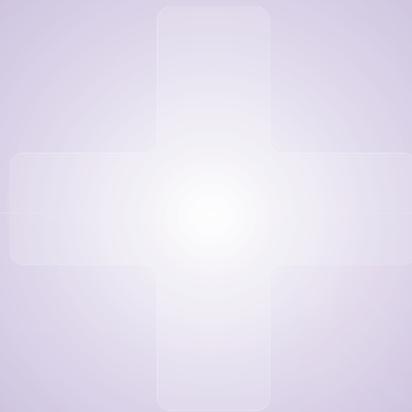


**PATIENT SAFETY
+ CARE AWARDS
2014**



Winners' brochure

15 July 2014

Grosvenor House, Park Lane, London

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**Nursing
Times**

FOR HEALTHCARE LEADERS
HSJ

'WHEN PEOPLE CALL US, THEY'RE SURPRISED AT HOW MUCH SUPPORT WE OFFER.'

Zahida, Macmillan Support Line Officer

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Welcome to the Patient Safety and Care Awards 2014

Welcome to the Patient Safety and Care Awards winners' brochure. The following few pages are a celebration of all the healthcare staff who have created or contributed to excellent healthcare initiatives that have made care safer and better quality for their patients and service users.

There has never been more scrutiny on the safety of healthcare, and quite right too. Last year's reviews and inquiries by Francis, Berwick, Cavendish and Keogh must not lie gathering dust on a shelf - but the openness and transparency, and learning cultures that they advocated must thrive if the healthcare landscape is to truly become safe. The health secretary Jeremy Hunt regularly litters his speeches with talk of the need to reduce never events and keep the public safer. And his Sign up to Safety campaign is further evidence of his belief that nothing is more important than patient safety and quality of care.

These awards showcase services that have been redesigned to put the patient truly at the centre of the care. These transformations have shown impressive results in patient and family satisfaction, and outcomes for patients. Nothing is more important than this work, and so a huge congratulations to all our finalists and winners.



Jenni Middleton,
editor,
Nursing Times



Alastair McLellan,
editor,
Health Service Journal

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Judges

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

- **Akeem Ali**, director of public health, Surrey County
- **Alice Webster**, director of nursing, East Sussex Healthcare NHS Trust
- **Alistair Burns**, national clinical director, Dementia for England
- **Ann Slee**, eprescribing lead, strategic systems and technology patients and information, NHS England
- **Barbara Ross**, trustee, Action Against Medical Accidents
- **Ben Thomas**, professional adviser for mental health, Learning Disability Nursing and Dementia Care, Department of Health
- **Benjamin Ellis**, senior clinical policy adviser, Arthritis Research UK
- **Bev Bostock**, clinical lead for COPD and smoking cessation, Education for Health
- **Charles O'Hanlon**, assistant director, Transformation and Redesign, Bexley Clinical Commissioning Group
- **David Cousins**, senior head of patient safety, Safe Medication Practice and Medical Devices, NHS England
- **Dee Sissons**, director of nursing, Marie Curie Cancer Care
- **Diane Baylis**, clinical risk manager, Medical Protection Society
- **Elaine Maxwell**, principal lecturer, London South Bank University
- **Elizabeth Sheridan**, consultant microbiologist, Public Health England and St George's Healthcare NHS Trust
- **Emma Cork**, neuro-rehabilitation service lead, Northern Devon Healthcare NHS Trust
- **Fergus Keegan**, deputy director of nursing, Kingston Hospital
- **Gareth Howells**, chief nurse, Birmingham South and Central Clinical Commissioning Group
- **Gary Thirkell**, Infection Prevention Society deputy treasurer, Leeds Teaching Hospital Trust
- **Gemma Cantelo**, head of policy, Royal College of Physicians
- **Geoffrey Barton**, senior regional medical adviser, Novo Nordisk
- **Graeme Johnston**, chair, board of trustees, National Rheumatoid Arthritis Society
- **Grainne Kavanagh**, head of professional engagement, Macmillan Cancer Support
- **Heather McKee**, self-management and exercise manager, British Lung Foundation
- **Heidi Wright**, policy and practice lead, Royal Pharmaceutical Society
- **Helen Gordon**, chief executive, Royal Pharmaceutical Society
- **James Titcombe**, national adviser on patient safety, culture & quality, Care Quality Commission
- **Jane Reid**, professor researcher and independent consultant, Queen Mary and Bournemouth Universities
- **Jo Pope**, associate director of patient care - community team, Rowcroft Hospice
- **Joe Dias**, consultant orthopaedic surgeon, University Hospitals of Leicester
- **Juliet Beal**, director of nursing for quality improvement and care, NHS England
- **June Andrews**, director, Dementia Services Development Centre at University of Stirling
- **Karen Bowley**, matron for elderly care, Royal Wolverhampton Hospitals NHS Trust
- **Kate Molloy**, lecturer adult ITU/critical care, University of West London
- **Kate Walker**, director, Diabetes and You
- **Krishna Moorthy**, senior lecturer and consultant surgeon, Clinical Safety Research Unit, Imperial College London
- **Leanne Fishwick**, clinical service manager, nutrition and dietetics, SEPT Community Health Services, Bedfordshire
- **Lesley Doherty**, healthcare consultant and executive coach, LED Consulting
- **Linda Nazarko**, nurse consultant, Ealing Hospital NHS Trust
- **Liz Rix**, chief nurse, University Hospital of North Staffordshire
- **Lizzie Wallman**, assistant director, Quality & Patient Safety, CWHHE Clinical Commissioning Groups Collaborative
- **Maureen Talbot**, nurse manager, British Heart Foundation
- **Michaela Watkinson-Toms**, community matron, Lancashire Care FT
- **Michelle Fitzgerald**, befriending coordinator, PSS
- **Michelle Norton**, West Midlands nurse leadership associate, Health Education West Midlands
- **Mike Durkin**, director, Patient Safety, NHS England
- **Mike Knapton**, associate medical director, prevention & care, British Heart Foundation
- **Mirek Skrypak**, prevention programme manager, integrated cardiovascular system, UCL Partners
- **Moira Keating**, nurse consultant for stroke services, Colchester Hospital University NHS FT
- **Pam Stopforth**, head of development dementia, PSS
- **Pamela Holmes**, lead on end-of-life care, Social Care Institute for Excellence
- **Paul Taylor**, head of organisational development, NHS Employers
- **Payam Mohaghegh**, integration architect/order comms lead, Oxford University Hospitals NHS Trust
- **Peter Walsh**, director of nursing practice, Central and North West London (CNWL) NHS FT
- **Phil Duncan**, patient safety delivery lead, NHS Improving Quality
- **Phillip Confue**, chief executive, Cornwall Partnership NHS FT
- **Ray Greenwood**
- **Rhian Last**, clinical lead, Education for Health
- **Richard Sargent**, programme and project delivery director, Anoto
- **Rob Chesters**, innovation lead, NHS England
- **Roger Beadle**, consultant cardiologist, University Hospital North Staffordshire
- **Rose Gallagher**, nurse adviser infection prevention and control, The Royal College of Nursing
- **Ryan Hewitt**, head of operations, Devon Doctors
- **Sally Brittain**, deputy chief nurse, East Surrey Hospital
- **Samantha Riley**, director of Insight, NHS England
- **Thomas Currid**, senior lecturer/programme director, Faculty of Health and Social Care, London South Bank University
- **Vicky Robinson**, palliative care nurse consultant, Guys' and St Thomas' NHS FT

Winner

Walsall Healthcare NHS Trust: Discharge of Children with Asthma



Following the death of an asthmatic child on the ward in 2011, areas where care could be improved were identified. The aims were to address fears of asthmatic children and families, deliver consistent, evidence-based care and empower them to manage their condition. It aimed to ensure that families of asthmatic children arriving on the Paediatric Assessment Unit in Walsall, by October 2013 80% will receive all parts of an evidence-based bundle prior to discharge. Several techniques were used to better understand the patient and staff experience, drivers for excellent care were identified and projects were developed to work on these drivers.

Team days were organised to canvas ideas, give project ownership and generate enthusiasm, staff questionnaires collected information about their thoughts and feelings, patient shadowing to observe and record the patient's journey by the guiding council and project teams. Patient questionnaires asked about their care while interviews were conducted after discharge to gain deeper insights.

A discharge bundle, in line with NICE quality standards, was produced along with a journey map giving a pictorial representation for families and a written asthma plan tailored for every child. There were written patient resources and links to a local parents' support group. The trust surpassed its target, with >90% of patients receiving the discharge bundle. Families now give consistently excellent feedback.

Staff are enthused by the project and take pride in their environment, initiating further improvements. Six have volunteered to study towards an asthma diploma. The journey map has prompted patients to question when an element of care has not been delivered and nurses challenge poor clinical practice. Monitoring data has allowed the team to identify flaws. For example, an unexpected decline was tracked back to inadequate training of bank staff, which was then addressed.

The project has been a success; generating benefits to patients and staff. The divisional director and trust executive are engaged and have plans for PFCC in other departments to capitalise on feedback already collected from patients and staff.

Finalists

KSS Respiratory Network, KSS AHSN: Breathing Matters

This bi-monthly bulletin "Breathing Matters", is published to all staff through the commissioning and provider organisations across Kent, Surrey and Sussex and to suppliers. It aims to spread best clinical and service delivery practice and innovation and share learning.

KSS Respiratory Network, KSS AHSN: Effective Oxygen Titration Before Reaching A/E (A Joint Project of the KSS Respiratory Network and SECamb)

The team made changes to how oxygen was administered in all ambulances within SECamb, resulting in reductions in oxygen toxicity for patients arriving at A&Es across the KSS area.

Newcastle-upon-Tyne NHS FT: An Integrated Model of Specialist Palliative Care for CF

A palliative care consultant and nurse specialist joined the weekly cystic fibrosis multidisciplinary team meeting. This innovative model of supportive care co-exists with and complements the ongoing, active management of a group of very complex and seriously ill patients.

NHS Nottingham City Clinical Commissioning Group: Transforming Respiratory Care - Nottingham City Integrated Respiratory Service

The local health community has come together to provide a seamless service, showing high levels of patient satisfaction, reduced hospital admissions and significant cost savings.

Sheffield Teaching Hospitals: The Sheffield Pulmonary Vascular Disease Unit: A One-Stop Approach to a Life-Limiting Illness

The integrated unit, combines diagnostics, treatment, research and care in one area, enabling the multiprofessional team to develop specialised care to patients and families - resulting in increased patient satisfaction.

Finalists

BUPA: Bupa's Oncology Service

The Oncology Support Team offer clinical support and non-clinical care coordination to members who have a cancer diagnosis or are on a treatment pathway.

Central Manchester University Hospitals NHS FT: Patient Safety in Acute Cancer Care

The multidisciplinary acute oncology team improve safety, care and communication for all cancer patients presenting as an emergency.

The Christie NHS FT: Acute Oncology Management Service (inc. the Hotline)

AOMS offers supportive care, advice, guidance and service signposting in addition to self management options.

The Christie NHS FT: The Dementia Team - Dementia Care in a Cancer Setting

Initiatives have been developed to educate staff, improve screening and detection rates, enhance patient care and ensure carers are supported.

City Hospitals Sunderland NHS FT: Macmillan Prison Chemotherapy Project

Responsive and sensitive palliative care is provided in a setting of the patient's choice; with supportive care to help patients and families.

East Midlands Strategic Clinical Network: GP Train the Trainer and Appraiser Educational Workshops to Improve Cancer Awareness

A workshop to increase awareness of earlier cancer diagnosis, screening and investigation.

Plymouth Hospitals NHS Trust: Acute Oncology Service

The team has reduced length of stay, ensured good patient experience outcomes, and have reduced the number of inappropriate tests.

Plymouth Hospitals NHS Trust: Plymouth Prostate Cancer Homecare Service Pilot

Patients in this region have to travel long distances, so a Patient Support Programme pilot was set up to provide care in the home setting.

Walsall Healthcare NHS Trust: Cancer and Palliative Care Outreach Information and Support Services - MOSAM group

Outreach Information and Support Services for Cancer, Palliative and End of Life Care provide a number of services and raise awareness.

Winner

Sheffield Teaching Hospitals NHS FT: The Sheffield Cancer Survivorship and Late Effects Service: A Multiprofessional Approach to Care



A pioneering and internationally renowned service providing care for cancer survivors in an era of improving survival rates in the months, years and decades after treatment.

The Late Effects clinic sees patients who may develop chronic health problems as a result of cancer treatment, providing timely and systematic assessment, screening and care. A holistic, multidisciplinary team consisting of medical consultants from different specialties, nurses and other healthcare professionals, the Late Effects service has played a key role in defining and driving best practice nationally and internationally through conferences, events and the development of a national set of competences for cancer aftercare.

The Late Effects Clinic promotes coordinated patient-centred care through integrated multi-agency partnership working. The clinic provides holistic care, offering practical advice and support to reduce patient anxiety after cancer treatment. It has developed innovative nurse-led services to identify high levels of cancer treatment-related health problems in cancer survivors. It has also integrated patient and public involvement through the establishment of a Cancer Survivorship Focus Group supported by a local patient support charity.

The team has delivered evidence-based practice with a strong emphasis on generating evidence through a clinical research programme alongside clinical services. It promotes shared perspectives with other healthcare professionals involved in the care of cancer survivors through educational initiatives, locally, regionally, nationally and internationally. As well as pioneering "gold standard" clinical practice, the Late Effects Group has been a key influencer on national policy and guidance, helping to drive and define best practice and influence future outcomes for care of cancer survivors on a national scale.

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Winner

University Hospital of North Staffordshire NHS Trust: Cardiac Rehabilitation Across North Staffordshire



The clinical team at UHNS has been successful in developing a new integrated CR service that provides a care pathway built on evidence-based best practice. Development of this service has provided an opportunity to offer cardiac rehabilitation to all patient groups eligible to benefit from the intervention. Prior to the development, CR was only offered to patients following a myocardial infarction or cardiac surgery, but now the scope of eligible patients has widened significantly to include all patients identified by the DH, NICE and BACPR.

This means the service now allows for inclusion of additional patients with heart failure, stable angina, implantable devices, as well as those with acute coronary syndrome and those having undergone revascularisation. Even with this widening of the inclusion criteria, the service ensures that all patients access the programme as soon as is appropriate without any delay to promote maximum benefit gains from the intervention. A relationship between CR practitioners and patients is encouraged to grow from the outset with the CR multidisciplinary team providing rehabilitation from admission to long-term management. Throughout this pathway, the CR Team is continuing to address underlying risk factors for cardiac disease and promote risk factor management and modification. The development of the CR service as part of an integrated cardiology service has resulted in the CR team taking a greater responsibility for patient care following discharge from hospital. Myocardial infarction patients and patients who have undergone percutaneous revascularisation are now being routinely followed-up in CR, rather than by the cardiologists, removing some of the pressures on clinic capacity at UHNS.

Once referred through, the service aims to facilitate a patient's functional capacity to maximise independence and quality of life by providing a CR programme that is menu-based and patient-specific. Another significant change to the service was a shift from an entirely hospital-based service to a service that now delivers CR at eight different community-based venues. This has resulted in a more accessible service, increased number of patients accepting cardiac rehabilitation and improved completion rates, as patients are offered CR much closer to home, which has also allowed for much greater involvement of families and carers.

Finalists

Forth Valley Royal Hospital: Spending Precious Time at Home

To meet the demand from patients with decompensated heart failure to receive IV diuretics on a day case basis and maximise time spent at home, a collaboration with the Chest Pain Assessment Unit secured a safe setting for the service.

Lincolnshire Community Health Services NHS Trust: Heart Failure In-Reach Service

The heart failure in-reach service based at Pilgrim Hospital, Boston complements the existing countywide community heart failure service. Patients with chronic heart failure are diagnosed and this is confirmed by echo, with verbal and written education given to patients.

South Tees NHS FT, James Cook University Hospital: South Tees Blackout Service: Shining a Light on Blackouts – A Collaborative Approach

A rapid multidisciplinary/multi-specialty service has improved patient outcomes through the provision of a streamlined and more efficient pathway to reduce incidence of misdiagnosis.

Southern Health NHS FT: Fareham & Gosport and South East Hampshire Community Heart Failure Service

This redesigned service put the patient at the centre of care, bringing organisations together to work collaboratively across their boundaries. Radical changes to care delivery and improvements in quality were achieved.

Spectrum Community Health CIC: Spectrum Community Health CVD Project Team – HMP Wakefield

CVD service improvements were made to address inequalities in the healthcare provision of high secure male prisoners, including an adapted home BP Monitoring service, cardiac rehabilitation programme and better screening.

United Lincolnshire Hospitals NHS Trust: The Lincolnshire Heart Centre

Acute care practitioners (ACP) facilitate a unique patient pathway to ensure a single point of contact throughout the patient journey. In the first year as a 24/7 provider of PPCI, it exceeded national comparisons on "call to balloon" and "door to balloon" times.

Finalists

Bromley Healthcare: Gillian Harman and the Leg Ulcer Service

Integration of care homes and nursing delivered outstanding clinical outcomes and patient experience. Staff development was supported.

Chelsea & Westminster Hospital NHS FT: Medication STOPIT tool

Under the auspices of the NIHR CLAHRC for NW London, a medication review tool ("STOPIT") was developed and piloted at the hospital.

Devon Partnership Trust: Reducing Harm Associated with People Going Absent From Acute Mental Health Units

The bundle included interview on admission, personalised care plan and written information.

North Bristol Hospital Trust: Reducing Surgical Site Infection

This project to reduce surgical site infection (SSI) in patients undergoing major colorectal surgery reduced infection rates from 26% to 8%.

Nottingham University Hospitals: Safe Surgery Team

Significant reductions were achieved in avoidable harm in surgery through changes in culture, learning and training.

QEH King's Lynn NHS FT: SafeTwire Guidewire - Guiding the Future to Safer Central Venous Cannulation

The intelligently re-designed guidewire, the SafeTwire, prevents over-insertion and retention.

Salford Royal NHS FT: Sustained Reduction in Peritoneal Dialysis Peritonitis

Quality improvement methodology empowered frontline staff to make changes and decisions for the benefit of patient care.

University Dental Hospital Manchester: Preventing Wrong Tooth Extraction

Safety and culture improved and there have been no further wrong tooth extractions in 27 months since implementation

University of Leicester, University Hospitals of Leicester NHS Trust and Health Education East Midlands: Effective Prescribing Insight

The project aims to improve workplace performance and safety behaviours.

Winner

Belfast Health and Social Care Trust: My Choking Story



"Help Stop Choking" is an accessible DVD based on a service user's experience to help increase awareness of choking, promote safe eating strategies and reduce avoidable mortality and adverse harm effects from choking. Choking has been identified by the National Patient Safety Agency as one of the leading causes of preventable death in people with learning disabilities. A service user with a learning disability worked in partnership with a speech and language therapist to develop the DVD and other educational resources. He hopes, by sharing his story, to improve the service user experience and help other people reduce their risk of choking.

The service user, John, was successfully awarded money from the public health authority for a patient and public involvement project to develop his story into an educational DVD resource. This DVD is for all people with a learning disability, their carers and staff. It helps to raise awareness of this important issue and highlight how to reduce the risk of choking, help someone who is choking and raise confidence when eating to reduce the fear of choking.

Winner

Kingston Hospital NHS FT: Transforming Dementia Care at Kingston Hospital



Kingston Hospital serves Kingston and Richmond – two of the London boroughs with the highest life expectancies in the country. Statistically, this puts 47% of patients over the age of 75 as having confirmed or suspected dementia. The hospital's first ever Dementia Care Strategy was achieved by working with patients, families, carers, staff, health and social care providers, community organisations and the voluntary sector. Distilled from this exhaustive consultation and research, are five key priorities: early diagnosis, excellent clinical treatment and care; positive relationships of care; involved and supported carers; active days and calm nights; and environments of care. Over the last year, initiatives have included introducing a Forget-Me-Not and blue bracelet schemes to enable easy identification of dementia patients, installing Forget-Me-Not boxes containing documents relating to individual patients such as "Important Things About Me", "Carers Passport" and "Activities, Mood and Wellbeing Forms". We also developed over 70 dementia champions across the organisation, established a dementia and delirium team, appointed a dedicated service improvement lead for dementia and delirium, introduced a full-time psychiatric liaison service for older adults, developed a carer's survey and secured funding for dementia training for healthcare assistants and volunteers. In addition, we have developed relationships with third sector organisations to signpost patients and carers to, and introduced a volunteering scheme to assist people with dementia, which now delivers daily activities for patients with dementia including crafts, music, reminiscence, knitting and jigsaw puzzles.

Finalists

Bexhill Consortium of Practices: A Primary Care-Led Memory Assessment Service

A primary care-led Memory Assessment Service, where specialist GPs and practice nurses holistically assess and diagnose patients.

Cumbria Partnership NHS FT: Memory Matters – Carlisle

Innovative practice has been developed in response to need, and evidence-based care and improved quality have been achieved.

Dementia Services Development Centre

Low-cost practical dementia care education for nursing and social care staff has been delivered across the UK to 6,000 staff. Evaluation shows improvement in care quality and staff confidence.

Hale Place: Enhancing Lives

Hale Place Care Solutions meets the changing needs of people with dementia by developing and supporting the only KCC-registered dementia adult placement house.

Lancashire Teaching Hospitals: The Older People's Programme

The aim is to help patients maintain existing physical and mental function in a secure environment that supports their wellbeing.

Northumberland, Tyne and Wear NHS FT: Delivering Improved Dementia Care

Improved care includes fewer falls and incidents, less use of antipsychotic medication and incontinence aids and better sleeping patterns.

Salisbury NHS FT: Engage

Specially trained psychology volunteers enhance the care of older people in hospital by offering psychological support and brief cognitive and social stimulation interventions.

University Hospitals of South Manchester: Case Management Service Summary

Advanced practitioners and geriatricians deliver proactive and reactive care to over 280 residents, of which 67% have dementia.

South West Yorkshire Partnership FT: Multi-Professional Diagnostic Forum (MPDF)

Barnsley enhances the client journey through assessment, diagnosis and delivery, embracing new ways of working.

Finalists

Berkshire Healthcare NHS FT: Tailoring IAPT Psychological Interventions for People with T2 Diabetes

The Diabetes Well Being course was adapted to achieve maximum patient benefit.

The Black Country Partnership NHS FT: Improving Diabetes Management for Mental Health and Learning Disabilities Inpatients

A multidisciplinary team designed a user friendly, evidence-based hypoglycaemia protocol and treatment card for these settings.

Cwm Taf University Health Board: ThinkGlucose in Cwm Taf

The ThinkGlucose education programme and inpatient diabetes teams improved patient safety and the management of hypoglycaemia.

The Hillingdon Hospital NHS FT: Keeping our Young Diabetics Safe

Hillingdon works with young diabetics to help them develop the skills to manage their diabetes while supporting them and their parents.

NHS Newham Clinical Commissioning Group: Newham Community Prescription

NCP allows people with diabetes to take responsibility over their own health, to manage their own condition and become more active.

Nottingham University Hospitals NHS Trust: Improving care of Inpatients with Diabetes

The trust has achieved 89.9% compliance for safe use of insulin indicators, against 2012 audit result of 67%.

Royal United Hospital Bath NHS Trust: Acute Diabetes Team

A proactive service was developed at the front door of the hospital, which took the team to the patient rather than waiting for referral.

Sheffield Teaching Hospitals NHS FT: Working with Insulin, Carbs, Ketones & Exercise to Manage Diabetes (WICKED)

This education programme encourages young people with diabetes to self-manage.

Winner

Sheffield Teaching Hospitals NHS FT: Sheffield Diabetes - Footcare Team



Amputation is one of the most feared complications of diabetes and has an enormous impact on the lives of those affected. In addition, mortality after amputations is worse than many cancers. There is a tenfold variation in amputation rates across the country. It is for this reason that both the health service and organisations such as Diabetes UK have made the reduction of amputation rates a key priority, with campaigns such as Putting Feet First. Key to this strategy is ensuring that all areas have an integrated footcare pathway and access to a multidisciplinary foot team. Sheffield, in 2009, seemed to have all of this in place, with multidisciplinary foot clinics and referral guidelines established for primary care. On paper, it fulfilled the NICE guidance on foot ulcer prevention and treatment. Despite this, it had one of the highest amputation rates in the country. A detailed root cause analysis of all amputations over a 12-month period identified that the sheer complexity of the pathway, due to the involvement of multiple personnel and departments, was often creating unnecessary barriers to the patient journey. Some important interventions were the development of a foot hotline, simplification of the foot pathway with a single point of referral for all foot-related issues, improved training of primary care screeners, direct access to the foot MDT for high-risk patients and improved microbiology protocols. Key to the success of the project was using proven service improvement tools and ensuring that all important stakeholders were involved in the development of the strategy, which created an environment conducive to engendering improvement. As a result of the intervention the team has put in place, there has been a one third reduction in amputation rates in Sheffield (both major and minor). This is over a period when the number of attendances in the diabetes foot clinic has increased substantially and the national amputation rate has remained static. By focusing on the patient journey, the team has been able to better understand which parts of the pathway add value to care and which are unnecessary.

Winner

Community CAMHS and South Tyneside NHS FT: With a Little Help from “Fun Friends” Children can Overcome Anxiety



This initiative highlights resilience as a key concept when working with young children to improve their emotional wellbeing and reduce anxieties. Supporting children 4-7 years of age with anxiety is a significant area of advancement in terms of therapeutic approaches over the last decades. A pilot study was undertaken with a group of children aged 4-7 years old with symptoms of anxiety. All of the children had been referred to the service because of anxiety related issues such as social phobia, generalised anxiety disorder (for example, fear of toilets, lifts, public toilets, the dark, dogs) and obsessive-compulsive disorder. They received a group intervention, “Fun Friends”, over a period of 12 weeks. While inclusion of parents was pivotal to the group process, children’s emerging sense of “self” is celebrated, acknowledged and enhanced. Enabling the children to become more self-sufficient allowed greater emotional and social skills development. All children demonstrated improved anxiety scores post intervention.

By fostering the child’s individual self-sufficiency as well as addressing the significance of parental influence and transference issues (parental anxiety projected onto the child) related to anxiety it offers a two-pronged approach. This small-scale pilot study therefore adds to the body of knowledge in helping understanding of how anxiety is transmitted from parent to child. As parents expressed a wish for more parental inclusion to support their children, these findings indicate a need to explore parental involvement and participation further – either within the children’s group or separate sessions which are psycho-educative based.

Establishing links with school staff is key to the child’s progress and efforts, given that teachers and significant others often become a secondary attachment figure for the child. The success of the programme very much depends on effective collaborative ways of working and there is an indication that school support is crucial for the child but also in terms of working in partnership with parents. A need to explore further ways in which closer links with teachers to develop this collaboration and use of strategies within school, home and clinical settings is highlighted.

Finalists

Big White Wall

Big White Wall (BWW) is a multi-award winning digital mental health and wellbeing service that supports members to self-manage care with the collaboration of clinicians and peers.

Cwm Taf Local Health Board: NHS Wales Quality Assurance Team

The team is committed to delivering safe and effective care to Mental Health and LD Independent patients through collaboration.

Cygnnet Health Care: Collaborative Risk Assessment and Safety Planning

In the spirit of service user engagement and the recovery model, this workshop ensures collaborative working in clinical risk processes.

Manchester Mental Health and Social Care Trust: Dual Diagnosis and Out of Your Head

The project explored the practice and service delivery issues for people with co-occurring mental illness and substance misuse.

Mental Health Care Partners in North and East London: Building Capacity & Competency for Mental Health in Primary Care

A bespoke sustainable mental health and wellbeing training package for practice nurses.

Merseycare NHS Trust: High Secure Recovery Champions

Staff and patients came together to implement recovery-oriented practice into everyday care, treatment and experiences.

Sheffield Health & Social Care NHS FT: Respect Training and Cultural Change

All staff were trained to identify and deal with the causes of disturbed patients.

South Essex Partnership University FT: The Prevention of Avoidable Deaths as a Result of Physical Deterioration

A system for early detection of mental health patients’ preventable physical health issues.

University Hospital Bristol NHS Trust: STITCH Self-Harm Project

Reducing suicide aims to ensure that all patients who self-harm across Bristol get the highest quality evidence-based care.

Finalists

Great Ormond Street Hospital: EQUIP
EQUIP (Enabling Clinicians in Quality Improvement and Patient Safety) provides frontline staff with knowledge and skills.

Health Education East of England: The Dementia Care Coach Programme
275 staff were handpicked to be educated in 12 core dementia competencies.

Health Education East of England: Quality Improvement Fellows Programme
Postgraduate medical trainees had an Out of Programme for Experience.

Mid Yorkshire Hospitals NHS Trust: Using Simulation to Enhance Learning from Clinical Incidents
The patient journey was simulated and filmed.

NHS England: Hertfordshire and South Midlands Area Team Quality Collaborative
The Collaborative shared learning across the seven local CCGs and the NHS England team.

Northampton General Hospital: Aspiring to Excellence – Fresh Eyes on Patient Safety
Aspiring to Excellence is a multidisciplinary safety events programme modular course.

Northern Devon Healthcare NHS Trust: Creating a CAFE culture – Moving Towards a Cardiac Arrest-Free Environment
Cardiac arrests were reduced in acute wards.

Northern Devon Healthcare NHS Trust: Enhancing Patient Safety Through Patient Safety Review Workshops
Workshops explored serious incidents.

Peninsular Academic Health Science Network: The South West F1 Quality Improvement Programme
Improvement projects for first-year doctors.

University of Leicester, University Hospitals of Leicester NHS Trust and Health Education East Midlands: Effective Prescribing Insight for the Future
Face-to-face teaching and technology-enhanced learning improved prescribing behaviour.

Winner

Perinatal Institute: Improving Safety in Maternity Care through a National Programme of Education and Training



The traditionally high stillbirth rates in the UK are for the first time being reduced by an evidence-based, comprehensive, multidisciplinary training programme, which is being implemented by the Perinatal Institute for all NHS staff working in maternity care. The programme delivers the Growth Assessment Protocol (GAP), which is evidence based. A programme of independent peer review has demonstrated that most normally formed stillbirths are potentially avoidable, and are often linked to system failures concerning the recognition and management of pregnancies at risk due to growth restriction of the fetus, usually due to a poorly functioning placenta. These case-related findings are supported at the macro level, where analysis of large databases shows growth restriction as the strongest risk factor for stillbirth. The risk can be reduced by recognition of the problem and timely delivery of the at-risk fetus from an unfavourable intrauterine environment. The customised chart programme (GROW) adjusts the expected, optimal growth for each pregnancy according to constitutional maternal characteristics, improving detection rates and reducing false positives, with unnecessary investigations and interventions. It has also developed software (SCOR), which facilitates objective, blame-free assessment of adverse outcomes and promotes a culture of learning. This was achieved by engaging with the key stakeholders charged with the delivery of safe maternity care, and a rigorous training programme that focused on improving the current poor performance of the health service in the antenatal recognition of fetal growth problems. The accreditation training is supported by a train-the-trainers programme, competency assessment supported by midwifery supervision, e-learning, a rolling audit of detection rates and an examination of system failures associated with missed cases. Results have shown a direct relationship between training and performance, and demonstrated, through trend analysis, that NHS regions with high uptake of training had a significant drop in stillbirth rates, while stillbirth rates stagnated in regions with poor uptake of the training programme. Together, the three regions with high uptake of training were responsible for the drop in national stillbirth rates to their lowest ever level, according to the latest figures of the Office of National Statistics.

Winner

Hale Place Care Solutions: Excellence is the Standard



Hale Place Care Solutions has created safe environments and ways of working, where excellence is expected, it is a habit, the norm; anything less is known as the national standard, which the industry strives to achieve.

Habit-forming excellence has evolved over 26 years, during which time, inspectors have recognised Hale Place as excellent, with every standard met and 58 standards exceeded, during a CQC audit.

This culture of excellence has resulted in positive service user experience, has enhanced their wellbeing and extended life expectancy, enabling their lives to be enjoyed to the fullest extent.

Hale Place staff have devised an appropriate, planned and individualised daily activities programme. The programme includes lifestyle and leisure programmes designed to meet individual needs including regular music therapy, aromatherapy, motivation, Tai Chi classes, reminiscence therapy, A Walk A Day group, feel good pamper days, comprehensive programme of outings, cultural and religious preferences, interaction focused on positive social routines, and small group interactions.

Staff and service users are known in the community, so the visits to the local shops, the post office, the library, the arts and crafts centre, the park and the seasonal celebrations are enjoyed by service users, and they don't attract the stereotypical discrimination. Everything done for and with the service users considers their abilities, rather than their disabilities and what they can achieve, rather than what they won't achieve. Hale Place has received perfect inspection reports for 26 years running and service users enjoy their lives, with dignity and respect.

Finalists

Coventry and Warwickshire Partnership NHS Trust: Ashby House Respite Care Service

A nurse-led, purpose-built service offering high-quality respite for adults with a learning disability and complex health needs.

Derby Hospitals NHS FT: Volunteering and Intergenerational Care Prove it's the Small Things that Make the Biggest Difference

The trust has rolled out volunteering through intergenerational partnerships.

Derby Hospitals NHS FT: Making Your Moment Matter

Derby focuses care on "Always Events" by understanding the small things that often make the biggest difference to patients.

James Cook University Hospital: Delivering Quality and Safe Care for Patients through Seven-Day Physiotherapy Service

This focuses on the seven-day model of working culture resulting in widespread adoption.

Leeds Community Healthcare NHS Trust: High Quality Care for All - Don't Let the Wall be a Barrier

This project has demonstrated service improvement in quality of care, patient safety, patient experience and clinical outcome.

NHS England: Hertfordshire and South Midlands Area Team Quality Collaborative

The "Quality Collaborative" promotes shared understanding and learning across the seven local clinical commissioning groups.

Oxleas NHS FT: Healthy Ageing Nursing Team

Three senior nurses within the community assessment and rehabilitation teams identify CV and dementia risk factors in housebound clients.

Sheffield Teaching Hospitals: Discharge to Assess (D2A)

Discharge to Assess transfers patients back to their own home aiming for the day of completion of acute care.

Wrightington, Wigan and Leigh NHS FT: Wigan's Quality Champions

This programme encourages all staff to sign up to become Quality Champions. There are 185 champions and the number is growing monthly.

Finalists

Bromley Clinical Commissioning Group and St Christopher's Group: Bromley Care Partnership Coordination Centre

The centre offers timely referral, single point of contact and brings together a full range of health professionals, providers and Council to deliver seamless care from first contact to end of life.

Care UK: Not Dying in Chains

Care UK has worked in prisons in the Isle of Wight and the North East to improve end-of-life care to prisoners. The teams have worked in partnership with the King's Fund and Macmillan. The service has been praised by patients, families, HMI of Prisons and Prison Ombudsman.

Derby Hospitals NHS FT: Partners in Care – One Chance to Get it Right Creating Memories which Last Forever

Initiatives included an education programme for community staff, implementation of the AMBER care bundle, the creation of community palliative care beds and the introduction of a carer's diary.

Macmillan Cancer Support: The Midhurst Macmillan Community Specialist Palliative Care Team

Last year 84% of patients were able to achieve their preferred place of care. The service has reduced hospital admissions and increased patient choice at the end of life cost effectively.

Southport and Ormskirk Hospitals NHS Trust: Seamless Service in a Seaside Town

Adoption and adaption of all end-of-life enablers to suit the needs of the trust, along with high impact, cross boundary education, regardless of qualification or position, facilitates a change of culture, which embeds quality care.

Sue Ryder: Bedfordshire Partnership for Excellence in Palliative Support (PEPS)

The service uses a shared electronic patient record on SystmOne to ensure patients' records are readily available.

Wrightington, Wigan and Leigh NHS FT, Salford Royal FT & Bolton NHS FT: Bereavement Alliance – Every Patient, Every Time

The initiative re-educates staff in three acute hospitals in the care of the dying/dead to ensure bereaved families are personally supported.

Winner

County Durham and Darlington FT, Macmillan, Care UK and NHS England Health and Justice: Improving Palliative and End-of-Life Care in the Prison Service



County Durham and Darlington FT and Macmillan Cancer Support funded an innovative project to enable four prisons within the North East Durham Cluster to strengthen and develop the delivery of palliative and end-of-life care to patients in prison. The aim of the project was to ensure the delivery of equitable, clinically safe and cost-effective care. Development of patient pathways, standards systems and process to enhance communication and care coordination. Improved outcomes for patients led to the project being rolled out across the North East Cluster into seven prisons, with support and funding provided since 2011 by North East and Cumbria Commissioners Health and Justice. The prisons involved in the project range from a large male high-security prison, to local male prisons, one female prison and one young offenders' institution. The need for this project has become increasingly pressing given the ageing prison population, significant levels of co-morbidity and longer custodial sentencing. Many prisoners will never be released, so ensuring high-quality end-of-life care, and empowering staff with the skills and confidence they need to deliver this care is essential. Delivering high-quality end-of-life care within the prison community is complicated by the nature and culture of this challenging environment: care is delivered within a framework of security that can cause tensions between care and custody. Since commencing the project a North East Model has been developed, Macmillan Adopted Prison Standards (MAPS), which drives local improvement. Systems and process have been put into place to ensure early identification of patients nearing end of life and coordination of care. Development of multidisciplinary teams and successful multidisciplinary working both within and outside of the prison has supported timely referral, and patient involvement. Staff have been supported to access accredited end-of-life care education, resulting in over 200 nurses and operational staff gaining accreditation at levels 3 and 4. Patient information specific to the patient in prison, has been developed including a DVD and patient information booklet, now available as a national resource. The most recent development involves working with a local foundation trust to develop an in reach pilot chemotherapy and blood transfusion service to patients requiring palliative care in prison.

Improving Safety in Medicines Management

Winner

Evelina London Children's Hospital, Guy's and St Thomas' NHS FT: Safe Administration of Opiates in Children



Opiate infusions are essential therapy for children with severe pain, but have been associated with serious medication errors. These infusions require complex dose calculations, multiple manipulations and complicated administration rate adjustments. This project aimed to minimise the risk of medication errors in one of the most challenging settings: nurse- or patient-controlled analgesia (N/PCA) for children. A system management approach was developed to minimise complex calculations and individualised medicine manufacture by providing standard dose-banded concentrations of morphine infusion, manufactured aseptically, for N/PCA administration using pre-programmed safety pumps. Observation of morphine infusions (n=153) prepared by healthcare professionals for 128 children identified major differences in preparation methods. Analysis of the individually prepared infusions (n=78) identified that 61.5% deviated from the target concentration by greater than the pharmacopoeial limit ($\pm 7.5\%$), of which 75% (36/48) were in excess with 28% (10/36) deviating by more than +20%. A variety of preparation practices led to these out-of-specification results, including lack of appreciation of the overage in morphine ampoules. Three standardised concentrations of morphine were established for N/PCA use. Implementation of standardised morphine infusions was well-received by anaesthetists and nurses. Colour coded protocols and labels were regarded as lowering the risk of wrong selection. The project addressed the unacceptable variation identified in individually prepared medicines and simplified their administration (there were only four infusion pump programmes in the new system). Limits of accuracy were quantified and accommodated in defining the weight-concentration relationships to verify reliable delivery of low volume baseline continuous infusions and boluses.

Finalists

GOSH: i-MAP...Improving Medication Administration and Prescribing

Multiple interventions led to trust-wide reduction in medication administration errors and particularly prescribing errors by 25%.

Heart of England NHS FT: Using a Novel Real-Time Medication Dashboard to Improve Antibiotic Safety

A simple automated ward antibiotic dashboard considerably improved performance.

Marie Curie Cancer Care: Medication Administration Errors: Nurses are the Key

A named nurse on duty ensures staff have fewer distractions, know their patients better and are aware of any prescription changes.

Norfolk and Suffolk NHS FT: SystemTDM®

This web-based recall and reminder service delivers lithium management to NPSA standards. It connects GPs, hospital services, pharmacists, clinicians and patients via a secure platform.

North Bristol NHS Trust: Reducing the Incidence of "Missed Doses"

A Model for Improvement to reduce missed doses due to drug unavailability was tried on one ward, and spread to 40.

Northumbria Healthcare Trust: Optimising Medicines. Involving Residents

The team reduced prescribing of medicines by 17%. Medicines were stopped because of no indication or for safety reasons.

Royal Cornwall Hospitals NHS Trust: Microtest Guru Medicines Reconciliation

A secure, virtual, interoperable, web-based clinical data-sharing solution was adapted to provide an efficient method of medicines reconciliation.

Salford Royal NHS FT: Improving Prescribing Accuracy on Admission

The Safer Clinical system programme approach reduced prescription errors on emergency admissions by better communication and IT.

University Hospitals Bristol FT: Reducing the Incidence of Omitted Critical Medication

The trust has achieved a five-fold reduction in omitted critical medication and is aiming for zero tolerance. Culture change has played a huge part.

Finalists

Bolton Hospitals NHS FT: A&E Physiotherapy Service

The physiotherapists independently assess, diagnose and manage musculoskeletal injuries/ conditions to ensure patients are seen by those with the right skills at the right time to effectively assess, diagnose and manage them. This reduced the time patients had to wait and reduced rates of unplanned re-attendance.

Central Manchester University Hospitals FT: The Management of Persistent Low Back Pain in Community MSK Services: The "Back to Fitness" Rehabilitation Programme

This progressive group-based rehabilitation programme combined exercise, education and self-management strategies. All patients have access to longer term exercise options, follow up and support with healthy lifestyle choices.

The Horder Centre: If Only We Could Bottle It

The Horder Centre specialises in musculoskeletal care. Its enhanced recovery programme enables patients to regain their independence, fully supporting them and their families throughout their rehabilitation. The dedicated, multi-disciplinary team promote shared decision making at all times and work together with the focus on the patient.

Imperial College Healthcare NHS Trust: Albert Ward

Since December, the ward has achieved significant results for patients with a fractured neck of femur by reducing length of stay, providing greater access to rehabilitation, reducing inpatient mortality, improved walking ratio with crutch to frame and discharging patients home straight from the ward.

Warrington and Halton FT: Fractured Neck of Femur Project Group

A multidisciplinary service redesign has led major improvements in care and safety for all patients with fractured neck of femur. The team has led a 46% increase in compliance with best practice targets for excellent care. The project has been a catalyst for change, instigating the appointment of new roles to support patients.

Winner

Pilgrim Hospital, (United Lincolnshire Hospitals NHS Trust) Boston, Lincolnshire: Reinventing Hip Fracture Care



The Pilgrim Hip Fracture project started two years ago to address the management and treatment of hip fracture patients admitted to Pilgrim Hospital. Previously this group of frail, older patients stayed longer than necessary in A&E, waited over 48 hours for surgery (which was often cancelled due to other medical issues or other orthopaedic cases), had a high mortality rate and a raised incidence of pressure ulcers. Following the National Hip Fracture Database standards, the team has completely redesigned the service provided for hip fracture patients leading to Pilgrim Hospital becoming the best in the country for time to theatre while halving its mortality rates, reducing pressure ulcers and length of stay dramatically.

This set a gold standard for treating and managing hip fracture patients while assigning a Best Practice Tariff to them as well as the local authority assigning a CQUIP target also. The orthopaedic team came together with a plan to take these recommendations forward, which resulted in Pilgrim Hospital completely redesigning the management and care of a patient with a hip fracture. Within the space of a year the service has been turned around. It is now achieving the Best Practice Guidelines for Hip and CQUIN targets, meaning that not only are these patients receiving gold standard care but the group is generating a substantial amount of income for the trust. Length of time waiting for surgery has dropped by around 24 hours, mortality rates for hip fracture have halved and the average length of stay compared to the previous years has dropped by at least four days. Pilgrim has hit first place in the national league tables for time to theatre from admission as published in the 2013 National Hip Fracture Database report.

Safety in Surgical Recovery

Winner

Royal United Hospital Bath NHS Trust: Improvement in Perioperative Hypothermia Using the Model for Improvement



Perioperative hypothermia is a common but preventable complication of surgery. The aim of this project was to improve the percentage of patients with a temperature of 36 degrees or more at the end of surgery by 20% over one year. Baseline measures were established by reviewing the temperature of a small random sample of patients per week in the Post Anaesthesia Care Unit (PACU). This demonstrated that only 60% of patients were warm.

A small multidisciplinary group was established to lead improvements and promote education. Two areas were highlighted. The first was measurement of temperature during surgery was unreliable. The second was focusing on day surgery patients. They were as cold as main theatre patients despite simpler, shorter surgery, the majority receiving cold intravenous fluid. Ideas were tested in a small group of patients with Plan Do See Act (PDSA) cycles, ensuring that interventions led to an improvement before spreading. Adding temperature recording to the "Sign In" of the WHO Surgical Safety checklist resulted in reliable temperature measurement and warming intravenous fluids over 500ml demonstrated improvement; both are now established as routine practice.

Continued monthly measurement monitored progress and demonstrated improvements. The availability of new computerised data enabled detailed analysis demonstrating orthopaedic operations were particularly high risk for hypothermia. The "Stop the Drop" campaign was initiated, promoting prevention of any temperature drop using simple measures and improving patient experience. Currently 90% of the trust's patients are warm on arrival in PACU compared to 60% in 2009, and 2.5% of patients have a temperature of 35.5 or less compared to 5% in October 2011. The team aims to achieve 95% of patients warm on arrival in PACU by October 2014. This improvement been achieved by involving all staff, using repeated small scale tests of change and simple measurement to demonstrate improvements, engage staff and embed changes. It has demonstrated cost saving while maintaining safety and quality and has improved the experience and safety of patients undergoing surgery.

Finalists

BMI Healthcare: ERP Multidisciplinary Group

BMI Healthcare set up a multidisciplinary group to implement an Enhanced Recovery Programme (ERP) across its network of 65 hospitals and healthcare facilities. ERP, an evidence-based initiative, looks to optimise the patient journey so that a patient's recovery post-surgery is faster and they can leave hospital quicker.

Ipswich Hospital NHS Trust: GI and General Surgery Team/SAS Tutor, Ipswich Hospital

The GI and General Surgery Unit has improved surgical outcomes by concentrating on several steps in the patient pathway. It has improved preoperative factors by successful GP Engagement, taking part in Strong for Surgery and implementing the WHO checklist and 5 Points to Safer Surgery.

James Cook University Hospital: Delivering Safe Patient Care in Cardio-thoracic Surgical Recovery through 7-Day Physiotherapy Service

This project focuses on meeting the challenge to spread the diffusion of a seven-day model of working culture resulting in widespread adoption across NHS organisations and other healthcare professions to improve care offered to patients.

North Bristol NHS Trust: Reducing Surgical Site Infection

This project has reduced surgical site infection (SSI) in patients undergoing major colorectal surgery. It has achieved this through the work of a large multidisciplinary team including specialist nurses, theatre teams, IT consultants, junior doctors and consultant surgeons.

Wrightington, Wigan and Leigh NHS FT: A Pathway to Success in Reducing Infection in Women Undergoing Caesarean Section

An MDT approach involved an infection control and tissue viability nurse, midwives and obstetricians. A change in wound care practice included prolonged wound coverage, education and improvements in patient information saw a reduction in SSIs from 12% in 2011 to 2.6% in 2014.

Finalists

NHS Borders: Pursuing Excellence in Outcomes for Patients with Stroke

Merging the principles of the Scottish Patient Safety Programme and Stroke Care Standards led to the development of the Stroke Care Bundle. Reliable implementation of this for every patient improves safety and ensures individual need drives care and treatment. Raising awareness of progress towards goals through data display in clinical areas encourages involvement of MDTs along the stroke pathway, enhances learning and improves outcomes.

North East London FT on behalf of the National Anticoagulation Initiative: A National Initiative for Stroke Reduction in Patients with Atrial Fibrillation

Evidence shows oral anticoagulation decreases stroke risk by 65%. Despite this only one in two patients are prescribed an OAC. The National Anticoagulation Initiative provides a system for AF anticoagulation management, promoting best practice via an integrated network of providers with shared objectives and agreed criteria, and standards for measuring outcomes.

Pennine Care FT Bury Stroke Team

Bury stroke team started out as a standalone ESD team. But the team now sees patients post-stroke for all rehabilitation, and supports those patients for as long that support is needed. It has implemented the Bridges goal setting book, which has seen assistant practitioners take the lead in facilitating patient-centred goal setting. The team has set up clinics, provided six month reviews and it is now commencing a self-management and health promotion education course for patients.

Winner

West Suffolk NHS FT: ESOT: Fast Response, Specialist Care, Every Day



At the West Suffolk NHS FT the Stroke Department has undergone great development over the last year and is rapidly becoming a high-achieving department providing excellent, timely and safe care to stroke patients as demonstrated in the national metrics and local data collection. Since June 2013 the Emergency Stroke Outreach Team (ESOT) has expanded with the addition of a further consultant and an increase from 2.5 to six stroke clinical nurse specialists. It has been able to measurably improve the stroke service and the provision of safe, effective and timely care for hyper-acute stroke patients. The role of the stroke clinical nurse specialist, also known as the ESOT Nurse, is multi-faceted and demanding. It includes the assessment of all potential stroke patients, both in A&E and on wards throughout the hospital; the facilitation of prompt hyperacute stroke care including thrombolysis; the triage and assessment of TIA referrals in the specially designed TIA clinic; education and support for stroke unit staff; data collection for national and local metrics. With data released by SSNAP between January and September 2013 the trust has seen a significant improvement in performance with regards to the immediate assessment and admission of a stroke patient. It has dramatically reduced the time to stroke nurse assessment, and consequentially been able to reduce the length of time to CT scan and the length of time to stroke unit enabling the patient to receive timely intervention as required. Other aspects of the role such as the TIA clinic and education have also benefitted from the expansion of the ESOT nurses ensuring that the whole Stroke Unit provides safe care for the patients.

Managing Long-Term Conditions

Winner

Salford Royal Hospital FT: The SRFT Renal Young Adult Clinic – a Relationship-Centred Approach to Care



An analysis of the outcomes for young adults with chronic kidney disease (CKD) aged 16- 24 years of age over the last 10 years from the trust's catchment area revealed premature deaths and transplant losses, with recurrent themes of non-adherence to medications, missed appointments, long hospital admissions and poor outcomes. This, coupled with a recurring question echoed by young adults of "Why do I never meet other young people like me?" sparked the initiation of a new young adult/transition clinic. The aim was to develop a model of personal, relationship-centred care to reduce the hazards associated in young people/transition patients with CKD. An innovative, multidisciplinary team, one-stop young adult clinic has been designed completely around patient feedback. The quality improvement and holistic approach also provides links with numerous stakeholders not usually included in the clinical set-up for example charity, Citizens Advice Bureau, industry and patient groups. Following feedback from 30 young adults, a focus group meeting was held to design the "ideal" young adult clinic. A five-point "wish list" was devised that formed the basis for the service. This included more personalised care, to be treated as a "person not a kidney", continuity of care, building a relationship with the kidney team; more young adult specific information; readily available counselling; career, benefits advice and peer support network including social media.

In the last 10 months, 28 young adults have attended the young adult/transition clinic and 68 young adults are part of the young adult network distribution list. Outcomes have included: developing a unique model of relationship-centred care, embedding SDM/SMS into the programme to involve patients more actively in their care, the transition aspects of care are standardised despite having patients with varied renal pathologies and patient engagement and direct contribution to layout and content of a new website hub sharing patient stories/blogs/ advertising events of young adult network. No patients have died or lost their renal transplant due to non-adherence, and there has been better engagement with patients regarding medication compliance and reduced complication rates of renal functional deterioration.

Finalists

Accelerate Health CIC: Moving from Illness to Wellness – Managing Wounds and Lymphoedema

Community-focused MDT and early access resulted in primary prevention, reduced wound prevalence and cellulositis admissions.

Berkshire Healthcare NHS FT: Talking Health – An Innovative Service Providing Psychological Support for People with Long-term Conditions

A person-centred service was set up and includes a peer supported social network site.

CSH Surrey: Integrating Mental Health with Community Matron Services to Improve Patient Safety

This integration reduces emergency admissions by supporting people better with long-term conditions in the community.

Derby Hospitals NHS FT: Skype Technology Puts Home Dialysis Patients Back in Control of Their Lives

Skype technology is enabling more self-care and homecare by remotely using expertise to educate and empower patients.

GSTT Community Health Services: Transformation of South East London's Amputee Rehabilitation Pathway

An integrated hospital and community service approach resulted in earlier hospital discharge (49 to 23 days), better experience and outcomes.

Lincolnshire Community Health Services NHS Trust: A Long-Term Solution for a Long-Term Condition

Using an evidence-based approach delivered a service that works across partner organisations to avoid unnecessary hospital admissions.

Plymouth Hospital NHS Trust: Promoting Patients' Independence

Plymouth Dialysis Unit worked to enable patients to self-care with haemodialysis at home on Home HD. It is being extended to all patients.

Sheffield Teaching Hospitals NHS FT: The Sheffield Integrated Care Team Virtual Ward Trial

This project pooled knowledge, resources and expertise to optimise health and wellbeing to prevent patients reaching crisis point.

Finalists

Contact Healthcare: Supporting Patient Safety through Digital Healthcare

The company has helped St Andrew's Healthcare achieve quantifiable, dramatic improvements in the quality of patient experience, care and safety.

Croydon Healthcare NHS Trust: Getting it Right Every Time

An electronic bedside patient surveillance system engineered out human error related to identification of deteriorating patients and recording observations.

Derby Hospitals NHS FT: New "Training Passport" App for Hospital Staff will Help Protect Patients

Staff can access training records whenever and wherever they want, with reminders for updates.

Dr Toolbox/Health Education England: Dr Toolbox - Enabling Trainees

Dr-toolbox.com enables doctors to create unique electronic guides to firms in their hospitals with information on completing administrative tasks.

Hull and East Yorkshire Hospitals NHS Trust: Adoption of Technology Improves Patient Safety and Increases Direct Care Time

A Patient Flow Management solution helped frontline staff to manage patients better.

North West London Hospitals NHS Trust: Implementation of an Electronic Whiteboard System

The system is used by MD teams to update treatment, investigations and discharge data.

Northern Lincolnshire and Goole NHS FT: Using Smart Locks to Improve Medicine Security and Release Time to Care

Abloy's CLIQ Remote system ensured security and improved efficiency as staff don't need keys.

Wessex Trauma Network: Major Trauma Triage Tool Smartphone App

This smartphone app helps ambulance crews assess trauma patients and take them to the correct hospital for their treatment needs.

Winner

Royal Wolverhampton Hospitals Trust: SafeHands - Using Real Time Locating to Improve Patient Safety



SafeHands is a Department of Health part-funded innovation project using real-time locating system (RTLS) hardware and software to improve patient safety. It uses infra-red and radio-frequency technology to pinpoint patient, staff and equipment locations as well as automatically monitoring hand hygiene events at the patient bedside.

Wolverhampton believes itself to be the only NHS hospital to have a true and automated real time system, and thinks it may possibly be the biggest implementation of its kind in the world. In the 720-bed hospital, it has installed over 4,000 infra-red beacons and virtual walls to enable certainty-based tracking of badges down to bed level in multi-bed bays, room level, and have marked out corridors and non-patient areas to give us whole site coverage. The trust has distributed 4,000 badges to all its clinical staff, and all inpatients are badged on admission to automate audible and visual alerts where patients have not been checked on or are leaving the ward unaccompanied. The system shows patients' current locations on a large display screen on every ward so staff always know where every patient is at all times.

The system will also highlight all staff-patient interactions and show this in real time as "care in progress" icons. Staff can call for assistance from colleagues using a button on the staff badge. This triggers an audible alarm and message showing who requires help, and where they are. You can also automate the occupancy and vacating of beds in a true real time bed management system as patients arrive/leave a ward. Staff can also automate monitoring of hand hygiene compliance in real time, displaying the Hand Hygiene Index (HHI) on ward screens, giving staff visibility and the information to enable them to improve through self-governance.

Automating patient flow is also allowing the trust to more accurately reflect real time bed state, and get the right bed for the right patient at the right time.

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Finalists

Bolton Clinical Commissioning Group: Developing a Patient Safety Culture in Primary Care

The CCG has harnessed the insights from the daily reality of its GP member practices by the implementation of a primary care incident reporting system.

Cambridge University Hospitals: Maintaining a Safety Culture in Theatres

After seven consecutive never events in theatres during 2011-2012, the WHO surgical safety checklist was developed, involving 1,000 staff. Results included overall compliance at 100%.

Northern Devon Healthcare NHS Trust: Creating a CAFÉ culture: Moving Towards a Cardiac Arrest Free Environment

The trust identified a need to reduce the number of cardiac arrests occurring in the acute wards (excluding the Emergency Department) by developing a hospital-wide improvement project.

Ormskirk Hospital: Compassionate Conversations

Compassionate Conversations were developed to help improve staff engagement. Whole-hospital monthly meetings or departmental roadshows see staff paired with a relative stranger and share what they are recently proud of.

The Salford Royal Hospital FT: The SRFT Renal Young Adult Clinic – An Innovative, Relationship-centred Approach to Care

This one-stop young adult clinic was designed around patient feedback. It offered “relationship-centred care” to reduce hazards associated in people aged 16–30 with chronic kidney disease.

University Hospitals Coventry and Warwickshire NHS Trust: Getting Emergency Care Right – A Change Programme

Getting Emergency Care Right (GECR) improved the experience and effectiveness of treatment patients received in emergency care, underpinned by five key principles.

University Hospital Southampton: Dr Juliane Kause

The venous thromboembolism (VTE) multi-professional high harm investigation panel that has been transformed from a “paper exercise” to a clinician-engaged, patient-focused panel with learning that improves patient safety and care.

Winner

Sheffield Teaching Hospitals NHS FT: The Sheffield Microsystem Coaching Academy



The Sheffield Microsystem Coaching Academy is training a cadre of microsystem coaches within the core workforce to tip the culture of the healthcare system to one in which improving safety and quality is normal work.

This is the first coaching academy of its kind in Europe, and a culture of whole-system continuous improvement is already starting to take root in several directorates within the trust. This has resulted in reduced waiting times for foot and ankle surgery, a decrease in infectious diseases and ensuring more patients attend hospital appointments, which otherwise can cause significant delays in patient pathway.

The trust is training microsystem coaches to facilitate quality and safety improvement across the healthcare system including all three of the Foundation Trust status providers in the city: Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health and Social Care Trust. There have been 63 coaches trained, 80 microsystems coached with many already achieving measured improvement and over 350 staff attended a two-day Introduction to Quality Improvement Course.

The FT is already seeing measured improvement. The cumulative effect of this is profound. Some examples: Renal reduced the DNA rate from 11% to 6% and reduced clinic waiting by 63%; Orthopaedics foot and ankle reduced wait for surgery from admission from 5.5 hours to 2 hours and added 1 case to each list; Infectious diseases reduced new patient DNA from 55% to 32%; Number of interruptions in Anticoagulation Dosing Room reduced from an average of 33 in June 2013 to 12 in September 2013, resulting in improved patient safety; Sexual Health Clinic turning away 45 patients a week reduced to zero patients turned away.

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Winner

United Lincolnshire Hospital Trust: Theophilus Joachim



This innovative way of managing hip fractures at Pilgrim Hospital, Boston in Lincolnshire has led to the hospital being recognised as the best in the country for its treatment of patients with broken hips. Since May 2012, a team at the hospital, led by orthopaedic surgeon Theo Joachim – with support from his anaesthetic and surgical colleagues – has improved standards, galvanised management and improved the care pathway. This has resulted in a reduction in time-to-theatre to 18.4 hours from 42.5 hours, a reduction in the length of stay from 18 to 14 days, 30-day mortality reduction from 15% to 6% and achieving best practice tariff for 93% of the patients, up from 40%. The annual report of the National Hip Fracture Database, published in September 2013, revealed that Pilgrim is top in the country for ensuring that patients receive the best care, with a major impact on their ability to make a full recovery.

Significant reduction in mortality in this group of patients has led to an over-all reduction in the site mortality and lowered the trust's HSMR. The trust currently has the lowest mortality rate it has achieved for five years, reporting a level significantly below the national average. The National Hip Fracture Database has recognised these achievements and has invited the trust to share its experience on Service Development and Change in Hip Fracture Management. Best practice is being shared with Lincoln County Hospital, and the trust is working with partners in the community to discharge patients in a timely manner. There are multidisciplinary teams from other NHS trusts visiting the hospital to learn from the way the trust delivers high-quality care.

Finalists

Blackpool Teaching Hospitals NHS FT: Integrated Care Through the Development of a Families Division

Regular team leader meetings led to integration.

Derby Hospitals FT: Keep Me Safe – Derby's Clinical Leadership Drives Sustainable Safety Improvements and Culture Change

The MDT Patient Safety Team drive change.

Devon Partnership NHS Trust: The Quality Improvement Academy

The academy helps staff develop competence and capability in a range of skills.

Ipswich Hospital NHS Trust: Project Omer

The culture of the GI and General Surgery Unit was changed by empowering staff at all levels to be innovative and make improvements.

NHS Nottingham City CCG: Practice Makes Perfect – Nottingham City Peer Support and Practice Visits Programme

Continuous quality improvement programme.

Northern Devon Healthcare NHS Trust: Creating a CAFÉ culture – Moving Towards a Cardiac Arrest Free Environment

The trust ran the "Obs? No probs!" campaign.

Nottingham University Hospital NHS Trust: Caring Around the Clock – Leadership Rounding

The role of the charge nurse is pivotal.

Perinatal Institute: A National, Evidence-Based Programme for Reducing Adverse Outcomes in Maternity Care

A move towards a culture of learning.

South East Coast Ambulance Service NHS FT: The Cardiac Arrest TF Team

The CATF has led to the FT become the second-best performing ambulance trust.

SSP Health: Continuity of Delivery of Safe Patient Services in the Face of TUPE and Financial Challenges

An impressive transformation of patient services.

Finalists

Blackpool Teaching Hospitals NHS FT: Community Care Pathways (Pathfinder)

A new community care pathway was devised for patients who have fallen, are known COPD sufferers, or are in the palliative stage of illness.

Burton Hospitals NHS FT: Preventing Falls through Reviewing Medication and Nursing Ownership

The trust is reducing falls and unreviewed repeat prescriptions that could contribute to falls.

The Christie Hospital NHS FT: The Dementia Team - Dementia Care in a Cancer Setting

A small dementia team and initiatives to improve care, such as specialist training for trust staff to enhance skills and knowledge, improved care.

East Kent Hospitals University NHS FT: Safer Clinical Systems

The project has seen a 38% reduction in unnecessary readmissions in older patients.

South Tyneside NHS FT: The Community Falls Service

Staff identified contributing factors to falls and agreed appropriate referral.

South Worcestershire Clinical Commissioning Group: Enhancing the Quality of Care in Care Homes

A clinical management plan is accessible 24 hours per day for any visiting clinician to access.

ULHT: Pilgrim Hospital Hip Fracture Project

This approach has led to the hospital being recognised as the best in the country for treatment of patients with broken hips.

Walsall Clinical Commissioning Group and Walsall Healthcare Trust

A "clinical wrap-around team" for nursing homes proactively case managed.

Wrightington, Wigan and Leigh NHS FT: Dementia: The Acute Story So Far...

The aim was to ensure that older people receive the best compassionate care.

Winner

Central Eastern Commissioning Support Unit: Mountnessing Court - Dementia Reablement



Mountnessing Court is a 22-bed dedicated inpatient standalone reablement/intermediate care facility for people with dementia (PWD) with low-level physical health problems. The purpose of the dementia step up/step down facility is to reduce the unnecessary admissions and facilitate an early discharge for PWD from the acute hospital and to reduce premature admission into care and residential homes.

The service supports recovery, delays dependency and prevents deterioration of their physical and mental health. This is achieved by offering a range of specialist interventions from a multidisciplinary staff to enable PWD to remain longer in the community living more fulfilling lives. The unit enables PWD to return home safely following an acute hospital episode, as opposed to residential or continuing healthcare placement. The aim of the unit is to return PWD to their previous level of functioning after an acute episode of ill health.

The model of care delivered at Mountnessing Court is innovative and provides holistic and integrated care. The service is being delivered using a multidisciplinary approach with clinical leadership from a consultant psychiatrist, a geriatrician from the acute hospital and a local GP. The unit is nurse-led and staffed by RGNs, RMNs, occupational therapists, physiotherapists and support workers. Outcomes include a reduction in excess bed days, length of stay, admissions and cost.

Patient Safety in Hospital Care

Winner

Kent & Medway NHS, Social Care Partnership Trust & EKHU NHS FT: SMaRTER Care for Patients with Mental Health Symptoms in the General Hospital



It is becoming increasingly understood that patients within general hospitals do not just have physical health problems; 80% of all hospital bed days are occupied by people with co-morbid physical and mental health problems. Mental health problems are in fact more prevalent in acute hospitals than in the community; 30-60% of inpatients and 5% of presentations to A&E are mental health related, while almost one in four (23%) British adults are experiencing a diagnosable mental health problem at any given time. At EKHUFT, the KMPT Liaison Psychiatry Service has worked with the general hospital staff to create a tool that can aid general nurses to risk assess and care for patients with mental health symptoms, while they are in the general hospital. It developed the Safeguarding, Managing Risk Tool (SMaRT). The tool itself allows staff to use the symptoms that the patient is describing, alongside behaviours that they are observing to come to a traffic light like system of risk. The levels of risk then have recommendations for management and the form also allows clear documentation of the resultant care plan. When people are in a general hospital, they cannot leave symptoms or signs of mental illness at the door. Nurse training is becoming increasingly specialised and staff do not necessarily feel confident in managing mental health patients. This tool helps identify risk but allows clear signposting as to nursing strategies that can maintain the overall safety of that patient while within the general hospital. Staff have reported an increased confidence in managing these complex patients by using the SMaRT, but continued training is required. This is an important step that could literally save lives, as substantially more people who die by suicide were last discharged from general hospitals rather than psychiatric hospitals. The trust is in discussion with other general hospital trusts to create trust specific versions of the SMaRT, and the associated training package that could be provided. The tool is being highlighted as good practice in a recent HM Coroner PFD report.

Finalists

Ipswich Hospital NHS Trust: GI & General Surgery Team, Ipswich Hospital

GP engagement, preoperative optimisation in “Strong for Surgery”, theatre optimisation and postoperative improvement through “Enhanced Recovery” have improved safety.

Mid Essex Hospital NHS Trust: Trigger Response Team

The Trigger Response Team provided a “bridge” between the wards and intensive care to care for the deteriorating ward patient and support nursing and medical staff in the process.

Nottingham University Hospitals NHS Trust: Recognise and Rescue: A Hospital-Wide Collaboration

Care of deteriorating patients was improved by earlier recognition and reducing delays to treatment or escalation.

Royal Manchester Children’s Hospital, Central Manchester University Hospitals NHS FT: “Early Warning” Neurological Chart

A paediatric neurological observation chart provides developmental guidelines on assessing levels of consciousness for various age ranges.

Royal United Hospital Bath Trust: Acute Diabetes Team, RUH, Bath

The trust developed a proactive service at the front door of the hospital, which took the team to the patient rather than waiting for the patient to be referred to the team.

Royal United Hospital Bath Trust: Improving Hydration in an Acute Setting

Practice changes included design of a hydration record, use of specifically designed magnetic indicators, patient involvement and a cultural change. Hydration levels improved by 13%.

South Tees NHS Trust: Therapeutic Care Volunteers - Delivering a Safe and Compassionate Patient Experience

Therapeutic care volunteers provide one-to-one support. Fewer patients need enhanced observations and staff were better trained.

South Tyneside NHS FT: Patient Dependency Tool

The initiative involved working with specialties across the acute setting to develop and implement a standard Patient Dependency Tool.

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