changed from working as a team to working individually on separate wards throughout the Royal Lancaster Infirmary site; more bank staff to help provide a full service

Why we needed to change
Feedback from patients and users showed that we needed to streamline and improve Phlebotomy Services to be more responsive, save time, and enable more patients to be seen

The difference we made
All phlebotomy requests are met by midday; there is now a personal relationship between each Phlebotomist and the wards; a new storage area for equipment saves 20 minutes per Phlebotomist each day; an additional 4 patients are being seen by each Phlebotomist each day; excellent patient feedback

Karen Nuttell
Phlebotomy Lead

Janet Manning
Nurse Lead

Tony Crick
Manager Lead
Our mission
To improve access to pulmonary rehabilitation for people living with long-term respiratory conditions

How we made the change
Held additional clinics which cleared the existing waiting list, then contacted new patients and booked them onto the new ‘quick access’ rolling programme

Why we needed to change
Long waiting lists for access to the service. In some areas of the Trust delays were incurred due to low referral rates

The difference we made
Appointments are now offered within 2 weeks of referral, with patients seen earlier in their illness which favourably impacts outcomes. We now have the capacity to offer fast track places, have higher attendance at each class, and programme completion has increased from 77.5% to 90%
Our mission
To improve clinical outcomes for stroke patients including providing thrombolysis within 60 minutes

How we made the change
Multi-disciplinary team working and closer liaison with Radiology and the Ambulance Service; a new Stroke Training Programme; better deployment of medical and nursing stroke leads in Emergency Department; Consultants leading changes to on call working practice; dedicated stroke bleep for consultants

Why we needed to change
Only 22% of our stroke patients were receiving thrombolysis within 60 minutes which can have a major impact on recovery and quality of life after a stroke

The difference we made
Average ‘door to needle’ time has been reduced to 38 mins at peak times and 53 minutes at other times, with the total proportion of patients receiving thrombolysis within 60 minutes up to 86% at peak times and 64% at other times. The fastest thrombolysis time achieved so far is 22 minutes. This positively impacts clinical outcomes, mortality rates, and quality of life for patients following a stroke
Involving patients in their own care in our Haemodialysis Service

Our mission
To raise the awareness and uptake of shared care opportunities (ways for patients to get involved in their own care) for patients on permanent dialysis and the staff on the unit

How we made the change
Developed a shared care booklet with a feedback questionnaire for patients, alongside a measurement tool for staff to track uptake and levels of patient involvement in their own care

Why we needed to change
Shared care is entirely voluntary but helps patients develop confidence in dealing with their condition, improving their experience and helping as a stepping stone to home dialysis

The difference we made
There is greater awareness amongst staff about the option of shared care, and it is now integrated into the pre-dialysis pathway. Figures fluctuate but within a patient population of 99, around 38 now participate in some form of shared care, and it has become possible for some patients to be permanently discharged due to having dialysis at home
Reducing time in hospital for young people with cystic fibrosis

Our mission
To provide ready-made antibiotic treatment for young cystic fibrosis patients for parents to administer at home

How we made the change
New equipment for therapy at home; employed a Band 6 nurse specialist and physiotherapist; improved intravenous (IV) Home Protocol; developed summary cards for each patient and family with training information about the Home Therapy Service

Why we needed to change
We wanted to reduce time spent in hospital for these young people, avoid family disruption and time away from work and school, reduce separation anxiety for patients and parents, and reduce the risk of hospital acquired infections

The difference we made
So far, 18 families have benefitted from therapy in the comfort and security of their own home, reducing problems associated with the anxiety of being in hospital and away from friends and family. Within a year, we have seen a reduction of 300 bed days as a result of the changes, and the time saved on preparing antibiotics – down from 30 minutes to 10 minutes – has enabled an increase in caseload. The drugs being pre-made also reduces drug errors

Naomi Dunmore
Specialist Physiotherapist

Sarah Popple
Specialist Pharmacist

Alison Claydon
Specialist Nurse
Developing a multi-agency approach to the prevention of pressure ulcers

Our mission
To provide a multi-agency approach to improve patient experience and safety for pressure ulcer prevention and care

How we made the change
Engaged the entire local health economy, created enhanced communication across organisations, provided a shared programme of training for formal and informal carers, created standardised care plans and pathway documentation, engaged the public with the support of ‘Stop Pressure’ day

Why we needed to change
Pressure ulcers are a painful condition which negatively impact on a patient’s emotional, mental, physical and social quality of life – and they are avoidable with the right standards of care

The difference we made
The incidences of reported pressure ulcers of all grades have reduced significantly in all areas including nursing homes, patient homes and Trust acquired. Integrated Trust incidence data shows an overall reduction in pressure ulcers of all grades of c800 over 1 year which equates to a 45% reduction. The current pressure ulcer prevalence data indicates that our Trust is outperforming the national average by 40%

Trish Murphy
Head of Nursing - Community

Jane Gorman
Head of Nursing - Patient safety

Nima Hashemi
Consultant Care of the Elderly
Our mission
To ensure that every Cardiology patient is cared for in the right place by the right people every time

How we made the change
Changed each of the Cardiology wards to be consultant-led and sub-specialty specific. Implemented a ‘consultant of the week’ model to improve continuity of care; trialled joint medical and nursing handovers; employed a Cardiology specific patient flow manager

Why we needed to change
Patients with complex and varying cardiovascular care needs were experiencing a poor patient experience with an increased length of stay and variable clinical outcomes

The difference we made
Changing to consultant-led and sub-specialty specific care has reduced outliers, and improved both local governance structures and clinical outcomes. ‘Consultant of the week’ has improved continuity of care. Handovers have resulted in better communication and MDT working amongst teams. So far, length of stay has reduced by 0.6 days for elective patients and 0.3 days for non-elective - we anticipate that these numbers will continue to improve incrementally as work continues

Darren Barnes
Senior Nurse Cardiology
# Index

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aintree University Hospital NHS FT ..................................................</td>
<td>23, 63, 96</td>
</tr>
<tr>
<td>Barnet, Enfield and Haringey Mental Health NHS Trust .........................</td>
<td>6, 56, 69</td>
</tr>
<tr>
<td>Barts Health NHS Trust ..........................................................................</td>
<td>7, 18, 28, 40, 59, 74, 85, 100</td>
</tr>
<tr>
<td>Birmingham and Solihull Mental Health NHS FT ...................................</td>
<td>36, 53, 66</td>
</tr>
<tr>
<td>Bridgewater Community Healthcare NHS FT ..........................................</td>
<td>61, 93</td>
</tr>
<tr>
<td>Croydon Health Services NHS Trust .....................................................</td>
<td>3, 16, 26, 34, 52, 62, 76, 89, 99</td>
</tr>
<tr>
<td>Cumbria Partnership NHS FT ...................................................................</td>
<td>29, 49, 58, 95</td>
</tr>
<tr>
<td>East Cheshire NHS Trust ........................................................................</td>
<td>55, 87</td>
</tr>
<tr>
<td>East Sussex Healthcare NHS Trust ........................................................</td>
<td>19, 31, 42, 67, 88</td>
</tr>
<tr>
<td>Gloucestershire Care Services NHS Trust ..........................................</td>
<td>2, 30, 50, 83</td>
</tr>
<tr>
<td>Leicestershire Partnership NHS Trust ................................................</td>
<td>47, 91</td>
</tr>
<tr>
<td>Liverpool Heart and Chest Hospital NHS FT .......................................</td>
<td>25, 54, 75, 90</td>
</tr>
<tr>
<td>Manchester Mental Health and Social Care Trust ..................................</td>
<td>20, 43, 72</td>
</tr>
<tr>
<td>NHS-wide ..............................................................................................</td>
<td>64, 92</td>
</tr>
<tr>
<td>North Staffordshire Combined Healthcare NHS Trust ............................</td>
<td>39, 70, 86</td>
</tr>
<tr>
<td>Oxford University Hospitals NHS FT ...................................................</td>
<td>97</td>
</tr>
<tr>
<td>Pennine Acute Hospitals NHS Trust .....................................................</td>
<td>5, 41, 77</td>
</tr>
<tr>
<td>Portsmouth Hospitals NHS Trust ..........................................................</td>
<td>17, 27, 44, 60</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals NHS FT .................................................</td>
<td>11, 79</td>
</tr>
<tr>
<td>South Staffordshire and Shropshire Healthcare NHS FT ........................</td>
<td>84</td>
</tr>
<tr>
<td>South West London and St George’s Mental Health NHS Trust ..................</td>
<td>78</td>
</tr>
<tr>
<td>St George’s University Hospitals NHS FT ............................................</td>
<td>15</td>
</tr>
<tr>
<td>Sussex Partnership NHS FT .................................................................</td>
<td>10, 38, 80</td>
</tr>
<tr>
<td>The Mid Yorkshire Hospitals NHS Trust ...............................................</td>
<td>68</td>
</tr>
<tr>
<td>The Rotherham NHS FT ..........................................................................</td>
<td>4, 51</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust ............................................</td>
<td>9, 35, 65</td>
</tr>
<tr>
<td>University Hospitals of Leicester NHS Trust ......................................</td>
<td>13, 22, 37, 45, 71, 82, 98</td>
</tr>
<tr>
<td>University Hospitals of Morecambe Bay NHS FT ..................................</td>
<td>1, 14, 24, 32, 48, 57, 73, 81, 94</td>
</tr>
<tr>
<td>Wirral University Teaching Hospital NHS FT .......................................</td>
<td>8, 12, 21, 33, 46</td>
</tr>
</tbody>
</table>