

HEALTH SERVICE JOURNAL

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HSJ

2009

AWARDS

CONGRATULATIONS



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NHS
*Institute for Innovation
 and Improvement*

NHS
*National Institute for
 Health and Clinical Excellence*



Sustainable Development Unit



NHS
National Patient Safety Agency



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 adding life to years and years to life

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RICHARD VIZE
HSJ EDITOR

“ THE HSJ AWARDS CELEBRATE HEALTHCARE AT ITS BEST. THE WINNERS HAVE PROVED THEMSELVES IN A RIGOROUS JUDGING PROCESS AND HAVE TRIUMPHED FROM MORE THAN 1,000 ENTRIES. THEY DEMONSTRATE THE INNOVATION, INSPIRATION AND DEDICATION OF HEALTH SERVICE STAFF.

THIS WEEK’S GALA AWARDS EVENING AT LONDON’S GROSVENOR HOUSE HOTEL WAS THE BIGGEST EVER, WITH MORE THAN 1,400 GUESTS.

AS ALWAYS, WE ARE GRATEFUL TO OUR JUDGES AND OUR SPONSORS FOR MAKING THE HSJ AWARDS POSSIBLE, AND TO HEALTH SECRETARY ANDY BURNHAM FOR PRESENTING THE SECRETARY OF STATE’S AWARD.

THIS IS CHOSEN FROM A SHORTLIST OF THOSE WINNERS WHO THE JUDGES FELT WERE OUTSTANDING EXAMPLES OF HEALTHCARE.

HSJ HOPES THAT THE AWARDS PLAY A SIGNIFICANT ROLE IN SPREADING INNOVATION ACROSS THE NHS.”

CREDITS

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- Sub-editor: Amit Srivastava



**SECRETARY OF STATE'S AWARD FOR EXCELLENCE IN
HEALTHCARE MANAGEMENT**

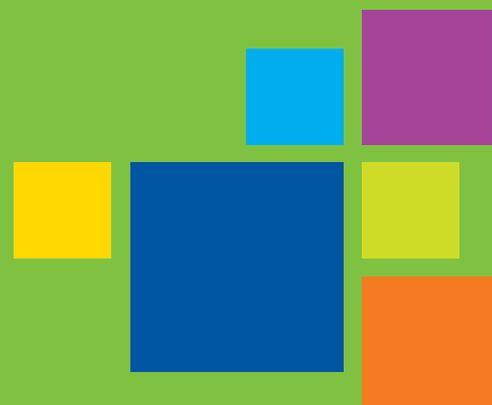
WINNER: HEART OF BIRMINGHAM TEACHING PCT



**RT HON ANDY BURNHAM MP
SECRETARY OF STATE FOR HEALTH**



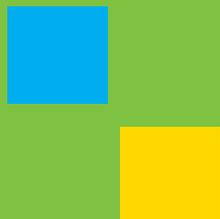
**“ THE GYM FOR FREE
COLLABORATION BETWEEN
HEART OF BIRMINGHAM TEACHING PCT
AND BIRMINGHAM CITY COUNCIL
HIGHLIGHTS THE BENEFITS OF INTEGRATED
PARTNERSHIP WORKING BETWEEN THE
NHS AND LOCAL AUTHORITIES. IN AN
EXTREMELY STRONG FIELD THE SCHEME
STOOD OUT WITH A VERY INNOVATIVE,
CITY-WIDE APPROACH DEMONSTRATING
FANTASTIC RESULTS THAT ARE MAKING A
REAL IMPACT ON THE LIVES OF A
SIGNIFICANT NUMBER OF PEOPLE. GYM
FOR FREE EMBODIES THE CULTURE CHANGE
REQUIRED TO CREATE A TRULY
PREVENTATIVE NHS WHICH INCLUDES THE
PROMOTION OF PHYSICAL ACTIVITY IN ITS
CORE BUSINESS.”**



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CHKS is once again proud to sponsor the **HSJ Acute Trust of the Year Award** to celebrate excellence in UK healthcare provision

ACUTE HEALTHCARE ORGANISATION OF THE YEAR



JUDGES

- Helen Bevan, NHS Institute for Innovation and Improvement
- Simon Pleydell, South Tees Hospitals Trust
- Candy Morris, NHS South East Coast
- Alan Hall, NHS Finance, Performance and Operations
- Paul Robinson, CHKS



WINNER: THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS FOUNDATION TRUST

The “better care, better value” approach at Royal Bournemouth and Christchurch Hospitals provides a focus on quality that cuts the cost of waste while improving safety, effectiveness and experience for patients and staff.

Licensed as a foundation trust in April 2005, the acute provider has an annual turnover of more than £220m, some 4,500 staff working on two hospital sites and in the community, 900 beds and 18 operating theatres. The average age of patients in its local area is high. Christchurch has the largest concentration of over-75 year olds in the UK while East Dorset boasts the longest average life expectancy in the country.

A large transformation programme targeting costs and quality anticipates no income growth in the near future. Following joint work with the local primary care trust, plans are in progress to deliver £12m revenue savings over the next two years. While this is pursued, of course, quality must be maintained or improved. At Bournemouth and Christchurch this has meant developing new quality indicators and making others more transparent and publicly owned. Seven key strategy goals inform an annual action plan that maintains forward momentum and deliver those improvements.

The approach is already paying dividends. According to NHS “better care, better value” indicators, Bournemouth and Christchurch ranked fifth out of 169 trusts for clinic did-not-attends, 13th for new follow-up ratios, 20th for day surgery rates and 32nd for pre-op bed days.

In the staff survey the trust appeared in the top 20 per cent in at least 60 per cent of indicators. The organisation also gained top scores on the NHS Institute’s medical engagement scale and many clinicians are supported to take on national roles. Bournemouth and Christchurch was also the first NHS trust to get a British Standards certificate for business continuity.

Other changes include a redesigned radiology workflow to maximise efficiency and job quality that combines with state-of-the-art equipment including the NHS’s first 360-slice CT scanner, providing images of a beating heart or complete brain scan in a second.

For 2008-09 the Care Quality Commission rated Bournemouth and Christchurch “excellent” for quality of services and quality of financial management. Monitor has scored the trust five out of five for use of resources for four out of the past five years. The most recent National Patient Survey results continue the trend of improvements.

The judges thought that Bournemouth and Christchurch’s entry demonstrated that, with a well embedded, systematic approach to service transformation that gets the quality right, financial savings will follow. They also praised the trust’s linkage of corporate goals to the frontline, early recognition of the financial outlook, management development for all new consultants and its systematic approach to the Productive Ward programme.

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PRIMARY CARE ORGANISATION OF THE YEAR

WINNER: LIVERPOOL PCT

With some of the highest levels of deprivation and lowest levels of life expectancy in Britain, nobody could describe the health challenges facing Liverpool as easy. Facilities across primary and community care need urgent improvement and hospitals wait for redevelopment.

In such circumstances Liverpool Primary Care Trust has been instrumental in delivering the leadership to bring health and social care, providers, stakeholders and service users closer together. Importantly, in a city with a strong sense of community, it has been looking to get the people of Liverpool involved in making decisions about future health services. The city-wide proposal "A New Health Service for Liverpool" received overwhelming public support while the "Liverpool's Challenge" project has persuaded more than 90,000 people to lose weight.

The PCT is developing a neighbourhood approach to commissioning, with local communities taking charge of tackling their own needs. As the PCT puts it, it's an approach "with experts on tap, not on top".

Partnership work with the local authority has resulted in £350m of pooled budgets and 2010 being declared the "Liverpool Year of Health and Wellbeing". Integrated health and social care commissioning has been a vital part of several primary prevention initiatives. Smoking prevalence has reduced by 20 per cent in recent years, while a wide-ranging strategy to reduce alcohol misuse has seen a fall in overall alcohol related hospital admissions while admissions nationally have risen.

In its world class commissioning assessment the PCT scored three for leadership of the local NHS, made up of seven trusts. The PCT has brought managerial and clinical teams together to plan a city-wide health strategy. Cooperation through practice based commissioning has led to the PCT achieving extended hours at 75 per cent of its GP practices and a levelling off of demand on A&E and emergency admissions.

Strategic plans are aligned with national and regional NHS priorities, trust business cases, the local area agreement and other strategies and plans. Emphasis has been placed on developing a programme management approach, supported by programme budgeting. A ten year investment plan underpins the development strategy. In March 2009 the PCT had a total end of year balance of £6.4m.

The use of information systems to help clinical excellence – linking clinicians across general practice, out-of-hours services and local A&E departments – has won the PCT a number of national awards.

Judges commended Liverpool for impressive performance across all aspects of commissioning, good evidence of moving care closer to home and impressive improvements in primary care facilities and GP quality. They were also struck by the strength of the relationship with the local council and what one judge described as the best community engagement and needs assessment to date.

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JUDGES

- Andy McKeon, Audit Commission
- James Tugendhat, Bupa Health Dialog
- Margaret Edwards, NHS National Productivity Unit
- David Stout, NHS Confederation
- David Colin-Thomé, Department of Health



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Bupa Health Dialog 



BT is delighted to support the HSJ Awards 2009

This evening brings us together to celebrate and reward the innovation, excellence and hard work that exists throughout the healthcare profession.

BT is proud to support the HSJ Awards 2009 and wishes all those shortlisted the best of luck.

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ACUTE AND PRIMARY CARE INNOVATION



JUDGES

- Rachel Tyndall, Islington PCT
- Kevin Mageean, NHS Innovations London
- Justin Whatling, BT



Winners, clockwise from top left: Janelle Holmes, Sara Furness, Richard Warner

- **HIGHLY COMMENDED** Homerton University Hospital Foundation Trust
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WINNER: EMERGENCY ASSESSMENT UNIT – SALFORD ROYAL FOUNDATION TRUST

Using a checklist with new acute patients has produced dramatic improvements in adherence to prescribing and prophylaxis policies at Salford Royal Foundation Trust's emergency assessment unit.

The new checklist, which is used during the first ward round, was introduced after a team from the unit examined issues impacting on care, as part of a project to reduce healthcare associated harm. The team came to the conclusion that, in a unit with a high workload and fast turnover – average length of stay is 18 hours – errors of omission were likely to have a significant impact.

The checklist incorporates nine key tasks. Included in these are the prescription of oxygen and adherence to thromboprophylaxis policy, which have been analysed to measure the project's success.

Prior to the introduction of the checklist, 58 per cent of oxygen prescribing adhered to trust policy, a figure that climbed to 86 per cent soon after its introduction. Adherence to the trust's thromboembolism prophylaxis policy had been as low as 52 per cent but once the checklist was put into use this rose to a near perfect 96 per cent. Repeating these measurements 12 months after the introduction of the checklist has demonstrated its continued value.

Consultants in addition to those in the core acute medical areas are now using the checklist during ward rounds. The tool has also been adapted for use in other parts of the trust including the emergency clinical decisions unit, surgical high dependency and several other inpatient wards.

The use of reliability checklists had not been described for use in a medical ward round setting before the emergency assessment unit team began their analysis. The project also pre-dates the publication of the World Health Organisation's surgical safety checklist.

The judging panel were particularly impressed by what they described as excellent outcomes and much improved quality from a bottom-up initiative that owed much of its success to the trust-wide clinical culture.

→ sara.furness@srft.nhs.uk

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Congratulations...

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...well done to all those who entered



For more information on the National Social Marketing Centre please go to www.nsmcentre.org.uk or call 020 7799 1920



The NSM Centre is a strategic partnership between the Department of Health and Consumer Focus in England.



BEST SOCIAL MARKETING PROJECT

WINNER: HEART OF BIRMINGHAM TEACHING PCT

How can a primary care trust encourage disadvantaged communities to become physically active when cost is such a barrier to participation? The response from Heart of Birmingham Teaching PCT and Birmingham City Council has been a jointly developed and funded scheme, "Gym for Free", that aims to tackle weight problems in children and adults and get people exercising regularly.

The PCT serves some of Birmingham's most diverse and disadvantaged communities. Around four out of five families in the Ladywood area – where the scheme was piloted – live below the official poverty line. Residents there are more likely to suffer poor health and die younger. The area has 27,000 people on chronic disease registers and some of the highest levels of obesity and mental health problems linked to deprivation in the country.

With local long term unemployment among young people and the over-50s one-and-a-half times the city average, affordability is a very real local issue when it comes to physical activity.

As a feature of a partnership with the local authority which acknowledges that improving health and reducing inequalities are not just the province of the NHS, the PCT brokered a deal to secure free access for all residents to the council's leisure facilities.

From the population of around 300,000 that the PCT serves, Gym for Free has attracted more than 33,000 users – 8,000 of whom signed up in the first three months. The impact has been significant. One woman who joined the scheme lost eight stone as a result and says the initiative has changed her life. Children aged 10-11 have also seen a small reduction in obesity levels, the first and so far only drop of this kind in the country.

As a result of the level of take-up, success, good testing and evidence, wider public and stakeholder support and commitment from the city council and local MP, the scheme has grown. The plan now is to roll out Gym for Free across the whole of Birmingham before the end of the year.

The panel of judges were highly impressed with the market insight and research that drove the scheme and the transformation of services to meet the local population's needs.

→ lynda.scott@hobtpct.nhs.uk



JUDGES

- Sheila Mitchell, Department of Health
- Jeff French, National Social Marketing Centre
- Julie Alexander, Department of Health South East



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Winners, clockwise from top left: Kevin Haywood, Karen Jerwood, Carl Rice



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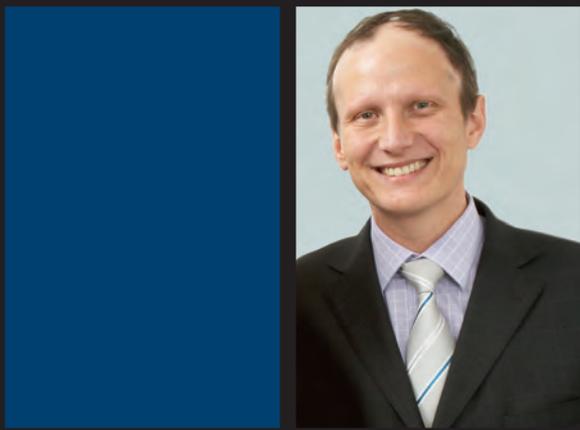


CLINICAL SERVICE REDESIGN

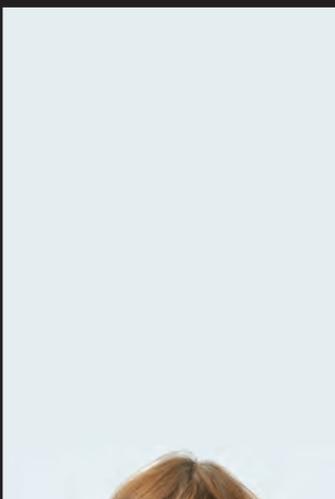


JUDGES

- Janet Williamson, NHS Heart Improvement Programme
- Hugo Mascie-Taylor, NHS Confederation
- Lynne Maher, NHS Institute



Winners, clockwise from top left:
Stuart Huntley, Steve Russell, Annie Laverty



WINNER: NORTHUMBRIA HEALTHCARE FOUNDATION TRUST

The redesign of Northumbria's acute stroke service has delivered marked improvements in quality of care, reduced length of stay and led to savings of £500,000 for commissioners. Nationally, the service is among the top 5 per cent of stroke units.

Northumbria Healthcare now has a model of care founded on the rapid transfer of all people with suspected stroke to a specialist centre offering immediate hyper-acute assessment, urgent brain imaging and access to clot-busting drugs 24 hours a day.

Thrombolysis is delivered by accident and emergency staff with telephone and radiological interpretation support from radiologists and stroke consultants.

The dedicated inpatient stroke unit provides access to quality rehabilitation and the support of a skilled and consistent specialist team.

Initial redesign proposals sought to ensure acute rehabilitation closer to home with the closure of community hospital stroke beds. Instead patients with stroke would be admitted to a single 27-bed combined unit on a district general hospital site.

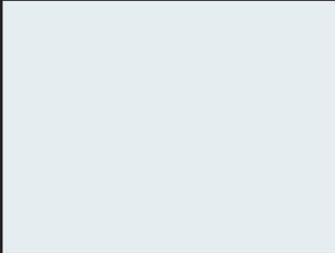
A three month public consultation involved user groups and a review of the draft national stroke strategy guidelines. Former patients and relatives visited the new ward to offer advice on changes to the environment, including the development of a new information room and therapy gym, before approving the proposed service.

Consultation and communication with the multidisciplinary team helped define project priorities, short term objectives and a desired culture for the new unit. Transfer and assessment protocols were also revised and agreed with ambulance, radiology and primary care staff.

The project included the development of an early supported discharge team as a safe and effective alternative to prolonged hospital care. The launch of this new service means that length of stay on the dedicated unit is now half that of the national average while rates of institutionalisation have remained consistently low at less than 5 per cent.

A number of features of the redesign project caught the attention of the judging panel. These included the overall project management approach and strong levels of engagement that successfully demonstrated how patient experience can be used in the redesign process.

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NICE use the best available evidence to make sure its guidance represents value for money. You can use NICE guidance to support the focus on quality and productivity, helping you to provide the best possible care as well as releasing resources and generating savings.

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- **Clinical guidelines** provide recommendations for the best care and treatment of people being looked after in the NHS.
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Our standards act as markers of high-quality, cost-effective patient care across a pathway or clinical area, covering treatment or prevention.

How to guide

How to use NICE guidance to commission high-quality services highlights how NICE guidance can provide you with robust, evidence-based, cost-effective national recommendations that you can use for planning and decision-making in commissioning services. For example, it describes how identifying treatments or interventions that do not add value and are not cost effective can be used to support the case for disinvestment or decommissioning. The guide will be launched at the NICE annual conference in December

Shared Learning examples

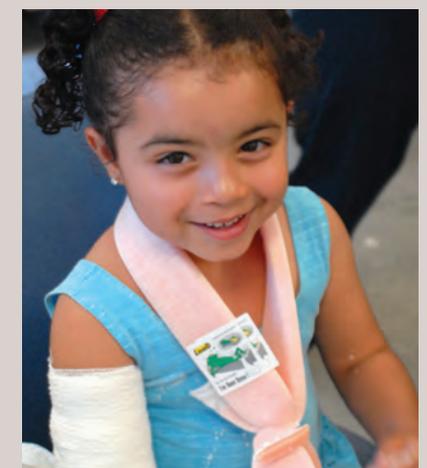
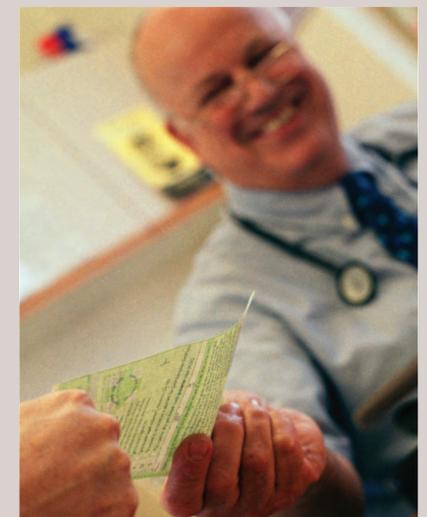
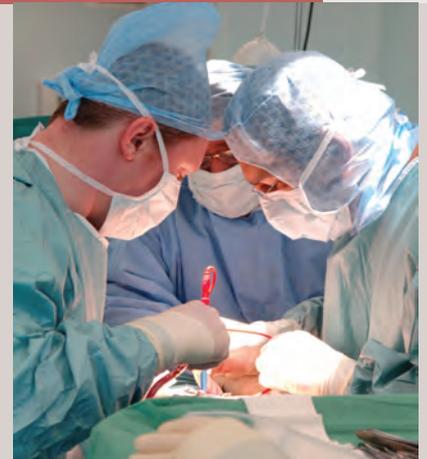
To help you implement changes in the most efficient way, NICE publishes examples of what has already been shown to work, and what hasn't, in other organisations.

Optimal practice review: recommendation reminders

NICE issues regular reminders of recommendations to help the NHS reduce ineffective practice..

Cost saving guidance

As part of NICE's support for the NHS in times of increasing budgetary restraint, we have published a list on our website of guidance which, when implemented, will generate net cost savings.



DELIVERING QUALITY AND VALUE WITH NICE GUIDANCE



Winners, clockwise from top left: Natalie Crane, Hannah O'Shea, Paul Guyler

- **HIGHLY COMMENDED** Guy's and St Thomas' Foundation Trust
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- **FINALIST** The Salford COPD Partnership/Innovex
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JUDGES

- Val Moore, National Institute for Health and Clinical Excellence
- Stephen Judge, NICE
- Premila Webster, Faculty of Public Health
- Janet Davies, Royal College of Nursing

WINNER: SOUTHEND UNIVERSITY HOSPITAL FOUNDATION TRUST

A radical redesign of stroke services at Southend Hospital has been brought about using the most up to date guidelines from the National Institute for Health and Clinical Excellence alongside recommendations from the Royal College of Physicians and the National Collaborating Centre for Chronic Conditions. The new services are a significant development: as recently as 2006, stroke patients were treated by the admitting consultant and went without a dedicated unit.

The project began with an internal study into the trust's care of patients with stroke and the results of this were considered against guidance outlining the best treatment options. A business case was then created to improve treatment and aid chances of recovery and prevent secondary complications, disability, dependency and mortality. Objectives included provision of a service that allowed for future development and growth, taking into account medical advances while ensuring compliance with best practice standards.

After three years of research and planning the dedicated acute stroke unit went operational in 2008. It has acute and rehabilitation wards, a purpose-built gym, a rehabilitation kitchen and family room. Services have also been transformed through a hyper-acute thrombolysis service (more than 170 patients treated to date), the reconfiguration of stroke imaging and the introduction of a daily transient ischaemic attack clinic.

A second consultant stroke physician, a speech therapist, dietician and pharmacist have been appointed and nursing levels have improved while a new stroke pathway ensures patients are treated quickly and efficiently. Mortality and length of stay has been reduced and bed stays in the unit have more than halved.

Southend administers thrombolysis to 15 per cent of patients with stroke compared with a national average of less than 1 per cent. More patients now return home to lead a better quality of life and live independently. An RCP audit in 2008 placed the unit among the top 5 per cent in the country.

Judges described this winning entry as a "great example of taking NICE guidance from start to finish, one that gives people their lives back through early appropriate action". They also commented on the strength of the multidisciplinary approach and the good links with GPs and commissioners.

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GOOD CORPORATE CITIZENSHIP

WINNER: BIRMINGHAM AND SOLIHULL MENTAL HEALTH FOUNDATION TRUST

Birmingham and Solihull is aiming to make sustainability and environmental best practice part of its normal work.

The programme to do this is delivered at the corporate and strategic level, through knowledge and awareness to bring about behavioural change across the workforce and via a number of projects.

Activities supporting the campaign include: policy development and input to the carbon reduction strategy for the NHS; training and workshops in sustainability; investment in new facilities that achieve excellent ratings for environmental standards, meet carbon reduction targets and use technologies such as ground source heating; night inspections that aim to cut heat and energy wastage; a recycling project working with patients; and work to develop sustainable procurement and travel.

The trust's original "Foundations to a Sustainable Environment" project focused on environmental efficiencies and provided a base to move forward. The project has since been reviewed and refocused to ensure that it encompasses the key objectives of the NHS carbon reduction strategy

Through the programme Birmingham and Solihull now seeks to ensure that sustainable development and carbon management is owned trust-wide and that best practice is a part of day-to-day business.

Minimising waste, changing procurement practices and examining how staff, patients and visitors travel to and from trust sites will reduce energy use and support the trust in meeting or exceeding carbon targets.

A community engagement team is working with the public to see how healthcare delivery can be moved closer to the patient.

The trust's principle is that developing a "sustainable environment is not of itself a project and cannot therefore be ticked as done." Outcomes to date nonetheless include energy savings in the region of 4 per cent, which equate to a CO₂ saving of around 440 tonnes; 60 per cent domestic waste recycling; total waste arising reduction of around 7 per cent; and new builds developed with onsite renewable energy.

Birmingham and Solihull received particular praise from the judges for the manner in which it analysed the challenge, the framework approach to partnership development and qualified results that linked savings to bed days.

→ neil.cross@bsmhft.nhs.uk



JUDGES

- Anna Abbott, Sustainable Development Commission
- Sonia Roschnik, NHS Sustainable Development Unit
- Sue James, Walsall Hospitals



Winners, clockwise from top left: Alan Kenny, Elaine Massey, Neil Hathaway, Neil Cross

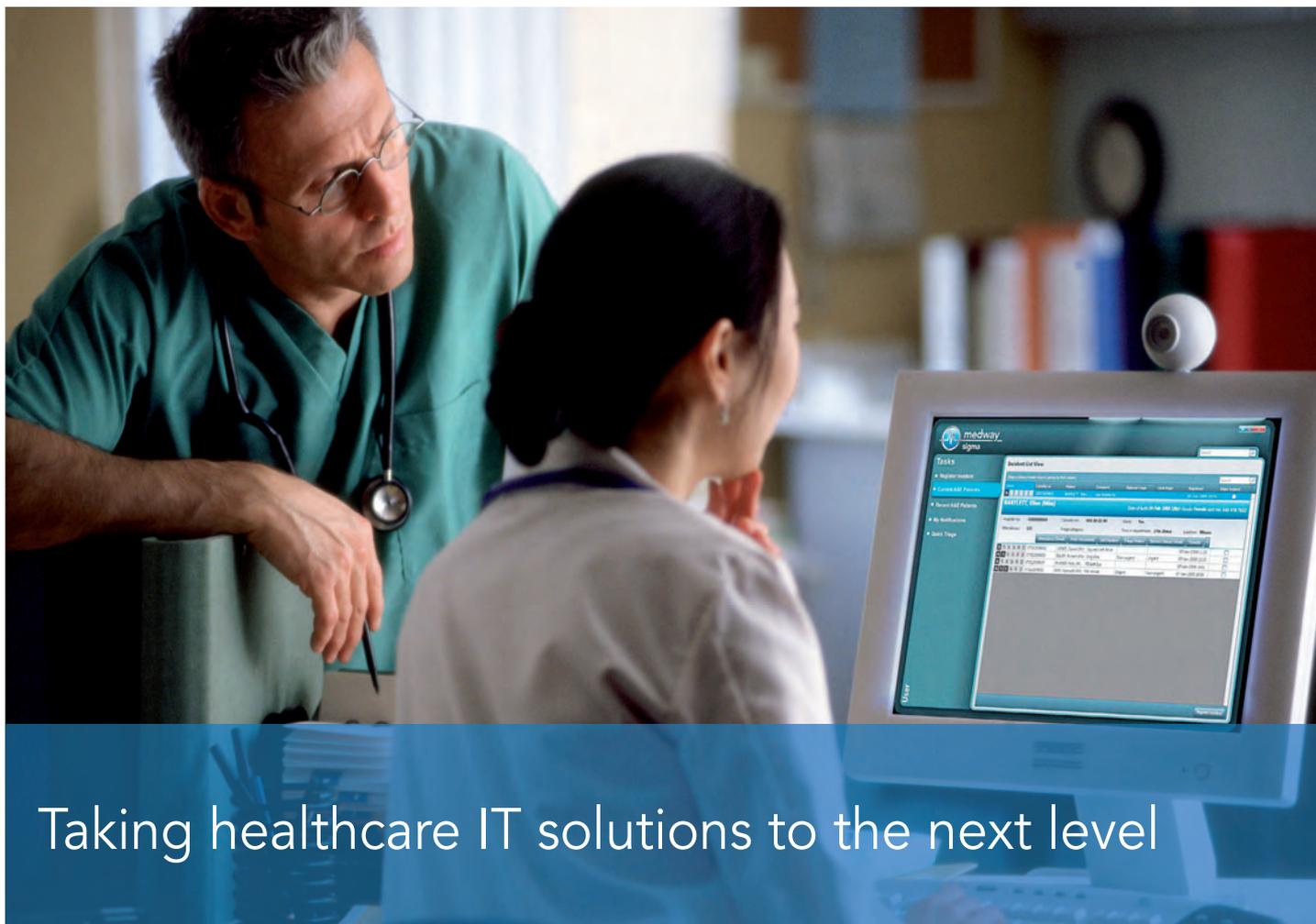
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Sustainable Development Unit





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IMPROVING CARE WITH TECHNOLOGY



Winners from Oxford Radcliffe Hospitals Trust, clockwise from top left: Sue Moore, Mike Murphy, Julie Staves

JOINT WINNER: EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST

Innovative use of telemedicine and rapid access to diagnostic imaging has helped East Kent to launch a 24/7 service for immediate assessment of patients suspected of stroke across three acute sites.

Where the condition is confirmed, immediate administration of thrombolytics prevents extension of the stroke. Daily transient ischaemic attack (TIA) clinics ensure early diagnosis and treatment for patients with early signs of stroke. The project team also sought to ensure patients with TIA would have an MRI/MRA scan within 24 hours, that carotid surgery procedures would be performed within 48 hours of diagnosis and that therapy services would be available seven days a week.

Joint working with agencies including primary care trusts and social services has been established as part of the strategy for improving length of stay. A bed management policy has also been agreed and implemented aimed at ensuring that patients were admitted directly to the stroke ward.

Training in the pathway has included the use of new technology and techniques. Rotas have also been adapted to ensure 24/7 cover for thrombolysis service and the TIA clinics. Consultants now have access to each of the trust's three acute sites via a broadband service. The new pathway has been commissioned by the local primary care trust and is fully self-funding under payment by results.

The judges praised East Kent for its application of standard technology to improve patient experience and outcomes and for showing cost savings in a project with huge potential for replication elsewhere.

→ mandy.carliell@ekht.nhs.uk



JUDGES

- Ian Denley, System C
- Richard Jeavons, NHS Connecting for Health
- Geraint Lewis, Cabinet Office

JOINT WINNER: OXFORD RADCLIFFE HOSPITALS TRUST

Oxford's BloodTrack transfusion system has the potential to save lives, costs and staff time, as well as improve adherence to evidence-based guidelines.

BloodTrack uses two-dimensional barcodes on patient wristbands, blood samples and blood units, which are all encoded with patient identity data. Scanning barcodes with a hand-held computer identifies the patient. Staff are prompted through the transfusion process, ensuring protocol is followed and each patient gets the right blood. The system links the transfusion laboratory with other IT systems and provides documentation and transfer of information at all stages of the transfusion process. It also provides doctors with real-time blood counts via a wireless link, guides prescription and promotes adherence to guidelines for use of blood and cost reduction.

The challenges of moving from the pilot to full implementation included getting £1.5m funding. BloodTrack has halved the steps in the transfusion process. It has eliminated paperwork, reduced process time by 52 minutes per patient and needs one nurse instead of two. Staff find it easy to use, while the requirement to scan ID badges reinforces security policy.

Judges praised the use of barcodes to remove human error. They also applauded a system that merges evidence-based guidelines and the latest results for each patient so that, when a doctor tries to prescribe outside the guidelines, a safety warning is electronically "pushed" to the clinician. The panel also felt there was huge scope for this project to be rolled out across the NHS for other prescriptions, such as chemotherapy.

→ barbara.cripps@orh.nhs.uk



Winners from East Kent Hospitals University Foundation Trust, from left: Bob Reeves, Katie Marshall, David Hargroves

- **FINALIST** Bradford Chronic Kidney Disease Electronic Advisory Service beth.daley@tpp-uk.com
- **FINALIST** Medilink West Midlands/ Sandwell PCT rob@medilinkwm.co.uk
- **FINALIST** Priority Research and Panasonic with BT Health chris.marritt@beattiegroupp.com
- **FINALIST** Royal Derby Hospital anne.turnbull@derbyhospitals.nhs.uk

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IMPROVING PATIENT ACCESS



JUDGES

- Bob Ricketts, Department of Health
- Kerri Houghton, South Devon Healthcare Foundation Trust
- Laura Roberts, NHS Manchester
- Andrew Prince, Serco



Winners, from left: Anne Cowman, Clare Wyke

WINNER: NHS LEEDS/HMP LEEDS

“Prisoner healthcare representatives” are now helping their fellow offenders access services as part of a groundbreaking project to improve healthcare at Leeds prison.

The project – a partnership between the prison and NHS Leeds Community Healthcare, part of NHS Leeds – grew from developments that had put into the prison a designated Patient Advice and Liaison Service facilitator and a Patient and Public Involvement lead, whose role was to drive forward involvement and improve healthcare services at the prison.

Prisoners at Leeds felt that they were not receiving a healthcare service equal to those for outside communities. The project invited them to get involved in the design and development of an improved service. A job description for the new healthcare representative role was also created and application forms were distributed to the 40 or more volunteers who had come forward. Individuals from a wide range of cultural and health groups were then selected for the role.

As well as creating their own uniform, this new group of representatives designed and produced an information leaflet describing their role which was distributed to fellow prisoners. The group has also been involved in reviewing documents including patient information and healthcare policy and has taken part in service improvement forums.

Their experiences and comments have changed prison healthcare working practices and helped implement a new minor illness service. With prisoner representatives delivering appointment cards to patients there has been a 23 per cent improvement in attendance and a waiting list reduction from four weeks to two days for clinic appointments.

Judges highlighted the way the Leeds project had made “choice... available to a disadvantaged group” and “improved outcomes demonstrated by an increase in the uptake of healthier options”. They also noted the use of local media to publicise the project and boost public confidence, and the improved patient prisoner experience brought about by participation in the project.

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- **FINALIST** STEPS Primary Care Mental Health Team/NHS Greater Glasgow and Clyde
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MANAGING LONG TERM CONDITIONS

WINNER: CARDIFF LOCAL HEALTH BOARD

Clinical case managers (CCMs) – highly experienced “expert generalist” nurses based in GP practices – are helping to cut hospital admissions and GP workload in Cardiff. The new CCMs have been based in eight pilot GP practices across the city. Each holds a case load of 50 active patients and a further cohort whom they contact less frequently.

They proactively search for people on the GP list who have complex chronic conditions, are frail, have a high risk of admission to hospital, or are high users of services. They then provide a holistic assessment of their physical and social needs, a full clinical review, an acute assessment if required, treatment, liaison with GP colleagues, medication reviews and prescribing.

They also manage the patient’s care package across health, social care and the voluntary sector and work with other services such as district nursing.

The CCMs carry out joint patient reviews with specialist teams and the shared care management plan can be led by either service. Once specialist needs are met the case managers continue to give the longer-term support.

Relationships with social services provide quick access to support at home for individuals who are deteriorating and their carers. Direct links into the voluntary sector help to enable care, repair equipment and provide sitting services. Liaison with out-of-hours services and inpatient wards further assists in supporting people at home and reducing re-admission to hospital.

Average admissions for the eight pilot practices have been running at 5.1 per week. This compares with an average of 34.8 per week for the city’s 45 other GP practices. This is a reduction of approximately 150 admissions each year or 29 bed days every week per 100,000 head of population.

A six month pre and post intervention audit of patients using the service from June-November 2008 showed a drop in GP attendances from 345 to 159 (54 per cent) and reductions in home visits and telephone calls. Anecdotal reports from patients highlight their confidence in the CCM to deal with their condition and access help.

The judging panel described Cardiff’s emphasis on a proactive stance as commendable. They also praised the seamless and pragmatic integration of the service with other providers, the evaluation data and the convincing customer feedback.

→ nicola.hughes@cardiffhwb.wales.nhs.uk



JUDGES

- Dr Mashkur Khan, Epsom and St Helier University Hospitals Trust
- Carole Nossiter, Sanofi Aventis
- Mike Sobanja, NHS Alliance



Winners, clockwise from top left: Nicola Hughes, Denise Browning, Kath Howells-Davies



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- healthcare for offenders
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To discuss how we can help, please contact James Fitton on **0161 785 1001**, email james.fitton@mentalhealthstrategies.co.uk or visit our website www.mentalhealthstrategies.co.uk

MENTAL HEALTH INNOVATION



JUDGES

- Barry Day, Leicestershire Partnership Trust
- James Fitton, Mental Health Strategies
- Kathryn Hill, Mental Health Foundation



WINNER: SHEFFIELD PCT PROVIDER SERVICES

There is plenty of evidence that individuals with a chronic physical health problem have higher rates of depression and anxiety, yet the gap in service provision for these patients persists. The Sheffield project aims to provide evidence-based interventions to individuals with a long term respiratory condition and one or both of these mental health conditions.

Based in a primary care setting, the service works with patients to achieve measurable improvements in mental health to promote self management that can reduce the need for unplanned hospital admissions. Other key goals include cost savings as a result of admissions avoidance.

Operating on weekdays between 8am and 5pm and with initial assessments being done within three weeks, the programme sessions use a cognitive behavioural therapy approach.

Alongside a comprehensive mental health assessment and setting of treatment goals, there is a flexible and patient centred range of interventions on offer including: activity planning; problem solving techniques for practical issues; adapting to breathlessness/breathing control; anxiety and panic management; anxiety education/relapse prevention; depression education/relapse prevention; guided self help; overcoming low motivation; condition adjustment and acceptance; evaluating unhelpful/negative thinking; planning for the future; pacing and energy conservation; relaxation strategies. Patients' oxygen levels are monitored during sessions to ensure their safety.

Further support includes signposting, individualised care plans, coordination of mental and physical healthcare and effective monitoring to identify mental health relapse quickly.

Results suggest an average reduction in anxiety by five points and in depression by six points on the hospital anxiety and depression scale.

The judges praised Sheffield's model as one with great potential for development and transfer, with beneficial effects for many long term conditions. They highlighted the strong evidence of needs assessment, development of a service model and the evaluation of its benefits.

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Winners, from top: Helen Chapman, Phil Mudge, Karen Gilbert

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PATIENT CENTRED CARE

JUDGES

- Dianna McDonald, Picker Institute
- Richard Phillips, Medtronic
- Janice Stevens, Department of Health
- Caroline Powell, Picker Institute



WINNER: NHS SOUTH OF TYNE AND WEAR

Using patient diaries to drive hospice care and highlighting patients' own priorities on a central communication board are helping to make care more responsive at St Benedict's Hospice, Sunderland.

The patient-centred model of care replaces a highly structured system and gives patients choice, active involvement in decision making and control over their experience. They now get the right amount of support and information to help with this throughout their stay, while ensuring privacy and dignity are respected.

The project that produced this model sought better understanding of patient and family experiences at the hospice and ways of personalising its delivery. Steps taken to inform this process included mapping patients' and professionals' days, observing care and interviews, and focus groups of patients, family and staff. A number of patients also kept journals and described what they heard, how people communicated and what was going on in the background. These provided significant insights into how it can feel when an individual has a structure and environment imposed upon them.

It became clear that, while clinical outcomes can be measured objectively, patients are the arbiters of quality. They measure their experiences not only by how their condition or disease is treated but also by how they have been treated as a person.

Promoting patient choice, control, involvement, privacy and dignity became central to the focus of the project and required everybody working at St Benedict's to look beyond improving the service and think about how they contributed to changing the culture.

A series of rapid improvement workshops and other events helped bring this change about. Daily diary sheets are now given to patients on admission and the multidisciplinary team uses these as prompts to organise care delivery. A central communication board shows the patient's priorities for the day as well as the commitments of the team members involved in their care.

The judges thought that the project brought together lots of small, clever ideas which, in combination, made a big difference to one of the most vulnerable patient groups. They reserved particular praise for the use of productive ward methodology and the development of patient diaries that gave back control to people receiving care.

→ chris.allison@sotw.nhs.uk



Winner: Chris Allison

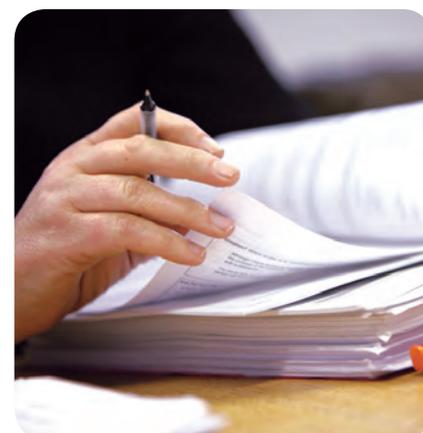
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- **FINALIST** Stepping Out
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Recognising and rewarding excellence in patient safety

The National Patient Safety Agency (NPSA) congratulates the shortlisted candidates for the *Health Service Journal Patient Safety Award*.



Making services safe for patients is essential in the provision of high quality health services. The NPSA, through its three divisions, leads and contributes to improved, safe patient care by informing, supporting and influencing healthcare:

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- **National Clinical Assessment Service**
Works with health organisations and individual practitioners where there is a concern about the performance of a dentist, doctor or pharmacist.
- **National Research Ethics Service**
Protects the rights, safety, dignity and well-being of research participants and facilitates ethical research that is of potential benefit to participants, science and society.

PATIENT SAFETY



JUDGES

- Suzette Woodward, National Patient Safety Agency
- Chris Ranger, NHS Connecting for Health
- Rita Lewis, Action against Medical Accidents



WINNER: LONDON DEANERY

Simulating real-life challenges for healthcare staff so they learn to work more safely is a core aim of a £13.5m workforce development project of the London Deanery (London's postgraduate medical school) and NHS London.

The Simulation and Technology-enhanced Learning Initiative (STeLI) has been promoting patient safety and innovation in education since early 2008. Across all of London's 32 acute trusts, 31 PCTs and all its mental health trusts, STeLI has introduced state-of-the-art educational technology, promoting the use of computer controlled patient simulators, surgical and task-based simulators and advanced behavioural and educational techniques.

The project enables high quality training in the face of challenges posed by the European working time directive that limits staff working hours.

The training facilities, programmes and educational resources include 17 fully simulated clinical training environments that allow healthcare workers to develop abilities such as crisis management, team working and leadership skills. These are all explored without exposing real patients to any clinical risk and prioritise awareness of patient safety. Simulated patients and actors have also been used in consultation skills training and in other contexts, such as a simulated coroner's inquest.

Real time audio-visual recording captures team and individual performances and allows debriefing by senior clinicians, so that teams and professionals can reflect on their performance and refine their clinical practice further.

All 15 postgraduate London Deanery schools are integrating STeLI learning opportunities into their training programmes. STeLI has also supported multiprofessional team-based training in high risk areas such as obstetrics, paediatrics and critical care. Organisational change is being brought about through the profiling of issues such as human factors and crisis resource management training

The judges said of the London Deanery entry: "This is an outstanding area of work and so much more than a training tool. It changes culture, improves teamwork and enables staff to finesse their skills in a unique way. It moves the steep part of the learning curve away from the patient and will surely help in reducing harm while improving quality, productivity and innovation."

→ david.marston@londondeanery.ac.uk

Winners, clockwise from top left: David Marston, Ian Curran, Bob Klaber, Diana Hamilton-Farley

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National Patient Safety Agency



Reducing health inequalities: is there more you can do?

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Health Inequalities Unit,
Department of Health

www.dh.gov.uk/healthinequalities

REDUCING HEALTH INEQUALITIES



JUDGES

- Alan Maryon-Davis, Faculty of Public Health
- Liam Hughes, IDEA
- Robina Shah, Stockport Foundation Trust
- Una O'Brien, Department of Health



Winners, from top: Glen Finch, Dr Slawomir Pawlik

WINNER: NHS BLACKBURN WITH DARWEN

NHS Blackburn with Darwen is working with Twin Valley Homes – a housing association serving local deprived people – to tackle issues of health, unemployment and financial inclusion as part of an overarching strategy, “Driving The Changes”.

The two organisations are targeting resources and using their skills to tackle health inequalities and promote wellbeing across 8,000 Twin Valley homes in some of the country’s most disadvantaged wards.

Twin Valley tenants form a deprived population and typically have complex health needs associated with low life expectancy, health inequality, a very low level of health literacy, poverty and risk-taking behaviours. Using social marketing tools and data the new projects tackle socio-demographic determinants of health and promote wellbeing.

Among the diverse range of joint initiatives aimed at improving the health of the Twin Valley residents are:

- Sessions for young people from black and minority ethnic communities covering issues such as bullying, drugs and antisocial behaviour.
- Newsletters and calendars incorporating targeted health messages relevant to each month produced and distributed to each of the 8,000 Twin Valley households.
- A chronic kidney awareness project targeting BME customers that has already made 2,500 contacts.
- A project to increase child immunisation rates. Twin Valley Homes provides a party on a child’s first birthday where time is set aside for health professionals to promote the benefits of immunisations.
- The purchase of a garden centre to develop activities for the unemployed, promote healthy eating and provide a resource to support local rehabilitation programmes.
- An eight week anger management course for young men. The sessions raise issues such as triggers, traits of aggressive behaviour and coping mechanisms. Young people who complete this course will be awarded with a nationally recognised qualification.

Judges for the category applauded this entry for being an excellent example of housing and health working together to engage and empower whole communities with a wide range of projects and programmes that win hearts and minds.

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The NHS Information Centre is proud to be sponsoring this year's HSJ Award 'Using Data to Improve Care'

USING DATA TO IMPROVE CARE

WINNER: NHS NORTH WEST – ADVANCING QUALITY

Advancing Quality is a three year patient care quality improvement programme. It went live across 34 hospitals in the North West in 2008 and aims to improve quality for patients at a clinical and emotional level, with the ultimate aim of improving clinical outcomes. The programme offers hospitals funding incentives for performing well. It also focuses on giving patients more say and influence, with opinions and experiences recorded and used to improve services.

The ambition is for the North West health system to become the first in the world to ensure consistent evidence-based care throughout the patient journey.

Hospital performance is measured using standardised clinical indicators, patient reported outcome measures and patient experience measures. Service delivery is measured using three primary data sets: patient demographic data; clinical coding data; and clinical measures data. Performance on these measures is used to calculate the reward a hospital can achieve. Commissioners reward quality improvement by paying hospitals that do well, with the rewards reinvested in care. Monitoring of service delivery across all measures at hospital, ward and consultant level drives service improvement.

Based on the achievements of similar pay for performance initiatives in the US, analysis shows the programme is likely to improve patient safety across the region: the number of complications suffered by patients will be reduced, readmissions will be avoided and hospital admission days will be cut.

The programme was praised by the judges who noted the convincing examples of clinical involvement, the integration of ideas from other sources and the impact the programme had been shown to have in pneumonia care.

→ lisa.king@communiquepr.co.uk



JUDGES

- Frank Burns, former head of NHS IT
- Samantha Riley, NHS South East Coast Quality Observatory
- Phil Wade, The NHS Information Centre



Winners, clockwise from top left: Jennifer Butterworth, Kevin Jones, Joe Rafferty

- **HIGHLY COMMENDED** NHS Oxfordshire
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Helen Kelly, Director of Human Resources, NHS Forth Valley

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WORKFORCE DEVELOPMENT



JUDGES

- Kate Lobley, NHS Institute for Innovation and Improvement
- John Rogers, Skills for Health
- Clare Chapman, Department of Health



Winners,
clockwise from top
left: **Jon Crockett,**
Peter Blythin,
Sarah Copley



WINNER: NHS WEST MIDLANDS

Preparing staff for the move out of hospitals to provide care closer to home is the central aim of the Workforce Transformation project, which has been supporting NHS workforce development across the West Midlands.

The project helps trusts to plan and deliver workforce and skills changes during a managed transition towards care closer to home. Principal objectives include: collecting and using improved workforce data through the use of the electronic staff record, which will support workforce planning; specification, development and procurement of a world class workforce modelling tool to help plan and prevent over and under supply of certain professional groups; a better skilled workforce trained for a variety of care settings; expanded workforce planning capacity to improve succession planning and workforce design; organisational development and leadership programmes; maximising workforce productivity and improving use of resources; delivering competency based, clinically driven education; and finding economies of scale in training.

Trusts can also bid for resources for projects to assist staff transfer along clinical pathways between secondary and primary/community care.

Among the different activities facilitated by these resources have been projects that have: identified and delivered training to upskill staff whose role will be significantly changing; identified the workforce implications of the transfer of services, including the development of an action plan to inform future commissioning and education; development of rotational posts across organisations to support new models of care. "Nurses on the Move" is a web-based toolkit developed to identify appropriate processes, systems, and outcomes that has enabled local trusts to support the transfer of nursing staff from secondary to primary care settings.

The judges were impressed by the project's "whole system" approach that linked workforce planning to education delivery and ultimately service improvement.

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WORLD CLASS COMMISSIONING



JUDGES

- Gary Belfield, Department of Health
- Richard Barker, NHS North East
- Julie Wood, NHS Alliance



WINNER: GREATER MANCHESTER AND CHESHIRE CARDIAC AND STROKE NETWORK/THE ASSOCIATION OF GREATER MANCHESTER PCTS

The Association of Greater Manchester PCTs and Greater Manchester and Cheshire Cardiac and Stroke Network have been working together to develop commissioning that improves outcomes for patients with stroke.

The project links a new hyper-acute 24-hour service, which provides early hours care and fast access to CT scanning and thrombolysis, to enhanced district stroke services. The project is also playing a role in developing education programmes, providing leadership, and assisting primary and secondary care to implement the basic elements of stroke care in accordance with national guidelines.

Changing the nature of clinical services has prompted the constituent organisations to tackle issues of design, commissioning, implementation and management. Key learning points have included the need for thorough communication, the importance of clinical and organisational consensus and the need for rigorous programme management and governance.

Two products have been central to the development of the business case and service design: a data model for primary care trusts that allows them to run scenarios for different arrangements and assess their impact on patient and financial flows; and an operating model showing the system design that will deliver the new service.

Work to support implementation continues after the first patients were received into the new care model in December 2008, as part of a pathfinder exercise. This has tested assumptions and refined arrangements and protocols to ensure the best response to patients.

More than 100 patients have been through the new service during its pathfinder phase. All three centres are now thrombolysing and a set of metrics has been developed for acute trusts to collect. Clinical governance groups are being set up to share learning and push quality improvement. The work has demonstrated how clinicians, managers and patients from across geographical and organisational boundaries can be brought together to make system reform a reality.

The judging panel praised the project for a vision focused on outcomes. They noted particularly how the network had succeeded in balancing local and collaborative commissioning across a number of primary care, acute and ambulance trusts.

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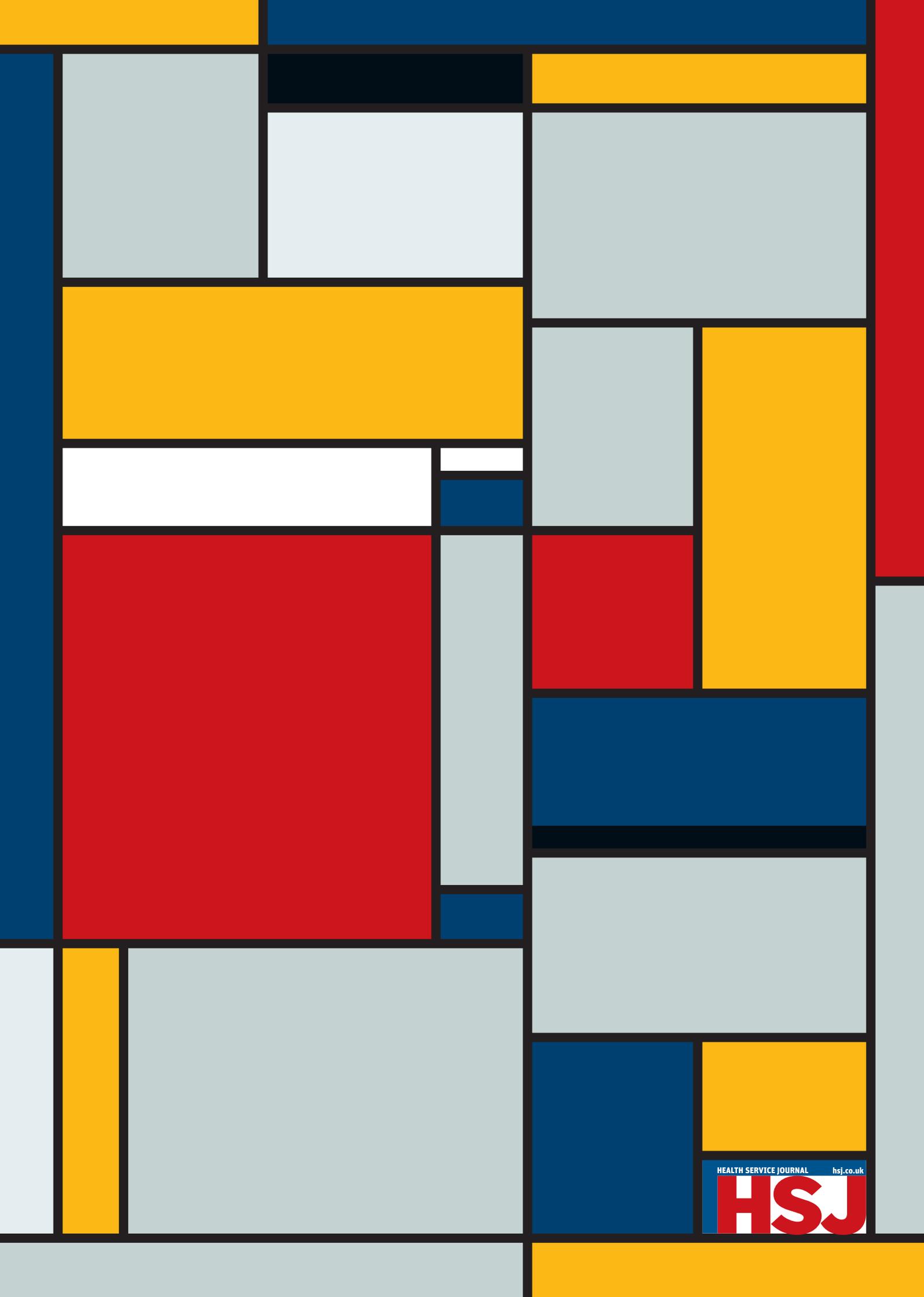


Winners, from top:
Janet Ratcliffe,
Warren Heppolette

- **HIGHLY COMMENDED** Specialised Commissioning Team (West Midlands)
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- **FINALIST** Commissioning Support for London (London Health Observatory)
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