

Patient Safety  
AWARDS 2013



CARE  
integration  
awards 2013



# Winners' brochure

9 July 2013

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# Welcome to the Patient Safety and Care Integration Awards 2013

Welcome to the Patient Safety and Care Integration Awards finalists' brochure. This year there has been a bigger focus than ever on the quality of care being provided in the NHS. The Robert Francis report into care failings at Mid Staffordshire has made the public, the press – and even many health professionals – believe that good care, improvement and innovation are in short supply in healthcare.

These awards prove that isn't the case. The 208 finalists from 146 organisations demonstrate that nurses, doctors, chief executives, finance directors, HR directors, physiotherapists, OTs, healthcare support workers, cleaners, porters – in fact all staff – all share the responsibility and the privilege of providing safe person-centred care.

The projects listed in these pages show that healthcare professionals still care passionately about putting the patient first. Healthcare workers are enhancing the service patients receive by breaking down traditional boundaries and doing what is best for the patient at all times.

Take the time to be inspired by them and work within your organisation to see how you could replicate their approaches – and their successes – in your own working environments.

Congratulations to all our finalists and winners.

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**Jenni Middleton,**  
editor,  
Nursing Times



**Alastair McLellan,**  
editor,  
Health Service Journal

WITH THANKS TO ALL OF OUR JUDGES FOR GIVING UP THEIR TIME TO WORK ON THE PATIENT SAFETY AND CARE INTEGRATION AWARDS



**Alison Coutts**, City University, London



**Amelia Swift**, University of Birmingham



**Andrea Sutcliffe**, Social Care Institute for Excellence



**Andrew Hindle**, Dudley Clinical Commissioning Group



**Ann Keogh**, Heart of England NHS Foundation Trust



**Barbara Ross**, Action Against Medical Accidents



**Benjamin Ellis**, Chronic Pain Policy Coalition



**Ben Thomas**, The Department of Health



**Bev Bostock**, Education for Health

**Bob Park**, North East London Cancer Network



**Carolyn Denne**, Social Care Institute for Excellence



**Cathy Stone**, St Richard's Hospital



**Charles O'Hanlon**, Newham CCG



**Claire Kilpatrick**, Infection Prevention Society



**Colin Capper**, Alzheimer's Society



**Dave Lynes**, Edge Hill University



**Deborah O'Dea**, Blackpool Teaching Hospitals NHS Foundation Trust



**Dirk Pilat**, Bromley by Bow Health Partnership



**Elaine Maxwell**, Trustee of the Florence Nightingale Foundation



**Emma Watson**, NHS Highland



**Fergus Keegan**, Kingston Hospital



**Francis Harries**, Birmingham Hospital



**Gareth Howells**, North Bristol NHS Trust, Birmingham South Central Clinical Commissioning Group



**Geoffrey Barton**, Novo Nordisk



**Graeme Johnston**, National Rheumatoid Arthritis Society



**Heather Loveday**, Richard Wells Research Centre



**Heidi Wright**, RPS



**Helen Duffield**

# Judges

WITH THANKS TO ALL OF OUR JUDGES FOR GIVING UP THEIR TIME TO WORK ON THE PATIENT SAFETY AND CARE INTEGRATION AWARDS



**Helen Inwood**, University Hospital of North Staffordshire



**Jane Maher**, Macmillan Cancer Support



**Jennifer Jones-Rigby**, Health Exchange



**Jo Cummings**, Arthritis Care



**Jonathan Mant**, University of Cambridge



**Jonathan Mason**, NHS North East London and City



**JP Nolan**, Royal College of Nursing



**Julie Frohlich**, Guys and St Thomas' Hospital



**Julie Price**, Medical Protection Society



**Julie Storr**, Infection Prevention Society



**Juliet Beal**, NHS South of England



**Karen Bowley**, Royal Wolverhampton Hospitals NHS Trust



**Katy Steward**, King's Fund



**Kerry Bloodworth**, Nursing Development Centre, Nottingham University Hospital



**Krishna Moorthy**, Clinical Safety Research Unit, Imperial College London



**Leanne Fishwick**, SEPT Community Health Services, Bedfordshire



**Linda Davidson**, E-Health Insider



**Liz Fradd**, Independent health service adviser



**Liz Robb**, Florence Nightingale Foundation



**Lizzie Wallman**, NHS Central London Clinical Commissioning Group



**Lucy Andrews**, Addenbrooke's Hospital, Cambridge



**Marie Cooper**, Help the Hospices



**Mark Winstanley**, Rethink Mental Illness



**Maureen Baker**, Connecting for Health



**Maurice Madeo**, Doncaster and Bassetlaw NHS Foundation Trust



**Mike Knapton**, British Heart Foundation



**Mirek Skrypak**, University College London (UCL) Partners



**Neil Betteridge**, Chronic Policy Coalition



**Neil Fineberg**, Finegreen Associates



**Pam Stopforth**, PSS



**Paula-Jane Marrett**, Cornwall and Isle of Scilly Primary Care Trust and Peninsula Deanery



**Paul Jebb**, Blackpool Teaching Hospitals NHS Foundation Trust



**Paul Keenan**, Benenden Healthcare Society



**Paul Taylor**, NHS Employers



**Payam Mohaghegh**, Oxford University Hospitals NHS Trust



**Penny Newman**, NHS Midlands and East



**Peter Mason**, East Midlands Ambulance Service NHS Trust



**Peter Walsh**, Central and North West London (CNWL) NHS Foundation Trust



**Rachael Liebmann**, Royal College of Pathologists



**Rachel Georgiou**, Health Exchange



**Raj Jain**, Liverpool heart and chest hospital



**Richard Blakey**, Enhancing Quality & Recovery, Kent, Surrey & Sussex



**Richmond Koku Dakeh**, Sickle Cell and Young Stroke Survivors



**Robina Shah**, Advancing Quality Alliance



**Ruth Oshikanlu**, Island Health



**Sally Brittain**, East Surrey Hospital



**Sally Brown**, Health Visitor Programme, Department of Health



**Sophie Corlett**, Mind UK



**Steve Hams**, Medway NHS Foundation Trust



**Thomas Currid**, Faculty of Health and Social Care, London South Bank University



**Tony Falconer**, Royal College of Obstetricians and Gynaecologists



**Vicky Robinson**, Guy's & St Thomas' NHS Foundation Trust



**Vinice Thomas**, Cambridge University Hospitals NHS Foundation Trust

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## Finalists

**5 Boroughs Partnership NHS FT: A new approach: supporting mental health in care homes**

A multi-disciplinary care home liaison team shifted from a mainly medical model to person-centred, nurse-led approach to dementia care.

**Blackpool Teaching Hospitals NHS FT: Shared decision making for vulnerable pregnant women**

The trust uses shared decision making (SDM) to reach out to vulnerable mums-to-be to help them get the right help, support and education.

**Hull and East Yorkshire Hospitals NHS Trust: Hey! It's In Our Hands**

"Hey! It's in our hands" embeds trust values and is centred on staff being empowered to act. Safe and reliable care requires a culture where teams feel valued and part of a team.

**Liverpool Community Health NHS Trust: The elimination of community-acquired avoidable pressure ulcers grade 3 and 4**

LCH's systems provide assurance of accurate reporting, defining categories and identify the level of harm in grade 3 and 4 pressure ulcers.

**Public Health Wales: The STOP campaign: encouraging appropriate use of medical devices**

Part of 1000 Lives Plus, the STOP campaign targets inappropriate use of peripheral venous cannulas and urinary catheters.

**South Essex Partnership NHS Trust: The drip drip effect: getting hydration on the agenda**

Much of the work on managing dehydration risk has focused on acute settings. This simple tool to has been designed for community services.

**University College London Hospitals NHS FT: Changing culture with the after action review**

The After Action Review (AAR) concept was adapted for use in the NHS for the first time to structure healthy blame-free team interactions.

## Winner

**Cornwall Partnership NHS FT: Culture change to a safer psychiatric intensive care unit**



The culture of the PICU had developed to one of containment with high use of seclusion, plus control and restraint techniques. Engagement at all levels, from ward to board, safeguarding experts and refreshed training has led to the development of a more therapeutic culture. The result has been a significant reduction in the use of restraint and seclusion. A new ward manager was appointed, ward team members were developed and safeguarding training provided. In addition, the regular presence of an executive director on the ward, and close performance management of all ward incidents were fundamental to delivering this change.

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## Finalists

### **NHS Ayrshire & Arran: ERT/Sepsis Six implementation in acute care**

Improvement has been achieved by implementing an Emergency Response Team in 2010 and Sepsis Six bundle at ward level in 2012.

### **Lancashire Care NHS FT: Are patients' journeys safe with clinicians in the driver's seat?**

Safety measures in the wards, including violence, aggression and seclusion rates, were addressed.

### **NHS Commissioning Board Greater Manchester area team: Commissioning for safer care**

The NHS Safety Thermometer CQUIN developed an understanding of harm-free care.

### **North Tees and Hartlepool NHS FT: Improving end of life care by listening and involving families in end-of-life care**

This innovative research project provides families, nurses and the board with assurance that clinical staff are listening to patients and carers. It involves family and friends in improving and feeding back experience of care.

### **Southend Hospital: MDT approach to improve cervical screening in HIV positive women**

A novel multi-disciplinary team pathway was introduced with the aim of optimising uptake.

### **UCLP: UCLP NHS Staff College Senior Leadership Course**

The course develops health leaders to handle the speed and complexity of healthcare and the health service.

### **Wrightington Wigan and Leigh NHS FT: Preventing the preventable. Learning from patients who have died**

Clinical staff review deaths and arrests, and learn from them and make changes as a result.

### **Wrightington Wigan and Leigh NHS FT: Reducing falls and improving patients' experience**

There's been a reduction in the number of falls, which has been sustained over six months.

## Winner

### **Perinatal Institute: Reducing stillbirths through improved antenatal identification of pregnancies at risk due to fetal growth problems**



A confidential enquiry peer review programme was developed to enhance understanding of causes and risk factors associated with the high stillbirth rates in the West Midlands. This led to a comprehensive, multidisciplinary, region-wide programme of training and implementation of evidence-based protocols to improve antenatal detection of fetal growth problems as the single most important risk factor associated with avoidable deaths. Progress was monitored and enhanced by benchmarking. The programme succeeded in a reduction in regional stillbirth rates to their lowest ever levels. A similar reduction across the NHS would save at least 600 deaths each year.

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## Finalists

### **Bradford Teaching Hospitals NHS FT: Hospital discharge medicines: providing GPs with more information**

Hospital pharmacists routinely access GP electronic records. By making entries into the patient's GP record, pharmacists can reliably alert GPs about discrepancies or changes.

### **Derby Hospitals NHS FT: Implementing electronic prescribing for patient safety and efficiency**

Electronic prescribing and medicines administration has enhanced patient safety and medication compliance by 40%, and improved prescribing accuracy and efficiency.

### **Edge Hill Health Centre in partnership with Interface Clinical Services: Improving patient safety: a whole-system, self-funding, partnership approach**

This project improved safety through appointing a medicines management facilitator, involving and training all practice staff.

### **Great Ormond Street Hospital NHS FT: A hospital-wide medicines management improvement programme to reduce medication errors**

Cardiac and paediatric intensive care units, and haematology and oncology wards saw prescribing errors reduced by up to 60%.

### **Great Western Hospitals NHS Trust: Reducing missed doses project**

The Medicines Governance team worked closely with nursing, medical and pharmacy staff to audit the problem, develop an online missed doses avoidance support tool, and stock finder programme and redesign of the trust drug chart.

### **North Bristol NHS Trust: Improving medicines reconciliation on admission**

The objective was to increase the number of patients receiving medicines reconciliation to more than 95% within 24 hours of admission. It achieved/improved the 95% target on 30 wards.

### **South East Essex PCT: Safe use of insulin across local health economy**

A medicines management lead project on use of insulin passports across the South East Essex area aimed to improve the safe use of insulin, reduce insulin medication errors and improve diabetes patient outcomes.

## Winner

### **Health Education West Midlands: SCRIPT an innovative e-learning programme to improve prescribing**



Web-based e-learning programme (SCRIPT) comprises 40 modules to support newly qualified doctors to become safer and more effective prescribers. The development of the programme was in response to studies carried out that highlight the General Medical Council EQUIP study and the local West Midlands study that emphasises serious weaknesses in existing educational approaches indicating that many newly qualified doctors are poorly prepared for prescribing. This results in avoidable adverse drug reactions; medication errors; and the underuse of effective medicines.

## Highly commended

### **Chesterfield Royal Hospital NHS FT: Quality improvement through pharmacist prescribing of cancer chemotherapy**



The trust identified and resolved shortcomings in the organisation of haemato-oncology clinics, which highlighted the inefficient use of consultants and potential for prescribing error.

### **HMP Isle of Wight NHS Trust: Safer Management of Medication in Prison**



A range of initiatives was introduced under the trust's "Medication Matters" banner in partnership with healthcare and prison staff. There has been a reduction in trading and bullying over prescribed medication.

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# Board Leadership

## Winner

**East Kent Hospitals University FT: Patient safety improvements: midterm outcomes of a four-year trustwide project**



Patient safety is pivotal in EKHUFT. In 2011, while the trust was already accredited for its safety standards, in the spirit of continuous improvement, a commitment was made to further reduce avoidable mortality and adverse harm events. This organisation-wide, four-year project led by the trust board of directors, patient safety board and four newly formed clinical division governance boards, introduced programmes of improvement that enabled a focus on clinical priorities. Capability is being built within teams to design and redesign new systems and processes, which is successfully demonstrating positive outcomes.

## Finalists

**Birmingham Children's Hospital NHS FT: Delivering a meaningful and measurable safety strategy**

The board has set itself a strategic objective that every child and young person cared for by Birmingham Children's Hospital will be provided with safe, high-quality care, and have a fantastic patient and family experience. It has produced a safety strategy that focuses its efforts on a list of specific projects to significantly impact the amount of avoidable harm that is suffered by patients. The board recognised the importance of defining the initiatives that would underpin these targets and transparency in tracking the trust's progress against them.



## Finalists

**ABMU Healthboard: Improving patient safety in mental health care with “Live” database**

Mental healthcare metrics are reported via an electronic system in inpatient wards.

**Anoto: The Gwent Frailty Programme**

This initiative improves homecare for frail and older people to reduce hospital admissions. Aneurin Bevan Health Board works with five unitary authorities to deliver services.

**Cambridge University Hospitals NHS Trust: Trauma case management without walls: The trauma patient management system**

This system transforms delivery of care, and provides data to manage patients’ journey.

**Chelsea and Westminster Hospital: Improving medication reconciliation at discharge: Closing the loop (M@D)**

Improvement in discharge information about medication changes has improved safety.

**Derbyshire Healthcare NHS FT: Innovation! Many risk assessments, one system, fingertip fast response**

The electronic system records team, service and organisational risk assessments.

**Staffordshire Commissioning Support Unit in partnership with Stoke on Trent CCG: Creating a quality culture through clinical, safety and patient feedback**

A database collates patient and staff feedback.

**University Hospital of North Staffordshire: Data file of patients undergoing mechanical thrombectomy/Interventional treatment for hyperacute stroke**

The trust is the national leader in this treatment.

**Warrington and Halton Hospitals NHS FT: Halton Telephone Discharge Project**

A nurse contacts residents within 24 hours of discharge from hospital to identify how the discharge plan is being managed by all agencies.

## Winner

**East Kent HUFT: Beautiful Information - from data to action at East Kent**



“Beautiful Information” is an initiative at East Kent Hospitals to turn data into action. By eliminating “data” and instead producing intelligent information that clinicians can act on in real time, the trust has developed a commercial approach to the presentation and use of information that has been so well received that it now provides consultancy services to other trusts. Whether it is real-time A&E statistics on iPads, a live consultant appraisal tool or making acute data transparent for GPs and patients to view, the Beautiful Information initiative has been well-received across the board.

## Highly commended

**The Pennine Acute Hospitals NHS Trust: Online safeguarding information sharing/referral using SBAR**



There is a dearth of literature linking safety and safeguarding. This results in a disconnect between acute health and social care cultures in relation to information sharing. The online safeguarding referral form aims to combine health and social care cultures by using the patient safety communication tool SBAR, integrated within an online form including necessary elements for a safeguarding referral, to improve quality and clarity of information and request for action.



# Education and Training in Patient Safety

## Winner

### Devon Doctors: Putting patients first workshop



Putting patients first is an interactive training workshop for all staff. Following the tragic death of a child, it implemented an effective and engaging training workshop to achieve measurable results for patient safety. The workshop is divided into six mini-modules, each of which encourages staff to look reflectively at scenarios and then considers how best to utilise new skills. In addition to contributing greatly to patient safety the workshop experienced a great reception with attendees. This success has resulted in delivering this the training to other out-of-hours providers and external organisations.

## Highly commended

### University Hospitals Coventry & Warwickshire NHS Trust: 100 Days Free Campaign



The trust created an accreditation for wards that remained free from hospital-acquired pressure ulcers for 100 days and beyond. The team used various communication channels, such as monthly teaching days, newsletters staff information leaflets and posters, roving boards and student learning packs. The tissue viability team adopted "power training" and were given teaching resources to help staff achieve "100 Days Free" accreditation. UHCW developed the concept of power training, which gave wards 10-minute "shots" of training at a time.

## Finalists

### Colchester Hospital University NHS FT: Improving fluid balance monitoring

The East of England Intelligent Fluid Management Bundle was used as a framework to develop a trust-wide education programme.

### Decon Solutions: Decontamination of reusable medical devices training and education programmes

Decon Solutions addressed the gap that existed for the UK in decontamination training, development and education.

### Health Education West Midlands: SCRIPT An innovative e-learning programme to improve prescribing

SCRIPT comprises 40 modules to support newly qualified doctors to become safer prescribers.

### Neo-innovations UK: Neo-slip – a novel, innovative and practical anti-embolism stockings aid

Neo-slip's design makes it easy to slide stockings into place. It reduces the risk of deep vein thrombosis in surgical patients by 60-80%.

### North West London Critical Care Network: Improving the transfer of critically ill patients through networked education

The team introduced interactive training for staff undertaking transfers and integrated it with a package of "at the coalface" practice aids.

### Royal Surrey County Hospital: Admission to discharge; piecing together inpatient diabetes care

The tool addressed inpatient diabetes care issues from admission through to discharge, including insulin prescribing and diabetic foot care.

### Spire Healthcare: Critical care training continuum to improve patient safety

Spire established a critical care training continuum, improving patient safety by developing nursing skills and reducing unplanned transfers to other hospitals.

### University College London Hospitals NHS FT: The After Action Review; learning together from experience

This experiential education initiative was designed to create a lasting cultural shift away from blame and fault finding after incidents.



## Finalists

**NHS Fife: Prevention of catheter associated UTIs using improvement science**

Catheter Associated Urinary Tract Infection prevention care bundles were introduced.

**Helen Hamlyn Centre for Design The CareCentre: a one-stop shop for bedside equipment**

Reducing medical error using design.

**Kingston Hospital NHS Trust: Intervention to improve inpatient antibiotic prescribing practices and decrease HCAs**

A change to prescribing culture at this trust.

**Liverpool Women's NHS FT: Reducing bloodstream infection: changing the culture on the neonatal unit**

The team has lowered infection rates.

**North Middlesex Hospitals NHS Trust: An integrated model to prevent HAIs**

NMUH achieved one of the lowest HAI prevalence rates in England.

**Nuffield Health: Surveillance improves trans-rectal ultrasound biopsy care and reduces bloodstream infections**

Root cause analysis led to changes in practice.

**Royal United Hospital Bath NHS Trust: Mini collaboratives for engagement and success**

The trust did two hour training sessions instead of the traditional two days to engage more staff.

**Sheffield Teaching Hospital Jessop Wing Neonatal Unit: Reduce the rate initiative to reduce neonatal central line infections**

This focused on potential line infection.

**Somerset Partnership NHS FT: Implementation of an indwelling urinary catheter free, inpatient service**

Indwelling urinary catheters will be removed within 48 hours of admission unless identified clinical exclusions can be applied.

## Winner

**University Hospital Southampton NHS FT: Reducing catheter associated urinary tract infection in acute care**



Preventing catheter-associated urinary tract infection (CAUTI) is high on the NHS Policy agenda. Locally, a trust CQUIN target was set to deliver a reduction trustwide in the inappropriate use of urinary catheters. The trust developed a programme of quality improvement and research to implement and advance the evidence base on CAUTI reduction to achieve its CQUIN target, and improve patient care and safety. It has achieved significant milestones in reducing inappropriate catheterisation, improving documentation, ensuring prompt removal of catheters and developing an innovative programme of research.



# Patient Safety in Mental Health

## Winner

**Bradford District Care Trust & West Yorkshire Commissioning Support Unit: Prevention of premature death for patients with serious mental illness**



Patients with serious mental illness (SMI) are dying up to 20 years younger than the general population. This project aims to improve the physical health of people with SMI in Bradford and Airedale. It developed an electronic template that helps primary care teams to carry out a specified, high-quality, systematic annual physical health check including a calculation of the risk of dying from cardiovascular disease (CVD), known as a QRisk2 score. Early evidence shows that quality outcomes have significantly improved for these patients. The template is now being rolled out across all 82 practices locally across Bradford and Airedale.

## Highly commended

**Northumberland, Tyne & Wear NHS FT: Recessed Toilet Roll Holder**



The initiative is an anti ligature/ vandal resistant toilet roll holder for use in the trust's forensic secure facilities. An appropriate design was not on the market for its purposes and the trust was unwilling to

compromise on its patients' privacy and dignity, so its estates team designed and patented its own anti ligature toilet roll holder. The holder works on the principle that the toilet roll rests on two half spheres, which allows the roll action to take place for everyday use but does not offer any obvious ligature point, if weight was applied the roll would fall from the holder.

## Finalists

**Calderstones Partnership NHS FT and Lancashire Care NHS Trust: Improving staff awareness of mealtime difficulties and risk of choking**

2011 and 2012 show a decrease in incidents.

**Cheshire and Wirral Partnership FT: Inpatient Safety Metrics - a spur for providing high quality care**

CWP introduced an inpatient safety metrics initiative to monitor policy standards monthly.

**East London NHS FT: Multi-professional human factors training on managing physical health conditions**

Training using high-fidelity simulation supports inpatient psychiatric teams.

**Lincolnshire Partnership FT: Implementing relational nursing: reduction in the incidence of self harm**

This inpatient service for women with challenging behaviours used relational nursing.

**Oxford Health NHS FT: Implementing safer care approaches to suicide reduction using always events in mental health crisis services**

This project employs a positive approach to harm reduction during service user care transitions.

**South Staffordshire & Shropshire Healthcare NHS FT: Reducing harm from falls in a dementia unit**

A 24% reduction in falls causing harm was measured by robust improvement methodology.

**Tees, Esk and Wear Valleys NHS FT: Reducing assaults in mental health and learning disabilities**

The trust achieved a sustained reduction in physical assaults by 58%.

**UHCW NHS Trust and Coventry and Warwickshire Partnership NHS Trust: Reciprocal wireless access to enable integrated acute mental healthcare**

Waiting times are cut and service improved.



## Finalists

**East Kent Hospitals NHS Trust: Acute frailty unit for acute medical admissions**

There is direct admission to a ward where patients are assessed and managed actively by a multidisciplinary team led by geriatricians.

**East Midlands Ambulance Service: Crisis Response Falls Team**

This initiative is reducing the flow of unnecessary admissions into acute hospitals, improving service and safety for patients.

**North Bristol NHS Trust: Preventing in-hospital cardiac arrests using five drivers improvement package**

Cardiac arrests are reduced by 30% by early recognition, treatment and timely escalation.

**North Bristol NHS Trust: Reducing inpatient falls using a Falls Action Bundle - FAB**

The number of falls reduced by 28% in one year on the pilot ward.

**Royal Bournemouth and Christchurch Hospitals NHS FT: Patient advice magnet for post-operative knee replacement patients**

The gives patients post-operative advice, a helpline number and reduces readmissions.

**United Lincolnshire Hospitals NHS Trust: Ward rounds - The plan from every review document**

Every patient receives a standard review where all safety critical steps are addressed.

**University Hospital of North Staffordshire: Care of the elderly within the emergency department**

A Care of the Elderly Steering group rolls out a variety of education and training experiences.

**University Hospital of North Staffordshire: Development of a frail elderly assessment unit (FEAU) within an acute organisation**

Assessment on arrival, early consultation, access to diagnostics and emphasis on mobilisation.

## Winner

**Southend Hospital NHS FT: Feeding buddies and snack round service**



Frail older patients often eat less when they are unwell, making it very difficult to improve their appetite. A snack round trial was introduced on a care of the elderly ward by volunteers (Feeding Buddies) and ward staff, offering appealing, high-calorie treats, served on an attractive trolley, accompanied by a cuppa and a kind word. Previously, some patients were eating fewer than 650 calories a day. The snack round was successful and found the average patient ate 244 calories a day. Some even doubled their intake. Patients and their families also gave very positive feedback.

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## Finalists

**Birmingham Children's Hospital CAMHS Home Treatment Team: Managing young people safely at home**

The team set up an intensive home treatment service for young people to avoid admission.

**Central Manchester University Hospitals FT: Safe sleeping practice for infants: believing and communicating the message**

Safe Sleeping for Infants Guidance was developed and implemented in practice.

**Central Eastern CSU: Development of infant formulae prescribing guidelines**

Infant formula prescribing guidelines were developed to improve the safety of prescribing in South West Essex GP practices.

**Leicester Hospitals, Leicester University and Wild Knowledge: The paediatric observation priority score (POPS)**

POPS is a bespoke method of identifying children with potentially serious illnesses while supporting staff in redirecting or discharging those who do not need ongoing care.

**Luton and Dunstable University Hospital Woodlands Unit: Enhancing quality and safety of paediatric thalasaemia care**

The team brought the transfusions together on a Saturday each month supervised by friendly, familiar and competent staff ensuring safety.

**West Midlands Paediatric Palliative Care Network: West Midlands children and young people's palliative care toolkit**

The trust launched a comprehensive toolkit for professionals to manage and support children with life-limiting conditions, and their families in both home and clinical settings.

**Leicester Partnership Trust: Children's rapid assessment and follow-up team**

The service is for children with an acute minor illness. It enables parents to care for their child at home with support and advice, preventing admissions into hospital where safe to do so.

## Winner

**Great Ormond Street Hospital NHS FT: Transformational change to achieve zero harm in a children's hospital**



In 2007, GOSH embarked on a transformational journey to improve the quality and safety of care. The programme has three main aims – zero harm, no waits, no waste. Zero harm aims to build a sustainable approach to patient safety and focuses on building a culture of safety, handover, communication, procedure checklists, infection, medication, deterioration and pressure ulcers. A measurement system has been developed and capacity to deliver at the front line has been established. Results have shown a decrease in the harm as measured by the paediatric trigger tool and a change in the understanding of harm.



# Patient Safety in Primary Care

## Winner

### Leeds Community Healthcare NHS Trust: Developing and embedding a robust prison healthcare patient safety audit



Prison healthcare is a high risk area due to the vulnerable client group who often have complex physical, mental health and /or substance misuse problems. Delivery of healthcare is further complicated by the secure environment and the need to structure observations, assessments and interventions around the prison regimes. Leeds Community Healthcare NHS Trust Prisons Healthcare Team has developed a targeted prisons patient safety audit tool, which is now carried out annually across all three of the Leeds prisons, monitored via the Prisons Clinical Governance Steering Group.

## Highly commended

### East Midlands Ambulance Service NHS Trust: Crisis response falls team



Falls comprise the largest proportion of calls to the East Midlands Ambulance Service (EMAS), and result in above average conveyance rates of this group of patients to hospital. Reducing demand on hospitals and the potential negative outcomes associated with hospital admission for patients is an important priority for all. Clearly patients want the best possible outcome, as do their relatives. Hospitals are experiencing ever increasing levels of demand, which is placing significant strain on the ability to provide services within a restricted financial envelope. Any initiative that can reduce the flow of unnecessary patients into an acute hospital is welcomed.

## Finalists

### County Durham & Darlington NHS FT: Reducing avoidable pressure ulcers in community nursing services

This project aimed to identify and subsequently reduce the number of avoidable pressure ulcers in community nursing. The strategies implemented have achieved this as well as a corresponding increase in the knowledge and skills base of the community nursing service.

### East and South East England Specialist Pharmacy Services: Improving medicines safety for patients prescribed NSAIDs in primary care

Working with local commissioners and prescribers, it targeted the existing national Medicine Use Review service provided by community pharmacists to patients prescribed NSAIDs. Assessment of the service demonstrated major safety improvements.

### Liverpool Community Health NHS Trust: Between the Sheets: an innovative project to support women living with HIV

This female-only event was for women with HIV to explore issues relating to sexual activity and an HIV diagnosis. The aim was to gain empowerment, self awareness and confidence, to promote a healthy, fulfilling sex life and help women make safer choices.

### Liverpool Community Health NHS Trust: Domestic abuse initiative

The aim of the initiative is to increase the safety of the organisation's service users by providing a robust, consistent and evidence-based response to disclosures of domestic abuse and to maintain a high standard of ongoing support to victims and their immediate families by prioritising staff training and support.

### Salford Royal NHS FT, Diabetes Team and NIHR CLAHRC for Greater Manchester: A telephone service enabling lifestyle and behaviour change to prevent type 2 diabetes

Working collaboratively, this team designed, implemented and evaluated the IGT Care Call project, a six-month, telephone, pro-active lifestyle education and support programme to prevent type 2 diabetes.



## Finalists

**Blackpool Teaching Hospitals NHS FT: Talk Safe: a culture-based approach for improved patient safety**

The trust adopts an approach emphasising creation of a positive safety culture.

**Chelsea and Westminster Hospital: Improving medication reconciliation at discharge: Closing the loop (M@D)**

Improved quality of discharge information about medication changes has enhanced patient safety.

**North Bristol NHS Trust: Preventing in-hospital cardiac arrests using five drivers: improvement package**

This supported staff in reducing cardiac arrests within their area by 30% within one year.

**Nottingham University Hospitals NHS Trust: Quality assurance in severe sepsis: audit, feedback, improve**

To make sepsis "personal", the trust created a rapid audit-feedback mechanism.

**Pennine Acute NHS Trust & North Manchester CCG: Integrated ambulatory care in north Manchester**

With access to same day diagnostics, assessment and clinical opinion, these conditions could be managed as a short day case.

**Salford Royal FT: Reducing weekend mortality: Salford standards**

Salford standards increase consultant presence across the week, decreasing time from admission to consultant review.

**University Hospital of North Staffordshire: Development of interventional stroke service to reduce death and disability**

UHNS is the only centre in the UK offering a 24/7 interventional stroke service.

**Wirral University Teaching Hospital NHS FT: Bridging the Gap: introducing seven-day medical consultant cover**

The trust introduced seven-day consultant cover across medical specialties in November 2012.

## Winner

**Northumbria Healthcare Trust: Measuring, understanding and reducing harm: a strategic approach**



The trust uses the IHI Global Trigger Tool to measure harm rates, and this has shown a reduction over a three-year period. Importantly, it has helped understand the major causes of harm in the organisation and where the trust has had success in reducing harm (for example improved use of and response to warning scores, surgical site infections) and where the problems still occur (for example falls). This has allowed the trust to focus its improvement work on further reducing harm in areas such as hospital-acquired pneumonia, which is one of the major harms contributing to death.



# Technology and IT to improve Patient Safety

## Winner

### **Anoto: The Gwent Frailty Programme**



This healthcare initiative in Wales aims to improve homecare for the frail and elderly to reduce hospital admissions. Aneurin Bevan Health Board (ABHB) works in partnership with five unitary authorities in Gwent to deliver services to 600,000 people. The PaperIQ solution is a key element in supporting ABHB's Clinical Futures programme. A network ensures seamless transition of care from the core single specialist and critical care centre, local general hospitals and primary and community health and social care services to underpin the transition from hospital focused-care to community care.

## Finalists

### **Chelsea and Westminster Hospital: improving medication reconciliation at discharge: closing the loop (M@D)**

Improvement in the quality of discharge information about medication changes has improved patient safety and experience.

### **Dr Thom: An online solution for managing patient group direction (PGD) services**

This solution for managing PGDs for three clinical services ensures secure record storage, better clinical audit, enhanced training and assessment, and facility to lodge online incident reports.

### **GP Care UK: The GP care patient record network ("PRN")**

This data-sharing initiative allows GPs to share patients' full primary care records electronically with local NHS care providers. This is helping fully informed clinical decision making.

### **Poole Hospital NHS FT and The School of Design, Engineering and Computing, Bournemouth University: Development of an epidural simulator for training**

The team is creating an ultrasound and magnetic resonance imaging simulator that is realistic.

### **South Tyneside NHS FT: Electronic referral and caseload scheduling for district nursing**

Electronic management of referrals and scheduling of patient care was a challenging change project, but successful completion resulted in 42% reduction in medication errors.

### **UHCW NHS Trust and Coventry and Warwickshire Partnership NHS Trust: Reciprocal wireless access to enable integrated acute mental health care**

This provides community nurses with secure access to IT systems while in acute hospitals.

### **University of Chester/NHS North West: Assuring the NHS and practice partners of the numerical competence of the current and future nursing workforce**

The Council of Deans of Health (North West) and NHS North West developed a context-based Standardised Numeracy Assessment Process.



## Finalists

**Cambridge Universities Hospital NHS FT:  
Identifying the cause of severe adverse  
events during anaesthesia**

The trust set up a dedicated GA allergy clinic with a one-stop system for investigation and diagnosis of anaphylaxis. The aim was to identify allergies to enable safe future anaesthesia.

**Calderstones Partnership NHS FT and  
Lancashire Care NHS Trust: Improving staff  
identification and monitoring of dysphagia  
and choking risk**

Training addressed mealtime practice and reporting of choking incidents to allow evaluation of the approach.

**East Kent University Hospital NHS FT: CT  
perfusion is safe and effective in ischaemic  
stroke care**

This project with South East Coast Ambulance Service uses CT brain image acquisition to treat patients with ischaemic stroke who previously haven't been able to have IV reperfusion therapy.

**Sheffield Teaching Hospital FT Department  
of Haematology: Haemato-oncology  
Diagnostics using bespoke software results  
integration**

The team developed software covering diagnosis from requesting, sample tracking through to integration with clinician alerts.

**Great Western Hospital Department of  
Respiratory Medicine: Swindon pleural  
service: Improving safety and increasing  
efficiency**

A portable ultrasound machine became the cornerstone of a new pleural service delivered by the respiratory team.

**InHealth Group: Development of an  
integrated care pathway for  
gastroenterology services for a health  
economy based around a DGH**

A hub organisation managing an integrated care budget ensures care is delivered to meet criteria, including timeliness and safety.

## Winner

**Barts Health NHS Trust: Improving the CSF  
xanthochromia service through audit and  
multidisciplinary collaboration**



The project aimed to enhance the clinical effectiveness of the laboratory's existing CSF xanthochromia service (for detecting subarachnoid haemorrhage) by improving clinical practice and laboratory turnaround times. A clinical audit of xanthochromia testing stimulated multidisciplinary collaboration to improve sample quality, through education and the introduction of xanthochromia packs to clinical areas, which contained clear sample collection and handling instructions. The routine service was extended to include weekends, 9am-5pm. This improved sample quality and turnaround times.

## Highly commended

**Derby Hospitals NHS FT: UK first electronic kidney  
injury reporting tool saves lives**



Derby developed the UK's first real-time, hospital-wide electronic identification system for acute kidney injury (AKI), which could be rolled-out across the UK. AKI is common, harmful and preventable, occurring in up to 20% of admissions and the annual cost for the NHS is over £600million. AKI occurs silently and is hard to identify leading to poor standards of care and patient outcomes. Derby's innovation identified over 4,500 undiagnosed cases in one year. It is validated, sustainable and transferable; aids early diagnosis and management across all specialties, enabling more effective treatment and has resulted in improved patient outcomes and better patient experience.



## Winner

**NHS Improvement (now part of NHS Improving Quality): Delivering major breast surgery safely as a day case or one night stay and enhanced recovery pathways**



The breast surgery pathway is based on strong clinical evidence, patient experience and involvement. The pathway commences with diagnosis and optimising care preoperative health in Primary Care, high-quality preoperative assessments, admission and surgery followed by post-surgery care which is in collaboration with from primary, secondary, tertiary and community care.

The second part of the project involved enhanced recovery pathways, which support patients with cancer undergoing surgery from diagnosis to rehabilitation at home. Patient, carer involvement and shared decision making underpin 19 elements in five distinct areas of the pathway including the role of primary care, patient preparation for surgery, admission, intra-operative, post-operative and post-discharge care.



## Finalists

**Berkshire Healthcare NHS FT: The Phoenix programme for breast cancer**

Through collaborative working across two trusts, a charity, the local authority and volunteer sector, a smoother pathway has been achieved.

**Bowel Cancer UK: Bowel Health & Screening**

This project saw the creation of a guide, available in hard and digital copy, to bowel health and screening for people with learning disabilities as well as instructions for carers.

**British Red Cross: British Red Cross Buddy Scheme/Macmillian Cancer Support**

Patients with practical and emotional needs were offered support through the Red Cross Buddy scheme to receive support.

**Cambridge University Hospitals NHS FT: Outreach Chemotherapy Clinics**

The service gives patients a choice of safe and efficient chemotherapy treatment closer to their home.

**South Essex Partnership University NHS FT: Supporting prostate patients to cope with their long term effects of treatment**

The patient receives nurse-led telephone consultations to support self care. Care is transferred to their GP once the patient is stable.

**St Richard's Hospice: Rapid Response Hospice at Home**

The service has been deployed into all areas: patients', nursing and residential homes. It can respond to requests within one hour.

**Surrey & Sussex Healthcare NHS Trust/ MediHome: Holistic Integrated Pathway for Breast Cancer Patients**

The project supports patient choice and improved patient experience.

**University Hospitals of Leicester NHS Trust: A timely, integrated and high-quality Hickman and PICC insertion service**

Patients can have Hickman or PICC lines inserted, often same day, in a dedicated environment.



## Finalists

### **Action Heart Dudley Exercise Referral Scheme: An Example of Seamless Primary/Secondary Care**

The pathway is open for any GP or hospital consultant in Dudley (and specified other health professionals) to refer directly to the Exercise Referral Scheme. The "patient" needs to be below the Department of Health's Physical Activity Recommendations.

### **East Cheshire NHS Trust: Developing an integrated cardiology nurse team**

Cardiology nurses facilitate rapid specialist assessment and treatment of admitted patients, ensure appropriate discharge information and advice are given and educate healthcare professionals in primary care to manage patients more efficiently to avoid unnecessary admissions, readmissions and length of stay.

### **GP Care Consultant Link: The definitive route to specialist cardiac advice**

GP practices are allocated unique telephone numbers allowing them to contact a scheduled team of Cardiologists, who, in rotation take calls from GPs offering advice and support at the outset allowing GPs to manage their patient, where possible in primary care; recordings of calls are attached to patient records.

### **Imperial College Healthcare NHS Trust: MyAction Westminster**

The community-based nurse-led multidisciplinary vascular prevention programme that includes patients with vascular disease (coronary heart disease, TIA, peripheral arterial disease) and those at high risk for developing vascular disease to help them and their families reduce their future risk of heart attack and stroke.

## Winner

### **Staffordshire and Stoke on Trent Partnership NHS Trust, University Hospital of North Staffs and Douglas Macmillan Hospice: Improving choices for patients with end-stage heart failure: enhanced specialist care delivered in the community**



This community pathway is accessed by patients with end stage heart failure (HF) (identified by a cardiologist), who prefer home care and have decompensated without any other features mandating hospitalisation. Implementation is by specialist HF and community nurses with governance and support from GPs, palliative care and cardiology consultants. The intervention still saved over £90,000 and over 270 bed days.

## Highly commended

### **Cardiff and Vale University Health Board: Working together to prevent premature heart disease: finding familial hypercholesterolemia**



The team pioneered a care pathway to identify, diagnose and treat individuals and families with familial hypercholesterolaemia (FH). Specialist nurses and genetic counsellors work with patients,

primary care, physicians and laboratories across Wales. This is coordinated by a dedicated IT system and service management team overseen by a multi-organisational steering group.

### **Oxford University Hospitals: Oxford Health Heart2Heart**



This is a stepped care, integrated physical and psychological pathway across primary and secondary care for cardiac patients and their families/carers. Psychological interventions are offered as part of

physical care and integrated at the point of delivery within cardiac rehabilitation, secondary care specialist teams, via community nurses and primary care.



## Winner

### **Black Country Partnership NHS FT: Sandwell Memory Assessment Service for BME Communities**



Patients from BME communities, identified with memory difficulties by their GP, are referred to dementia services after dementia screening. Patients are allocated to a specific doctor, who can speak Punjabi, Mirpuri and Urdu, for a further assessment and management in outpatient clinics or via a domiciliary visit if required. A Punjabi speaking member from a voluntary organisation, Building Understanding of Dementia Services (BUDS), provides all the information about services available locally at the time of attending the memory clinic. The team have close links with local day centres specifically for ethnic minorities and regular meetings with spiritual leaders.

## Finalists

### **Gloucestershire NHS FT: Improving assessment, care pathway and care experience for the patient with dementia or new confusion**

This care pathway reflects best practice in assessment, care planning, referral, safe antipsychotic prescribing, discharge planning and supporting resources.

### **Housing21: Dementia Voice Nurse**

The Dementia Voice Nurse service provides support and symptom control for people with midstage to advanced dementia working to facilitate advanced care planning to enable the person with dementia to die in their place of choice and to minimise hospital admissions.

### **Lincolnshire Community Health Services NHS Trust: Education and support for care homes**

This innovative education and support model targets care homes with dementia residents, aiming to reduce the number of falls, pressure ulcers, urinary tract infections and in-patient stay.

### **Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG: Early diagnosis, intervention and management of dementia in Devon**

The pathway follows the patient journey from pre-diagnosis to end of life allowing flexibility in how/when the pathway is followed.

### **Surrey County Council North West Surrey: Memory Assessment Pathway**

The pathway is linear, simple and ensures an integrated journey, delivering diagnosis and support. Upon diagnosis patients are connected to a dementia navigator for support throughout their dementia journey.



## Finalists

### **Derby Hospitals NHS FT and InterCare Health: PROCEED a “teams without walls” approach to preconception care in diabetes**

PROCEED integrates care horizontally across specialities and vertically across organisational boundaries. Multidisciplinary community-based clinics are used to empower women as to the risks of diabetes and pregnancy, and all specialist resources are used to support women to prepare for pregnancy. Once pregnant there is seamless transfer to the antenatal service.

### **Diabetes Modernisation Initiative and Lambeth CCG: Lambeth Diabetes Community Services**

This is a community-based diabetes service supporting the management of adults with Type 2 diabetes. The service includes the following interventions: multi-disciplinary diabetes community clinics (referrals from GPs and hospital step-down), patient education, injectable therapy initiation and titration, development and training of primary healthcare teams and diabetes prevention interventions for high-risk people.

### **Salford Royal NHS FT Diabetes Team and NIHR CLAHRC for Greater Manchester: IGT Care Call: A telephone service providing lifestyle and behaviour change to prevent type 2 diabetes**

Patients with impaired glucose tolerance (IGT) were referred to Salford diabetes team by general practice. They undertook a six-month, telephone, pro-active lifestyle education and support programme to prevent type 2 diabetes. Positive six-month results enabled project expansion. Results 12 months post discharge show statistically significant sustained reductions in clinical outcomes.

## Winner

### **InterCare Health and Derby Hospitals FT: The InterCare Diabetes Service: a user-centred integrated model for diabetes care**



InterCare provides integrated diabetes care in Derby, with pathways organised around the user rather than organisations, supported by a single funding stream and information technology system. By working across organisational boundaries, care is seamlessly escalated to the specialist team and transferred back to the non-specialist team as needed. - HbA1c reduced by 20% within six months in those referred for glucose control, compared with no change in the preceding year. Within the 15 months that InterCare has been in operation there has been a 62% increase in the numbers achieving HbA1c. In 2010/11 InterCare users had fewer admissions and mean length of stay was 1.8 days less than those under traditional care.

## Highly commended

### **Southern Health FT West Hampshire Community Diabetes Service (WHCDS): Reaching and Teaching**



Referrals (>17yrs) come to a single point of access and are triaged by a diabetes nurse telephoning the patient. The service provides type 1 and 2 education and multidisciplinary clinical appointments throughout West Hampshire, plus a nurse-led telephone advice line. There is also a primary care education programme in place.



## Winner

### **Marie Curie Cancer Care: Delivering Choice Programme - Somerset Project**



Marie Curie's palliative care coordinator liaises with and supports hostel staff, health and social care professionals to propagate a model of palliative care and a treatment path to improve the end of life care offered to homeless people. This project is steered by a working group across the sector. Instead of disjointed episodes, the model of care provides for a pathway that supports the client to understand where they are in the process and negotiate preferences for end of life care. Particular praise has been received from clients and professionals for the work to gain from the client their choice of where to die. This is often very difficult to achieve as homeless hostel pathways are not resourced to provide this support

## Finalists

**Calderstones Partnership NHS FT/ Lancashire and South Cumbria Cancer Network: 'People don't die here' - the development of end of life care for people with learning disabilities in secure services**  
Implemented from diagnosis to end of life.

**Framework Housing Association: Last Orders Intensive Case Management Service**  
People with end stage liver disease are given a dignified death.

**Marie Curie Cancer Care: North East Glasgow Palliative Care Fast-track Discharge Service**  
Discharge liaison nurses enable safe and timely discharge with home support.

**National End of Life Care Programme/NHS Improving Quality: Electronic Palliative Care Co-ordination Systems**  
Rapid access across care boundaries provides information about an individual at the end of life.

**Poole Hospital NHS FT: Rapid Discharge Home to Die Pathway**  
The Pathway improved care quality at end of life, strengthened existing partnerships, and built new partnerships across health and social arenas.

**St Lukes Hospice Plymouth: Six Steps + Programme**  
This practical "how to implement the EOL pathway", provides hospice accreditation, which is recognised as local EOL quality mark.

**St Mungo's: Palliative care coordination service**  
The palliative care coordinator supports hostel staff, health and social care professionals to offer palliative care to homeless people.



## Finalists

### **Clackmannanshire Integrated Mental Health Service: Clacks Integrated Mental Health Service**

The care pathway is a whole system approach, allowing people to move forward in recovery through tiered services; accessing the most appropriate services to meet emotional, social and educational needs.

### **Lancashire Care NHS FT: Time for Change in Wyre**

Supporting the National mental illness anti-Stigma campaign, Time for Change was the vision of staff at Wyre Clubhouse. This mental health service with a social inclusive and recovery-focused pathway is predominantly delivered by users and community partnerships.

### **Manchester Mental Health & Social Care Trust: Individual Placement & Support**

Employment specialists are integrated into community mental health teams across the city of Manchester. This enables the delivery of employment support to individuals who are on the Care Programme Approach as part of their recovery-focussed care package.

### **Pennine Care NHS FT: Long-Term Physical Health Conditions and Co-morbid Mental Health Problems - a collaborative and integrated approach using CBT**

Staff are able to refer any patients who meet the criteria with a long-term physical health condition and a co-morbid mental health problem directly to the services.

### **Stockport NHS FT: Health Chat - Making Every Contact Count**

"Health Chat" is a proven method of improving public health and wellbeing. It radically extends the delivery of public health advice to the public by training non-specialist staff from a range of service organisations, for minimal investment, in basic skills of health promotion and prevention.

### **The Christie NHS FT: Psycho-Oncology Service at the Christie**

Inpatients, outpatients and relatives can be referred to psycho-oncology for help with psychological issues associated with diagnosis and/or treatment of cancer. Referrals are then triaged and seen by a psychiatrist, counsellor, mental health specialist nurse or psychologist.

## Winner

### **South Tyneside NHS FT: Substance Misuse Service Prevention of Drug Related Deaths in Gateshead: The response by Acute and Community Services**



Collaborative working between the hospital and community service ensured appropriate information sharing and implementation of interventions to reduce drug-related deaths and re-attendance. There has been a reduction in drug related deaths in Gateshead from 19 in 2011 to six in 2012. There has been noticeable improvements in patient care, communication and recognition of hospital admission and treatment and recovery care plans for the clients incorporating their presentation at hospital. Hospital staff have saved time trying to clarify prescription issues while the patient is in the hospital environment.

## Highly commended

### **Lancashire Care NHS FT: Branch Out - Ecotherapy Partnership Project**



The Branch Out Project established a consortium approach, encompassing environmental provider organisations into the established partnership between Pennine Lancashire Community

Farm and Lancashire Care NHS FT's East Lancs Community Restart Service to provide a mix of knowledge, experience and opportunity for individuals identifying Eco-therapy as a Recovery focused intervention.



# Musculoskeletal care

## Winner

### **NHS Trafford and Angel & Bowden: Community MSK Pain Management**



Patients identified with unresolved pain symptoms over six weeks and under two years, or unable to comply with a standard physiotherapy regime were referred to the service. On receipt of referral, telephone triage to identify red flags and signpost any inappropriate referrals, appropriate patients attend 1:1 assessment session before joining group. This project represented a saving of around £6.5k from first attendances alone. The integrated pathway for MSK now includes a range of physiotherapy, podiatry, group CBT and exercise, and education in the community with smooth transition supported between the services.

## Highly commended

### **Ashford and St Peter's Hospitals NHS FT: Preventing falls in care homes - a multi-agency approach**



This project is a three-way partnership between primary, secondary care and partners from industry to help empower care home staff in reducing falls and fractures in their homes by providing training, early assessment and prevention of trauma in this high risk group. Through a series of educational sessions, staff in all participating care homes were given training on falls prevention. An end of project survey showed 100% of care home staff found the project useful and that they were more confident and knowledgeable when it comes to managing falls.

## Finalists

### **ABMULHB Swansea: Post-discharge telephone support for arthroplasty patients**

There was a void for ongoing arthroplasty specific care so the ward team developed a questionnaire completed over the telephone with channels for early review with consultants.

### **Care Home Support Services: Care Home Support Services DCHS**

Referral is sent into a single point of access. It is screened then given to appropriate team member. Support to care home staff to develop education and awareness.

### **East Kent Hospitals University FT: Non-Weight Bearing Beds Reablement Scheme**

Patients on a NWB orthopaedic pathway are identified by matron and referred to a partnership nursing home. Patients are fully involved in care plan & discharge needs.

### **GP Care UK: GP Care/ BCH MATS Musculoskeletal Ultrasound Service**

Bristol GPs refer patients to the Musculoskeletal Assessment and Treatment Service (MATS) for initial assessment of their musculoskeletal conditions.

### **NHS Isle of Wight: Improving quality care and reducing mortality for fracture neck of femur**

Hip fracture patients are admitted within four hours from A&E to orthopaedic trauma ward. Patients are managed according to agreed hip fracture protocol.

### **Strata Health NHS Rotherham: patient centred coordinated care - Strata Care Transitions - MSK prototype**

The musculoskeletal care pathway was one of several key areas TRFT focused on in bridging care transition planning across multidisciplinary teams (MDTs) within the hospital and community.

### **The Elective Orthopaedic Centre: Pre-operative assessment in Primary Care for Joint Replacement**

Patients have seamless care from the point of GP assessment and referral to the one-stop preoperative assessment service.



## Finalists

**Guys & St Thomas NHS Trust: Three Boroughs Wellbeing and Self Care Service - WSCS (GSTT Community Services, Three Boroughs - Health Inclusion Team)**

The WSCS is part of the health inclusion team, which improves access to healthcare services for asylum-seekers/refugees, homeless people and people with addictions.

**Liverpool Community Health NHS: Pain management support group for people living with HIV**

The group, which meets monthly, was instigated by an HIV specialist community nurse, in collaboration with a therapist/counsellor. A variety of expert speakers are invited to attend. Structured feedback follows each session.

**NHS Highland: Introduction of a chronic pain management service in a remote and rural setting**

This multi-disciplinary pathway is flexible for both patients and staff allowing patients to have an individualised treatment path while simultaneously maximising use of different skills and knowledge base of all team members.

**Pain Association Scotland: Delivery of intensive self-management courses and provision of local self-management groups for people burdened with chronic pain**

The self-management topics that comprise the group programme and intensive courses are delivered in a flexible interactive way enabling participants to gain a thorough understanding.

**South Tees Hospitals NHS FT: When two became one....The use of pain neurophysiology education; integration of specialist pain services to reduce hospital admission and promote self management**

Chronic pain patients presenting to A&E have rapid assessment and follow-up to prevent admission and are discharged with a pain plan.

**NHS Trafford and Angel & Bowden: Community MSK pain management**

Patients identified with unresolved pain symptoms over six weeks and under two years, or unable to comply with a standard physiotherapy regimen, were referred to the service. Appropriate patients attended one-to-one assessment sessions before joining group.

## Winner

**Staffordshire and Stoke on Trent Partnership NHS Trust: IMPACT - An innovative integrated approach to interdisciplinary chronic pain management**



The pathway incorporates training and support for primary care clinicians. It's a new interdisciplinary chronic pain service that provides early intervention and rapid patient access to specialists in convenient community-based locations. It also offers comprehensive biopsychosocial assessment, individualised care planning and evidence-based interventions, including psychologically based group pain self-management programmes. The new integrated care pathway incorporating the IMPACT service delivers clinics in community locations providing earlier and easier access for patients.

## Highly commended

**Sothall Medical Centre, NHS Sheffield Community: Chronic Pain Health Trainer Pilot**



Patients with chronic pain are referred to health trainers (used nationally to support behaviour change in other long-term conditions). Health trainers offer up to seven sessions of one-to-one support towards pain self-management, based on the pain toolkit and link patients to appropriate local groups, information and web resources.



## Winner

**Liverpool Heart and Chest Hospital in partnership with Knowsley CCG: Knowsley Community COPD service**



Care is provided from diagnosis until the end-of-life, integrated with primary, secondary and tertiary care. A one-stop multidisciplinary team clinic allows immediate access to spirometry, respiratory consultants and specialist nurses, oxygen assessment, pulmonary rehabilitation, psychotherapy and smoking cessation. 24/7 rapid response service aims to prevent hospital admission and provide early supported discharge. Results so far show a 26% reduction in hospital admissions, 96.3% of patients seen within 15 working-days of referral, 100% receive a full single-visit assessment by MDT and have a personalised plan.

## Highly commended

**Oxford Health NHS FT: Breathe Well COPD Pathway**



A new integrated physical and psychological care pathway, adopting a stepped care approach for COPD patients and their family/carers. Psychological interventions have been incorporated across the

respiratory pathway, into primary care and the current pulmonary rehabilitation programme. This ensures co-delivery by psychological therapy staff, primary care and specialist respiratory staff.

## Finalists

**Central London Community Healthcare Implementation of Integrated Community: COPD Pathways in Barnet and West Hertfordshire to achieve out of hospital care**

The community-based COPD service provides integrated multidisciplinary care across primary and acute care and includes admission avoidance and early supported discharge, home oxygen assessment and review, pulmonary rehabilitation, community consultant clinics, and case management to support patients and families.

**East Cheshire Trust: Integrated Respiratory Service**

The Integrated Respiratory Service is a seven-day in-reach and out-reach specialist service for patients with COPD and other lung diseases in central and east Cheshire. It incorporates acute hospital care, same day and early discharge, admission avoidance, community and hospital nurse-led clinics, oxygen assessment services, pulmonary rehabilitation, palliative care and education.

**NHS Isle of Wight: Achieving Excellence in COPD Across Primary and Secondary Care**

The project is structured to achieve optimal care interventions across primary, secondary care and other agencies to achieve the best clinical outcomes and patient experience. It focuses on improving on reducing admissions, optimising prescribing, self management, pulmonary rehabilitation referrals and minimising exacerbation frequency/severity to ensure patients can live as well as possible.

**NHS Nottingham City CCG: Redesigning acute and community respiratory services in Nottingham to achieve better patient experience and outcomes, and to deliver better value for money**

GPs, paramedics, ED, OoH and the new respiratory assessment unit refer patients with worsening conditions directly into the new rapid response community service. After three weeks, patients are referred onto the new respiratory, education and diagnostic service.



## Finalists

### **Anglian Community Enterprise: Seamless Stroke Care in North East Essex**

The acute stroke unit works closely with the early supported discharge team, social care, voluntary sector and community neuro-rehab teams to ensure seamless, high-quality care.

### **Croydon University Hospital: Delivering a better early supported discharge**

The community stroke team work closely with the acute stroke team to identify suitable patients for early supported discharge to ensure there are no delays from discharge.

### **Greater Manchester & Cheshire Cardiac and Stroke Network: Greater Manchester Assessment of Stroke Rehabilitation**

The G-MASTER toolkit is a set of multidisciplinary evidence-based measures, designed to be used in MDT meetings to structure discussions.

### **Hull City Healthcare Partnership: Cardiac arrhythmia and anticoagulation teams**

The pathway is an integration of the cardiac arrhythmia nurse service with the anticoagulation service for patients who are receiving warfarin for atrial fibrillation (AF).

### **South West Yorkshire Partnership NHS FT: The detection and management of atrial fibrillation within the community setting**

GRASP AF tools for GPs and Community AF teams detect and monitor patients to reduce their risks of stroke and disability.

### **The Royal Wolverhampton NHS Trust: Integrating community and acute stroke services in Wolverhampton**

Patients are now identified and supported through the best fit pathway via a multi-disciplinary approach from the stroke unit.

### **Sussex Community NHS Trust: Community Neuro Rehab Team (North) - CNRTN**

CNRTN provides multi-disciplinary, coordinated and integrated specialist neurological rehabilitation and emotional support.

### **University Hospital of North Staffordshire: Development of interventional stroke pathway for treatment of hyperacute stroke patients**

An interventional stroke pathway.

## Winner

### **Northern Devon Healthcare Trust: Northern Devon Stroke Early Supported Discharge and VISTA Service - meeting the rural challenge**



One pathway exists from hospital to home. Once patient needs can be met in their own environment, they leave hospital supported by specialist ESD. After six weeks of ESD, patients requiring stroke-specific intervention continue to be seen by ESD and the Complex Care Team (CCT). Specialist OTs, physiotherapists and SLTs are managed as one integrated team, working flexibly across the stroke units and ESD. Integrated working with CCTs has strengthened professional relationships and skill-sharing. Last year, 94% of patients were supported by ESD and everyone accessed each appropriate therapy.

## Highly commended

### **South Eastern Trust: Improving patient experience and outcomes through a fully integrated hospital outreach, community in-reach stroke service**



Delivery of multi-professional stroke specialist service to a six-bedded stroke unit in the Downe hospital is provided by the therapists and social workers from the community stroke team (CST) deliver in reach

while the specialist nurses from the ward provide out reach into the community. The ward length of stay was on average 4.8 days less than the national and regional average and CST LOS was 21 days less than our other CSTs within the trust. Patients requiring a care package reduced by 34% following CST rehabilitation.



## Winner

### **Blackpool Teaching Hospitals NHS FT: An integrated care pathway for pregnant women who misuse substances**



The initiative involved developing a multidisciplinary pathway to care for pregnant women who misuse substances. The key aims were to reduce harm by carrying out a risk assessment and stabilising drug use via substitute prescribing or inpatient detoxification. Women have reported increased satisfaction in the support they have received throughout their maternity care and staff report improved confidence in supporting women. There has been a reduction of the number of babies who require admission to specialised neonatal care for management of withdrawal from drugs (neonatal abstinence syndrome).

## Highly commended

### **Derby Hospitals NHS FT and InterCare Health: PROCEED a "teams without walls" approach to preconception care in diabetes**



PROCEED integrates care horizontally across specialities and vertically across organisational boundaries. Multidisciplinary community-based clinics empower women about the risks of diabetes

and pregnancy and all specialist resources used to support the woman prepare for pregnancy. Once pregnant there is seamless transfer to the antenatal service.

## Finalists

### **Blackpool Teaching Hospitals NHS FT: An integrated cardiac clinic for pregnant women**

The one-stop shop provides a multidisciplinary review of women with cardiac problems.

### **Blackpool Teaching Hospitals NHS FT: Shared decision making for vulnerable pregnant women**

The trust offers vulnerable mums-to-be the right help, support and education.

### **Chelsea and Westminster NHS FT: West London African Women's Service**

An all-female team provides sexual health, gynaecology and maternity care for women with female genital mutilation.

### **City Hospitals Sunderland FT: Office Gynaecology Clinic**

Women are offered the choice of a variety of minor gynaecological procedures under outpatient local anaesthetic.

### **Coventry and Warwickshire Partnership Trust: Women's relationships and personal safety for clients with a learning disability and Top to Toe health group for women with a learning disability**

A relationship and personal safety group.

### **Lincolnshire Partnership NHS FT: Spring Lodge: Sexual Assault Referral Centre**

Anyone who is raped or sexually assaulted in the county can contact Spring Lodge for help and support as a self referral or via other agencies.

### **Southend University Hospital NHS FT: A novel approach to improving uptake and retention of HIV-infected women into an annual cervical screening programme**

All women newly diagnosed are referred.

### **Tameside NHS FT: Perinatal mental health pathway in Tameside**

The pathway is a "traffic light" risk assessment tool for perinatal mental health. Practitioners work with parents-to-be and new parents.

### **West Hertfordshire NHS Trust: Taking your baby home: easy read leaflet**

This leaflet relates to the care pathway at discharge from hospital following the birth of the baby to parents with a learning disability.

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