Sir Peter Carr was a man of great integrity and wisdom who, throughout his 25 years of distinguished service with the NHS, had a profound impact on the lives of patients and staff – myself included.

He understood that delivering great healthcare is all about investing in the people. He had a great passion for supporting people to be the best they could and for opening their horizons to new opportunities. He encouraged people to take risks, to innovate, to collaborate and – above all – to learn and to improve both personally and professionally.

It was in recognition of his unique contribution to the service and his philosophy that this award was set up for 2017. We wanted this to be more than just a leadership award. We wanted something that brought people together – clinicians and managers – so they could support each other to deliver improvements for patients. As the award year progressed, it became clear that this was not principally about the improvement projects. It was, fittingly, about the people. Seeing their development over the last year has been incredibly rewarding and I hope would have made Sir Peter proud.

Greg Madden
Senior Development Advisor
NHS Improvement

The Sir Peter Carr Award
Developing people to improve care

About the Award

The Sir Peter Carr award was open to clinician and manager partnerships working together on an improvement project. The award demonstrates the importance NHS Improvement attaches to investing in leadership for improvement, which is a key part of our national framework Developing People – Improving Care.

This is an evidence based framework to guide action on improvement skill building, leadership development and talent management for people in NHS funded roles. The winners, from Bradford Teaching Hospitals NHS Foundation Trust received £30,000 to invest in their professional development to support them in the delivery of their shared improvement objective – ‘15 seconds 30 minutes’.

Through NHS Improvement, all five partnerships shortlisted for the award received access to a range of support and education and development over a year long period, including forming a learning network, with support from the NHS Leadership Academy and ACT Academy.

Developing People to Improve Care
All five shortlisted partnerships received access to a range of support and learning opportunities over a year long period. This included access to:

**Leadership Development**
Hosted sessions at the NHS Leadership Academy in Leeds with Mike Chitty, the Academy’s Head of Applied Leadership, using the Self Directed Leadership Development model.

**Education and Development**
Including the opportunity to take part in the Quality, Service Improvement and Redesign (QSIR) development programme, run by the ACT Academy and a Film and Social Media Workshop to support them in promoting their improvement projects.

**Expanding networks and attending events**
All finalists had the chance to attend the Institute for Healthcare Improvement (IHI) conference in London 2017 and were provided with the opportunity to expand their networks with senior leaders and experts across the NHS.

**Support provided**

**Anna, Essex:** “I approached the QSIR course with excitement because I have had no formal QI training before. As the topic of QI is huge, I knew that this was a great opportunity to learn new skills and how this could potentially support our project. It helped that all ten SPCA partners were already working as a supportive group, and this made the learning experience thrilling and easier as we could trust each other and ask for help – some of the group were already experts in the field of QI, which was fantastic for a beginner!”

**Rachel, Bradford:** “The coaching we have been privileged to receive from Mike Chitty made us question over and over again what we want for ourselves, our project, and to go and make it happen.”

**Stephanie Reid, Head of Improvement Science at ACT Academy:** “We were thrilled to have the opportunity to welcome all the Sir Peter Carr finalists as QSIR (Quality, Service Improvement and Redesign) Practitioner participants that formed part of the award offer. Their experience and commitment to improvement was evident and of great value to others on the programme.”
What is the aim of the project?

‘15seconds 30minutes’ is a Quality Improvement approach which encourages staff to spend an extra 15 seconds on a task which could save someone else 30 minutes later down the line. The initiative aims to reduce frustration and increase joy at work and improve services for patients. Dan and Rachel support staff in Bradford to use this approach through running workshops, developing tools and resources and they want to create a social movement for staff in other trusts to use this approach.

How is it going?

In taking forward their project, Dan and Rachel have:

• Run 6 workshops reaching 63 staff
• Generated 117 ideas for 15s30m missions so far
• Devised a list of 10 quick mission any organisations can launch via fun videos on their 15s30m YouTube channel – click here to see them
• Collaborated with the local CCG and social services on 15s30m missions
• Published 12 internal newsletters, blogs and article
• Continue to create more 15s30m heroes (a 15s30m hero is someone who has brought a 15s30m mission to life and it has spread to other people so they too are doing a 15s30m mission)
• Click here to view Rachel and Dan’s 1 year on infographic

What’s next?

Dan and Rachel have recently hosted their first 15s30m festival in Bradford with representation from a range of other Trusts and have also created their own 15s30m website with information and resources to get people inspired and involved.

To find out more, follow Rachel and Dan on Twitter @15s30m or email them at info@15s30m.co.uk

Impacting on Bradford Teaching Hospitals NHS Foundation Trust:

“The Award has been great for Rachel and Dan, recognising their enthusiasm and entrepreneurial spirit, and helping to equip them with the skills to make real their concept of 15s30m. It’s also been great for the Trust, giving us the chance to benefit first from their innovation, and also proving what we’ve known all along, that sometimes the very best people and the very best ideas can come out of places you might not expect!”

John Holden
Director of Strategy and Integration
Bradford Teaching Hospitals NHS Foundation Trust
Every data point represents a patient

**What is the aim of the project?**
The aim of the project is to embed the principle that every data point represents a patient and make improvement data accessible to both patients and staff in order to drive patient centered improvement. Leeds Teaching Hospital is one of the largest Trusts in the country with over 17,000 staff and over 100 wards. Alison and Anna’s vision is for every team, clinical service unit, and the board in Leeds Teaching Hospitals to be using data for improvement (SPC – Statistical Process Control) by June 2019.

**How is it going?**
Across the organisation, the partnership are driving forward the use of improvement data at all levels and have great engagement with this work particularly from senior leaders such as their Chief Executive and Chief Medical Officer. Work has already taken place to produce key harm data in the form of run charts which are being utilised at departmental level and in the form of SPC charts at board level. Their work has also involved establishing Quality Improvement training for staff and patients. Many wards are using SPC and the team are working on developing the IT infrastructure to support this on a wider scale.

**What’s next?**
Work is still on-going to establish all key harm data in SPC format and Alison and Anna are working with their IT team to develop a suitable package to support that. Overall the team are making good progress to achieving their vision by June 2019.

Real-time information for every patient’s journey

**What is the aim of the project?**
The aim was to improve care for patients through use of a digital ward-tracker app that provides real time information of every patient’s journey across all 38 adult wards in the hospital. At the click of a button staff anywhere in the hospital can view an interactive acute care map and see details of patient’s hospital stay including reasons for delays via red2green day methodology.

**How is it going?**
There have been over 524,000 logins by 2371 ward-tracker users to care for 118,065 patients (as of March 2018). And as a result of the project there have been productivity gains of £95,000 a year by releasing staff time as well as an increase of more than 90% in completed sets of handover details compared to when using paper based handover.

**What’s next?**
The team have commenced development on the next version of their app with the aim to improve information flow between Secondary and Primary care teams, as well as develop functionality to incorporate QI methodology and machine learning within the app.

“*The Sir Peter Carr Award has supported Alison Cracknell and Anna Winfield in their transformative safety and quality improvement work with Leeds Teaching Hospitals. The spirit of Sir Peter’s focus on healthcare improvement and engagement of staff at all levels using rigorous improvement methodologies has been brought to life by Anna and Ali and continues to add significant value to our patients as we improve the safety and quality of care we deliver.*

*Julian Hartley*
*Chief Executive*
*Leeds Teaching Hospitals NHS Trust*
The control centre for your care

What is the aim of the project?
The aim is to facilitate elegant information transfer between patients and staff – using a mobile app as a ‘control centre held in the patient’s hand’. The vision is that patients will be able to access key information about their upcoming appointments, procedures, therapy and hospital stays at the touch of a button.

How is it going?
The app is in development and is in the testing phase, the first phase of testing is focusing on elective orthopaedic pathways. Jonathan and Caitlin are also exploring the idea of a collaborative approach to populating electronic health records as well.

What’s next?
Further iterations of testing are planned in other hospital departments and in primary care – watch this space!

Reducing restrictive practice in secure mental health services

What is the aim of the project?
The aim is to reduce restrictive intervention. The project demonstrates how talking about restrictive practice with patients and staff, encouraging them to be open and honest about their experience is a powerful driver for change and leads to a safer environment for everyone. Restrictive practice can include the use of physical restraint, seclusion, the use of medication and wider practices termed ‘blanket rules’ for example, preventing patients from accessing outdoor space or their bedroom without individual justification.

How is it going?
• There has been significant reduction in restrictive practice by 78% on one ward, and more effective use of verbal de-escalation.
• Collaboration between patients and staff is a cornerstone of the project
There is a culture of openness and people are encouraged to ask questions and discuss concerns. This is helping to tailor effective support and training.
• Patient designed tools such as a ‘mental health translator’ are being developed
Patients have written a directory of terms designed to ease the transition of new patients.
• Gabe table – understanding and telling the story of each ward through display of data
Multi-disciplinary teams are using the table to discuss individual patient risk and treatment as well as gauge how the ward is functioning.

What’s next?
• Develop a patient safety dashboard and an app to monitor activity more fluidly
• Share our experiences and learning, and enable patients to spread the word about their lived experiences
• Continue to listen to patients and staff and to intuitively develop the project

Taking a ‘simple’ Approach
The approach involved having the same conversation with patients and with staff asking 5 questions:
1. What does Restrictive Practice mean to you?
2. How have you experienced Restrictive Practice since you’ve been on the ward?
3. If you had any concerns, how would you raise them?
4. If you’ve ever raised any concerns, did you feel listened to or have steps been taken to address the issues you raised?
5. Would you like to be involved in discussing how we could improve care relating to restrictive practices?
How has being part of this award had an impact on you?

**Personally and professionally...**

Natalie, Blackpool: “I’ve gone on a personal journey that’s really helped transform my career path... I was in an operational role and on a set journey and [the award] really opened up something very different and I’ve taken on a new role as an Improvement Manager within the Emergency Care Improvement team at NHS Improvement.”

Anna, Essex: “I’ve learnt so much about myself and others. I came into the award year with ‘impostor syndrome’, this can confidently say has now gone and this is partly thanks to the QSIR course which has enabled me to develop skills, confidence and a solid body of knowledge.”

Rachel, Bradford: “The Sir Peter Carr Award has offered me a once in a lifetime opportunity to reflect upon my skills, qualities and aspirations. Through this award it’s got me to think about my day to day work and it’s helped me reflect on who I am and who we are as a group. It has given me the credibility and confidence to pursue areas of work I would not have considered and provided a network of mentors and role models to draw upon.”

**As a clinical-managerial partnership...**

Alison, Leeds: “Thanks to this, we’re much better connected as a pair, externally and nationally to experts who can help us.”

Anna and Alison, Leeds: “We have relished the opportunities the Sir Peter Carr Award has provided us with and are more passionate than ever about embedding the use of data for improvement at all levels within our organisation and have, and continue to develop ourselves to allow us to achieve our vision. In our organisation, people now stop us in the corridor. Being part of this has given us more credibility and people want us to succeed.”

Emma, Essex: “It’s somehow easier when it’s two people, two different perspectives... doing it together – clinician and manager partnership – that’s the real secret ingredient.”

Dan, Bradford: “Winning the award gave us the opportunity to develop and learn about QI methods, network with other QI enthusiasts and the chance to properly launch our social movement of 15s30m.”

**As a learning network...**

Dan, Bradford: “This has truly changed my life.... and changed my outlook on my career. I have met the most amazing people, learnt more than I ever thought I could and changed my outlook on my life in work (and at home!). I can’t express the gratitude in words of what the Sir Peter Carr award has given me so far (and keeps giving).”

Emma, Essex: “If you give people just a bit of support, doesn’t need to be massive, but if they can come together they can go on to achieve bigger things.”

Rachel, Bradford: “I feel immensely privileged to have met some of the most extraordinary people in the NHS which I am proud to now call my friends.”

The Sir Peter Carr Award – What Has Being Part of this Award Given You?

Anna and Alison, Leeds: “We have relished the opportunities the Sir Peter Carr Award has provided us with and are more passionate than ever about embedding the use of data for improvement at all levels within our organisation and have, and continue to develop ourselves to allow us to achieve our vision. In our organisation, people now stop us in the corridor. Being part of this has given us more credibility and people want us to succeed.”

Gurkaran and Natalie, Blackpool: “We were blown away by the offer of support and access to senior advice, networks and training provided by NHS Improvement through this award. Before we were colleagues and through this we are now a partnership.”

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Rachel, Bradford: “I feel immensely privileged to have met some of the most extraordinary people in the NHS which I am proud to now call my friends.”

Emma, Essex: “We’ve learnt a lot from each other because all of the projects are very different, all of the partnerships are very different, but also there are lots of similarities as well and we’ve been able to spark off each other – it’s given us a lot more ideas!”

Anna, Leeds: “This has truly changed my life... and changed my outlook on my career. I have met the most amazing people, learnt more than I ever thought I could and changed my outlook on my life in work (and at home!). I can’t express the gratitude in words of what the Sir Peter Carr award has given me so far (and keeps giving).”

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Natalie, Blackpool: “It’s been one of the most challenging years I think we’ve had in the NHS on record, and what this has done is brought back the joy and pride to our work.”

Mike Chitty, Head of Applied Leadership at the NHS Leadership Academy: “Thinking about the Developing People – Improving Care document, we’ve been developing people and you (the finalists) have been sharing stories about how that development of you as people helps you improve care... it’s been an interesting experiment to tie this theory into a piece of practice and it’s been a lot of fun!”

Read Mike’s blog here

Kate Cheema, Kaleidoscope Health and Care: “I’ve had the privilege twice now to spend time with the Sir Peter Carr award winners and nominees who are forming the beginnings of a network of passionate people with projects in hand to make care, and life generally, better in their organisations. One of the many advantages of learning as part of a network is the opportunity to challenge yourself with views from outside of your tribal stomping ground in a safe space; to truly get at the alternative view that could shed that crucial bit of light on the problem at hand.”

Read Kate's blog here
Reflections for the wider NHS – how can leaders support staff to lead improvement work?

Natalie, Blackpool: “… Really listen to the staff working in the systems, they are the experts, they understand what will work and what will make a difference … it’s important to give people that opportunity and freedom to do what works will make a really big difference.”

Alison, Leeds: “It’s so important to invest in the people, bring them together and have the time to talk, share ideas and listen – it shouldn’t be a luxury but it is a luxury. If you’ve got a clinician or manager who’s interested in Improvement, then find them a buddy outside their normal world and as a team how can you help them take it further, how can you invest in those people, how can you connect them, how can you give them the time and the space to develop.”

Emma, Essex: “Allow that time for people to invest in themselves … use our experience as a group to let people know that anyone can do this – you don’t have to have a background in Improvement … all you need is an interest, an enthusiasm and a commitment to do things better, better for patients”.

Greg Madden, Senior Development Advisor, NHS Improvement: “As a national organisation our role must surely be to create the environment to help make people’s jobs easier not harder. What we’ve learnt through the award is that some of the ways we can do that are actually quite simple – whether creating opportunities for people to come together to learn from each other or making connections for them to leaders and experts in the health system who can help and advise them.”

Key Messages for NHS Leaders

Greg Madden, Senior Development Advisor, NHS Improvement: “As a national organisation our role must surely be to create the environment to help make people’s jobs easier not harder. What we’ve learnt through the award is that some of the ways we can do that are actually quite simple – whether creating opportunities for people to come together to learn from each other or making connections for them to leaders and experts in the health system who can help and advise them.”

Mike Chitty: “We need to do more of this. We need to give that platform that says “this feels like I’m invested in, I feel like I can improve care.”

Harriette O’Shea, Programme Support Assistant, NHS Improvement: “The award programme has highlighted the importance of having time and space to grow in the workplace, allowing for the development of innovative Quality Improvement ideas. The award’s finalists are a highly inspirational cohort and it has been a humbling and fantastically rewarding experience to work with them all.”

Jonathan, Derby: “To have people who are trained in Quality Improvement methodology who understand the system and are actually delivering the care. To get them to do that work as well as their job is one of the keys to a sustainable system.”

Rachel, Bradford: “Invest in your middle management because they can invest in your front line staff … the importance of giving people the time and the space has been a huge learning point this year.”

Mike Chitty: “We need to do more of this. We need to give that platform that says “this feels like I’m invested in, I feel like I can improve care.”

Alison, Leeds: “We’re all committed to inspiring the next lot of people like us, the clinician and manager partnerships…we want to think about how we can create a network to bring in new people and what investment we might need to support people like that.”

What next?

Dan, Bradford: “It brings me great pleasure that the SPC finalists have decided to continue as a network. Personally it is so important to me that we live on the legacy of Sir Peter Carr; a man who dedicated years to the NHS to make improvements and wasn’t scared to do something different to encourage change to happen.”

Alison, Leeds: “We’re all committed to inspiring the next lot of people like us, the clinician and manager partnerships…we want to think about how we can create a network to bring in new people and what investment we might need to support people like that.”

NHS Improvement will be running the Sir Peter Carr Award again in 2019. Details of how to apply will follow in the new year.