Kate Granger is a doctor, a blogger, and an inspirational cancer patient. Diagnosed in 2011 with a rare and aggressive form of the disease, Kate has spent the past four years documenting her experiences and working tirelessly to encourage fellow healthcare workers to improve the patient experience for people in UK hospitals.

In support of her efforts, NHS Employers launched the Kate Granger awards for compassionate care in 2014. These awards celebrate individuals, teams and organisations that are making a positive difference to patient care. Now in their second year, the awards offer healthcare professionals the opportunity to recognise those that are going above and beyond the norm to improve patient care.

This year we received almost 100 strong entries that demonstrated the wonderful work being delivered across the NHS. The high quality of the entries meant the judges had a very tough decision to identify the finalists and winners.

Kate said: “I am incredibly proud of the legacy the Kate Granger awards will create towards celebrating a culture of outstanding compassionate care. This year’s winners all demonstrate amazing attributes individually but with one central feature of a truly person-centred approach to care.”
“I am incredibly proud of the legacy the Kate Granger awards will create towards celebrating a culture of outstanding compassionate care. This year’s winners all demonstrate amazing attributes individually but with one central feature of a truly person-centred approach to care.”

Kate Granger
Lydia delivers exceptional care to a wide range of patients and is a leading example of how being compassionate and caring can have a positive impact on a patient.

Lydia’s team currently looks after a gentleman with an extensive fungating lesion to his face, following radiotherapy for a squamous cell carcinoma. Lydia’s compassionate and excellent interpersonal skills have enabled her to develop a therapeutic relationship with this gentleman who lives alone, in poor circumstances and who is also fiercely independent.

As his condition deteriorated, he experienced several problems and was admitted to an acute hospital. Being taken into hospital was not in line with his wishes and he was discharged that same evening. Lydia, along with members of her team, supported him to be as safe as possible within his home, going the extra mile by staying with him well over their normal working hours. Although Lydia is not the only member of the team involved in his care, she is the one person he completely trusts.

Linda Graham, team lead at Eden Community Nursing, said: “It was an absolute privilege to work alongside Lydia that evening to see the relationship and trust this gentleman has for her. She treats him with such dignity and respect and he listens to her gentle encouragement, responding to her in a way he does not with other staff.

“She is a shining example of compassionate care, going about her daily work with a quiet modesty and not always aware of the qualities she possesses and the impact she has on others.”

Well respected by her team, her intuitive, astute and cheerful nature is always commented on by her patients. She has embraced all the changes and challenges district nursing has faced over the past few years and is a credit to both herself and her team.

Linda also commented: “Lydia is currently working full time and undertaking further education to access nursing studies in the future. I support her wholeheartedly and would love to see her achieve this as she will be an outstanding nurse – someone I would want to look after me or my relatives if needed.”
“She is a shining example of compassionate care, going about her daily work with a quiet modesty and not always aware of the qualities she possesses and the impact she has on others.”

Linda Graham, Team Lead
Harvey’s Gang is an initiative that enables young patients to spend a day in the haematology laboratory learning about their bloods and the testing process.

The initiative was devised by Malcolm Robinson, chief biomedical scientist, the transfusion laboratory manager and the pathology team, working in collaboration with the paediatric team. The idea came about following a one-off request by a young patient called Harvey Baldwin. Harvey was just seven years old when he was diagnosed with acute leukaemia. He wanted to understand his condition and how having blood samples made a difference to his care. Following his request, the paediatric nursing team contacted the haematology laboratory at Worthing Hospital and it was arranged for Harvey to visit the lab.

Harvey hand-delivered his own blood samples to the laboratory and watched as they went through the testing process. He loved the experience and enjoyed being treated like a trainee scientist for the day.

Sadly, Harvey lost his battle on 6 October 2014. Not only had Harvey made an impact on all the staff, but his experience in the lab had made a huge impact on him. Malcolm wanted to offer this opportunity and the same experience to other critically ill children and discussed this with the team.

Leaping into action, the paediatric team launched Harvey’s Gang. It was decided that children who attended the lab would become part of Harvey’s Gang and receive an attendance certificate, white coat, security badge and goodie bag.

The staff in pathology, under the leadership of Malcolm, have now conducted 13 laboratory tours since the start of Harvey’s Gang. The philosophy of the programme is now moving to the hospital’s St Richard’s site and into the pharmacy department to help broaden a patient’s experience, knowledge and understanding of what happens in pharmacy.

Tracey Mudd, head of midwifery at Western Sussex Hospitals NHS Foundation Trust, said: “Each child has had an impact on staff in so many different ways. The team are experiencing greater job satisfaction and have forged greater team working and professional development. They get asked a lot of questions and are happy to help broaden the patients’ knowledge and understanding. The team is making a real difference to the standard of care each member of Harvey’s Gang receives. The patients love their visit and are able to do things they perhaps would not otherwise have been even able to do.”
“Each child has had an impact on staff in so many different ways. The team is making a real difference to the standard of care each member of Harvey’s Gang receives. The patients love their visit and are able to do things they perhaps would not otherwise have been even able to do.”

Tracy Mudd, Head of Midwifery
C.H.A.aT volunteer service is a unique partnership between Aneurin Bevan University Health Board (ABHB) and the NHS Retirement Fellowship (NHSRF) offering support to patients living in nursing homes and their families.

Skilled, retired NHS staff offer confidential one-to-one support to:

— provide an opportunity for older people living in care homes and their relatives to talk about their experiences

— identify those good practices which seek to personalise, individualise, respect and maintain an older person’s dignity

— identify and act on what may need to change.

Locally, there are over 1,500 NHS-funded patients living in nursing homes. Following high numbers of local safeguarding referrals, a Home Office inquiry, and televised programmes that identified significant abuse in care homes, ABHB revised its governance processes. This was to improve the focus on patients’ experience and safeguarding where care is provided for NHS patients by non-NHS providers.

Often while older people are willing to talk about care, they are reluctant to talk to statutory bodies about concerns they may have. Innovative ways to engage patients and families were needed to maximise feedback.

Following the Panorama programme on abuse in care homes, the NHSRF contacted ABHB seeking assurances on the systems and processes in place to protect vulnerable people. Members of the NHSRF were keen to help and an idea was born.

Skilled, retired NHS professionals would make up a volunteer workforce to improve patient experience. Feedback would be used to improve the lives of all older people living in care homes.

Volunteers quickly identified four key areas for improvement:

— activities were not always personalised

— involvement in healthcare decisions needed to significantly improve

— there were limited opportunities for people to access the wider community

— relatives wanted to hear feedback from the people living in the home about what it was like to live there.

Following this feedback, C.H.A.aT took steps to improve, by setting up workshops to make sure good practice was shared nationally. They rolled out training relating to patient involvement, advance care planning and maximised the opportunities for residents to go out. The service also secured funding to develop a local web-based feedback system called Think About Me. This enables residents and relatives to leave comments about their experience which helps others, who are looking for a care home, to make a more informed choice.
“C.H.A.aT set up workshops to make sure good practice was shared nationally. They rolled out training relating to patient involvement, advance care planning and maximised the opportunities for residents to go out.”

Tanya Strange, Divisional Nurse
LORRAINE ROBERTS
ASSOCIATE PRACTITIONER
WARD G9, SOUTHAMPTON GENERAL HOSPITAL UNIVERISITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST

Lorraine has set the bar high for the standards of dementia care that ward G9 delivers. Patients respond well to her unrivalled compassion and good nature. Over the last two years, the ward has undergone dramatic changes in the way it cares for elderly patients, particularly focusing on the care of patients with dementia. A six-bed bay for patients with dementia was established and is staffed by two nurses during core hours. Lorraine is a key nurse for this bay and she works closely with the admiral nurse team to help develop new strategies to improve the care given to patients. This included the launch of This is me, an innovative booklet which uses reminiscence therapy to increase the stimulation of the patients.

Tracey Aldin, matron of medicine for older people, said: “I have worked as Lorraine’s matron for the last ten months and I can honestly say that her compassion for patients with dementia is inspiring. When you walk onto G9 you always know when Lorraine is on duty, as you can hear her enthusiasm and compassion in making sure that her patients’ needs are met.”

Steve Hicks, ward manager, said: “Lorraine’s enthusiasm, passion for dementia care and outgoing personality are infectious and you can sense the change in the atmosphere when she is in the bay. “Not only does she provide essential care for the patients to a very high standard, but she also has a way of establishing a rapport and trust with the patients and their families that many of her colleagues cannot match. This allows her to make a noticeable difference in the behaviour and mood of the patients and they will regularly achieve more, in terms of their nutritional intake and mobility, as well as a reduction in challenging behaviours.

“She is a true role model and inspires her colleagues to view patients with dementia differently, which has helped them to improve the care that they provide.”
“Lorraine’s enthusiasm, passion for dementia care and outgoing personality are infectious. She is a true role model and inspires her colleagues to view patients with dementia differently, which has helped them to improve the care that they provide.”

Steve Hicks, Ward Manager
Jennifer Clarke
Midwife, Blackpool Victoria Hospital
Blackpool Teaching Hospitals NHS Foundation Trust

Jenny is a midwife with a passion for promoting skin-to-skin contact for women and their newborn babies and has campaigned tirelessly for her cause over the years.

Initially, Jenny attempted to raise the importance of skin-to-skin contact between babies and their mothers (especially after a caesarean) by writing it on white boards in maternity theatres. Unfortunately, over the course of each day, the message was removed.

In a plight to make sure that her message was heard and visible at all times, Jenny took the decision to write it on the wall of the theatre. Her management team was not happy with this and removed it immediately. However, Jenny continued to raise the importance of skin-to-skin contact. Having stood up for what she believed in, Jenny ultimately changed the way her unit practiced skin-to-skin and now this is offered to all mothers on the unit.

Jenny now audits skin-to-skin in theatre and the latest audit shows that this is now standard practice, with 100 per cent of mothers and babies receiving it.

Florence Wilcock, divisional director and consultant obstetrician, Kingston Hospital NHS Foundation Trust, said: “You might think that Jenny has been surrounded by supportive like-minded people throughout her career, however, that has not always been the case. I know from talking to Jenny that being a compassionate caring midwife and retaining that strength has required significant courage. There have been times in Jenny’s career that have been tough, yet through this she has kept true to the key skill of being a midwife and a kind, caring supportive woman to those who need her.”

Jenny continues to spread her message via Twitter, using #SkinToSkin so that women and babies all over the UK are benefiting from her message. She also speaks at breastfeeding conferences and blogs about her experiences as a midwife and campaigner.
“There have been times in Jenny’s career that have been tough, yet she has kept true to the key skill of being a midwife and a kind, caring supportive woman to those who need her.”

Florence Wilcock, Divisional Director and Consultant Obstetrician
Jane Davies
WARD MANAGER
KNOWSLEY RESOURCE & RECOVERY CENTRE 5 BOROUGHS PARTNERSHIP NHS FOUNDATION TRUST

Jane has dramatically improved the final days of a patient in her care with an innovative and inspiring use of Skype. Roy, a 62 year-old gentleman, was admitted to hospital in August 2014 with a diagnosis of mild learning disability and early onset dementia. Roy’s family live 12,000 miles away in Australia and were unable to get to his bedside straight away. Jane asked the trust if she could use its equipment to access Skype, but the trust was unable to facilitate this due to firewall restrictions. With Roy in his final days, Jane was eager to make sure his family could get in touch, so she used her personal iPad to connect the family through Skype.

Thanks to Jane, Roy’s sister and niece were able to see him for the first time in over two years. Jane helped them to maintain regular contact with him until they were able to set off for England, to be with him at the end of his life. Recognising the enabling potential of using Skype in this way, Jane engaged the trust’s senior management team, who supported her to take her story to the trust’s board. Following Jane’s presentation to the board, Skype is now being considered as part of the trust’s wider informatics strategy, so it can be used across all appropriate services.

Roy’s sister said: “Over the last 15 years, across all the social services we have had contact with, no one had ever suggested anything like Skype. Jane used her own iPad to give us a tour of Roy’s bedroom and the facilities. We got to meet the staff and see how well he was looking. She also asked for me to send her some photos, which I did, only to find when we got to England that she had framed them and placed them with Roy – a really personal, caring touch.”
“Jane used her own iPad to give us a tour of Roy’s bedroom and the facilities and see how well he was looking. She also framed our photos and placed them with Roy – a really personal, caring touch.”

Patient’s family member
Jackie is working to identify ways in which the trust can enhance the end-of-life care for patients, their families and carers.

Delivering end-of-life care in the community means providing support to patients through a variety of services, working within a multi-disciplinary team. From delivering care in the home to working with acute hospital and specialist hospice admissions, partnership working is key to Jackie’s role, so that the trust can establish integrated care to enhance the patient journey.

Jackie gets involved in supporting and mentoring patients, carers and staff and shadows activity so that she can see first-hand where the service may need to be improved. This helps her to inform policy and strategy to make sure excellent end-of-life care is being delivered.

Mo Middleton, west locality health team manager, said: “Jackie’s role is making a real difference to the way we deliver care to patients and support their families and carers. Her innovative approach to enhancing end-of-life care has broken down boundaries that may have hindered care before.”

Jackie’s work has identified a need for training. She has delivered end-of-life educational programmes for community teams across Southampton as well as securing training from other providers. The trust’s community palliative care support team has benefited from training to improve on areas such as symptom control, difficult communications and pain management.

Jackie has launched a palliative care newsletter which raises the profile of end-of-life care and continues to raise the bar for excellence in this area.
“Jackie’s innovative approach to enhancing end-of-life care has broken down boundaries that may have hindered care before.”

Mo Middleton, West Locality Health Team Manager
John has worked with his team to drive up standards and ensure that palliative and end-of-life care is of high quality in his hospital. To recognise and improve the services offered to patients, John has developed an innovative range of activities and resources for staff and patients.

The team has developed a brand identity for the courses and materials, which they provide, so that patients can recognise the information being specific to them. The logo is a dove, and a dove emblem badge is given to staff who have completed the training courses.

The activities and resources include:

- A variety of training resources for staff, such as the priorities for care of dying patients workshop, and a two-day palliative care course.
- A leaflet called information for when your loved one is dying, which presents sensitively and in detail what families can expect at this difficult time.
- Comfort care packs – these are provided to families and contain essential supplies such as toiletries, snacks, hand cream and a parking token. This helps to alleviate some significant stress and worry, and are a demonstrable act of compassion. It also allows staff to feel that they are doing something practical to help in a situation that they themselves may be finding distressing.
- An electronic treatment escalation and limitation resource, so that staff can record any specific options for treatment that patients have requested. This helps staff to achieve a consistent and individualised care plan.

Dr Sarah Mitchell, Northfield Health Centre, said: “John is an inspiring and supportive colleague, who is working effectively to champion and improve compassionate care at the hospital through a visible campaign and practical resources.”
“John is an inspiring and supportive colleague, who is working effectively to champion and improve compassionate care at the hospital through a visible campaign and practical resources.”

Dr Sarah Mitchell, Northfield Health Centre
Carol is an inspirational colleague, teaching those she meets how to make a real difference to patients that are receiving end-of-life care.

Carol leads all aspects of specialist palliative care and end-of-life care services, including a 25-bed hospice, multi-disciplinary community team, care home education team, day care service and hospital palliative care team (HPCT).

In 1995 Carol established the HPCT, which is now a core service and received almost 2,000 referrals last year. Carol ensures that referrals are received for patients who are approaching the end of their lives, as well as those whom she believes there is a place for palliative care alongside other treatment. Her interventions have frequently helped patients get well enough for disease modifying treatments.

Last year Carol pioneered proactive involvement of palliative care in the hospital’s intensive care units (ICU). The team saw 69 patients and are a vital part of the extended critical care team. At her suggestion, four acute hospital palliative care beds were created and used for patients transferred from ICU for end-of-life care if they cannot or do not want to be discharged home or to a hospice.

Judy Gillow, director of nursing and organisational development, and Gail Byrne, director of quality, commented: “Staff of all disciplines and grades, clinical and non-clinical, acknowledge her as a role model and champion of compassionate, sensible, brave care. Carol is a prolific and extremely popular teacher both locally and further afield. Her greatest contribution to teaching, however, is not in the classroom but out and about around the wards and corridors of the hospital. She is a master in the art of situational teaching, taking and creating opportunities for bite-sized teaching everywhere she goes.”
“Staff of all disciplines and grades, clinical and non-clinical, acknowledge her as a role model and champion of compassionate, sensible, brave care. Carol is a prolific and extremely popular teacher both locally and further afield.”

Judy Gillow, Director of Nursing and Organisational Development
The autism team has developed a mobile app for its successful ‘about me’ autism passport.

The about me autism passport was developed to address the dissatisfaction felt by parents and professionals with the diagnostic process for identifying autism. It was co-produced by the autism team at ABHB along with children and young people with autism and their carers.

Both locally and internationally it has been acknowledged that there is a lack of clarity and transparency in the diagnostic process for autism. This has resulted in problems with sharing information and communicating with families and professionals.

The autism passport provides clarity about the diagnostic process, taking families step-by-step through the assessment process. This helps to reduce stress and anxiety felt by parents and children.

Following the successful implementation of the paper-based passport, feedback from users suggested the passport should also be available as a mobile app. The app would mean the information was easy to share and update. It would also be backed up preventing the data from being lost.

The investment into the mobile app would also make the passport sustainable as it would remove the recurring costs for printing and memory sticks.

As the main feedback came from young people, they were key in the development of the layout of the app, including content, colours and text. A group of professionals from health, education, social services and voluntary sectors were also consulted.

The mobile app has proven to be a catalyst for further development. The framework could be used to work with children and adults with other lifelong conditions such as epilepsy, schizophrenia, or physical conditions such as diabetes at times of transitions or crisis.
“I do think that about me is useful as it focuses the mind on what is positive. There was so much negativity at the point of my son’s diagnosis that I would have welcomed any approach that viewed my son as a child rather than a problem.”

Mrs S. R, Parent of a child with autism
THE MAKING FAMILIES COUNT TEAM

NHS ENGLAND SOUTH MENTAL HEALTH HOMICIDE INVESTIGATIONS TEAM

The making families count project was developed to improve the experience of bereaved families when involved in an NHS investigation.

The South Mental Health Investigations Homicide team has worked with a number of people to help shape this project, including families who have:

— suffered complex bereavement
— lost loved ones after mental health or domestic homicide or suicide
— lost adult children with learning disabilities.

NHS England, the families and the project team have worked together to develop and deliver a series of workshops. These have been attended by NHS staff, local authorities and the police.

The team co-produced the workshops, with the families leading most of the hardhitting presentations of accounts of what it is like to be involved in an NHS investigation.

The workshops received positive feedback. A number of colleagues stated it was the most powerful and important training they have ever attended.

Director of nursing and quality, Jan Fowler, said: “The team’s overriding ambition was to make a real and sustainable difference to the way patients and their families are supported when things go wrong. The project’s work has already had a significant impact upon how investigations are conducted. Its principles are equally applicable and appropriate across all investigations after untoward incidents and patient harm. The leadership shown by this team has been outstanding. Its commitment to improving the experience of patients and bereaved families is unstinting.”
“The team’s overriding ambition was to make a real and sustainable difference to the way patients and their families are supported when things go wrong.”

Jan Fowler, Director of Nursing and Quality
The T7 ward team has driven up patient satisfaction by making sure patients have enough help with eating and drinking at mealtimes.

The T7 ward is the acute elderly medicine ward at UCLH. The patients are frail elderly people with complex medical issues and multiple co-morbidities. The ward has the highest number of patients in the trust that require help to eat and drink.

Research has highlighted inconsistencies in helping older patients to eat and drink while admitted to hospital. Similarly patient feedback also indicated that UCLH was not offering patients enough help to eat and drink. In response the T7 ward team took action to protect patient mealtimes.

The aims were to ensure that patients got the help they needed to have enough to eat and drink and to make the experience pleasurable. By protecting mealtimes, staff were able to make it a fun experience and it empowered them to make a real difference to patient care.

To achieve the change, all members of the team, including medical colleagues, therapists and nurses, took the responsibility of helping patients during mealtimes. The new approach also involved asking volunteers and non-patient facing colleagues, such as those from the finance team or the human resources team to help as well. This approach has made a huge difference to patient care and T7 is now consistently rated as the best ward in the trust for achieving high patient satisfaction with mealtimes.

Eamonn Sullivan, deputy chief nurse, head of nursing, said: “Helping patients to eat and drink is one of the most important roles of the nursing staff who work on an elderly medicine unit. A team approach and senior leadership is essential to embed the process and sustain the improvement.”
“Helping patients to eat and drink is one of the most important roles of the nursing staff who work on an elderly medicine unit.”

Eamonn Sullivan, Deputy Chief Nurse, Head of Nursing
SAFE HAVEN AT THE TIME OUT CAFÉ
NHS NORTH EAST HAMPShIRE AND FARNHAM CLINICAL COMMISSIONING GROUP

The safe haven service provides an alternative place for people to go for support who are, or could be, developing a mental health crisis.

The pioneering service is funded by NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG). The Surrey and Borders Partnership Foundation NHS Trust, Maidstone Community Care Housing and Catalyst were commissioned to work in partnership to provide a service that would be an alternative to A&E.

Staff from all three services bring a wide range of skills and qualifications to provide a one-stop shop for people with mental health needs. No appointment is required and everyone is welcome.

Attendees have access to a range of community information on mental health and wellbeing, as well as invaluable peer support that promotes integration into the community. People have benefited from information on job seeking, harm reduction, socialising, activity and diversionary work.

Nick Parkin, commissioning manager for mental health and learning disabilities, said: “Safe haven is different because it’s a service that is open to anyone regardless of where they live, and whether or not they are known to mental health services. It’s a partnership approach that has transcended traditional agency boundaries and geographical borders. The service focuses on providing individuals with the opportunity to learn about their own response to crisis and to develop self-management skills to break the cycle of crisis.”

Since its inception the safe haven has seen attendances increasing month by month. It has also been evaluated independently by Mental Health Strategies and has been shown to have reduced acute psychiatric admissions locally by 33 per cent.

Due to the success of safe haven, it is now being embedded as part of mainstream mental health funding from the CCG. Its life-changing impact is expected to continue, as is its positive impact on reducing hospital admissions.
“The service focuses on providing individuals with the opportunity to learn about their own response to crisis and to develop self-management skills to break the cycle of crisis.”

Nick Parkin, Commissioning Manager for Mental Health and Learning Disabilities
**THE BIG THANK YOU**

**HYWEL DDA UNIVERSITY HEALTH BOARD**

The big thank you is a project that aims to recognise the good work that hospital staff do on a daily basis.

The staff at Hywel Dda University Health Board identified that patients had no formal method to thank hospital staff or pass on positive feedback. With this in mind, the board introduced an online feedback form and asked patients to answer two questions:

— Who would you like to say thank you to?

— What have they done that has made your experience a positive one?

Julie Brennan, bereavement services manager, said: “It would seem, in this day and age, one of the most common advertisements for the NHS is a negative one.

“My own personal and professional experience is that things may not always be perfect, but thousands of dedicated, caring individuals work in difficult circumstances every day to enable patients to feel safe, cared for and supported in what can be some of the darkest times of their lives.

“Saying thank you is a good thing to do and often, in this very fast moving digital age, the act of saying thanks can be missed. We therefore wanted to make it easier for people to do this.”

All the feedback is passed back to staff via a personal letter from the chief executive officer. The letter thanks them for what they are doing and reinforces their good practice. The feedback can be used for revalidation or other development reviews.

As one patient said: “The staff deserve to be recognised for the impact they have in improving the patient experience. All of them carried out their duties efficiently, effectively and with a high level of care. Such a contrast to what appears, too often, in the press.

“Why not include this sort of feedback in the press, in the reports to management, and in feedback sessions with the staff. They make the NHS what it is and they need to be told more often they are doing a magnificent job, in what are often very difficult circumstances. Where does my patient experience appear in the statistics? Job well done, thanks to one and all.”
“Thousands of dedicated, caring individuals work in difficult circumstances every day to enable patients to feel safe, cared for and supported in what can be some of the darkest times of their lives.”

Julie Brennan, Bereavement Services Manager
The Douglas Macmillan Hospice has built some community lodges on-site that provide an alternative place for care for any patients who are in the last few weeks of life.

Staff at the hospice were keen to provide a model of care that was flexible and offered a ‘home from home’ facility, free from formal drugs rounds, routines and visiting times. The holistic approach needed to be individual, promote privacy and dignity at all times and provide patients and carers with another choice of care.

The hospice was successful in receiving a government grant to build three environmentally friendly, independent lodges for use in palliative care. Each lodge has a bedroom, en-suite bathroom, living room and kitchen and is available for family and friends to use 24/7, even the family pets.

The community lodges offer patients the chance to maintain or to regain independence while still having 24-hour support when required. The lodges have also been strategically placed to provide a picturesque outlook over the countryside and give patients facilities and comforts as if they were at home.

Trained nurses support the patients around the clock and are skilled to manage symptom issues and undertake clinical nursing tasks. The units are also staffed by very experienced healthcare support workers, who are supported by a team of skilled clinical volunteers. They have had extensive training and education to provide basic personal care.

Since the lodges opened in May 2011, they have been in use continually, both for respite and end-of-life care provisions. The development of the lodges has made a real difference to patient care and families at this difficult time.
“Staff at the hospice were keen to provide a model of care that was flexible and offered a ‘home from home’ facility. Trained nurses support the patients around the clock and are skilled to manage symptom issues and undertake clinical nursing tasks.”

Chris Ekin, Senior Community Nurse Manager
HEART OF ENGLAND
NHS FOUNDATION TRUST (HEFT)

HEFT has developed a scheme to identify compassion among hospital staff and support staff to be compassionate in their workplace.

The new scheme was piloted in two wards that volunteered because staff had demonstrated real compassionate care and the ward welcomed the opportunity to reward and recognise them. For the scheme, ‘compassion cards’ were developed, which were then issued to any member of staff who was witnessed being compassionate. The cards were designed to reward and recognise staff who were kind, went the extra mile and treated people how they themselves would wish to be treated.

Following the successful and well received pilot, the scheme was rolled out to the trust’s three hospitals in May, in line with International Nurses Day. To mark the roll-out, 30 members of staff were nominated to receive a compassion card to mark their excellence.

Julie Tunney, deputy chief nurse, said: “The compassion card is a simple tool invented by nurses and healthcare workers. It has gone a long way to measuring compassion and kindness and has the opportunity to be replicated internationally.

“The staff who have been awarded cards at HEFT have shared a real sense of achievement and recognition for the care that they have delivered. We believe investing in our staff results in their happiness in the workplace, which in turn results in fantastic patient care and experience.”

Following the launch of compassion cards at each of the three hospitals, HEFT has made a commitment to ensure that compassion cards are awarded as an integral part of its three-year nursing and midwifery strategy. Dedicated award events will be held on a quarterly basis and will be judged by members of the trust including, clinicians, chairman, board of governors and volunteers.
“The compassion card has gone a long way to measuring compassion and kindness.”

Julie Tunney, Deputy Chief Nurse
Derbyshire Healthcare has established a range of initiatives and resources for the delivery of compassionate care. This trust has a 360-degree approach to compassionate care that sees compassion to staff valued just as highly as compassion to service receivers, families and carers.

The trust has introduced training for clinical staff in compassion-focused therapy (CFT). This ranges from compassion awareness sessions to full postgraduate certificates. These sessions cover aspects of psychology so that clinical staff can understand why people may feel threatened and self-critical and how to help them refocus this emotion.

Various initiatives have been established to help staff to protect and develop their feelings of compassion, so they can apply them in their care to others. These include:

— Schwartz rounds:
  — The trust was the first mental health trust to commit to regular, structured Schwartz rounds. These are meetings which provide an opportunity for staff to reflect on the emotional aspects of their work.

— Post-incident peer support:
  — In the event that a member of staff experiences a serious incident, a team of clinicians are ready to listen and provide compassionate support.

— Wellness plans:
  — Staff are encouraged to write down the things that keep them well and the possible triggers and signs of poor mental health.

— 24/7 assistance:
  — The trust’s employee assistance scheme allows staff to speak on the phone to accredited counsellors 24 hours a day, seven days a week.

— Continuous staff recognition:
  — As well as annual achievement awards, the trust has an ongoing scheme allowing individual employees to be recognised for the small, every-day actions that make a difference to their service receivers.

The trust has also committed to values-based recruitment for all posts.

Richard Eaton, communications manager, said: “In the 2014 NHS Staff Survey, sent to all staff, 91 per cent of respondents said they felt they were making a difference to patients.”
“In the 2014 NHS Staff Survey, sent to all staff, 91 per cent of respondents said they felt they were making a difference to patients.”

Richard Eaton, Communications Manager
Northumbria Healthcare has significantly improved the dignified, compassionate care it delivers, particularly when caring for frail, elderly patients.

The trust sought to understand more about the barriers to dignified care from across the organisation and the learning needs of staff. The aim was to prioritise and promote local education initiatives to ensure the workforce, environments and clinical care promoted dignity and compassion in practice.

The team undertook key changes to improve care, including:

— promoting three new nutrition assistants

— introducing a new orthopaedic helpline to reduce unnecessary admissions

— ensuring patient experience is tracked and discussed.

The programme recorded significant impacts including:

— improved patient experience through weekly snack clubs, themed tea parties and other food events

— 81 per cent of the calls received to the orthopaedic helpline were alleviated over the phone

— weekly newsletters and bulletins celebrating staff.

Fiona Gay, project manager, said: “We are really proud of this ambitious programme of work and the difference it has made for patients and staff across the organisation.”

The trust has now committed to investing 20 hours per week for every ward to have additional nutritional support. The orthopaedic helpline is now available across all of surgery, so more patients are benefitting from the service. Capturing and feeding back patient experience is also embedded into practice and will be sustained beyond the life of the project.
"We are really proud of this ambitious programme of work and the difference it has made for patients and staff across the organisation."

Fiona Gay, Project Manager