

HSJ

MEDICAL
PUBLICATION
OF THE YEAR
2012



2012 AWARDS



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REFORMERS NURSES CLINICIANS
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FOREWORD

“Despite the instability created by reorganisation, the NHS and its partners continue to innovate and excel”



ALASTAIR McLELLAN EDITOR

Competition in healthcare is an idea with, at best, lukewarm support. The one exception appears to be a desire to win an *HSJ* Award. With more than 1,000 entries and 120 individual organisations shortlisted, an *HSJ* Award remains the largest and most fiercely fought over accolade in British healthcare. The commitment of our 73 judges – including NHS deputy chief executive David Flory and commissioning board director for patients and information Tim Kelsey – is driven by the quality of the entries.

In the year that *HSJ* relaunched as the title “for healthcare leaders” it felt appropriate to introduce two new categories celebrating those at the head of healthcare’s most innovative organisations. This is an era when it is easy and fashionable to denigrate those who have made the sacrifices necessary to get to the top and we hope that *HSJ*’s new chief executive and clinical leader categories will provide inspiration for the next generation of healthcare chiefs.

The awards tend to track, and sometimes even run ahead of, changes in the healthcare system. Months before they assume full control, clinical commissioning groups make up all five shortlisted entries in the commissioning category, while the provider trust category is dominated by organisations delivering community-based services.

However, the abiding message of the *HSJ* Awards is that, despite the instability created by the reorganisation of the commissioning landscape, widespread reconfiguration of the hospital sector and the looming shadow of the Francis report, the NHS and its partners continue to innovate and excel across almost every aspect of healthcare. The celebration of the NHS at the Olympic opening ceremony may have tugged nostalgically at the nation’s heartstrings – but it is the cutting-edge thinking which is manifest in the *HSJ* Awards winners that is the real reason the service continues to be held in high regard. Congratulations to all. ●

You can download detailed best practice briefings on all the winners at www.hsj.co.uk/awards

ACUTE AND PRIMARY CARE INNOVATION

HIGHLY COMMENDED Gnosall Surgery

FINALIST NHS Nene Clinical Commissioning Group

FINALIST North West London Integrated Care Pilot

FINALIST Peterborough and Stamford Hospitals Foundation Trust and Drinksense

FINALIST South Devon Healthcare Foundation Trust

FINALIST The North West London Hospitals Trust

FINALIST Walsall Healthcare Trust



Winners: St Levan's Hilary Neve and Liz Brimacombe

JUDGES

- Sir Stephen Bubb, chief executive, Association of Chief Executives of Voluntary Organisations
- Penny Pereira, assistant director, The Health Foundation
- Rebecca Rosen, senior fellow, Nuffield Trust
- Richard Taunt, deputy director, NHS policy and strategy unit, Department of Health

WINNER ST LEVAN SURGERY RIGHT PERSON, RIGHT PLACE, TODAY!

The average patient's demand for GP consultations soared from less than four per year in 1995 to 5.5 in 2008. St Levan Surgery in Plymouth was struggling to cope with demand so embarked on an overhaul of its appointment system.

It held away days for partners and staff to plan a change from a traditional booked appointments system to one where GPs call patients back, usually within an hour.

Under the new system, doctors receive notification on screen of patient enquiries, and phone them back to agree a plan. This can include same day appointments, future appointments, on-phone advice or directions to other services.

The switch has reduced unnecessary trips to the surgery while increasing the speed with which urgent problems are identified. Two-thirds of patients are seen on the day of their call, and more than half receive a phone call within 30 minutes.

Patients report significantly higher abilities to make appointments and greater satisfaction with the convenience of those appointments. There are also environmental and economic benefits in the reduction of wasted visits.

The only cost is the 40 per cent hike in the practice's phone bill, and other health services are seeing the financial rewards of this through reductions in A&E visits and calls to out-of-hours services.

More importantly, receptionists, doctors and patients all report increased satisfaction. St Levan Surgery is now part of Patient Access, a social enterprise set up to promote this new approach to GP appointments.

Judges said this was a "simple and elegant" solution to a widely experienced problem and the surgery was given the award on behalf of all Patient Access members.

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CHIEF EXECUTIVE OF THE YEAR

HIGHLY COMMENDED Paula Vasco-Knight, South Devon Healthcare Foundation Trust

FINALIST Dr Gillian Fairfield, Northumberland, Tyne and Wear Foundation Trust

FINALIST John Adler, Sandwell and West Birmingham Hospitals Trust

FINALIST Glen Burley, South Warwickshire Foundation Trust

FINALIST Professor Philip Sugarman, St Andrew's Healthcare

FINALIST Martin Barkley, Tees, Esk and Wear Valleys Foundation Trust



'Outstanding': Katrina Percy

JUDGES

- Lord Patrick Carter of Coles, chair, Co-operation and Competition Panel for NHS Funded Services
- Martin Else, chief executive, Royal College of Physicians
- Mike Farrar, chief executive, NHS Confederation
- Matthew Kershaw, director of provider delivery, Department of Health
- Professor Janice Sigsworth, director of nursing, Imperial College Healthcare Trust

WINNER KATRINA PERCY SOUTHERN HEALTH FOUNDATION TRUST

Katrina Percy led the merger of provider organisation Hampshire Community Health Care with mental health and learning disability body Hampshire Partnership Foundation Trust in April 2011.

Little over a year later she is credited with taking the best of both organisations to form a single culture at what is now Southern Health Foundation Trust.

The new trust has ambitious aims to integrate health and social care, slash unnecessary costs and ramp up quality of care.

Ms Percy spends almost all her time visiting frontline staff to explain the future of the trust and, importantly, to listen to their views. Workers visited by Ms Percy report feeling excited again about working in the NHS.

The chief executive has launched a new appraisal process setting out behaviours aligned to Southern Health's business plan. These include driving innovation, valuing achievement, releasing ambition and forging relationships.

A series of meetings have been set up to add to Ms Percy's contact with staff, including monthly senior manager briefings and quarterly site visits.

In turn, staff are expected to be constantly speaking to patients and other service users about their experiences of the trust. Several projects are underway to change the way the organisation works.

Ms Percy is trusted and respected for delivering on her own promises and listening genuinely to those working for her. She has ensured that staff from the top down can perform the behaviours set out for the trust.

Judges said Ms Percy was an "outstanding leader with real drive and energy". They added that she demonstrated "a style of leadership that engenders self-motivation among staff".

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Celebrating leadership

There is much to celebrate about medical practice in the UK.

Tonight we recognise the outstanding contribution made by doctors, nurses and other healthcare professionals, managers and their teams across the UK.

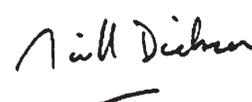
The overwhelming majority of patients receive high quality, safe healthcare from dedicated professionals who go to work every day aiming to give their very best. The support of determined clinical leadership can make all the difference. We need strong clinical leaders in every team and workplace who respond to advances in technology, the increasing expectations of society, and a complex workforce to help meet the changing needs of their patients. This is even more important against a backdrop of major change, whether in delivering revalidation or responding to changing NHS structures.

The roles and responsibilities of the GMC and the BMA are different but we share a common goal – to support the UK's doctors to maintain and improve the quality of care their patients receive. Recognising best practice, creating opportunities to share learning and supporting doctors is the key to this success.

Tonight we celebrate the enormous achievements of clinical leaders across the UK and thank them for all they do.



Dr Mark Porter
Chair
British Medical
Association



Niall Dickson
Chief Executive
General Medical
Council



BMA 

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

CLINICAL LEADER OF THE YEAR

HIGHLY COMMENDED Dr Rhidian Bramley, The Christie Foundation Trust

FINALIST Dr Dan Dalton, Hertfordshire Partnership Foundation Trust

FINALIST Chris Webster, Liverpool Women's Foundation Trust

FINALIST Professor Opinder Sahota, Nottingham University Hospitals

FINALIST Dr John T Walsh, Nottingham University Hospitals Trust

FINALIST Dr Sanjeev Nayak, University Hospital of North Staffordshire Trust

FINALIST Professor Siobhan Quenby, University Hospitals Coventry & Warwickshire Trust

FINALIST Professor Jason Gardosi, West Midlands Perinatal Institute

FINALIST Dr Caroline Allum, Whittington Health



'Innovator': Paul Grundy

JUDGES

- Niall Dickson, chief executive, General Medical Council
- Dr Paul Flynn, chairman, Consultants Committee, British Medical Association
- Dr Shane Gordon, clinical commissioning co-lead, NHS Alliance
- Mark Newbold, chief executive, Heart of England Foundation Trust
- Tony Spotswood, chief executive, The Royal Bournemouth and Christchurch Hospitals Foundation Trust

WINNER PAUL GRUNDY UNIVERSITY HOSPITAL SOUTHAMPTON FOUNDATION TRUST

As clinical lead for neurosciences, Paul Grundy has transformed the way University Hospital Southampton performs for his patients.

In 2011, the hospital became the first in the UK to routinely perform and audit multimodal therapy including surgery, implantation of carmustine wafers and post-op chemoradiotherapy for high-grade gliomas. It found that survival was enhanced from under 14 months in controlled trials to almost 16 months.

A further audit of awake craniotomy surgery for high-grade gliomas showed just 1 per cent neurological deterioration compared to 8 per cent in a previous study. Mr Grundy published a quick, safe and effective procedure for removal of brain tumours in eloquent brain regions. He received high levels of patient satisfaction with the procedure.

Mr Grundy also created faster dissemination of information to referring clinicians, GPs and patients. He made the case for a neuro-oncology surgical fellow to increase capacity for brain tumour patients, reducing waiting times for outpatients and surgery. This post doubled outpatient capacity and used empty sessions in theatre during consultant leave.

Mr Grundy delivered the concept of day-of-surgery admission with pre-assessment of elective cases. This led to the opening of an eight-bed unit and the hospital now has the lowest length of stay for neurosurgery in the country.

The medical director for the Cancer Network wrote to the hospital to praise Mr Grundy's outstanding contribution as chair of the Central South Coast Cancer Network Brain and CNS (central nervous system) Tumour Group.

Judges described Mr Grundy as a "clinical innovator who has used that credibility to provide leadership".

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COMMISSIONING ORGANISATION OF THE YEAR

WINNER WARRINGTON CLINICAL COMMISSIONING GROUP

A holistic approach to commissioning saw Warrington CCG use the NHS Atlas of Variation to identify outcomes, pathways and services in need of review.

It established review groups, each led by a GP with input from secondary care colleagues, and with patient members. These reviewed data on activity, expenditure, outcomes and quality to shape reforms. A health summit is now overseeing the reforms, with each programme sponsored by a chief executive or local authority executive director. A transformation board is chaired by the chief executive of the acute trust and includes clinical directors and operational leads from all organisations.

Results included a reduction in activity from the 2010-11 baseline. A turnaround programme has been delivered, and reform is being driven.

The Respiratory Long Term Conditions Programme, delivered in 2011-12, resulted from the review process. A pilot scheme was run and the system changed. This led to the targeting of patients to reduce acute episodes; maximised coordination of functions; and community-based alternatives to short acute stays in hospital. A central phone line was set up for patients, as was a single triage point for advice and intervention, and protected slots for urgent access to this.

Warrington has ensured a management focus on improving the healthcare system and delivering financial sustainability. Priority outcomes such as those related to patient safety have been achieved. Minimal resource has been used on unnecessary activities such as the development of non-viable plans.

Warrington CCG commissions for a population of over 200,000. It has been a full delegated authority for £250m per year since 1 April 2011 and has made significant progress since then. GP board members attend neighbourhood boards to actively engage with local people. A health and wellbeing board has been established.

The CCG led the production of the Warrington Commissioning Strategic Plan for 2011-12. It has helped refresh the joint strategic needs assessment and write the health and wellbeing strategy.

More than 65 of the group's 109 GPs have a named role in commissioning delivery. Some £5m of the £9m debt inherited by the group has been repaid.

Judges were impressed by the CCG's "clear vision to deliver excellence". They said the group showed a "sophisticated understanding and approach to complex problems" and a "strong drive towards continuous improvement".

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Winners: Warrington CCG's governing body

'Clear vision': improving the healthcare system and delivering financial sustainability has been the management focus of Warrington CCG



FINALIST NHS Bassetlaw Clinical Commissioning Group

FINALIST NHS Blackpool Clinical Commissioning Group

FINALIST NHS Nene Clinical Commissioning Group

FINALIST NHS Nottingham City Clinical Commissioning Group

JUDGES

- Philip DaSilva, co-director, NHS QIPP
- Jill Matthews, cluster lead, primary care quality and safety ambition, NHS Midlands and East
- Andy McKeon, managing director, health, Audit Commission
- David Peat, partner, David Peat Solutions and former chief executive, East Lancashire PCT
- Elizabeth Wade, head of commissioning, policy and membership, NHS Confederation

ENHANCING CARE WITH DATA AND INFORMATION MANAGEMENT

HIGHLY COMMENDED Birmingham Prostate Clinic

FINALIST Barts Health Trust

FINALIST East Midlands Ambulance Service Trust, National Ambulance Clinical Quality and Research Groups and University of Lincoln

FINALIST NHS North West London

FINALIST North of England Cardiovascular Network and Digital Spark

FINALIST The Royal Marsden and McKesson



Winners: Gary Williams and Howard Freeman of NHS London

JUDGES

- Sir Andrew Cash, chief executive, Sheffield Teaching Hospitals Foundation Trust
- Tim Kelsey, national director for patients and information, NHS Commissioning Board

WINNER NHS LONDON

A PAN-LONDON APPROACH TO IMPROVE QUALITY, ACCESS AND PATIENT EXPERIENCE IN GENERAL PRACTICE

A major initiative to improve quality of care across London was undertaken in 2010 by bodies including GPs, primary care trusts and NHS London. This led to the creation of the Pan-London General Practice Outcome Standards and Framework in late 2011.

Mayor Boris Johnson launched the My Health London website allowing patients to compare easily the quality of care they receive with that in other practices across the capital. Both those providing and those receiving the care now have objective information about how good that care is.

There have been more than 75,000 visits to this site by the public. Two-thirds of general practices in London have accessed the information.

All the development work for the framework was carried out in-house by NHS London. The cost of the digital package was just £120,000 and included a web page for every surgery in the city, as well as a tool allowing comparisons and online surveys and forums.

Unacceptable dips in quality across London are now addressed through the framework for improvement rather than disparate local arrangements. This supports the transition to a single NHS commissioning board.

Assurance is sought from clusters that they have identified the risks to quality and are taking the steps outlined in the framework.

This project has been presented to the British Medical Association, Nuffield Trust and NHS Alliance, as well as conferences at The King's Fund. Articles on the project have been published in several industry titles.

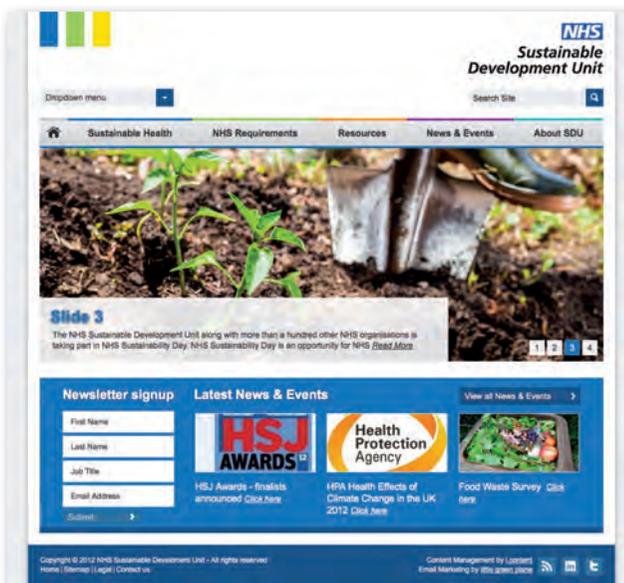
Judges praised the "very impressive evidence of impact on patient outcomes" and said the scheme was an "exemplar of a genuinely clinically led programme".

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NHS Sustainable Development Unit

The NHS Sustainable Development Unit is a national unit based in Cambridge tasked with helping the NHS fulfil its potential as a leading sustainable and low carbon healthcare service.

Our newly updated website - www.sdu.nhs.uk - contains a wealth of information and helpful tools to enable NHS organisations meet legal obligations and embed sustainability across all its activities.



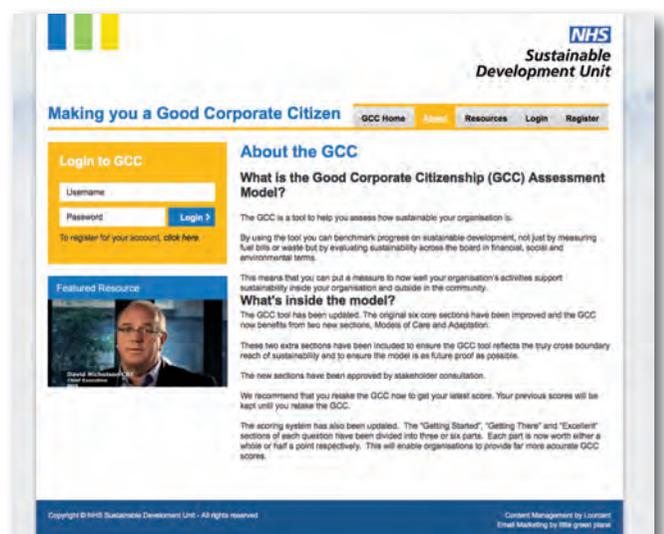
In January 2013 we will be running a consultation and engagement process around the NHS Sustainable Development Strategy 2014-2020 providing you with the opportunity to help shape the health and sustainability agenda.

Details can be found on our website:

www.sdu.nhs.uk

The newly updated Good Corporate Citizenship (GCC) tool allows organisations to benchmark and track their commitment to Corporate Social Responsibility (CSR) in social, environmental, and financial terms and gives a measure of how sustainable the organisation is becoming:

www.corporatecitizen.nhs.uk



GOOD CORPORATE CITIZENSHIP

FINALIST Barts Health Trust

FINALIST Bradford Teaching Hospitals Foundation Trust

FINALIST Derbyshire Community Health Services Trust

FINALIST Liverpool PCT and Liverpool Clinical Commissioning Group

FINALIST Sandwell and West Birmingham Hospitals Trust

FINALIST Sussex Community Trust

FINALIST Yorkshire Ambulance Service Trust



Winners: John Carson and Jane Gibson from the Northumberland trust

JUDGES

- Paul Haigh, chief officer, City and Hackney Clinical Commissioning Group
- James Mackenzie, programme manager, NHS Sustainable Development Unit
- Peninah Murage, health intelligence lead, Regional Public Health Group – London, Department of Health
- Stephen Welfare, deputy chief executive and director of workforce, NHS Midlands and East

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WINNER NORTHUMBERLAND, TYNE AND WEAR FOUNDATION TRUST

FERDENE – A PURPOSE BUILT MENTAL HEALTH FACILITY FOR CHILDREN AND YOUNG PEOPLE, INCLUDING THOSE WITH A LEARNING DISABILITY

The £27m, 40-bed Ferndene centre is the first of its kind to combine learning disability and mental health care for children and young people. It also focuses heavily on sustainability as environment plays a huge part in good mental health.

Northumberland, Tyne and Wear Foundation Trust established a young people's design group to be heavily involved in the design and build process. An ecological consultant was appointed for the project and designs with the aim of achieving a BREEAM (Building Research Establishment Environmental Assessment Method) "excellent" rating.

The centre offers a single access point to integrated pathways of care, which is delivered in a way that young people can understand.

It has strengthened links with the local community, with school pupils involved in its design. The local Prudhoe Youth Forum also held a meeting at Ferndene.

The centre sits comfortably in its rural environment; maximises natural daylight and ventilation; and improves the immediate micro climate. The construction programme was timed to leave the removal of an existing roof until colonies of bats living in it had headed to the woods to mate.

Combining facilities and services in a purpose-built facility allows more effective use of resources. Admissions of young people to adult wards and out-of-area placements are down significantly.

Care Quality Commission visits and an Ofsted report have shown improved levels of user and carer satisfaction.

Judges described the centre as a "stand out example" of service user engagement and praised the use of community involvement and sustainable design.

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IMPROVING CARE WITH TECHNOLOGY

HIGHLY COMMENDED NHS Bolton and d2 Digital by Design

HIGHLY COMMENDED Nottingham University Hospitals Trust

FINALIST Cornwall Partnership Foundation Trust

FINALIST EMIS

FINALIST Ipswich and East Suffolk Clinical Commissioning Group

FINALIST NHS Midlands and East

FINALIST NHS South of England

FINALIST University of Stirling, Dementia Services Development Centre



Winners: Oxford's Paul Altmann and Payam Mohaghegh

JUDGES

- Sir John Oldham, QIPP lead, long term conditions, Department of Health
- Paul Rice, director and telehealth lead, NHS Yorkshire and the Humber
- Christine Walters, associate director of information management and technology, The Pennine Acute Hospitals Trust

WINNER OXFORD UNIVERSITY HOSPITALS TRUST

ELECTRONIC REQUESTING AND REPORTING OF LABORATORY MEDICINE AND RADIOLOGY SERVICES WITH POSITIVE PATIENT IDENTIFICATION DRIVEN SPECIMEN LABELLING AT THE BEDSIDE

A survey of 120 trusts in 2009 showed more than 350,000 specimens had been mislabelled, of which 46 contributed to death or a significant delay in treatment. Oxford University Hospitals Trust set out to design an electronic order communication system using patient identification at the bedside.

The EPR Order Comms system went live across Oxford's Nuffield Orthopaedic Centre in September 2011, and certain departments of the John Radcliffe Hospital and Horton Hospital three months later. A workstation on wheels has full smart-card access to electronic patient records, a wireless specimen label printer, a barcode scanner, specimen bags and tubes and phlebotomy kit. A doctor or nurse scans a patient's wristband to open their records and types details into the EPR. This triggers printing of specimen labels. The system prints the right quantity of labels, with information on them about the number of each specimen tube required. Radiology workflow, previously paper-based, is now managed electronically, and staff have given positive feedback on the new way of working.

Results have been impressive, with 99.7 per cent of lab results now posted on the patient record. The proportion of radiology requests received by the department on the day of referral has soared from 15 to 100 per cent. Requests with no referral date or signature have dropped from 10 per cent to zero.

The financial benefits of reduced printing and increased information are estimated to be more than £1m per year. The clinical benefits of getting information right first time are clear. The judges said that this work had provided "a host of insights for others willing to embark on a similar transformational path". They added: "The step change achieved contrasting the before and after position with respect to the quality, accuracy and timeliness of key laboratory tests was astonishing."

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INNOVATION IN MENTAL HEALTH

HIGHLY COMMENDED South London and Maudsley Foundation Trust

FINALIST Avon and Wiltshire Mental Health Partnership Trust

FINALIST Birmingham and Solihull Mental Health Foundation Trust

FINALIST Buddy Enterprises

FINALIST Cornwall Partnership Foundation Trust

FINALIST Kent and Medway NHS & Social Care Partnership Trust

FINALIST Pennine Care Foundation Trust



Winners: Hertfordshire's Phil Byrne, Dr Alexis Bowers and Nick Kamera

JUDGES

- Harry Cayton, chief executive, Professional Standards Authority for Health and Social Care
- Paddy Cooney, interim director, NHS Confederation's Mental Health Network
- Jan Hutchinson, director of programmes and performance, Centre for Mental Health
- Jonathan West, consultant psychiatrist and clinical director, Oxleas Foundation Trust

WINNER HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST HOST FAMILIES SCHEME

As an alternative to admitting service users to acute wards, Hertfordshire Partnership Foundation Trust wanted to find families willing to take people into their homes.

The trust contacted people taking part in a similar scheme in Lille, France, and invited a host family over to a conference in Hertfordshire.

A host families steering committee was formed with representatives from stakeholders across the trust. Host families were recruited and service users were identified to live with them.

Placing service users with families has many benefits. Living and social skills can be maintained throughout acute episodes; the more familiar environment can help; self-management is promoted; and pressure on inpatient beds is reduced.

Most importantly, in a peer experience listening project, host family service users expressed a clear preference for being with a family rather than on an acute ward.

Service users now have a choice of where to be treated, which gives greater satisfaction to users and allows more to receive acute care. Social inclusion is promoted and stigma is reduced among the public.

Host families are paid £600 per week, which is as little as half the overall cost of an acute inpatient.

The scheme is being promoted at conferences and in journals. It is advertised internally through screen savers, meetings and conferences. Host family champions promote the scheme on acute wards.

Hertfordshire is recruiting more host families and has a long term aim to treat more people in the community than on the acute ward.

Judges said they really liked this initiative, which showed high levels of community engagement.

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Our ambitions for the NHS Midlands and East



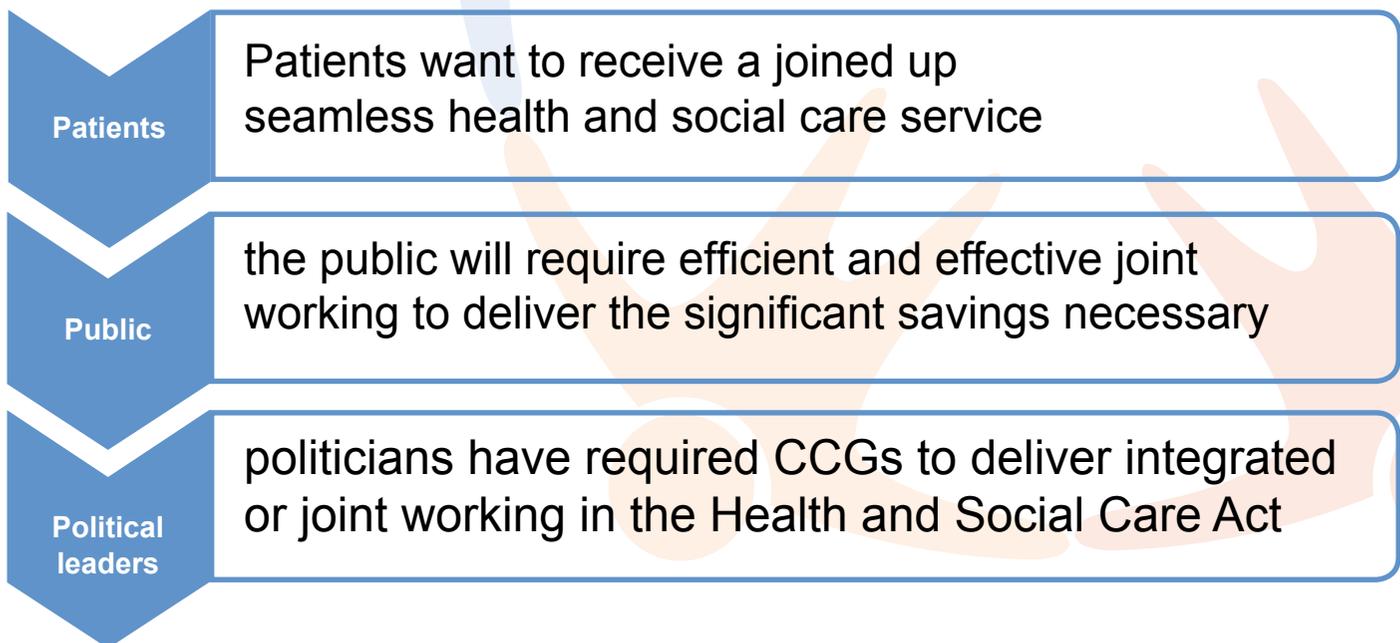
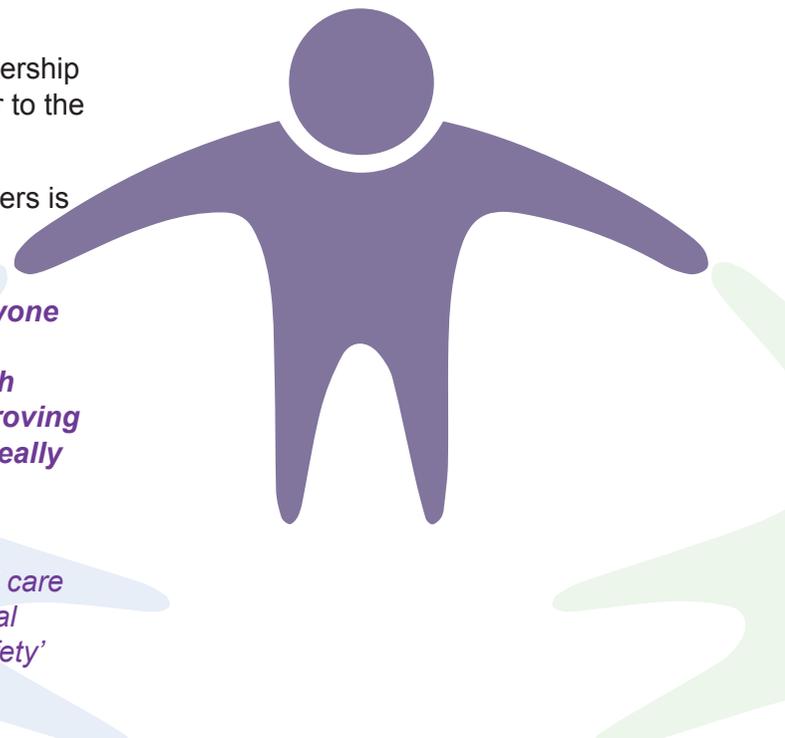
NHS Midlands & East ambition to: Radically Improved Partnerships between Health and Local Government

NHS Midlands and East sees that improving the partnership between health and local government is a key enabler to the success of the changes set out in the White Paper.

Working more closely with our local government partners is essential. As Prime Minister David Cameron said:

“...health and wellbeing boards will help this (integration) further. They will bring together everyone from NHS commissioning groups to adult social care specialists, children’s trusts and public health professionals... to design local strategies for improving health and social care integration. Integration is really important for our vision of the NHS”
(Cameron 2011)

The Future Forum identified that *‘achieving integrated care would be the biggest contribution that health and social care services could make to improving quality and safety’*
(National Voices 2011).



IMPROVED PARTNERSHIPS BETWEEN HEALTH AND LOCAL GOVERNMENT

HIGHLY COMMENDED The Ayr Clinic (Partnerships in Care) and Scottish government

FINALIST Christchurch Locality Commissioning Group

FINALIST NHS Blackpool

FINALIST Norfolk Community Health and Care Trust

FINALIST South Essex Partnership University Foundation Trust

FINALIST The Gateshead Housing Company and Gateshead Primary Care Mental Health Team

FINALIST The Healthy Urban Team, Bristol

FINALIST Torbay and Southern Devon Health and Care Trust



Winners: Simone Fox and Keith Shipman of the Multisystemic Therapy Team

JUDGES

- Karen Livingstone, director of strategic partnerships, NHS Midlands and East
- Dr Martin McShane, director of QIPP and commissioning, NHS Lincolnshire
- Baroness Glenys Thornton, former parliamentary under-secretary of state, Department of Health

WINNER THE MERTON, KINGSTON AND SUTTON MULTISYSTEMIC THERAPY TEAM **A SERVICE TO WORK WITH YOUNG PEOPLE AT RISK OF ENTERING CARE OR CUSTODY DUE TO AGGRESSIVE OR ANTISOCIAL BEHAVIOURS**

After a successful pilot, the Multisystemic Therapy Team received government funding in 2011 to expand its work with families of at-risk young people. It specifically targets those aged between 11 and 17 at risk of going into care or custody due to antisocial or aggressive behaviour.

Managers from social care, education, youth justice and health form the board overseeing the service. They aim to help families manage their children's behaviour.

Of 90 children discharged over the past four years, 92 per cent were living at home at the point of discharge; 69 per cent were at school or working; and 84 per cent had not re-offended.

Many parents have said that their children would have entered care without the help of the scheme. Young people have reported better relationships at home. Non-attendance is dramatically reduced by the flexible, home-based nature of the service.

The scheme costs up to £8,000 per family, compared with at least £25,000 per year for foster care. A child looked after in secure accommodation can cost £200,000 per year.

The team aims to build on its success so far by expanding further in south west London. It is also part of a national controlled trial comparing the intervention to other services.

Scheme supervisor Simone Fox has published two articles in peer-reviewed journals and presented at conferences across the UK and internationally.

Judges praised the "real energy and commitment" shown by the team to their clients, and the gathering of evidence through research.

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With approximately 110,000 employees in 100 countries, Sanofi and its partners act to **protect health, enhance life and respond to the potential healthcare needs of the 7 billion people around the world.**

For more information: www.sanofi.com
www.sanofi.tv

SANOFI 

MANAGING LONG TERM CONDITIONS

HIGHLY COMMENDED Liverpool Community Health Trust

FINALIST First Diabetes – Derby Hospitals Foundation Trust and First Provider

FINALIST Isle of Wight NHS

FINALIST NHS Nene Clinical Commissioning Group

FINALIST Royal Borough of Kensington and Chelsea

FINALIST SEQOL

FINALIST Southern Health Foundation Trust and Portsmouth Hospitals Trust

FINALIST Tameside and Glossop Shadow Clinical Commissioning Group



Winners: Keefai Yeong and Radcliffe Lisk

JUDGES

- Dr Naresh Kanumilli, long term conditions lead, South Manchester Clinical Commissioning Group
- Becky Reeve, head of professional relations, diabetes, Sanofi

WINNER ASHFORD AND ST PETER'S HOSPITALS FOUNDATION TRUST

EFFECTIVE PARTNERSHIP BETWEEN GERIATRICIANS AND GPs IN NURSING HOMES REDUCES EMERGENCY HOSPITAL ADMISSIONS

Many nursing home residents experience multiple and lengthy stays in hospital. Ashford and St Peter's Hospitals Foundation Trust sought to cut the number of admissions to hospital from nursing homes in the area.

An audit of almost 2,000 nursing home residents admitted in the three years to March 2009 identified 82 people with four or more admissions in that time.

A three-month trial focused on the three nursing homes found to have the greatest number of people with multiple admissions. Consultant geriatricians visited the nursing home managers and GPs to ask how they thought admissions could be reduced.

Medical advisory meetings were suggested and implemented, which saw consultants, GPs and nursing home managers discuss resident needs monthly. Telephone advice was made available to nursing homes during working hours. Private healthcare company Medihome was used to provide intravenous antibiotics and fluids to the nursing homes. Measures were also taken to reduce length of stay when in hospital.

The trial had a significant impact, more than halving the number of emergency admissions from the three homes. A longer trial was then undertaken, also with impressive results.

The scheme was extended to 12 homes in March 2011, leading to a 30 per cent cut in admissions.

The savings in admission costs far outweigh the costs of the scheme. Presentations have been given at the British Geriatrics Society and at a European level.

Judges said the project had clear scope for rollout elsewhere. They praised the "excellent engagement with primary care colleagues".

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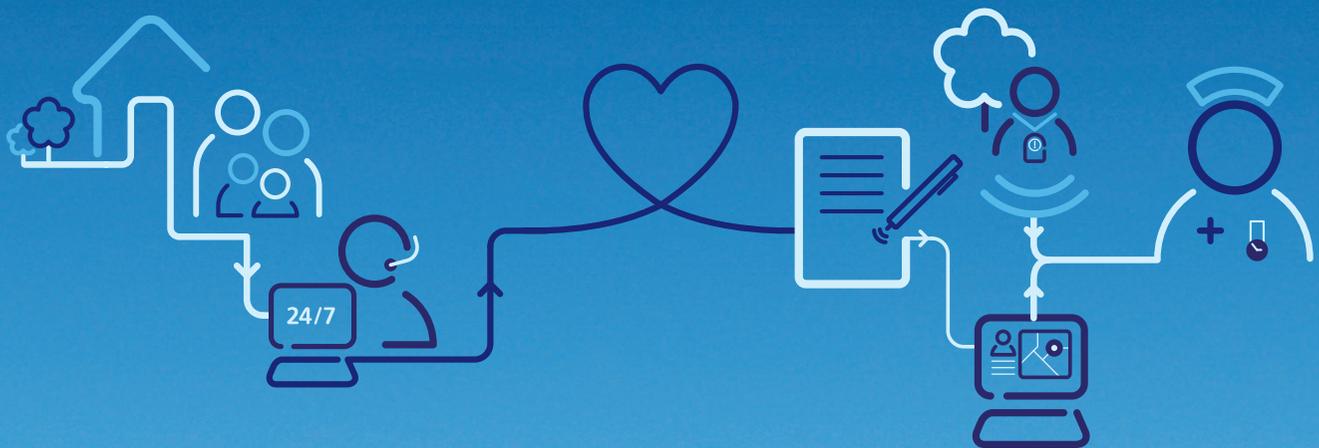
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PATIENT CENTRED CARE

HIGHLY COMMENDED Cheshire and Wirral Partnership Foundation Trust

HIGHLY COMMENDED Stockport Foundation Trust

FINALIST Bedfordshire Partnership for Excellence in Palliative Support hosted by Sue Ryder

FINALIST Central Manchester University Hospitals Foundation Trust

FINALIST Chelsea and Westminster Hospital Foundation Trust

FINALIST East Kent Hospitals University Foundation Trust

FINALIST East Midlands Ambulance Service Trust

FINALIST Salford Royal Foundation Trust



Winners: Nigel Hewitt and Alex Bax

JUDGES

- Dr Charles Alessi, chair, National Association of Primary Care
- Kim Guest, head of sales, O2 Health
- Ben Page, chief executive, Ipsos Mori
- Michael von Bertele, chief executive, Picker Institute Europe

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WINNER THE LONDON PATHWAY A MODEL OF INTEGRATED, PERSON-CENTRED HEALTHCARE FOR HOMELESS PEOPLE

Homeless people were found by University College London Hospital to attend A&E six times more frequently than the housed population and to stay three times as long. Homeless people gave negative feedback of their visits, and some staff revealed negative attitudes to homeless patients.

The London Pathway set out to provide compassionate, efficient care to reduce duration of stays.

A scheme was launched using a homeless health nurse, a community GP and someone with personal experience of homelessness.

The nurse visits all homeless patients within a day of admission. The doctor attends hospital for four sessions a week and co-ordinates and controls discharges. The care navigator supports and mentors patients during their stay.

The scheme led to a 30 per cent drop in bed days for homeless patients, while early results suggest a reduction in re-admission rates. Initial resistance to change has been overcome and the team has been described as inspirational.

While the cost is estimated at about £160,000 per year, the benefits in bed space are approximately £350,000.

The London Pathway has been registered as a charity funded by several major trusts, foundations and public bodies. The model has been used in hospitals inside and outside London. A representative sits on the Department of Health's National Inclusion Health Board.

The charity is planning an international homeless health conference next year and is working to establish medical research centres to offer patients short term support.

Judges said the project had "demonstrated how to make a real difference" to an often forgotten group of people.

alex.bax@londonpathway.org.uk

PATIENT SAFETY

HIGHLY COMMENDED West Midlands Perinatal Institute

FINALIST Great Western Hospitals Foundation Trust

FINALIST Musgrove Park Hospital

FINALIST Salford Royal Foundation Trust

FINALIST Stockport Foundation Trust

FINALIST The Royal Wolverhampton Trust

FINALIST University Hospital Southampton Foundation Trust



Winner: Gerry Rayman
of Ipswich hospital

JUDGES

- Jules Acton, director of engagement and membership, National Voices
- Kate Beaumont, nurse director, The Learning Clinic and director, QGi
- Jill Finney, deputy chief executive, Care Quality Commission
- Dr Elaine Maxwell, assistant director for patient safety, The Health Foundation

WINNER THE IPSWICH HOSPITAL TRUST THE IPSWICH TOUCH TEST AND FOOT OF THE BED FORM – SIMPLE TOOLS TO INCREASE FOOT EXAMINATIONS AND PREVENT HOSPITAL ACQUIRED FOOT ULCERATION IN PEOPLE WITH DIABETES

Hospital patients with diabetes and loss of protective sensation are at risk of foot ulcers that can cause considerable suffering, possible amputation and costly treatment. The Ipswich Hospital Trust set out to reduce incidences of such ulcers by increasing screening.

It found that the only 27 per cent of its patients with diabetes had their feet examined – and this was above the national average. Doctors said they were too busy and could not find instruments, so the trust devised a simple and inexpensive screening method.

The Ipswich Touch Test involves lightly touching the tips of the first, third and fifth toes of each foot, with the patient's inability to feel two or more of these touches signifying neuropathy or loss of protective sensation.

It is used in conjunction with a "foot of the bed" form, which contains instructions for the test, a chart for findings, a risk factor assessment and a referral pathway for those at risk.

Nurses and care assistants backed the scheme, saying they felt empowered to act quickly. The proportion of patients whose feet were examined jumped from 27 to 85 per cent. Hospital acquired diabetic foot lesions fell by 62 per cent.

The costs of the scheme were estimated to be less than £2,000, while the fall in ulcers represents a saving in excess of £100,000 per year.

The validation study of the Ipswich Touch Test was presented at Diabetes UK's annual conference in 2011.

Judges hailed the "simple but effective" technique and noted that it was highly transferable.

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PRIMARY CARE AND COMMUNITY SERVICE REDESIGN

HIGHLY COMMENDED Birmingham Community Healthcare Trust

HIGHLY COMMENDED NHS Blackpool

FINALIST Imperial College Healthcare Trust

FINALIST NHS Nene Clinical Commissioning Group

FINALIST North Bristol Trust

FINALIST Partners4Health and West Cheshire Clinical Commissioning Group



Winners: GP Care's Teresa Caddick and Michelle Lord

JUDGES

- Sophia Christie, director, ukprime
- Professor Steve Field, chairman, NHS Future Forum and National Health Inclusion Board
- Charlie Keeney, director for primary care and commissioning, NHS Institute for Innovation and Improvement
- Dr Michael Dixon, chair, NHS Alliance

WINNER GP CARE

COMMUNITY ULTRASOUNDS FOR PRISONS

Carrying out about 200 ultrasound scans per year for Eastwood Park Prison inmates was proving very disruptive and expensive for South Gloucestershire Primary Care Trust. It decided to improve the patient pathway to divert these patients away from secondary care facilities into more convenient and less disruptive methods.

The trust awarded GP Care the contract for ultrasound at HMP Eastwood Park after the organisation developed a portable ultrasound service and offered to hold clinics once a week at the prison.

The prison ultrasound service was launched in June 2008 and has since been expanded into the wider community by working with GPs. Sonographers work with other healthcare professionals in the prison, taking referrals from a consultant gynaecologist, visiting GPs and midwives.

This provides a cost effective model for the prison and avoids the need to send inmates with two prison officers each to hospitals. Inmates' dignity is maintained, they are waiting less time to be scanned and are better prepared for the event. Prison officer time is freed up.

Commissioning bodies save money through the implementation of the scheme. A cost saving of between £150 and £220 is generated per patient.

Another local prison has expressed an interest in the service and is assessing volumes with a view to developing a business case.

Judges described this programme as "a jewel of an intervention" that had been developed by a committed, passionate team. They praised not only the cost reductions but the contribution to the lives of a disadvantaged population.

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The **Clinical Research Network**
is proud to sponsor the Progressive
Research Culture Award to encourage
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Research is widespread, although the depth of involvement varies. 99 per cent of NHS Trusts conduct some level of clinical research, although this varies greatly from a single study in a single therapy area, to widespread research activity.

Clinical research can help to improve drug options to treat painful conditions like rheumatoid arthritis or peripheral arterial disease. It can provide the evidence needed to treat conditions like Bell's palsy more effectively; increasing the chances of a full recovery by using steroids rather than antiviral medications or a combination of both.

So we want to build on the success of our "research culture" award last year, and to continue to highlight the vital role that research plays in developing better patient care. We want to celebrate those Trusts and practices who continue to expand and enhance their research culture, with this year's HSI Progressive Research Culture Award.

Thank you to all those who entered and congratulations to our winners!

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FINALIST King's College Hospital Foundation Trust

FINALIST NHS Bradford and Airedale

FINALIST South Staffordshire and Shropshire Healthcare Foundation Trust

FINALIST Sussex Partnership Foundation Trust

FINALIST Wrightington, Wigan and Leigh Foundation Trust



Winners: Alison Richardson and Cliff Shearman

JUDGES

- Dr Helen Campbell, portfolio manager, Department of Health Research Networks, Cancer Research, and Clinical Research Facilities
- Liz Philpots, head of research, Association of Medical Research Charities
- John Sitzia, chief operating officer, National Institute for Health Research Clinical Research Network
- Helen Crisp, assistant director of research and evaluation, The Health Foundation

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WINNER UNIVERSITY HOSPITAL SOUTHAMPTON FOUNDATION TRUST **PUTTING RESEARCH AT THE HEART OF HEALTHCARE**

Despite being the third highest recruiting trust to National Institute for Health Research portfolio studies, University Hospital Southampton Foundation Trust wanted to standardise the success of its research efforts.

The initiative was seen as holding the key to an expansion of research capacity as the trust aims to be a world class centre of clinical and academic achievement by 2020.

With leadership from chief executive Mark Hackett, the trust made sure research performance indicators were part of executive management discussions. Research and development leads were established across its four clinical divisions to promote and review research activity.

Workshops were held to identify opportunities for collaboration; systematic reviews were conducted of research activity; and informal events took place to discuss funding calls. The R&D team was expanded with the creation of two research facilitators, a research communications manager and commercial roles. This has encouraged clinicians involved in research at all levels.

The level and cohesiveness of research activities has grown, with investigators and patients able to use research infrastructure fully integrated with hospital services. The trust secured £27m funding from the NIHR and commercial investors for this infrastructure.

Having established key posts and initiated activity, the trust now intends to expand its efforts and share its experiences with others through conferences and site visits.

Judges said research was “truly embedded in the trust’s culture and operations”. They noted a “sense of the trust leading the research agenda with strong partnership with academics”.

Heidi.nield@uhs.nhs.uk

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PROVIDER TRUST OF THE YEAR

WINNER LIVERPOOL HEART AND CHEST HOSPITAL FOUNDATION TRUST

Fearing that the economic crisis could see staff lose motivation at a time when it needed them most, Liverpool Heart and Chest Hospital Foundation Trust set out to create a picture of the future that staff could believe in.

The executive team developed the patient experience vision, setting out what an excellent experience would look like to the patient. This was expressed as a six-step patient journey and then refined by staff, patients and families before being written up as a patient story.

Accommodation was reviewed to ensure the hospital was fit to deliver the new models of care needed to meet this patient experience vision.

The phrase “majoring on the minor” was used to capture the way the trust wanted to turn good care into great. Staff were given permission to challenge care that did not meet the ambitious standards set out in the vision.

This led to simple innovations such as warm blankets in the theatre waiting area, which significantly reduced patient anxiety.

The Care Quality Commission's National Inpatient Survey has rated the trust as the best in the country for overall care for six years running, and the gap between it and the second best has widened. The trust came top nationally for views of how well doctors and nurses worked together, and for ratings of overall care.

The cost of care has been reduced through cutting waste and increasing organisation. Nutrition care has improved, while food waste has fallen.

Safety has improved, in part due to development of a culture where staff think and act as visitors. Cardiovascular disease care integration has boosted patient satisfaction, reduced emergency admissions and slashed costs.

The trust is holding a conference next spring to share best practice and innovation within the NHS. It is also developing the next stage of its patient experience model. This will be patient and family-centred care to enhance outcomes and get the best out of resources. It expects re-admissions to decline, and staff and patient satisfaction to increase further.

Judges hailed the trust as “an outstanding performer with impressive research and an impressive broad network of committed care in the community”. They added that it was “really reinventing the role of the hospital in the community for the NHS”.

sarah.booth@lhch.nhs.uk

'Impressive': Liverpool Heart and Chest Hospital FT has a broad network of committed community care and is 'reinventing the role of the hospital'



HIGHLY COMMENDED Torbay and Southern Devon Health and Care Trust

FINALIST Birmingham Community Healthcare Trust

FINALIST Derbyshire Community Health Services Trust

FINALIST Nottingham CityCare Partnership

FINALIST Tees, Esk and Wear Valleys Foundation Trust

JUDGES

- Helen Bevan, chief of service transformation, NHS Institute for Innovation and Improvement
- Nick Chapman, chief executive, NHS Direct
- David Colin-Thomé, consultant, DCT Consulting
- David Flory, deputy chief executive, NHS
- Professor Mayur Lakhani, general practitioner and chair of the National Council for Palliative Care
- Mil Milojevic, director, Allocate Software
- Paul Streets, director of public and patient experience and engagement, Department of Health

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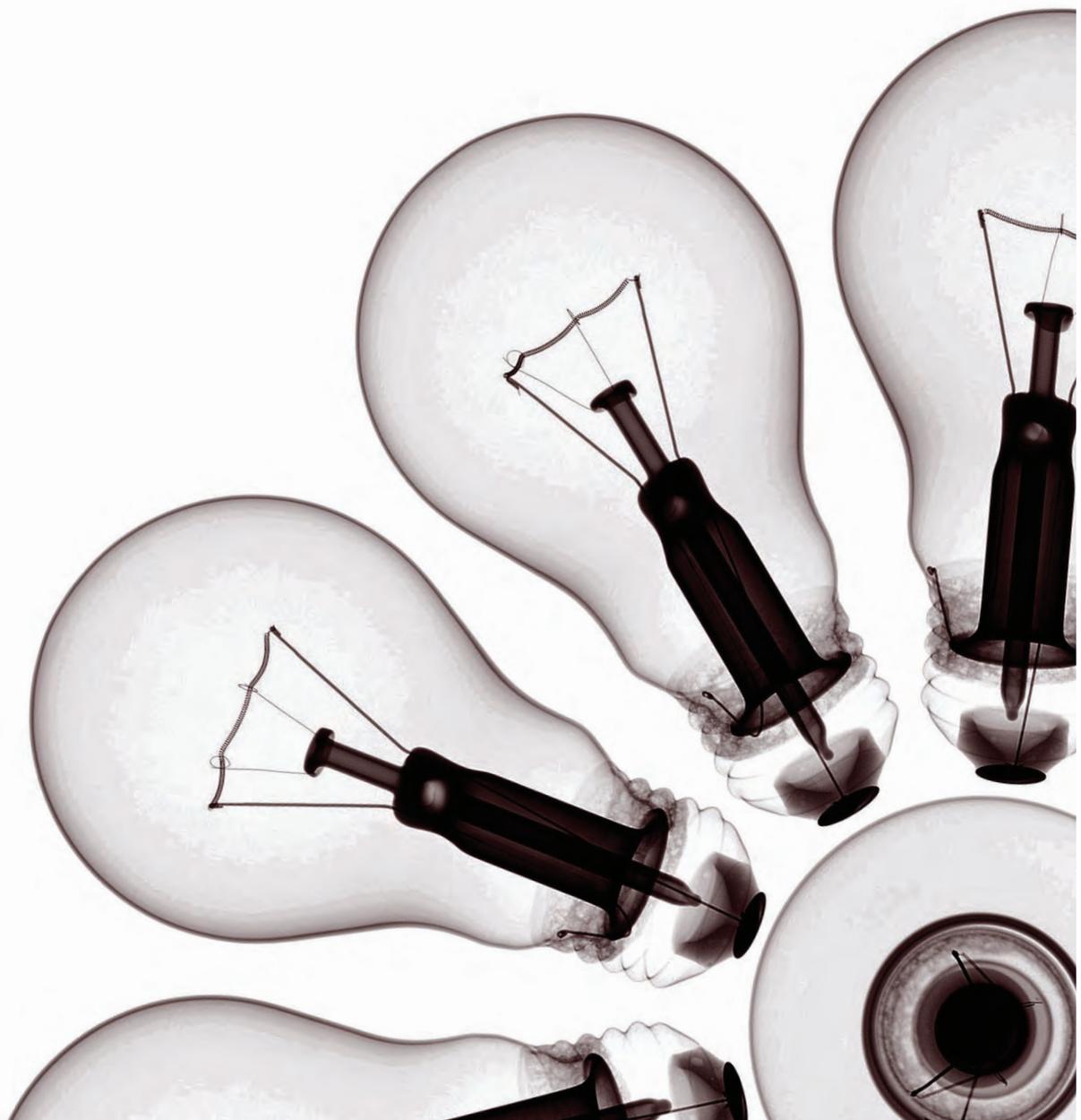


The HSJ Awards are in recognition and celebration of the excellence, enthusiasm and sheer hardwork that exists throughout the healthcare profession.

We would like to take this opportunity to congratulate the winner of the Quality & Productivity Award, NHS Blood and Transplant, 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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QUALITY AND PRODUCTIVITY

HIGHLY COMMENDED NHS Erewash Clinical Commissioning Group

HIGHLY COMMENDED South East Coast Ambulance Service Foundation Trust

FINALIST Birmingham Women's Foundation Trust

FINALIST Fulham Road Collaborative and Linea Group

FINALIST Isle of Wight Clinical Commissioning Group

FINALIST NHS South Essex

FINALIST Oxford University Hospitals Trust

FINALIST South Tees Hospitals Foundation Trust



Winners: Kevin Price and Dave Edmondson

JUDGES

- Elizabeth Bradbury, director, Advancing Quality Alliance
- Lynn Callard, interim director of productivity and quality and national lead for the productive care QIPP work stream, NHS Institute for Innovation and Improvement
- Dr Mo Dewji, national clinical lead – primary care, QIPP Team, Department of Health
- Peter Edwards, senior partner, Capsticks
- Professor Hugo Mascie-Taylor, medical director, NHS Confederation

WINNER NHS BLOOD AND TRANSPLANT

NHSBT OPERATIONAL IMPROVEMENT – APPLICATION OF LEAN TO IMPROVE QUALITY AND PRODUCTIVITY

A strategic review identified significant opportunities to improve productivity in the supply chain of the £439m per year NHS Blood and Transplant health authority. So a blood supply chain operational improvement programme was created, aiming for a culture of continuous improvement with respect for patients, donors and staff.

This programme applied the lean methods of the Toyota production system to the blood service. It focused on driving out waste in the process by empowering frontline staff to solve problems.

A comprehensive training scheme was established, and more than 160 planning and improvement events were attended by more than 750 staff in three years. Operational improvement champions were selected and actions were set out to close the gap between where the service was and where it wanted to be.

The improvement programme led to some impressive results with more than £10m per year released back to frontline patient care in the NHS.

The health authority implemented a blood safety initiative without taking on extra staff, saving £1m a year. It increased blood component manufacturing and testing productivity by 70 per cent and slashed the red cell price from £140 in 2007-08 to £123 in 2012-13.

NHSBT intends to build on its lean capability by putting more staff through the programme to boost understanding of the concept. It will also be extended to other areas of the health authority such as health and safety and back office departments.

Judges called this a “significant piece of work, which had an impact on quality and productivity”.

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Working with the Royal Liverpool University Hospital to generate efficiencies in outpatient services

The challenge

The Royal Liverpool University Hospital identified a need for their pharmacy staff to spend more time with patients and further develop services at ward level. The Trust also identified a need to improve patient waiting times for outpatient prescriptions to increase satisfaction with the outpatient service.

The solution

Lloyds Healthcare Services designed and delivered a purpose-built pharmacy in the retail concourse at the Royal Liverpool University Hospital dedicated to the provision of the Outpatient Dispensing Service.

The aim was to provide a fast and friendly Outpatient Dispensing Service utilising the Trust's treatment and advice protocols. The Lloyds Healthcare Services' outpatient team are working in partnership with the hospital clinical pharmacy specialists to ensure maximum patient care.

The results

Lloydspharmacy are now delivering a full outpatient service and looking with the Trust at how we can improve partnership working to deliver real progressive benefits for the patients and the Trusts.

- Average waiting time for outpatients is currently nine minutes and is monitored continually.
- Hospital clinical pharmacy staff are being released to spend more clinical time with patients and develop other areas of patient services.
- Inpatient and discharge prescription waiting times have also reduced by the phased removal of the competing outpatient dispensing work stream.

The client perspective

"The NHS needs to support and seek out these opportunities for innovation which offer real, tangible benefits to patients. Working with Lloydspharmacy has also helped the Trust make real efficiency gains. It's taken pressure off my pharmacy staff and allowed me to expand a near-patient clinical technician service which has created savings of up to £1,900 per ward per month. That's something worth thinking about."

**Alison Ewing, Clinical Director of Pharmacy
Royal Liverpool and Broadgreen University
Hospitals Trust**



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SECONDARY CARE SERVICE REDESIGN

FINALIST Great Western Hospitals Foundation Trust

FINALIST Hertfordshire Partnership Foundation Trust

FINALIST NHS Croydon Clinical Commissioning Group with Croydon Health Services

FINALIST NHS Greater Manchester

FINALIST Oxford Radcliffe Hospitals Trust

FINALIST The James Cook University Hospital

FINALIST University Hospital Southampton Foundation Trust



Winners: Duwarakan Satchithananda and James Rushton of North Staffs

JUDGES

- Dame Ruth Carnall, chief executive, NHS London
- Catherine Dixon, chief executive, NHS Litigation Authority
- Stephen Hay, chief operating officer, Monitor
- Chris Pearson, national sales and key account manager, LloydsPharmacy Healthcare Services

WINNER UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE TRUST THE AMBULATORY HEART FAILURE UNIT

Conventional treatments for worsening heart failure take place within secondary care, removing elderly patients from their families and costing the NHS in long hospital stays. University Hospital of North Staffordshire Trust developed a model to replicate high quality inpatient care on an outpatient basis.

Finances were secured from The Health Foundation to recruit two full-time nurse specialists, a half-time nurse manager and three weekly cardiology consultant sessions. New clinical protocols, policies, governance arrangements and working practices were developed.

A heart failure clinic is now used with support from nurses in a discharge lounge with a dedicated seating area. Nurses give patients a holistic assessment and management plan. Specialist consultant advice is available daily. There is integration with community and primary care providers.

The patient mortality rate in the clinic is zero compared to 10 per cent nationally for inpatients. There were 167 fewer admissions to secondary care in the first year of the new service. Heart failure care costs dropped by £381,000 in a year.

Return on the Health Foundation grant was made within four months through the reduction in admissions. The closure of nine beds at the acute trust has saved secondary care more than £800,000.

The heart failure team has written a research study with the Healthcare Services Research Unit at Keele University. This has been accepted as a portfolio study by the Clinical Local Research Network.

Judges hailed “real evidence of working across the system to improve care for patients”. They also praised the “passionate, committed team”.

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STAFF ENGAGEMENT

HIGHLY COMMENDED West Hertfordshire Hospitals Trust

FINALIST Birmingham Women's Foundation Trust

FINALIST Blackpool Teaching Hospitals Foundation Trust

FINALIST Bolton Foundation Trust

FINALIST Hull and East Yorkshire Hospitals Trust

FINALIST NHS Merseyside

FINALIST NHS Merseyside/ Merseyside Commissioning Support Unit

FINALIST NHS Nottingham City Clinical Commissioning Group

FINALIST The Walton Centre Foundation Trust



Winners: Gaynor Farmer and John Adler

JUDGES

- June Chandler, national officer, Unison
- Jo Cubbon, chair of NHS Employers and chief executive of Taunton and Somerset Foundation Trust
- Marisa Howes, national officer, communications and policy, Managers in Partnership
- Karen Lynas, head of delivery and deputy managing director, NHS Leadership Academy
- Professor Michael West, professor of organisational psychology, Lancaster University Management School

WINNER SANDWELL AND WEST BIRMINGHAM HOSPITALS TRUST LISTENING INTO ACTION / OWNING THE FUTURE

A staff survey five years ago showed Sandwell and West Birmingham Hospitals Trust was achieving lower levels of staff engagement than other similar sized trusts. Based on Macleod Review evidence that engaged staff are more productive, the trust set out to improve this.

It created Listening into Action to mobilise people on a common mission that matters to them.

Managers listened to staff through conversations hosted by the chief executive. Three key questions were asked, and nine themes identified. A communications campaign was run to ensure the brand was embedded and resulting actions were visible.

The proportion of staff believing senior managers involve workers in important decisions has since increased by 15 percentage points. Effective communication between senior management and staff improved 17 percentage points. In both cases this took the trust above the national average.

Most pleasing, however, was the rise of 23 percentage points in those believing care of patients was the trust's top priority.

While an investment of £250,000 was made in consultancy support, venue hire, communication materials and other set-up costs, many ideas for savings have come through the programme. These include rotas to reduce reliance on cover, and better management of equipment. Listening in Action has contributed to a reduction in sickness absence equating to almost £2.5m.

The scheme is now being adapted to create a permanent structure for engagement with the trust.

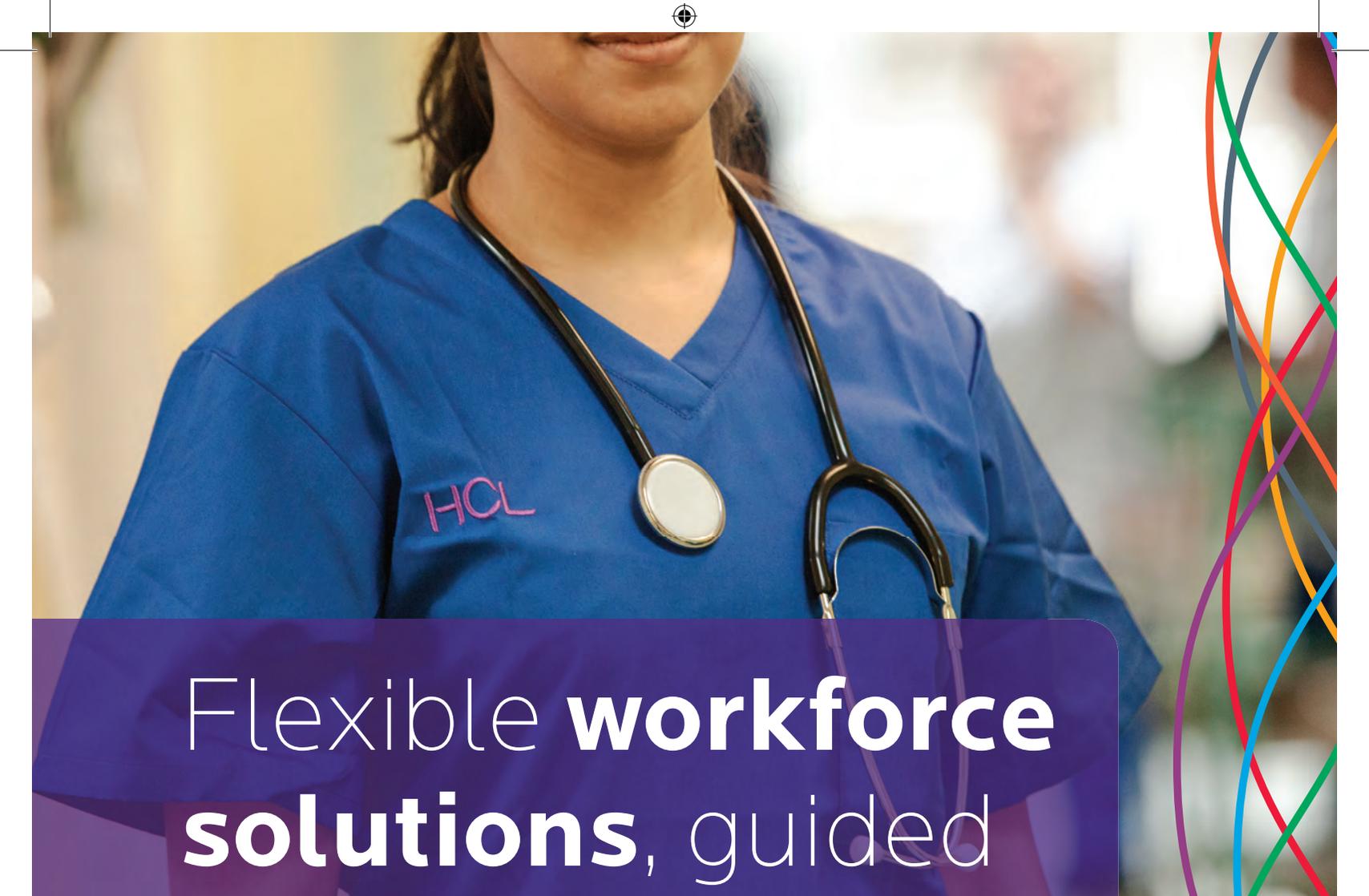
Judges complimented this "excellent example of pervasive and embedded culture change". They picked out the programme's "immediate evidence of impact on patient experience".

Jessamy.kinghorn@nhs.net

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FINALIST Hull and East Yorkshire Hospitals Trust

FINALIST The South West Peninsula Deanery (primary care workforce supply mapping in the southwest peninsula: preventing a crisis)

FINALIST The South West Peninsula Deanery

FINALIST University Hospital Southampton Foundation Trust

FINALIST University Hospitals of Leicester Trust



Winners: Lucy Connolly and Lydia Larcum

JUDGES

- Stephen Burke, chief executive officer, HCL Workforce Solutions
- Dr Linda Patterson, clinical vice president, Royal College of Physicians
- Dean Royles, director, NHS Employers

WINNER YORK TEACHING HOSPITAL FOUNDATION TRUST HEALTHCARE ASSISTANT RECRUITMENT INITIATIVE

Turnover of healthcare assistants was significantly higher than the trust average, and more than half of those leaving the role had less than a year's service. Feedback indicated that the realities of the job were not matching new starters' expectations so the recruitment process was overhauled.

A project group was formed consisting of the trust's HR director, chief nurse, assistant chief nurse and recruitment manager. It was identified that candidates needed more information prior to application. Compulsory pre-application open days were set up to facilitate this and to help manage applicant numbers.

Better initial training and induction work was created and piloted. Each round of recruitment was reviewed with ward sisters and successful candidates so the next round could be honed.

Only 6 per cent of healthcare assistants recruited under the scheme have left the trust, and only 34 per cent of these had less than a year's service. The trust has seen a reduction in use of temporary workers, and sickness rates are down. Recruitment drives are now quarterly rather than monthly.

No additional resources were required to deliver this initiative, and substantial savings have been identified. Elements of the scheme have been used in recruiting to other roles struggling with retention.

York has worked with other organisations to replicate elements of the programme and intends to write about it in a national publication and speak at a national conference.

Judges praised a "progressive approach" to recruitment and selection. They were impressed with the system of recruiting for values and training for experience.

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