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2011 has been the most difficult year the NHS has experienced for more than a decade. Confused and contradictory reforms have failed to ignite the service’s enthusiasm and too many efficiency programmes have manifested as service cuts. For HSJ readers, the year has been particularly grim. We have all been to too many leaving dos.

But there is hope – and that hope is reflected in the entries for the HSJ Awards. The 2011 Awards attracted 1,060 entries, a 21 per cent increase on last year. The competition across all 18 categories was fierce, the shortlisted entries of the highest quality and the winners truly outstanding.

The innovation, energy and bravery demonstrated in scores of entries is a testament to the determination of HSJ readers – from all disciplines and professions – to deliver the best care in the most effective way. If the NHS were to adopt the best practice encapsulated in the awards entries, meeting the £20bn quality innovation productivity and prevention would feel much more achievable.

Once again we shall be publishing details of the shortlisted entries on the HSJ website, giving others the opportunity to learn from our finalists. Please visit www.hsj.co.uk/awards. Few will do so without learning something that they cannot use.

The HSJ Awards remains the largest celebration of health service excellence in the UK. This year it marks its 30th anniversary. As well as highlighting the quality of this year’s winners, we would also like to honour the hundreds that have won HSJ Awards over the past three decades. Their combined contribution is responsible for many of the huge advances the service has delivered.

All working in and with the NHS will hope that 2012 will prove to be a more positive year than this one, while recognising the challenges of reform and productivity are set to become even sharper. We hope and believe the 2011 HSJ Awards winners can be an inspiration to light the way ahead.
The project is delivering better health outcomes and a positive experience for patients.

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**Rt Hon ANDREW LANSLEY CBE MP**

SECRETARY OF STATE FOR HEALTH

Oxleas Foundation Trust's project, in association with the London Borough of Greenwich, is an excellent example of how services can work together to deliver better quality care for patients.

I was impressed with the multiprofessional approach to redesigning the pathway of care around what patients said they wanted. Their Integrating Health and Social Care project is delivering better health outcomes and a positive experience for patients, as well as productivity and efficiency savings through reduced length of stay, emergency admissions, readmissions and need for long-term care packages.

This project demonstrates what can be achieved with clinical leadership, supportive management, and by putting patients first.
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- Healthcare provision in secure establishments, including prisons and immigration removal centres
- Management of Braintree Community Hospital
A British Lung Foundation report found Southampton was a hotspot for chronic obstructive pulmonary disease due to high smoking rates and deprivation. It added that the disease, the fourth highest cause of death in the UK, was significantly under-diagnosed in the city.

University Hospital Southampton decided to try to push GP’s diagnostic rates up from 1.5 to 2.25 per cent, with a resulting dip in hospital admissions.

The trust visited and educated every GP practice in its area as well as holding meetings and producing interactive CDs and a website. A dedicated respiratory nurse was employed to deliver the project along with a consultant.

An audit of hospital attendances was also carried out and all 34 patients who had been admitted more than three times in the previous year were visited at home. This home consultation ensured they were being given the best treatment and included a “discovery interview” to investigate the reasons for frequent hospital visits.

The project delivered a 50 per cent (1.5 to 2.27 per cent) increase in the diagnosis of patients suffering with COPD. Hospital admissions fell by a fifth, while readmissions within 30 days fell even more dramatically.

In the first year, the nurse cost £15,000 and the consultant time £3,200; the saving from cutting hospital admissions was £320,000.

Judges applauded the “outstanding features” of a project that had improved patient outcomes while saving money.

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With the fourth highest rate of malignant melanoma in the UK – costing more than £500,000 per year to diagnose and treat – NHS Devon set out to tackle the root causes of skin cancer.

A pilot project aimed to cut the exposure of teenagers at Exeter College to ultraviolet light. Scoping work by the Peninsular Cancer Network suggested that teenagers would be more likely to respond to warnings about their appearance than their health, and that suggesting safe alternatives would be more effective than calling for a complete change.

Students were offered consultations that began with a UV facial scanner being used to reveal signs of overexposure. They were also shown how to apply fake tan as well as sun protection cream and handed free samples and information leaflets.

Marketing was via word of mouth and internal college communications, while beauty students designed a consultation resource to engage participating students.

Evaluation indicated the proportion of students intending to move out of the sun between 11am and 3pm jumped from 23 to 41 per cent as a result of the intervention. There were similar boosts to the proportions intending to avoid sunbeds and check for changes to skin.

The direct cost to NHS Devon of the pilot was less than £3,000 – meaning it would only have to prevent three skin cancers to be cost effective.

Social marketing meant the project was owned by its target audience, and judges said it had a clear behavioural focus.

They added: “The project is clearly replicable across the rest of the country and could have a major impact on the prevention of skin cancer among young people.”

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WINNER NORTH WEST AMBULANCE SERVICE

PARA MEDIC PATHFINDERS PROJECT

With demand for emergency services growing every year, North West Ambulance Service looked to support staff who see patients before they reach hospital, so they could select the most appropriate destination for each patient. Evidence suggested that more than 30 per cent of patients taken to A&E could have been treated elsewhere.

The trust explored triage systems that would rely on symptom recognition rather than diagnosis and produced two pathfinder triage tools with destination outcomes. The use of the pathfinder was honed by comparing how it worked against a “gold standard” outcome determined by clinicians, then training was given to 400 staff members across two pilot primary care trusts.

It is anticipated that patient outcomes will be improved with a genuine alternative to hospital admissions, freeing up resources for those that really need them. The use of ambulances for transporting patients could be cut by half.

Development costs were about £10,000 while a further £100,000 will be needed to train 2,400 frontline emergency staff. But significant savings will come from reducing hospital admissions.

The trust will now promote collaborative working with other services to cut ambulance journeys for repeat callers. It hopes this can provide a basis for expansion of its model across the region.

Judges described the project as “an inspirational initiative to redesign use of urgent care services”. They said it showed “drive, energy and commitment to engineer change across a range of service providers”.

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WINNER SOUTH DEVON HEALTHCARE FOUNDATION TRUST

With a vision for a fully integrated health and social care community, South Devon trust is striving for continuous improvement.

Last year South Devon published its five-year strategy, *Our future – improving quality through partnership*. Its governance framework was updated to ensure decisions will be made in line with the new strategy. Five strategic objectives were established: working in partnership; safest care; no delays; best patient experience; and better value through maximising staff, resources and finance.

Approaches to achieve partnership working include: clinicians and consultants meeting regularly with senior managers at a clinical executive group; consultants meeting GPs at a clinical cabinet; and foundation trust members undertaking patient surveys through the “Working with us” panel. The trust is also supported by one of the most successful League of Friends in the country.

Last year the trust was named as one of five NHS enhanced innovation sites. This year it became the second unit in the world to perform a day case laparoscopic nephrectomy. It was also reported by the Royal College of Surgeons as offering the best treatment of fractured neck of femur in the UK. An enhanced recovery programme that halved length of stay for patients needing major bowel surgery has now been rolled out to all specialties.

Acute physician-led multi-disciplinary board rounds have been established to ensure patients get to the right bed for their condition. A joint discharge team was put together with the local primary care trust to remove a gap in responsibility between organisations.

Performance targets met include those for 18-week referrals and four-hour waits in A&E, outpatients and day case surgery, and ambulance/patient handovers.

The trust has set up an innovation, education and research facility at Torbay hospital, called the Horizon Centre, to establish best practice and care for patients.

Other trusts and bodies regularly ask to visit Torbay hospital and examine the trust’s work.

Impressed by the motivated and flexible workforce, judges praised a “genuine culture of learning and improvement across the organisation” and the “wow factor” in the way staff interacted with patients and each other.

The judges were also impressed by the maturity of the organisation’s relationship with commissioners. They added: “This hospital’s commitment to working in an integrated manner with its partners across the health economy is authentic and embedded.”

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WINNER NHS DUDLEY

Against a backdrop of huge change, Dudley’s commitment to commissioning excellence has not wavered.

NHS Dudley set out to improve stroke services, launching a clinically led stroke and transient ischaemic attack implementation group. This group involved clinicians from several bodies including primary and secondary care; community rehabilitation; commissioning; the voluntary sector; the cardiovascular network; the primary care trust and the ambulance authority.

The group defined service specifications, as well as patient pathways that were scrutinised to ensure they worked. In collaboration with acute and community providers an early supported discharge model was developed. This required investment of £75,000 but the reduction in bed days and inappropriate TIA admissions has led to savings of more than £225,000. This programme has also resulted in a 10 per cent drop in the mortality rate in the past two years, and improved community services.

NHS Dudley managed to maintain engagement in the project through a period where its GP consortium gained pathfinder status. It attributed this to enthusiastic primary care clinicians and the translation of their drive through the rest of the organisation.

The trust has now shared evidence and supported joint working through the Black Country Cardiovascular Network and the Black Country Cluster Clinical Senate. Patient engagement and support is available across the whole service pathway and strong links have been forged with social care providers.

Judges were impressed by the breadth of commissioning excellence, and the sophisticated understanding of local health needs. They praised the way the organisation led all stakeholders towards an integrated improvement strategy, targeting those with the greatest needs. “NHS Dudley showed real leadership across the community implementing the emerging commissioning reforms,” they said. “It is excellently placed to deliver best outcomes across the population.”
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The Health Protection Agency – which protects public health by supporting other public bodies – set out to develop a web-based decision support system for communicable disease control. The idea was to help the management of outbreaks in real time, allowing for a faster, more coherent response.

HPZone, developed by a group of health consultants and a local IT firm in West Yorkshire, went live in Leeds in 2003 with a risk assessment model for prioritising actions. Project leaders then showed the system to colleagues across the UK and Ireland and implemented their feedback.

Once evaluated externally and approved for use across the HPA, the management team developed a robust plan for deployment of the new tool. Champions and user groups were established across the country. Although 18 months was allowed for deployment, the process only took 18 weeks.

HPZone ensures the latest guidance is available to staff, helps them make decisions and allows them to see what is happening in real time to enquiries, cases, contacts and outbreaks.

Many routine elements of case management are now safely dealt with automatically or by more junior staff, leaving senior professionals to take on more complex work.

Most importantly, prompt recognition of an outbreak is allowing quick interventions that can save lives. HPZone is now in use in Holland and Germany, facilitating more international cooperation.

Judges hailed the project as “innovative and pace-setting”. They said it could be a model not just for the NHS but abroad, and were impressed by the “incredibly rapid” deployment.

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Winners: Martin Schweiger, Ruth Gelletlie and Chakib Kara-Zaïtri

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WINNER UNIVERSITY COLLEGE LONDON HOSPITALS FOUNDATION TRUST

MAKING EVERY CHILD AND YOUNG PERSON WITH DIABETES MATTER

Diabetes in children is increasing, and clinical outcomes in England are worse than in many European countries. So University College London Hospitals Foundation Trust set out to develop and deliver a quality, timely and responsive diabetes service.

It conducted a series of listening exercises to understand what patients and carers wanted from the service, as well as assessing its existing processes against several benchmarks.

Two care models were implemented. In the first, the trust added value to every step of the care process using standard operating procedures; in the second it facilitated exchanges between professionals and patients in a non-hierarchical manner. A Patient Relations Management system was developed with Microsoft UK, incorporating clinical guidelines, and a diabetes management team was created with a flat management structure.

Data shows that, in 2010, a third of the trust’s children and young people achieved the recommended level of glycemic control, compared with a national average of 16.9 per cent. There were improvements in the patient experience with more face-to-face clinic time and positive carer feedback.

The PRM system was funded by Microsoft and NHS London and no other NHS resources were used on the initiative. The system is expected to save a quarter of full time administration posts.

Judges hailed a “very influential comprehensive service” and added that “meaningful processes and engagement with young people and families were apparent, focused on outcomes and evaluation”.

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WINNER SUSSEX COMMUNITY TRUST
SUSTAINABILITY PROGRAMME

Sending zero waste to landfill by 2015, and a reduction in carbon footprint of 25 per cent by the same date are among the goals of Sussex Community Trust’s five-year sustainable development management plan, which aims to provide the foundations for long term sustainability.

The plan received board approval in July 2010, when two major challenges were identified: keeping sustainability on the agenda against competing priorities; and embedding carbon literacy in the culture of the organisation.

A steering group, chaired by the trust’s finance director, oversaw development and implementation of the plan. A carbon footprinting and key performance indicator reporting tool was developed to allow measurement of performance.

The result is that more than 1,000 tonnes of carbon dioxide have been saved; energy efficiency has increased by a third; and recycling is significantly up.

Importantly, the programme has also delivered savings of £140,000 in its first year. The trust is reinvesting in spend-to-save initiatives, and all projects funded to date are expected to show a return on investment within five years.

Judges said the Sussex project stood out in a strong field. They were particularly impressed by its demonstration of “substantial, tangible results at a time of transition and considerable organisational change”.

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WINNER SAXMUNDHAM
HEALTH
ADVICE LETTER LISTING PROJECT

When discussions with consultants revealed that some GPs were referring patients without regard to agreed protocols, East Suffolk Federation created the Advice Letter Listing system, which uses existing technology to get consultant advice on referrals.

Fundamental changes in GP and consultant mindsets have been required as referrals to hospital no longer exist. Instead consultants are asked for advice about managing patients and one of the options is for the consultant to offer an outpatient assessment.

Referrals are sent to a dedicated hospital advice clinic, ensuring clinical consistency in the provision of consultant appointments.

The project has been self financing and led to a drop in hospital admissions, with 20 per cent of patients managed in the community. Patients appreciate a consultant considering their cases, while GPs are reassured by a second pair of eyes. The technology is already paid for and consultants have been freed up to help manage patients in the community.

The project is being rolled out to all clinical specialties and the organisation is developing pre-referral guidance for subjects from rheumatology to lipid clinics. Future work will include supporting community management of more complex cases.

Judges said the project was a “simple, cheap solution providing potentially huge value for money”. They also praised the “great cooperation” between GPs and consultants.

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In a bid to reduce wasteful activities and focus on the things that make a difference, Tees, Esk and Wear Valleys adopted a version of the renowned Toyota production system, adapted for healthcare by Virginia Mason Medical Centre in Seattle.

The trust’s board established a dedicated team to lead the work. More than 60 certified leaders were trained across the organisation, including directors and senior managers. Intensive week-long workshops were held, along with a number of shorter events.

Processes were streamlined and waste eradicated both in clinical and non-clinical areas. A dozen clinical pathways have been developed. Space is being used more efficiently and buildings have been designed more effectively.

The project has cost £472,000 to date in training staff, running improvement events and staffing a dedicated team. However, four years in to the 10-year project, the trust is already generating significant savings.

Around £7m has been saved by cutting bed numbers after reducing lengths of stay in adult and older people’s services. This has allowed reconfiguration and investment in new services and businesses.

Non-clinical services have seen savings, too. For example, £80,000 was saved by using different printer cartridges.

Patient outcomes have also improved, with the length of time from referral to treatment in children and young people’s services falling from 162 days to 35.

Judges declared themselves “most impressed by the board-to-ward engagement”.

They added: “We loved the linkages between improving the patient experience and value for money.”

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30 DEGREES PREVENTS THE WHEEZE: ZERO TOLERANCE FOR HOSPITAL-ACQUIRED PNEUMONIA

Hospital-acquired pneumonia was the cause of death in, on average, 6 per cent of mortality cases reviewed by Royal Berkshire. So it decided to introduce zero tolerance of the illness.

The project aimed to identify a baseline measurement for HAP; review patients with HAP to identify contributing factors; set up a quality improvement project plan to introduce small changes in behaviour; and implement relevant interventions from the “Saving Lives” ventilator-associated pneumonia care bundle.

Titled “30 degrees prevents the wheeze”, the programme included the introduction of two key steps.

In December 2010, the angle of each patient bedhead was raised to at least 30 degrees. The average number of patients developing HAP on the pilot wards fell by more than 50 per cent with no increase in pressure ulcers.

In April 2011, oral hygiene was boosted by the use of 0.2 per cent chlorhexidine mouthwash twice a day. Again, the numbers suffering from HAP fell.

The main investment in the project was in doctor time, with mouthwash costing just £16 per week. The fall in incidents will free up beds as well as saving lives.

Judges said the project had “huge potential to change the way patients are nursed, both in and out of hospital, and to save significant cost in bed days and antibiotics, as well as many lives”.

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INNOVATIVE INTEGRATED CARE FOR ACUTE AND PRIMARY CARE IN NORTH WEST LONDON FOR PEOPLE WITH DIABETES AND AGED OVER 75

NHS North West London’s integrated care pilot project for people with diabetes and patients over 75 years old aims to raise care quality while making better use of resources.

To overcome traditional barriers to integrated care, the trust decided providers should share accountability, clinicians should agree on shared guidelines and a governance structure should be designed so all organisations had the same objectives.

Clinically led working groups designed standardised care pathways, aiming for all diabetics and half of patients over 75 to get care based on these.

A web portal was developed to give a view of patient interactions with health and social care. Care plans were generated by the IT tool, including work lists for providers. High risk patients were identified using population segmentation and risk stratification.

Multi-disciplinary teams were set up including representatives from primary, community, mental, social, voluntary and acute care. Clinicians were trained to prepare them for working in multi-disciplinary environments.

An investment of £2.5m was needed up front, but the trust calculated that the prevention of one emergency admission per participating GP per month would save £14m in one year.

The pilot suggested acute trusts would see a drop in numbers of patients and lengths of stay, while patients would experience more seamless care.

Judges said it was a “very impressive project” and spoke highly of its “well integrated approach with very clear metrics”.

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O₂ health is helping NHS Trusts and other organisations to improve the delivery of healthcare, while meeting some tough budget demands.

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Last December, three Cheshire care homes were identified as having above average numbers of ambulance call-outs and non-elective admissions. The objective of this project was to try to reduce non-elective admissions from these homes in the first three months of 2011.

A working group was established with representatives from the care homes, the four GP practices involved, hospitals, commissioners and the medicine management team. One GP practice mentored each care home, and carried out weekly rounds. GPs worked with pharmacy technicians to review residents' medication.

The result was that attendances at accident and emergency wards from the three care homes were 46 per cent lower in the first quarter of 2011 than in the same period the previous year.

Patients’ relatives were also pleased with the changes, saying they valued the opportunity to discuss care plans with a doctor.

Medication use was reduced, freeing up staff time for other duties, while care home managers reported better relationships with GP practices.

Mid Cheshire Hospital Foundation Trust funded the £15,000 cost of the initiative. But with 52 fewer A&E attendances and 77 fewer non-elective admissions, the project is estimated to have saved more than £50,000 overall.

The project is now being rolled out across all nursing homes in Vale Royal and South Cheshire GP commissioning groups.

Judges commended the project’s “innovative solutions to well defined problems” that “produced excellent quantifiable results.”

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People who donate blood currently do so in beds bought 10 years ago that are at the end of their working lives. After several attempts to secure an off-the-shelf replacement failed, NHS Blood and Transplant launched a project to create a chair for donors.

It used the NHS National Innovation Centre five-step model to: develop a clinical statement of need; commission a designer to produce a prototype; bring that model through testing and validation; use a blueprint for low volume; and then engage in full scale manufacture and distribution.

Staff at all levels were involved and a test centre was built to test the prototype before validation was carried out using 180 donors.

NHSBT has now ordered 935 chairs and 135 sets of transport trolleys that will be rolled out across sites in England and North Wales.

Donor safety is the biggest winner, with reduced risk of faints in the chairs both during and after donation as well as increased speed of recovery from minor faints. Donors also found the chair more comfortable and dignified than the beds, while staff safety is also improved.

The internal project has led to a contract award of £2.25m on essential equipment. There is no financial payback but the project team worked to maximise interest in the tender. Most importantly, the introduction of the chair will have a profound impact on the work of the blood teams.

Judges branded the scheme “a superb example of highly innovative, collaborative procurement”. randle.derbyshire@nhsbt.nhs.uk
Capsticks is pleased to support the Quality and Productivity Award 2011

The HSJ Awards are in recognition and celebration of the excellence, enthusiasm and sheer hardwork that exists throughout the healthcare profession.

We would like to take this opportunity to congratulate the winner of the Quality & Productivity Award, NHS Knowsley with Liverpool Heart & Chest Hospital NHS Foundation Trust for Clinical Commissioning in Action – Community Cardiovascular Service, and indeed, all those who won or were shortlisted for an award.

Having worked within the health and social care sector for 30 years, we appreciate and applaud the huge effort and professionalism of those that work within it.

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WINNER: NHS KNOWSLEY WITH LIVERPOOL HEART AND CHEST HOSPITAL FOUNDATION TRUST

CLINICAL COMMISSIONING IN ACTION – COMMUNITY CARDIOVASCULAR SERVICE

Knowsley’s cardiovascular disease death rate was 22 per cent higher than the national average. The trust set out to deliver services that were quicker to access, patient focused and closer to home by shifting care from hospitals to the community.

A steering group was used to build up a comprehensive picture of CVD services from needs assessment to outcomes. Existing services were found to be fragmented and unequal – not all hospitals invited patients to rehabilitation.

A radically different clinical model emerged. An outcome-based contract was developed to ensure value for money.

Consultant cardiologists now deliver CVD services as a community service rather than as outreach from the hospital. Patients can now access consultant services closer to home within 10 days of referral and undergo ECG, echocardiogram and 24-hour tapes in a single appointment.

GPs receive an automatic letter within 48 hours of an appointment. Hospital activity has reduced and non-elective admissions have fallen. Patients and GPs have responded positively to the new service.

The trust spent £100,000 on the project but saved £760,000 in 2010-11 from reduced admissions and attendances.

Judges hailed the “use of the commissioning process to take out costs while improving quality”. They added that there was “impressive integration across the patch” and “real leadership from commissioners and clinicians”.

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Congratulations to our winners!

97% of the public think the NHS should support research into new treatments

_Ipsos MORI poll June 2011_  
*Commissioned by the Association of Medical Research Charities, the Breast Cancer Campaign, and the British Heart Foundation*

The chance to take part in clinical trials matters to patients. It’s what the polls tell us, and it’s what patients and their families tell us too.

Many NHS Trusts have already made great strides in developing their research capability - and we wanted to recognise these achievements. This year, for the first time, the NIHR Clinical Research Network joined with Health Services Journal to sponsor an award to recognise the achievements of NHS organisations in fostering a “research culture” where research activity thrives.

The HSJ Research Culture Award was open to NHS Trusts that could demonstrate that they are embracing clinical research as “core business”. Thank you to all those who entered.

_Congratulations to our winners!_
WINNER TEES, ESK AND WEAR VALLEYS FOUNDATION TRUST

The research operation at Tees, Esk and Wear Valleys has expanded from a cottage industry to be a national research partner of choice. The key development at the mental health and learning disability trust has been the establishment of a mental health research centre in partnership with Durham University’s school of medicine and health.

When the initiative began three years ago, the trust’s research and development team consisted of three members of staff and two clinical studies officers. It was participating in three National Institute for Health Research studies and a handful of home grown projects. The NIHR funded the recruitment of a group of clinical studies officers, and work for the institute has been prioritised. Regular principal investigator development seminars have been held to reach out to research-active clinicians.

The trust has moved into interventional studies of increasing complexity with more than 400 participants engaged across 27 large-scale multi-site studies. Local users have gained access to new treatments and interventions following trials, while the benefits are also flowing through to the wider NHS with research findings appearing in publications including the British Journal of Psychiatry.

Judges commended the trust for “impressive work in a challenging field and across a wide geographical area.” They added that the initiative was a “clear demonstration of clinical and management leadership and effective infrastructure and support”.

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Our NHS
Our Future

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WINNER OXLEAS FOUNDATION
TRUST IN PARTNERSHIP WITH THE
LONDON BOROUGH OF GREENWICH
INTEGRATING HEALTH AND SOCIAL CARE

With a need to improve outcomes for vulnerable older people, an integration project between Greenwich Community Health Services intermediate care and local authority social care sought to create a more accessible, responsive and flexible service.

Social and health professionals jointly mapped current pathways to identify gaps and blockages before redesigning the model themselves. They started with the premise that anything was possible and maintained a focus on user experience. A joint governance board was established, including commissioners.

The model they came up with was based on: a single point of access; a joint emergency team to prevent hospital admissions; speedy discharge; and community rehabilitation.

More older people are now able to live at home, and the number of emergency hospital admissions has dropped, as has the number of people in long-term care. There has been a rise in intermediate care bed occupancy and a drop in lengths of stay in intermediate care.

An investment of £10,000 was needed to facilitate the staff engagement sessions but there was an immediate financial benefit to the trust including a reduction of more than 600 hours in intermediary care at home in June 2011 alone.

Judges praised a “wonderful example of true collaboration across organisational boundaries”. They said the project brought “significant improvement in services to vulnerable adults and clients” and urged the trust to pass on its learning.

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As part of a long term vision to grow a workforce representative of its local community, Heart of England Foundation Trust set out to widen participation in its apprenticeship scheme.

The trust launched the Healthcare Careers Development Unit, which developed an initiative called Step in Work that used recruitment methods based on attitudes, behaviours and values.

Local trainees were given knowledge and experience of healthcare through a pre-employment training programme and bespoke induction. After a six-month contract, trainees are employed on an agenda for change contract.

Alongside this, all staff in bands one to four were encouraged to do an apprenticeship framework qualification to support future employability and meet the needs of the trust.

The process has helped the trust attract talented staff and a more diverse workforce. With a 3 per cent rise in apprenticeship starts by people of Asian origin, a 5 per cent boost to the number of men in the scheme, and many more young people, the trust’s workforce is beginning to more accurately reflect the population it serves.

All costs associated with the programme have been matched by savings from using training contracts for six months.

Apprentices described the programme as unlocking doors, while managers say it has delivered the right people for the job.

Judges praised the "well thought through strategic approach" and said the project "clearly demonstrated a breadth and scope worthy of the award".

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