**KIDD Sharon [Patient Experience] (ULHT)**
So this is the this is not the agenda for the day.

So we'll start off with a few welcomes and introductions from myself and care opinion and our surgical unit.

A quick brief overview of what we've learned as a trust using care opinion.

Then Julie and Charlie, who's now in short, are gonna give you a quick overview of how they've used care, opinion and and increase their usage on on why they've had to do it.

Then that James is gonna step in and and explain everything about care, opinion, and then at the end, we've got the usual Q&A sessions.

But not hard questions, please cause it is Thursday afternoon.

We always like to start our presentations with a quote.

So you can argue with the facts and with the figures and statistics, but you can't actually argue with a personal experience.

You can always skew a figure, but written words are written words.

So who is care opinion?

For those of you who don't know, and it's a very different way for for a trust to seek feedback outside of the usual pals, complaints, FFT and everything.
And it was founded back in 20 or five, and it's national.

It's independent.
It's sits outside the NHS, which is a great benefit.
It's nonprofit making, and this is about sharing stories, opinions about somebody's.

Prior touch point in any healthcare setting, I'm OK.
I hope that you care homes that do quite a lot of.
That's not just hospital related and it's about a conversation online.

So a patient will write the story, it goes to care, opinion.
They're moderated it and then we all get an alert to say, well, there's a story and it goes live on the website.
And I liken it too and it just TripAdvisor so everybody uses TripAdvisor.
If you're going on holiday or you're going somewhere new, care opinion is at the end.

NHS TripAdvisor so if anybody is coming into a service who's got a a planned operation, they can search and see what the patients have said about that's in and how you know and get an overview of how it feels to be a patient and that would and that's what the surgical unit have done and the benefits.

So others can learn from their experience.
You can look at other trusts stories and and see how they how they change things from on the back of feedback and it is real time.

A story is written today.
It probably will go live by tomorrow.

And it and the greater value is.

It is allows the teams to see the actual feedback about their service that it's in the public domain.

So everybody can see it, you can look at to see if it, if there's any emerging trends that that might be coming out, you might see that you've got an issue around food service or or or anything you can track your stories back and see if there is any emerging themes.

It helps us because we know that if we're having CQC inspection or NHS visit, we know that their regulatory bodies and including Health Watch will stalk our stories just to have a a little glimmer of what the patients are saying about us as an organization and some of the stories that we get we we can affect a change to it.

So it could be something really little and there's a few bit later on in a couple of minutes where a patient has made a recommendation.

The team of took it on board and they have made a change.

And then we can go back on story, which is one of the things about care.

Opinion is you can have a conversation online, so with a other provider you can only provide one response.

You can't then go back and say thank you.

We've shared it with the team and following your feedback we have now implemented this change so you can have more than one reply, especially in the cross linkage where you've got three large providers.

The story could be about all three and with the other service, and it's whoever gets their first, puts the reply, and then we can't reply back.
So yeah, and I think our teams are quite brave.

You know, they're not afraid of the negative comments and they're doing brace them.

Really, really well.

So I would journey.
We started back in 2012 and we have so far received which actually quite a standard me 6000 stories.
Just over 2.1 million members of the public have read our stories and our response rate in the last past hundred stories is at 84% response rate.
So we actively seek responses back from the teams at the minute.

We've got 416 staff listening and responding to our stories and then we have the ability to take a story offline, but we call it a conversion.

So where it could be very generic, so I had a a brilliant experience of Pilgrim that doesn't really help us.

So we would then go back online and say please email whoever let us know exactly where you are and then we take it offline and then we can share that feedback with that relevant department or if it's negative and online is not the right platform to be then sharing personal information with if they've had a bad experience, we can say the Mitchum might say well, this is my email address or my work mobile.

Please contact me directly and we'll we'll sort this out for you and then we'll put reply on back saying thank you for contacting us and I understand that there's gonna be calling you this week.

Another previous said we can tag a story with changes planned and then if the changes planned and it's made, then we can tag it so that as well.
And have Nick James slide here.

When we started with care opinion, it didn't sit in the patient experience team.

It sat with our very old customer care team and all they would do is put the thank you for your feedback and that's it.

But from this, the patients actually want a response from the team that was caring for the patient, not a corporate role, and which is what we've adopted and how we do it now.
So how we manage our stories at the patient experience team, me and my admin, we have to gatekeeper.
So when the story comes in, we then forward it to say Julie and Charlie to say, can you provide us with a response?

We like to say a reply within seven days, because if I've made feedback or a complaint, I'd like a a fairly quick response back and just like one picking on Julie.

Now Julie will send us a response because we know that life out there is very busy.

Everybody's got 200 passwords to, you know, keep track of.

So we manage it and Julie sends us a reply.

We post it back and there's the ability that we can post it back under Julia's name.
So we take a bit of the work load from our frontline teams and it works really well.
And then again, we can take a story offline and we do have quite a few as I was the end of as a conversion, which is really, really good.
So we can get into that really depth and granularity of actually what was really good or what went really bad and change him stories, this one and basically was about trying to get in contact with the phlebotomy department.

I'm at Louth Hospital and So what the feedback was from the system was if you don't want to talk to paragraphs is they've introduced some cards that they will give to patients and to give them that information about.

What they need to do if they can't attend to test on the day, so that was just like a little.

It's a little thing, but actually that makes a big impact on future patients attending.

I've nearly finished and I know James likes this)
This is quite old and but this is what we have learned so far.

I proud to that one actually and cause it.

0:10:45.260 --> 0:10:47.180
**James Munro**The stood the test of time, Sharon.

But but it is a marathon, a lot of teams get this disheartened by the start, handing the cards out, and they don't see anything.

It's it's not a Sprint.
It is a marathon.

You've got to embed it in the teams to routinely hand cards out and and speak, and it's about speaking to the patient saying we'd love to hear your story about your stay here and not just leaving them in a pile.

It's having that conversation to encourage them to tell the story, and that's me.

So I'm gonna stop sharing, and I'm gonna hand over to Julie and Charlie from our surgical unit at Grantham.

**RECORD Julie (ULHT)**
Charney, you gonna show what we did yesterday?

RECORD Julie (ULHT)
And of course, you'd better about it and maybe look very presentable for him.

Do that's the service level quickly.

I've got it and I'm going to just say the usual next slide please.

They're all journey on the surgical unit using care. Opinion.

0:12:3.340 --> 0:12:4.220
RECORD Julie (ULHT)
I'm Julie record.

The matron here was the band 7 on here and Charlie's the Band 7 on here at at at the minute should say at the Minutes and they're gonna leave.
Yeah, presently.

We'll announce it on here is recorded.
And what is the Grantham surgical unit?
And we've been named as one of eight surgical hubs nationally to be awarded accreditation for high standards in clinical and operational practice.
There are more hubs and our out there, but at the beginning in March, we were one of the eight.
So the hospital is part of a scheme that's run by an NHS.
England's getting it right first time, which is good, led by Professor Briggs, which is a program in collaboration with the Royal College of Surgeons of England.

It assesses hugs against it, framework and standards and surgical hubs are separated from emergency services that were part of plans and Ashley to increase capacity for elective care with more dedicated operating theatres and beds.
So it is just elected care that we take.
A Hobson.
Perform planned surgery and mainly focus on high volume, low complexity HPLC surgery across various specialities which are from authentic sky neurology.

Max, Max, ENT and breast.

I like what happened.
General surgery and colorectal.
It is our ambition to establish ground through active surgical hub as a center of excellence for elective surgery for Lincolnshire and the wider region and be a trailblazer for new elective hubs coming on board and at the minute, yeah, we are quite a jewel in the crown for ULHT for taking all of the electors and some mutual aid from other hospitals as well.

So that's our journey during during 2023, we didn't.
We weren't too good with using care opinion.
We weren't.
We were trying with to be further a lot of audits out there and I think we felt that patients were getting an awful lot of people, this one and that one in theatres wanted one.
They need to just wanted one.
They consultants wanted one and I think the poor patients must have felt.
How many do I need to fill in and so care opinion has actually worked much much better for us.
The we've got two really good I'm ambassadors that give out the cards.
All the staff are aware of the cards and they love all the feedback that comes back to and and Sharon does as a report and and I answer all of them, everyone different Sharon, don't our so everyone is personal for that patient and one patient actually just to say on this bit replied back and said thank you so much Julie.

I thought you'd be too busy, so that actually shows patience.

Do go back on and read it, which was exceptional really.

So we are getting back to November's too, but we've had more than that.

So we are getting much, much better with this.

So why we needed to change?

It was for patient experience.

We had a bit of a blip where we had some patients when we first started as the hub, ending up in A and E because they got lost getting to the hospital.

There wasn't enough information, so we picked that up when we did our quality accreditation for bronze and for Silva, there was a a pamphlet designed and we changed the waiting list bits.

And we also do an audit to make sure the patients get all of that information and we do an audit for girl for patients experience pre and post discharge.

So we do inpatients.

They case the day after, and for electives we ring them a week down the line to make sure and all that goes back to give to make sure the patients and us have had the best journey that they can have and the quality accreditation for the unit after choosing achieving bronze and silver and we're aiming for gold now that came into a hugely cause patient experiences of huge part of that.

So we shared and we ordered the sharing of care opinion information given to patients last and then patient that's been shared and we ensure that the patient voice is heard.

So we can learn from any issues and negative as well because we get some negative ones with cancellation of theatres or found the answer that's probably all we've had.

I mean, usually they are exceptional and but it's usually cancellation of theatres which is beyond our control, but it's something we can learn from and we can escalate and and answer back if they want to have a personal conversation, that's about it.

So here's some of the amazing comments that I've become quite made about.

Their experience with those and made them to be funded for collage.

This is really powerful and motivational for our team to be able to see and things you can be there for each as welcoming friendly five star, accommodating, reassuring and can be seen throughout that it's really encourages the team to continue to strive for excellence, to try to ensure that all our patients received the same exception and experience.

And you can see that little one in A and A and that's where we lost patience in and he didn't we?

So we come over from that.

That's really good.

Patients all feel a wide range of emotions when the reverse.
If you can see from the coverage and feelings, such as relaxed, cheerful looking, happy as well as feelings, and I've been actions worried, confused, reassured and well taken care of.
Patients not to feel really vulnerable when in hospital and it's so important that we're aware of the wide range of emotions that they commit to women so that we can adjust the way that we communicate with them.

So these are a couple of stories that we've had and from the time I was admitted from my Arthroscopy, I was made to feel very comfortable.
I was impressed with staff, but all aware of the site impairment, which has not happened before.

Everybody was so nice and friendly and explained everything from Hannah.
My nerves for the day up to the consultant and you've just and all the theatres staff.
I would thoroughly recommend this offer to anyone undergoing treatment similar to mine.
A huge thanks to everyone for making my stays very comfortable and my up was last week and my care was beyond expectation.
Every member of staff was so kind and ultra professional.

A stressful time was made so much easier.
So there's a really wonderful and a doctor's very friendly rather than Grandpa.
And so this is just amazing for our team to read and for all our future patients to be able to come and stay and help them to alleviate some of their own lives that they may have about come and stay with us and we would just be this level.

Thanks very much.

So we're top shown on your TripAdvisor, I think at the minute.

I think you get.
Yeah.

0:18:26.370 --> 0:18:42.850
**KIDD Sharon [Patient Experience] (ULHT)**
I think you do get the five stars for for tripling files, but that that just shows you that two people coming in from Arthroscopy or whatever can read that and know that they're going into a very nice warming ward area with brilliant stuff.

0:18:44.340 --> 0:18:44.580
RECORD Julie (ULHT)
Yeah.

0:18:42.960 --> 0:18:45.810
KIDD Sharon [Patient Experience] (ULHT)
So so that is part of the parent.

0:18:44.690 --> 0:18:47.930
RECORD Julie (ULHT)
To be honest, if I was a patient having an I would I would do the same.

0:18:47.940 --> 0:18:51.790
RECORD Julie (ULHT)
I would read I would want to see what that Ward was like and what when you get them.

0:18:51.800 --> 0:18:52.290
RECORD Julie (ULHT)
Yeah.

0:18:52.300 --> 0:18:58.430
RECORD Julie (ULHT)
Yes, the famous TripAdvisor you want to see what's happening and what though, because it would cut me off with everybody said they had a bad experience.

0:18:58.440 --> 0:18:59.690
RECORD Julie (ULHT)
So it's it's good.

0:18:59.700 --> 0:19:1.480
RECORD Julie (ULHT)
It's a huge morale boost for our stuff.

0:19:1.660 --> 0:19:2.120
RECORD Julie (ULHT)
That's it.

0:19:3.120 --> 0:19:3.940
RECORD Julie (ULHT)
I'll be quiet now.

0:19:3.950 --> 0:19:4.400
RECORD Julie (ULHT)
Be quiet now.

0:19:8.190 --> 0:19:8.880
KIDD Sharon [Patient Experience] (ULHT)
Thank you, Julie.

0:19:8.890 --> 0:19:9.740
KIDD Sharon [Patient Experience] (ULHT)
And thank you, Charlie.

0:19:10.880 --> 0:19:13.90
KIDD Sharon [Patient Experience] (ULHT)
I'm gonna hand you over to James.

0:19:13.100 --> 0:19:16.30
KIDD Sharon [Patient Experience] (ULHT)
Who is chief executive of care opinion?

0:19:17.740 --> 0:19:18.850
James Munro
I've been thank you very much.

0:19:18.860 --> 0:19:20.730
**James Munro**
Well, I haven't bought any slides.
I was very keen to to see all of that, including your lovely and Imation translation.

Thanks for sharing all that.
It's really interesting actually to hear how Julie and Charlie, how you were using it in the surgical hub.
That's just fascinating, and I think one of the things we hear from a lot of, umm, organizations across the country is for is the impact on morale.
And I think that people are often quite surprised by that.
We lots of clinicians think that all the feedback is gonna be horrible and negative, and everybody's going to get depressed and then it turns out on our figures about 70 to 80% is positive and the effect on morale and confidence and pride of staff is is fantastic really.

I think that just helps everybody in the course.

That's often what patients are trying to achieve.

They're trying to boost morale and encourage staff because they really appreciate all the hard work.
That's that's been done.
And the way they've been looked after so.
So I think that's that's really good.
Sometimes people say to us actually, you know what's wrong with the old fashioned.
Thank you card and and because there's nothing wrong with it at all, nothing wrong with it, but the joy of this is that these these stories are quite apart from getting to the staff directly.
They can get to the bosses, they can get to the managers, they can go to the chief exec.
They can be seen by the health watch by the Commissioner, the ICB and we use.
We teach on a lot of courses we teach on nursing and medical courses around the country in different universities, and students use the stories that people share to to learn about issues like patient safety and compassion and empathy and patient centered care.

And you know, improving care when things go wrong and all these sorts of things, so they they used in teaching and they're in used in research as well.
So that's just all sorts of benefits, but lots of people from it.
I just wanted to share one thing off the of the the the website because Sharon didn't mention this, but I just want to give you proper.
So I'm just gonna share the website here.
Hopefully you can see our our homepage that expect a lot of people would have seen that before I make it a touch bigger.

So you can see properly and if you go down to here where the statistics are, you can see there's over 600,000 stories and about four to 14,000 staff across the health service currently using this.

But if you click on staff listening, you can see our biggest subscribers by number of staff and there's good or ULHT there in at #10, which is pretty impressive, isn't it?
So 418 staff members listening and 345 uh can respond directly to stories if they want to.

As Sharon mentioned, you tend to sort of handle the response essentially for people, but that's different in different trusts and lots of organizations.

These organizations, for example, different trusts and health boards, they'll do it differently, some of them.
Uh, different members of staff will have their own email alerts.

The the email will come to them.
They'll respond to stories about their own service.
So it's a very sort of distributed approach.
So what I've done for being in the top 10 nationally and and the other thing just to mention because I'm sure to be on some people's minds, is the FFT and one of the interesting things actually the ULHT does, which, umm, I don't think many trusts have done this, but they could and there's nothing to stop them is you've sort of hooked care opinion on to the end of your text messaging system for the friends and family test.
So you send texts to patients after they've gone home, and then and the last text in the series that they got after they replied to the FFT questions is they can Click to go to care opinion if they want to and share a detailed story.

And that's what lots of people do.

And that's one reason why you've got so many stories coming through to the trust.
I think it's because you use that.
Of course, once you set that system up, nobody has to sort of worry about.
It just takes care of itself and income the stories, so that's quite a nice system.
And there's different ways you can do that.

We have what we call hybrid workflows, so you can link if you're using, for example, there's a thing called Civica which is a service system for trust.
If you use that, you can link care opinion to that and so on.
There's lots of ways to join link these things up, so I'll stop burbling on because I think it's important to let everybody who's come along today have a chance to ask questions and make comments and give.
That's give the town as a kicking as the Americans would say, and see what you think of it all.
And you've put your hand up.

**Q&A**

0:24:7.210 --> 0:24:8.570
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
I have a question please.

0:24:10.810 --> 0:24:11.450
James Munro
Yeah, go ahead.

0:24:10.840 --> 0:24:32.190
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
I would like to ask if your care opinion Portal has got any sort of translation tool connected with because we serve a lot of people who maybe not necessarily will be able to communicate in English and I think we we are really struggling.

0:24:33.730 --> 0:24:34.460
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Are you sure?

0:24:34.470 --> 0:24:35.480
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Maybe I don't know.

0:24:35.630 --> 0:24:42.480
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
I suppose that we don't hear voice of patients who do not speak English that well.

0:24:42.960 --> 0:24:43.230
James Munro
Umm.

0:24:42.550 --> 0:24:45.130
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
So what would be their for those patients?

0:24:45.570 --> 0:24:58.680
James Munro
Umm, OK, so when you come to care opinion, there's a little language sort of selection which at at the top of the page that you can use that's got about 60 or 80 languages on it.

0:24:58.690 --> 0:25:2.920
James Munro
It's done by Google, so it's not us doing the translation, it's Google translates.

0:25:2.930 --> 0:25:20.860
James Munro
So obviously sometimes it's good and sometimes it's not very good translation and but it does mean that people can read the website at least so people can read it when it comes to sharing your own story, most of the stories we get learn English, which is good because we have to moderate them all.

0:25:21.210 --> 0:25:23.760
James Munro
And so we have to be able to understand the story.

0:25:24.800 --> 0:25:27.830
James Munro
Umm, but sometimes we do get storage, not the languages.

0:25:27.840 --> 0:25:36.890
James Munro
We've had stories in Spanish, Ukrainian, Hungarian and Bulgarian, for example, so a range of languages not so often, but sometimes.

0:25:37.420 --> 0:25:47.200
James Munro
And then we put the story into Google Translate to see what it says and if it's entirely positive, then we're able to publish it without moderation, without editing.

0:25:47.800 --> 0:25:54.270
James Munro
And that means that we can put the story up in both English and the language that it was spoken in, the told in.

0:25:54.430 --> 0:25:58.190
James Munro
So that's what we'll always try and do we.

0:25:58.240 --> 0:26:2.950
James Munro
It's a sort of a bit of a sort of what I'd call a string and sealing wax approach to language.

0:26:2.960 --> 0:26:19.20
James Munro
At the moment, I mean we we sort of do our best, but we'd like to be much more ambitious about language and we're hoping to apply for funding next year to to do a much more ambitious program around that multilingual website that would allow people to share stories in their own language.

0:26:20.180 --> 0:26:20.590
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Thank you.

0:26:23.310 --> 0:26:24.860
KIDD Sharon [Patient Experience] (ULHT)
I'll jump on the back of what James said.

0:26:24.870 --> 0:26:38.200
KIDD Sharon [Patient Experience] (ULHT)
Also, the public can leave a story as pictures as well, so it can help with those with low literacy or with the learners supposed so you can tell your story using picture tiles and that.

0:26:38.210 --> 0:26:47.920
KIDD Sharon [Patient Experience] (ULHT)
And then I find it quite good for to then reply back using the pictures as well, so they get the message back using the pictures that they've already used.

0:26:48.350 --> 0:27:0.430
KIDD Sharon [Patient Experience] (ULHT)
So you can do that and and I know and I haven't tried it yet, but our trust website we've now got recite me and on top and it will translate all our page.

0:27:0.510 --> 0:27:18.140
KIDD Sharon [Patient Experience] (ULHT)
But I haven't looked at is the care it will translate all the care, opinion and pages that we've got on there, but why haven't checked is he answered the I don't think it would do that, but James is somewhat you could look at recite me, it's our ICB use it.

0:27:18.940 --> 0:27:20.240
James Munro
Well, I'll have a look at that.

0:27:20.250 --> 0:27:23.860
James Munro
We've got a thing on care opinion that we'll read the story to you.

0:27:24.450 --> 0:27:37.900
James Munro
So you can have it read to you so people who have difficulty reading large blocks of text, you can click and it will read the story to you and it will do that in a number of European languages, but not as many as the Google Translate does.

0:27:38.780 --> 0:27:39.0
KIDD Sharon [Patient Experience] (ULHT)
Yeah.

0:27:38.530 --> 0:27:40.460
James Munro
So that that can be quite helpful.

0:27:40.650 --> 0:27:46.220
James Munro
And the other thing that, oh, it's a nice link coming up from Tracy there that that was just gonna mention BSL.

0:27:46.230 --> 0:27:55.980
James Munro
So for a the deaf story authors umm, who use BSL, we've worked in a couple of places, particularly in Northern Ireland.

0:27:55.990 --> 0:28:15.400
James Munro
Also in NHS Tayside, with looking at how we can receive storage from people who want to sign their story and they know that Ireland that's come through a sign translator and then delivered to us and then we put it online and then what happened in Northern Ireland was they actually signed the video of the story and the response and put them online as well.

0:28:15.410 --> 0:28:22.590
James Munro
And I think if you follow the link that Tracy's put in the chat, you'll be able to see some of those where you can see the story.

0:28:23.80 --> 0:28:33.620
James Munro
But also you can watch it being signed if you want to, so there's quite a lot of, you know, experiments, I suppose, carrying on where as we try and work out how best to do this for patients.

0:28:34.490 --> 0:28:35.40
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Thank you.

0:28:36.570 --> 0:28:45.210
James Munro
And Rosie, you've got a question here more about the approach to FFT and care opinion and why did you ohh.

0:28:45.290 --> 0:28:46.740
James Munro
This might be a question for you Sharon.

0:28:46.810 --> 0:28:51.890
James Munro
Why did you make the decision to direct people to care opinion for free text comments and not your existing provider?

0:28:52.170 --> 0:28:53.270
James Munro
But that's an interesting question.

0:28:53.70 --> 0:29:0.360
KIDD Sharon [Patient Experience] (ULHT)
So we have, we haven't gone away from the FFT golden rules so that you will get a text in overall.

0:29:0.370 --> 0:29:1.860
KIDD Sharon [Patient Experience] (ULHT)
How was your experience of care?

0:29:1.870 --> 0:29:6.110
KIDD Sharon [Patient Experience] (ULHT)
You go back with her and one cause it was excellent.

0:29:6.120 --> 0:29:7.160
KIDD Sharon [Patient Experience] (ULHT)
Why did you give that?

0:29:7.300 --> 0:29:17.590
KIDD Sharon [Patient Experience] (ULHT)
And then they can leave the text and then the parting goodbye message that everybody gets for an an SMS is if you'd like to tell us anymore, please click on this link.

0:29:17.600 --> 0:29:34.540
KIDD Sharon [Patient Experience] (ULHT)
So we still adhere to the the rules of FFT, so instead of just saying thank you for your feedback, we have because we had a few more characters left on our last text message and it was quite a challenge to get it down to the the the 20 characters that we were allowed.

0:29:34.990 --> 0:29:38.460
KIDD Sharon [Patient Experience] (ULHT)
And we then just added a shortened link saying.

0:29:38.670 --> 0:29:39.570
KIDD Sharon [Patient Experience] (ULHT)
Please tell us more.

0:29:41.810 --> 0:29:43.790
KIDD Sharon [Patient Experience] (ULHT)
And and I haven't looked recently, but.

0:29:46.0 --> 0:29:49.60
KIDD Sharon [Patient Experience] (ULHT)
It's an invitation that can I can go on my care.

0:29:55.140 --> 0:29:55.370
James Munro
Umm.

0:29:49.70 --> 0:29:59.260
KIDD Sharon [Patient Experience] (ULHT)
Opinion subscription and see which of the stories are a conversion from FFT and which are directly from the website if that makes sense.

0:30:0.450 --> 0:30:0.720
James Munro
Yes.

0:30:0.260 --> 0:30:0.870
Bloomfield, Rosie (NNUHFT)
That's brilliant.

0:30:0.780 --> 0:30:1.140
Bloomfield, Rosie (NNUHFT)
Thank you.

0:30:1.920 --> 0:30:3.180
James Munro
Yeah, I mean it it it.

0:30:2.500 --> 0:30:7.390
KIDD Sharon [Patient Experience] (ULHT)
So it's very easy to do and I think it depends on who your FFT provider is.

0:30:7.700 --> 0:30:7.840
James Munro
Yeah.

0:30:8.180 --> 0:30:16.50
KIDD Sharon [Patient Experience] (ULHT)
Also, we use healthcare communications and and it was very, very easy to do and.

0:30:15.980 --> 0:30:28.680
James Munro
It's worth saying you can do it both ways round so you can do it the way you're doing, which is invite the FFT and then people who want to can tell a longer story or raise particular concerns that they want an answer to through care, opinion.

0:30:28.690 --> 0:30:31.100
James Munro
Cause of course you can't get an answer to anything through 50.

0:30:31.920 --> 0:30:32.440
James Munro
Umm.

0:30:32.900 --> 0:30:34.160
James Munro
And you can also get the other way.

0:30:34.170 --> 0:30:47.490
James Munro
You can invite people to come to care, opinion and then you can tweak the workflow so that when somebody's told the story, we pop up a little thing saying ohh the trust would like you to follow this link and go and fill in a survey or something like that.

0:30:47.500 --> 0:30:54.320
James Munro
So you can you can do it both ways around, but it is it's worth thinking about the difference between careopinion FFT.

0:30:54.610 --> 0:31:10.220
James Munro
I tend to think of FFT as sort of high volume, but kind of lowish information, whereas I tend to think of care opinion, but as low volume behind formation, stories tend to be longer, they're quite specific, they're quite detailed, they're around about particular areas.

0:31:10.230 --> 0:31:14.380
James Munro
They're from main, particular members of staff and so on, and you can respond to them.

0:31:14.390 --> 0:31:15.980
James Munro
Which of course you can't have 50.

0:31:15.990 --> 0:31:18.80
James Munro
So those are the principal differences.

0:31:19.0 --> 0:31:21.500
James Munro
Anna, did you want to come back in as well?

0:31:21.950 --> 0:31:24.890
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Yeah, if I may, I'm sorry.

0:31:25.180 --> 0:31:36.810
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
My question is, do you have on your portal and stories but for a people who are classes, young people or children?

0:31:36.910 --> 0:31:44.400
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
And how did you go about the age of the patients and collecting this information please?

0:31:45.130 --> 0:31:50.540
James Munro
Yeah, there, there are some stories and there there are ways to search for those on care opinion as well.

0:31:50.550 --> 0:31:52.80
James Munro
If if you're particularly interested.

0:31:54.440 --> 0:31:56.970
James Munro
It shows children under 13.

0:31:56.980 --> 0:32:7.950
James Munro
We asked whether they've got parental consent to share and obviously we comply with, you know, safeguarding guidelines and so on and Internet usage guidelines put out by the BBC and others.

0:32:8.200 --> 0:32:11.50
James Munro
So it has to be safe for everybody.

0:32:11.60 --> 0:32:18.450
James Munro
That's obviously really important on the whole feedback from children and young people is that care opinion is quite dull.

0:32:18.580 --> 0:32:23.710
James Munro
It's quite a boring side because they're only pictures of not very much to do apart from share your feedback.

0:32:24.510 --> 0:32:43.650
James Munro
So we don't get a lot of children, young people coming to the site of their own bats, but in services where they've invited feedback, for example in teenage oncology services, then actually they have received a significant amount of feedback from from young people.

0:32:44.200 --> 0:32:46.100
James Munro
At the moment we've got a workflow called.

0:32:46.110 --> 0:32:46.650
James Munro
There's a button.

0:32:46.660 --> 0:32:59.310
James Munro
You'll sit on the home page called Tell Monkey of Story, and you can click and there's a sort of monkey graphic monkey image that decorates the workflow to make it more child friendly.

0:32:59.630 --> 0:33:2.530
James Munro
Now we're gonna be changing that slightly in the future.

0:33:2.540 --> 0:33:11.990
James Munro
So at the moment we're working on what kind of animal or other friendly thing we want to introduce to make it more bit more friendly and visual for for children.

0:33:12.0 --> 0:33:13.10
James Munro
So we're doing that at the moment.

0:33:14.170 --> 0:33:14.570
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Thank you.

0:33:18.660 --> 0:33:26.50
James Munro
Anybody else got more questions, awkward or otherwise, please feel free to ask, cause we've got a few minutes left.

0:33:26.60 --> 0:33:28.980
James Munro
So anybody wants to to ask anything?

0:33:31.590 --> 0:33:36.990
James Munro
Heather of where we have we sort of if you got any questions floating in your mind you want to throw in.

0:33:39.590 --> 0:33:40.440
James Munro
Now you're all right.

0:33:40.450 --> 0:33:41.640
James Munro
What about you, Amanda?

0:33:41.770 --> 0:33:42.970
James Munro
How are things that Northampton?

0:33:44.720 --> 0:33:45.70
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Hello.

0:33:45.80 --> 0:33:45.320
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
You.

0:33:53.100 --> 0:33:53.260
James Munro
Right.

0:33:45.380 --> 0:34:2.910
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
I'm I'm new to patient experience team on the equality, diversity and inclusion, patient liaison officer and I think they're they're keen to try and get options for different diverse communities and groups to be able to contribute their opinion and their feedback.

0:34:3.340 --> 0:34:3.890
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So I was.

0:34:8.650 --> 0:34:8.890
James Munro
Umm.

0:34:4.90 --> 0:34:10.910
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
I was interested in the, you know, the issue that we've got about knots or offering translator services to FT and things like that.

0:34:10.960 --> 0:34:15.170
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
We're missing a lot of feedback, I think, and that's such a shame.

0:34:15.180 --> 0:34:20.680
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So we've got such a big community that English isn't their first language and and doubtlessly services aren't.

0:34:20.810 --> 0:34:25.690
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
They are impacted by services and not being inclusive fully, but that's the way it is.

0:34:26.170 --> 0:34:34.60
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So I was I was interested in that and and interested in the other ways of collecting it for deaf people or visually impaired people.

0:34:34.70 --> 0:34:35.850
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Just the different ways of doing that.

0:34:35.860 --> 0:34:37.350
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So there's lots of different ways, isn't there?

0:34:37.360 --> 0:34:39.710
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
It's kind of, yeah.

0:34:37.910 --> 0:34:48.450
James Munro
There are, I mean, one of the things, one of the things people have done around the language issue is that we've seen people do is work with local community groups to help people share their stories.

0:34:48.460 --> 0:35:1.740
James Munro
So sometimes with volunteers or particular community groups, people will will sort of have a session and that'll help people give any feedback they want to in the in their own language.

0:35:1.750 --> 0:35:4.560
James Munro
But then translate it for putting on care opinion.

0:35:4.570 --> 0:35:7.610
James Munro
And then, of course, they can see whether they get a response back and so on.

0:35:8.40 --> 0:35:11.300
James Munro
So there are different ways to to sort of think about the problem.

0:35:13.360 --> 0:35:30.430
James Munro
What we'd like is obviously that we could take stories in any language and then moderate them successfully in post them, but I think in the future we're always gonna be relying a bit on things like Google Translate and so on, because it would be very expensive for us to have, you know, a moderator and every language you can think of that would, that would be very difficult.

0:35:32.150 --> 0:35:33.500
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Yeah, very difficult.

0:35:33.510 --> 0:35:41.840
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
And I know I suggest you know, obviously had the surgical unit have used it, how the different services using it like they're focusing on using it.

0:35:41.850 --> 0:35:51.700
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
I think that's really, really useful to let people know that they can do that themselves, or they could work with us to try and get that as a targeted approach to either to accredited system.

0:35:51.710 --> 0:35:56.640
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
But it is good after accredited system or the accreditation from something else. Umm.

0:35:59.150 --> 0:36:1.240
James Munro
That's not a question for Julie and Charlie.

0:36:4.30 --> 0:36:4.330
James Munro
Umm.

0:36:0.960 --> 0:36:6.670
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
He said it's a question, but I just wanted to just to make sure because obviously you said to feedback was an important part of the gift process.

0:36:6.680 --> 0:36:11.510
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So is uh audit so but.

0:36:10.760 --> 0:36:11.610
RECORD Julie (ULHT)
Yeah, we would do it.

0:36:11.620 --> 0:36:12.930
RECORD Julie (ULHT)
Forget it is forgot.

0:36:12.940 --> 0:36:19.490
RECORD Julie (ULHT)
We ordered it for Dev, but also for our quality accreditation for the trust for silver gold at bronze, silver and gold.

0:36:19.580 --> 0:36:20.680
RECORD Julie (ULHT)
So it is all that.

0:36:20.730 --> 0:36:22.510
RECORD Julie (ULHT)
So we do it with that as well.

0:36:22.20 --> 0:36:23.900
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
What you think thinking? Yeah.

0:36:22.560 --> 0:36:26.230
RECORD Julie (ULHT)
Yeah, it's the quality and accreditation as well as go.

0:36:29.70 --> 0:36:29.210
RECORD Julie (ULHT)
Yeah.

0:36:27.600 --> 0:36:29.280
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So it's a separate thing, OK?

0:36:40.940 --> 0:36:41.150
James Munro
Umm.

0:36:30.110 --> 0:36:44.340
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
And because I just thinking that it could be really used for different, we have learning disabilities or audits, different dimensional audits and things like that to sort of like make it a bit more focused to those groups and sort of like to really make sure we get there, all the feedback.

0:36:47.720 --> 0:36:47.980
James Munro
Umm.

0:36:44.350 --> 0:36:51.840
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
So we didn't listening events, but this might be another way of making sure that we get those people that don't attend listening events or and.

0:36:56.740 --> 0:36:57.40
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Umm.

0:36:51.200 --> 0:36:58.730
James Munro
Umm, there's been a lot of use of care, opinion in learning disability services and different places actually not very far from you.

0:36:58.740 --> 0:37:2.330
James Munro
If you if you talk to folks at Notts Healthcare, that would be a good place to.

0:37:2.390 --> 0:37:8.240
James Munro
I mean we can connect you with them if you're interested in what they've done around learning disability services.

0:37:9.330 --> 0:37:10.30
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Yeah, yeah.

0:37:17.60 --> 0:37:17.340
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Umm.

0:37:8.250 --> 0:37:27.360
James Munro
Obviously they, they actually they probably our biggest subscriber, they have 800 and something staff using care opinion and the and they use it to correct across their community mental health services including high secure mental health in Rampton and some prison health services too amazingly.

0:37:28.560 --> 0:37:28.750
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Yeah.

0:37:33.770 --> 0:37:33.970
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Yeah.

0:37:27.650 --> 0:37:40.260
James Munro
So in terms of when you think about diversity is very interesting to think about all the different sorts of people who might be able to give feedback if you if you produce something that's simple and accessible for them.

0:37:40.510 --> 0:37:44.830
James Munro
And it turns out you can get quite a long way with with care opinion doing that.

0:37:48.140 --> 0:37:48.870
James Munro
Yeah. Yeah.

0:37:47.10 --> 0:37:50.40
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
Lots to think about them, yeah.

0:37:48.880 --> 0:37:50.630
James Munro
Good, Anna, you've got another question.

0:37:53.120 --> 0:37:55.130
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
I am sorry I am difficult one.

0:37:55.140 --> 0:38:1.350
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
I think and then my question is do you collect in any form or shape or is not needed?

0:38:1.610 --> 0:38:3.830
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Equality diversity monitoring.

0:38:3.840 --> 0:38:11.670
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
So when we have got those successful stories, can we say in the background what protected characteristics?

0:38:11.680 --> 0:38:13.760
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Because this is what is required from us.

0:38:13.770 --> 0:38:16.90
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
So we know what populations we are serving.

0:38:16.200 --> 0:38:18.630
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
It might help with health inequalities.

0:38:18.780 --> 0:38:21.410
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
So do you collect this data or not?

0:38:21.760 --> 0:38:23.110
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Or do you just?

0:38:23.120 --> 0:38:24.130
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Is not required.

0:38:24.140 --> 0:38:25.190
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Nobody is asking.

0:38:26.630 --> 0:38:38.620
James Munro
So we we don't make it mandatory, so you don't have to share any information like that if you want to share a story, the only personal information you would share would be your email address and postcode.

0:38:39.210 --> 0:38:42.0
James Munro
So that's all you have to share.

0:38:42.10 --> 0:38:44.720
James Munro
And for some people, that's more than enough.

0:38:48.310 --> 0:38:48.560
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Would you?

0:38:44.730 --> 0:38:49.580
James Munro
That's a lot of people who give feedback are very scared, particularly if they want to give negative feedback.

0:38:49.590 --> 0:38:51.260
James Munro
They can be very anxious about that.

0:38:51.570 --> 0:38:57.70
James Munro
They worry that it will affect their care, and that's particularly true in paper long term conditions.

0:38:57.80 --> 0:39:1.490
James Munro
Who are returning often to a service and so we don't make it mandatory.

0:39:2.310 --> 0:39:2.820
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Umm.

0:39:3.400 --> 0:39:4.490
James Munro
It's optional.

0:39:4.830 --> 0:39:13.210
James Munro
About 15% of people fill in some demographic data for us so so it's a bit, but it's not.

0:39:13.420 --> 0:39:32.740
James Munro
It's not a lot and you can run reports on that off the website, and that includes the different characteristics that are mandated by NHS England in the FFT, so age, gender limiting long term illness, I think it is and ethnicity.

0:39:32.890 --> 0:39:34.760
James Munro
So we ask about those questions.

0:39:35.60 --> 0:39:35.340
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Umm.

0:39:35.450 --> 0:39:41.720
James Munro
But as I say, about 85% of people don't complete that, about 15% do and it is.

0:39:41.730 --> 0:39:47.240
James Munro
So it is optional, and then there's various reporting and not just on demographics.

0:39:52.230 --> 0:39:52.540
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Umm.

0:39:47.250 --> 0:39:55.700
James Munro
There's obviously reporting on stories and the activity and staff engagement and things like that around the service that you can run and data visualizations as well.

0:39:55.710 --> 0:39:58.860
James Munro
So there's all sorts of stuff like that built in from a data perspective.

0:39:59.950 --> 0:40:0.380
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Thank you.

0:40:1.140 --> 0:40:1.430
James Munro
You.

0:40:1.440 --> 0:40:2.0
James Munro
You're welcome.

0:40:2.10 --> 0:40:11.400
James Munro
What we tend to find actually is the people think the the the impact of care opinion is gonna come in a sense through the data that people provide through the information.

0:40:11.950 --> 0:40:18.960
James Munro
But actually, as we we were sort of mentioning earlier that a lot of the impact comes through the way that it changes relationships and culture.

0:40:19.930 --> 0:40:45.90
James Munro
I'd be really interested to hear from Julie and Charlie whether you think that's the case, that you have in your unit might be a bit early days, but the impact on staff, teams and getting used to feedback, getting used to seeing their service through patients, eyes thinking about things like morale and morale boost and becoming much more open to all kinds of feedback, not just the positive, but the -, 2 and looking for the learning opportunities.

0:40:45.500 --> 0:40:50.210
James Munro
So that's what we tend to see happen over time with care opinion, which is a really positive thing.

0:40:50.220 --> 0:40:57.530
James Munro
I think Julia, is that what's your experience been with that and if you got, do you think there's any impact yet on culture?

0:41:7.110 --> 0:41:8.30
James Munro
Not yet, no.

0:41:5.420 --> 0:41:8.370
RECORD Julie (ULHT)
Well, really noticed I'm done throughout.

0:41:8.380 --> 0:41:10.250
RECORD Julie (ULHT)
No, not not in the minute, no.

0:41:10.750 --> 0:41:16.430
James Munro
It looked like your numbers were probably still a bit low and that someone perhaps settle it would be interesting to see if that changes.

0:41:18.10 --> 0:41:18.210
RECORD Julie (ULHT)
Yeah.

0:41:20.760 --> 0:41:21.150
James Munro
Sharon.

0:41:22.180 --> 0:41:29.950
KIDD Sharon [Patient Experience] (ULHT)
I'll raise a formal hand and we have we so from from our stuff, from our stories we have.

0:41:31.920 --> 0:41:40.740
KIDD Sharon [Patient Experience] (ULHT)
Seen some changes, especially with some of them, the doctors and and we've had quite a few that have then gone on to be aboard story.

0:41:41.240 --> 0:41:47.820
KIDD Sharon [Patient Experience] (ULHT)
There was a particular one about an Ernie Doctor Who clearly made a a mark on this.

0:41:47.830 --> 0:41:51.20
KIDD Sharon [Patient Experience] (ULHT)
This lady's care and his, you know, his compassionate.

0:41:51.30 --> 0:41:54.800
KIDD Sharon [Patient Experience] (ULHT)
Compassionate and he went back to check on her while she got moved.

0:41:54.890 --> 0:41:56.900
KIDD Sharon [Patient Experience] (ULHT)
And he was quite flabbergasted. He said.

0:41:56.910 --> 0:42:7.30
KIDD Sharon [Patient Experience] (ULHT)
He never went to seek feedback, but when he got it and he knew who the lady was, even though it is anonymous and it blew him away, he was.

0:42:7.40 --> 0:42:8.510
KIDD Sharon [Patient Experience] (ULHT)
He was so grateful.

0:42:8.890 --> 0:42:11.90
KIDD Sharon [Patient Experience] (ULHT)
And so he made that into a port story.

0:42:11.100 --> 0:42:25.790
KIDD Sharon [Patient Experience] (ULHT)
And also our comms team used and so the good stories for and stop Friday feedback or so you've got a built-in resource of sharing good news to the you know to the public as well.

0:42:27.220 --> 0:42:29.960
James Munro
You used to have a Facebook group, didn't.

0:42:30.500 --> 0:42:31.10
KIDD Sharon [Patient Experience] (ULHT)
We did.

0:42:29.970 --> 0:42:31.440
James Munro
You've shown that just still have that.

0:42:31.20 --> 0:42:32.450
KIDD Sharon [Patient Experience] (ULHT)
Yes, we do.

0:42:32.700 --> 0:42:43.260
KIDD Sharon [Patient Experience] (ULHT)
I haven't done it recently, but yes, we used to share at periodically stories and about a team and you could see I could.

0:42:43.270 --> 0:42:44.720
KIDD Sharon [Patient Experience] (ULHT)
I could go on and and story.

0:42:44.830 --> 0:42:47.940
KIDD Sharon [Patient Experience] (ULHT)
Might have had 200 reads and I've put it on the 1st.

0:42:47.950 --> 0:42:49.530
KIDD Sharon [Patient Experience] (ULHT)
I'll staff Facebook group.

0:42:49.540 --> 0:43:3.0
KIDD Sharon [Patient Experience] (ULHT)
That's got eight and a half thousand of 10 and a half thousand members of staff on it by next morning and 1000 people read it, and that's sharing the story within the staff to say, well, actually, how amazing.

0:43:3.300 --> 0:43:6.120
KIDD Sharon [Patient Experience] (ULHT)
Julie team are surgical unit cause this is what they've said.

0:43:6.130 --> 0:43:11.930
KIDD Sharon [Patient Experience] (ULHT)
And so, yeah, you you can see and sharing it to how many people have read it.

0:43:13.770 --> 0:43:14.20
James Munro
Yeah.

0:43:14.30 --> 0:43:14.620
James Munro
Amazing.

0:43:14.760 --> 0:43:15.340
James Munro
Very good.

0:43:16.190 --> 0:43:16.490
James Munro
OK.

0:43:16.500 --> 0:43:18.760
James Munro
I think we're we're pretty much out of time, aren't we?

0:43:18.770 --> 0:43:25.930
James Munro
So so does anybody else want to raise anything before I hand back to Sharon to formally end the meeting?

0:43:26.120 --> 0:43:26.980
James Munro
It is your meeting, Sharon.

0:43:27.660 --> 0:43:28.460
KIDD Sharon [Patient Experience] (ULHT)
Is it alright?

0:43:31.210 --> 0:43:36.340
James Munro
Any any last questions or comments before we finish up because I don't want to keep people over time.

0:43:40.90 --> 0:43:40.420
KIDD Sharon [Patient Experience] (ULHT)
Nice.

0:43:40.20 --> 0:43:40.840
James Munro
Everybody alright?

0:43:41.710 --> 0:43:45.310
James Munro
If you if you do think questions the future you want to ask, you can always come back to me.

0:43:45.320 --> 0:43:47.720
James Munro
Or AM or anytime anytime you like.

0:43:47.730 --> 0:43:54.200
James Munro
And we'll be happy to to answer questions or show you things on the side or whatever if you're interested in learning more.

0:43:54.210 --> 0:44:0.520
James Munro
So don't, don't, don't hold back if a question pops into your head in the next few days, just get in touch.

0:44:3.190 --> 0:44:4.580
KIDD Sharon [Patient Experience] (ULHT)
Alright. Well, I'll just end it then.

0:44:4.810 --> 0:44:8.780
KIDD Sharon [Patient Experience] (ULHT)
And everybody's got any questions for me, I'll and use it from a service user end as well.

0:44:9.90 --> 0:44:22.480
KIDD Sharon [Patient Experience] (ULHT)
And but I'd like to thank you all for I'm very quick whirlwind tour that 45 minutes has gone really, really, really quick and so have a brilliant end of end of the day and have a lovely weekend all.

0:44:22.490 --> 0:44:23.290
KIDD Sharon [Patient Experience] (ULHT)
And thank you all.

0:44:24.290 --> 0:44:24.760
James Munro
Thanks.

0:44:24.860 --> 0:44:25.740
James Munro
Thanks very much Sharon.

0:44:25.980 --> 0:44:26.700
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Thank you.

0:44:26.440 --> 0:44:26.720
BUTLER, Amanda (NORTHAMPTON GENERAL HOSPITAL NHS TRUST)
You.

0:44:25.750 --> 0:44:26.750
James Munro
Thanks for hosting it.

0:44:27.540 --> 0:44:28.220
Bloomfield, Rosie (NNUHFT)
Thank you.

0:44:28.260 --> 0:44:28.680
KUSZTYB, Anna (LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)
Thank you.

0:44:27.450 --> 0:44:28.900
James Munro
Good to say I.

0:44:27.420 --> 0:44:29.270
RECORD Julie (ULHT)
Bye bye bye bye.

0:44:28.20 --> 0:44:29.310
Emma Noonan
Thanks, Sharon. Bye.

0:44:29.230 --> 0:44:29.440
Bloomfield, Rosie (NNUHFT)
Bye bye.

0:44:29.90 --> 0:44:30.530
James Munro
I buy bye.