NURSING ON A HIGHER PLANE

The Princess Mary’s Royal Air Force Nursing Service is recruiting Nursing Officers (with a minimum of 2 years post-registration experience in an acute nursing speciality), Registered Nurses (Adult and Mental Health) and Student Nurses (Adult). In return, we offer the following:

Starting salaries as follows:
Nursing Officer: £29,950 to £38,255 (depending on experience)
Registered Nurse: £28,134
Student Nurse: £13,377 (after 1 year £16,681)

- Training in Aeromedical Evacuation (in-flight nursing)
- Academic training and CPD
- A non-contributory pension scheme
- Qualified A&E, ITU or Operating Theatre nurses may be eligible for a golden hello of £20,000
- Significant additional benefits package

For more information and to check your eligibility, search online for RAF careers

The RAF values every individual’s unique contribution, irrespective of race, ethnic origin, religion, gender, sexual orientation or social background.
Huge congratulations to all of this year’s Nursing Times Awards winners, whose outstanding achievements are listed in this supplement.

The standard of teams, individuals and projects that we have seen make it through to our finals this year is superb – and this is especially noteworthy considering some of the tough financial constraints being placed on many of our entrants right now. Despite the many changes and difficulties facing those in the field, nurses continue to find creative and innovative ways to care for their patients and, having received over 600 entries to the awards this year, we know that this commitment stretches right across the profession.

Those who made it into the final shortlists are operating at the highest standards of excellence, providing superb care, maintaining quality and producing outstanding results for their patients.

Our incredibly hard working judges whittled down the hundreds of online entries to agree their shortlists, and each of the finalists visited our offices to present more details about their work to them, Dragons’ Den style. Thanks to the high standard of work submitted by many entrants, the judges found their job extremely difficult – and, in selecting these outstanding finalists, they were forced to leave out many excellent entries.

So high were the standards being set – and often with the smallest of budgets – that in some cases they found it almost impossible to choose an outright winner. After much debate, however, they managed to do so for all categories. So, I extend my thanks to all the judges for giving up their time and investing such energy and enthusiasm into making this process so scrupulously fair.

I’d also like to thank our extremely generous sponsors, whose commitment enables us to celebrate the nursing profession in such style in London’s Hilton Park Lane. A final thank you goes out to the awards team and my editorial team for their hard work in making the awards happen.

Many congratulations again to all of our 15 winners. I hope this recognition of your achievements rewards all your hard work, and that this supplement will inspire others to enter the Nursing Times Awards in 2011. In difficult financial times like these it has never been more important for nurses to share their work and enable the health service and their patients to benefit from their creativity and dedication.

Well done on behalf of all of the Nursing Times team.

Jenni Middleton
Editor, Nursing Times
We are delighted to be a sponsor of the Chief Nursing Officer’s Award, recognising registered nurses, midwives or health care assistants who have made a substantial and significant contribution to the care patients receive.

Our principals
- Consistent clinical excellence
- Improved health for all
- Joined-up care pathways
- Working well with partners
- Systematic and credible reporting.

Our quality focus
- Patient Safety
- Outstanding patient experience
- Monitoring infections
- Learning from incidents
- Safeguarding children & adults
- Seeking assurance on quality of care.

In Derbyshire, we are committed to excellence in clinical quality.

NHS Derbyshire County
Trust Headquarters, Scarsdale, Nightingale Close, Off Newbold Road, Chesterfield, Derbyshire S41 7PF
Tel: 01246 231255 Fax: 01246 514164
www.derbyshirecounty.nhs.uk

NHS Derbyshire County is the operating name for Derbyshire Primary Care Trust.
An initiative was developed to ensure that people with learning disabilities received care and treatment that was appropriate for their special requirements when they needed medical, surgical or emergency interventions.

Since 2006, the trust has developed the care pathways for people with learning disabilities through staff education, working with advocacy groups, Norfolk learning disabilities services and carer organisations.

People with learning disabilities and families inspired the drive for improvement with their stories and experiences, and their desire for the same life chances as everybody. They are valued members of our team and their expertise is welcome.

Nine hundred staff are trained on learning disabilities each year, signs have been improved with input from people with learning disabilities, and personal health information books assist in the integrated delivery of care. A DVD about the hospital was planned, acted and produced by and for people with learning disabilities. Benefits include shorter lengths of stay, fewer complaints and better health outcomes.
Work in cancer care
The Royal Marsden NHS Foundation Trust is a centre of excellence for research, development, education and care in the treatment of cancer. The reputation we have arises from the hard work, skills and successes of each and every one of our employees. You could be one of them.

No better place to work
What makes nursing at The Royal Marsden so special is our passion for caring for people with cancer and their carers. We firmly believe that the care our nurses provide contributes to an improved experience for patients during their cancer journey. The value that we place on our nursing care allows our nurses unsurpassed opportunities for development. If you are interested in cancer nursing, there really is no better place to work.

You can make a real difference working with us
We are always keen to recruit enthusiastic and motivated nurses, at various stages of their career. We have excellent levels of support for our staff and offer a wide range of benefits including educational opportunities at The Royal Marsden School of Cancer Nursing and Rehabilitation. Working with us and our patients, you not only share our aspirations for cancer care but also play a crucial role in our ongoing achievements. We are looking for people like you right now.

For more information about exciting and rewarding careers in cancer care at The Royal Marsden, please call us on 020 8642 6011 ext 4115, email recruitment@rmh.nhs.uk or visit www.royalmarsden.nhs.uk
CANCER NURSE LEADER

FINALISTS
Highly commended: Developing the research workforce, Helen Ferns, The Christie FT

This aimed to develop the workforce in the research and development division, to maximise efficiency, and to ensure high quality data and high quality care for all patients participating in clinical trials.

It was also intended to provide leadership and management of 54 clinical research nurses as well as promote awareness of clinical research within the trust, and regionally and nationally.

The clinical research teams have undergone a transformation in the last three years. Historically, they sat on the periphery of main services and coordinated clinical trial recruitment and patient care around main trust services.

As the team moves into a new dedicated treatment centre, clinical research activity will run alongside and collaborate with chemotherapy day services, ensuring that all patients get access to excellent patient care and treatments.

With the advent of personalised medicine, clinical research within cancer has never been more important, along with integrating that research in mainstream care and treatment.

The project: led and managed the patient recruitment section of the research and development division; developed a workforce that is both fit for purpose and future-proofed around funding, and promoted clinical research within cancer care, with equitable access for patients to all phases of clinical trials.

A lead user in the project team was employed to oversee the design, construction and service delivery in The Christie’s new treatment centre, which contains a large early phase day case unit and six inpatient beds.

A Cancer Research UK senior research and information nurse for the North West Region acts as a clinical face of the charity and a champion of reducing risks as well as a link between fundraising and clinical research, media and communications. A fundraiser has raised £60,000 for over four years.

Implementing the National Cancer Survivorship Initiative, Yvonne McKenna, University Hospital of South Manchester FT

Under this scheme, a number of initiatives have been introduced.

A fully-staffed Macmillan cancer information and support service has been set up. This consists of a newly built information and support centre, a cancer information point in our chemotherapy unit and a cancer information pod in our local community hospital.

Every tumour group has at least one dedicated cancer clinical nurse specialist.

There is a vibrant cancer patient user partnership group. It is introducing a Living with Cancer course for people affected by cancer, which will address their concerns and other matters and help them to self manage their condition.

The trust believes that it is improving the care and support for people with cancer – and helping them to adapt to life after cancer.

Helen is a formidable leader with excellent motivational and negotiating skills

WINNER
Sarcoma service development

Helen Stradling, Nuffield Orthopaedic Centre Trust

The centre is one of five caring for people with primary bone cancer. Before the clinical nurse specialist post was created in 2005, patients with a sarcoma and their families had no support outside hospital appointments. Patients were cared for among general orthopaedic patients by nurses not trained in cancer care. Patients are now all cared for on one designated ward by staff trained in sarcoma and oncology.

The team has developed this service in many ways. It has a “one stop shop” for patients attending for the first time, at which they can have MRI/ultrasound scans and biopsies carried out. Patients are introduced to the CNS, and support started.

It won funding from Macmillan for a cancer support nurse, who started work in early 2009. This has greatly improved support for patients and families. Helen Stradling started nurse led preassessment and follow up for patients, which has been received well.

Patients’ comments include: “Nothing has been too much trouble. Helen has willingly gone the extra mile for my family,” and “I was very pleased with the nurse led follow up clinic and consider it more beneficial at this point.”
THE NO.1 FOR NHS FLEXIBLE WORKERS

We offer you:
• Competitive weekly pay
• First choice of available shifts
• Paid annual leave
• Statutory maternity/paternity and sick pay
• NHSP Stakeholder pension
• Access to NHS Discounts
• Training and development opportunities

APPLY ONLINE BY VISITING
WWW.NHSPROFESSIONALS.NHS.UK
BANK AND AGENCY

FINALISTS
Highly commended: Lois Penketh-King, NHS Professionals (Bedford Hospital Trust)
Lois Penketh-King has been a bank nurse for 16 years and has worked in five NHS trusts, including one overseas. Her career is related to her marriage to a serviceman, with the transient lifestyle that brings. Lois works in specialised nursing, including high dependency, intensive care, coronary care, surgical recovery and endoscopy. She shares her experiences and best practice from different trusts. Lois is incredibly reliable and professional. She is an excellent role model and her can do attitude is an example to all.

Highly commended: Paul Watson, NHS South of Tyne and Wear Community Health Services
Paul represents the ethos of the nurse bank – he is conscientious, reliable, flexible and driven. He can be relied upon to provide high quality, patient focused care, showing dedication throughout. He contributes to service delivery and safe care through his involvement with service reviews and his roles as a clinical supervisor and mentor. He is not afraid to act as the patient’s advocate, to raise concerns or to review his own practice. He will both seek and give support – he is a role model and an advocate for the service.

Ron Bell, British Nursing Agency, H1N1 surveillance at 3M
A system was set up to prevent the spread of the H1N1 virus among 3M factory staff. Anyone with symptoms was prevented from entering the factory for seven days, and interviewed before returning to work. Staff were reassured and, if they became symptomatic, telephone advice was available. This project was audited. Management was happy to have a system to minimise the effects of H1N1 on staff that would work for other epidemics.

Janet Barnard, Queen Victoria Hospital Foundation Trust
Janet is flexible, reliable, approachable and knowledgeable. She can negotiate while understanding and is supportive and enthusiastic. She mentors students, manages units and cares for critically ill patients. As a bank nurse in a variety of departments, she provides clinical and managerial expertise as a team player who can motivate and build morale. Patients benefit from having an experienced nurse who is able to embrace any situation, and to be their advocate and carer.

Owen Saysell, Thornbury Nursing Services
Owen is committed and enthusiastic. He is a great ambassador for not only the agency but for agency nurses as a whole. He integrates well with all staff, patients and relatives – one relative described the “excellent care Owen had given to her father”. He is a first choice to help with projects. One of the call centre team says: “I know that, when the chips are down, Owen is someone who can be relied upon.” A ward sister has said it is a “joy and privilege to work with him”.

WINNER
Amelia Hall
3 Boroughs Homeless Team, Lambeth Community Health
Amelia works in the 3 Boroughs Homeless Team. It runs nurse led clinics in hostels and day centres for homeless people across Lambeth, Southwark and Lewisham. The clinics are dedicated to tackling the inequalities in healthcare faced by this client group.
Patients have told Amelia she makes a difference to them by treating them as individuals and going the extra mile to support them.
She says she is committed to excellence in nursing care for all and improving standards in NHS by following the team’s example.
Special assignments she has carried out have included: PHQ-9 audit (assessing the prevalence of depression); being the patient and public involvement team lead; covering the intermediate care project for eight weeks; representing the team at meetings and conferences; reviewing the leg ulcer protocol; and ensuring practice is evidence based by attending professional courses.

WINNER
Amelia Hall
3 Boroughs Homeless Team, Lambeth Community Health

JUDGES
Karen Barracough, senior nurse, NHS Professionals
Gill Bellord, director for core services, NHS Employers
Jenny Kay, director of nursing, Dartford and Gravesham Trust
Anne O’Brien, director of clinical governance, NHS Professionals

A professional and passionate clinician with great skills – a fantastic candidate

Sponsored by NHS Professionals
With 50,000 healthcare professionals, we are the leading employer of flexible staff for the NHS. We enable nurses, doctors and other healthcare professionals to work flexibly within the NHS, fully supporting work/life balance needs and career development goals. NHS Professionals is the largest provider of managed flexible services to the NHS, with over 50,000 nurses, doctors, administrative, clerical and other staff signed to its bank, placing more than 1.5 million shifts a year.
WINNER
Caring for patients with drug, homelessness and safeguarding issues

Dave Roberts, Carol Holt, Clare Pritchard and Paul Thompson, Royal Liverpool and Broadgreen University Hospital Trust

Among the most vulnerable members of today’s society are those affected and compromised by drug and substance misuse. The team recognised the necessity of providing a seamless integrated care pathway for this patient group, 365 days a year, 24 hours a day; this is because they often have gaps in their journey of care as the chaotic lifestyles they lead often bar them from accessing health services.

The team established a group of dedicated link nurses to raise awareness of the difficulties encountered by these socially excluded patients. It designed an education package to enable healthcare staff to reassess their care ethic and their ability to think laterally and constructively in redefining their preconceived ideas of the inherent difficulties of caring for patients affected by drugs, homelessness and safeguarding issues.

The team continues to build on formal and informal facets of education and aspirations to achieve the best care possible. If patients feel that their care is as valid, as viable, as constructive and as healing as the next patient’s, the benefits are multitudinous.
WINNER
Children and young people health mentors

Judith Grigg, Hilary Garrett, Anita Farmery and Daryl Weston, Tameside and Glossop Primary Care Trust

The Health Mentors project was undertaken to provide health and wellbeing advice and support for children and young people.

It offers an accessible, personalised service that addresses adverse healthy lifestyle issues in the areas of smoking, healthy weight, alcohol and drugs, emotional health and wellbeing, and the risk of repeat teenage conceptions.

The service delivers interventions through one to one support to motivate health behaviour change, provide a personalised health plan for 4-16 year olds, rising to the age of 18 for the risk of repeated pregnancy.

The programme is different because it takes a whole family approach to promote health changing behaviour.

The benefits of the programme for the first six months since January 2010 include:
- 223 young women being contacted at risk of having repeat conception;
- 379 referrals to reduce overweight and obesity;
- 352 referrals to reduce the uptake of smoking;
- 59 referrals to reduce consumption of alcohol and drug taking;
- 545 referrals to specialist services to improve emotional health and wellbeing.

Half of the children and young people who have a personal health plan have maintained change for three months. After a brief intervention had been completed, clients’ satisfaction with the service was 100 per cent.
When you need a catheter that is safe and discreet, SpeediCath Compact is the perfect choice. It is designed to fit the length of the female urethra¹ and is no longer than a lipstick when unopened. For women who may feel the need for a longer catheter, we have now introduced SpeediCath Compact Plus with an extra 2 cm. If you want to know more about the range of SpeediCath catheters, please call 0800 220 622 or visit www.coloplast.co.uk

WINNER

Beyond boundaries to promote quality, innovation and productivity in continence services

Jo Howells, Jo Cooke and Kerry Zgrzywa, Wolverhampton City PCT

The purpose of this project was to make managing patients requiring reassessment for incontinence products more efficient. The service had become product driven, concentrating on product related problems. This had led to longer waiting times for appointments for both reassessments and for new patients needing assessment.

The healthcare assistant role adopted what had traditionally been the role of the specialist nurse continence adviser. To meet safety assurance, a competency framework was devised alongside a reassessment document, which reflected the male and female integrated care pathways in use. Support was by the identification of a mentor to the HCA. Quality assurance is ensured.

The patient experience has been improved by: shorter waiting times for new patient assessment and for reassessment appointments; continuity of care; problems being solved; and better clinical outcomes. Productivity has increased and product costs have fallen. There is time for professional and service development and better team morale.

Sponsored by Coloplast
Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ostomy care, urology and continence care, and wound and skin care.

JUDGES

- Adele Brodie, clinical education nurse, Coloplast
- Sharon Eustice, nurse consultant for continence, nurse consultant for continence, Cornwall & Isles of Scilly PCT, and chair, Association for Continence Advice
- Gaye Kyle, lecturer and education coordinator, Association for Continence Advice

CONTINENCE

FINALISTS

Continenence education the e-as way
Katherine Wilkinson and Jacqueline Andrews, NHS Bradford and Airedale

This project produced an interactive e-learning module that is easily accessible to all local care staff, with the potential to be run nationally. Use of best practice guidance ensured that all information was evidence based and up to date.

A storyboard with over 120 screens was developed into a module by designers at the Virtual College. Success has been due to the enthusiasm and commitment of the continence nurses and the professionalism of the Virtual College.

Urinary catheter care pathway, Emma Kennedy and colleagues, Frimley Park FT

This care pathway has significantly improved patient care and experience: It questions whether a catheter is needed and, if one is in place, asks daily whether it is still required. In the urology ward, compliance of 0% in August 2009 had risen to 57% in November 2009 and reached 100% by August 2010. The pathway is now in place trust wide.

Mary Dunne, director of nursing, said: “This work is fundamental. It is one of our patient safety targets within our quality account.”

Reducing missed continence clinic appointments, Carolyn Freeman, Greenwich Community Health Services

Patients often miss appointments. This project used lean thinking and process mapping to see problems from the patient perspective. It studied the patient journey. Patients were approached and changes made to letters concerning arrival and what to expect at the clinic. The specialist services manager said: “I am thrilled by the results – improved patient experience and continence adviser time better used.”

Joined up care for women with overactive bladder, Voirrey Johnson, Isle of Man Department of Health, Primary Care

The aims were to minimise difficulties faced by women in attending hospital to see the consultant, and to ensure that women visiting the community continence adviser could easily see the consultant if necessary. The adviser sees her patients at hospital, as well as the consultant’s patients who need her services. The women choose when and where to have follow up care, at local clinics or at home. The adviser uses her time better, and consultant waiting times have fallen.

Community Continence and Enuresis Service, Catherine Williams and Dena James, North Somerset Community Services

This service is renowned locally for its proactive approach. It provides sensitive services for children with enuresis, and maintains close links with nursing homes, supporting them to use pads that are best for residents – which has cut costs. Cath Williams developed a model to reduce indwelling catheters but, after seeing that the model was not upheld in practice, decommissioned the service, supporting staff throughout. The team’s educational programmes ensure continence is well managed and has a high profile.

Great team ethic, with trust and respect between all the team members
A cleaner, healthier future.

As JohnsonDiversey, you expected us to deliver the best, most effective portfolio of cleaning products. You relied on our world-class innovation and service to make cleaning and sanitation more efficient. You valued partnering with us to address the most challenging needs. You looked to our leadership in making a cleaner, healthier future for the world.

Now, we’re simplifying our name under one powerful brand—Diversey—to better reflect our world leadership in the commercial cleaning and hygiene business. As Diversey, you can continue to expect us to deliver the very best products, services and partnership. And you can count on us to do even more to deliver real, sustainable value.

We’re Diversey, and we’re leading the world toward a cleaner, healthier future.

Diversey is proud to sponsor the Infection Prevention Award.

For more information visit www.Diversey.com/future
Service user involvement in infection prevention and control in a mental health trust

Steve Hull, Julie Hughes, Eileen McDonnell and Harry Blackman,
5 Boroughs Partnership FT

Service user involvement is integral to the Care Quality Commission outcome measures in relation to infection prevention and control. This is particularly important in mental health, where patients often have predisposing risk factors for healthcare-associated infections, sometimes posing challenges in complying.

The aim of this initiative was to ensure that service users are actively represented, involved and engaged. Volunteers were briefed, training sessions held and represented on the infection prevention and control committee.

Involvement has also included: information, policy, pathway and poster development; audits and spot checks; helping with the Cleanyourhands campaign; and reviewing decontamination of patient care equipment.

Audit results have improved significantly, and the initiative has played a significant part in this. Service users state it has helped boost their confidence and made them feel valued, while managers appreciate the benefit of additional assurance and the opportunity to gain insight and understanding of the subject from clients’ perspective.

Diversey

Diversey is leading the world to a cleaner, healthier future. It is our passion and our purpose. It’s the reason we deliver superior products that help our customers protect their customers and their brands. It’s the inspiration for our innovations in dispensing, dosing and packaging to reduce waste and protect workers. It’s what powers our partnerships with customers and industry experts to save water and energy while delivering better cleaning.

JUDGES
- Tracey Gauci, nursing officer (health protection), Welsh Assembly Government
- Heather Loveday, principal lecturer, Richard Wells Research Centre
- Eileen Shepherd, deputy practice editor, Nursing Times
- Margaret Tannahil, nurse consultant infection control, Care Commission, Scottish Commission for the Regulation of Care

WINNER

Julie has demonstrated how service user involvement in infection prevention can be genuinely meaningful
Help us protect frontline health services
tell us about...
cuts
waste
innovations and solutions

www.rcn.org.uk/frontlinefirst
INNOVATION IN YOUR SPECIALTY

FINALISTS

Emergency care plans in long term conditions, Angela Harris and colleagues, Kirklees Community Healthcare Service

These alert emergency staff to patients’ normal parameters. Launching the plans at roadshows led to successful uptake. Dr Alison Walker, Yorkshire Ambulance Service medical director, said: “The plans improve care and are an essential link between the ambulance service and primary care teams.”

Helen Frain, Kirklees head of long term conditions, said: “The care plans, introduced by the community matrons, help reduce admissions and deliver care closer to home.”

RAPA – Megan Stowe and colleagues, Imperial College Healthcare Trust

RAPA – recurring admission patient alert – sends an email when a cancer patient is registered in A&E, usually to a clinical nurse specialist. Sinead Kenny, Macmillan clinical nurse specialist for secondary breast cancer, saw a patient in A&E who was due to be admitted to a hospice that day. She said: “I was able to talk with her and we agreed the hospice was the best place for her – I then arranged her transfer.”

Homeless intermediate care service, Samantha Dorney-Smith and colleagues, Lambeth Community Health

This service aimed to reduce mortality and morbidity in hostel residents, and secondary care usage. Morbidity was high – 24% of clients had HIV infection, and more had active or past hepatitis B or C. Renal failure, necrotising fasciitis, jugular vein thrombosis, MRSA, syphilis, pulmonary TB and Wernicke’s encephalopathy were seen. Over a year, deaths fell from seven to one, admissions fell by 77% and A&E visits fell by 52%. The pilot was cost neutral while improving health.

Improving access to hepatitis C testing, Jan Tait and colleagues, NHS Tayside

Hepatitis C dry blood spot testing was introduced to drug services staff. Individuals who tested positive for hepatitis C were offered referral to specialist hepatitis services. DBST is easy to use and can be carried out by drug support workers. Knowing HCV status allows staff to reiterate harm reduction measures and encourage referral for drug treatment.

A multimedia toolkit for life story work, Suzanne Wightman and colleagues, South West Yorkshire Partnership FT

This toolkit for life story work consists of a training DVD, a guide, a short film and other resources. It provides a comprehensive resource where previously there was none. It is mainly for people with dementia but can support others. Staff are finding that using the toolkit is changing the culture of care from being task centred to person centred. Lesley Rollins, general manager, said: “Levels of wellbeing are raised. Appropriate prescribing and drug reductions have delivered cost savings and efficiencies.”

An innovative project that demonstrates integration of the generations and the development of the team

WINNER

Promoting health and independence in older people

Diane Singleton, Liverpool Community Health

The initiative Diane set up aims to promote health and independence, so that older people live healthy, active lives independently in their own homes for as long as possible. The innovative approach involves an intergenerational element, bridging the generation gap and reducing the fear of crime that so often isolates older people.

Identifying risks and preventing ill health are fundamental to reducing inequalities in health and improving health and wellbeing. The benefits are not only good for the patient in that the project improves their health and quality of life, but it is also cost effective to the NHS in the long term.

The service improves the health and wellbeing of older people in their own homes by using a holistic screening tool and involves working with a local school, providing a centre where there is a wide range of health-promoting activities including an active ageing programme, gym sessions and chair based exercise sessions, to name a few.

Many people have said their health, wellbeing and mobility have improved, and they are less dependent upon costly NHS interventions than they were previously.

JUDGES

Maura Buchanan, chair of council, Royal College of Nursing

Phill Hoddingott, senior nurse preregistration education, Imperial College Healthcare Trust

Lynne Maher, head of innovation practice, NHS Institute for Innovation and Improvement

Gail Mooney, framework director – postgraduate, Swansea University

Eileen Sills, chief nurse/chief operating officer, Guy’s & St Thomas’ FT

Sponsored by the Royal College of Nursing

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. We aim to:

represent the interests of nurses and nursing and be their voice locally, nationally and internationally; influence and lobby governments and others to develop policy that improves patient care, and builds on the importance of nurses, healthcare assistants and student nurses; support and protect the value of nurses and nursing staff; and develop nurses professionally and academically.
WINNER

Reducing caesarean section rates using organisational change – The Blackpool Way

Pauline Tschobotko, Moira Broadhead, June Davis and Nicola Parry, Blackpool, Fylde and Wyre Hospitals FT

Following a change in the organisational culture and a focus on normalising births, Blackpool’s caesarean section rate has fallen from 28% to 24%.

Improved training included normal birth initiatives and education about vaginal birth after caesarean. At VBAC clinics, staff explain to women that a previous caesarean section does not preclude normal births in the future.

An open culture and a structured communication system supports incident review meetings. These provide opportunities to review incidents and facilitate a no blame culture.

There has been a significant improvement in how women rate their maternity care.

Maternity service staff satisfaction has also improved continuously.

With the achievement of a reduction in caesarean section rates, we have moved from a culture of anxiety to one that is proactive in encouraging VBACs, but which also accepts that intervention is sometimes necessary.

JUDGES

● Pippa Gough, assistant director for clinical quality (job share), The Health Foundation
● Abigail Masterson, assistant director for clinical quality (job share), The Health Foundation
● Dr Fiona Murphy, senior lecturer, research coordinator, Swansea University
● Katie Yiannouzis, head of midwifery, King’s College Hospital Foundation Trust

MATERNITY

FINALISTS

Highly commended: Centering Pregnancy, a feasibility study, Anna Gaudion and colleagues, King’s College Hospital FT

This pilot was run to ascertain whether this US model of antenatal care, which has been shown to reduce prematurity significantly, could be adapted for the UK. The model was well received by women and partners – 85% said they would choose it again. Over half (62%) of the midwives felt it was much better and 38% somewhat better than one to one care. They benefited from training and were confident in working in this way further.

Increasing normality in labour, Amanda Pachulski and colleagues, Bedford Hospital Trust

Our purpose is to increase normality in childbirth in two main ways: outpatient cervical ripening and reducing caesarean sections. After induction of labour, during cervical ripening, women go home; 75% return when in labour, and 25% return the next day for further induction. Over 1,000 women have done this, with no direct adverse outcomes. The caesarean rate has fallen from 24.5% to 20.3% in three years.

Midwives’ examination of the newborn, Belinda Ackerman and colleagues, Guy’s and St Thomas’ FT

An examination of the newborn clinic was set up and run seven days a week by midwives. Objectives included: babies have a full examination within 72 hours; parents receive baby health information; time to discuss concerns; a quick transfer home; prompt referrals to a senior neonatologist; and freeing up neonatologist time.

Acton African Well Woman Clinic, Maggie O’Brien and colleagues, Imperial College Healthcare Trust

This service is for women suffering from female genital mutilation to be de-infibulated prior to their wedding night and/or childbirth. The service is run by women for women from a midwifery-led clinic in a GP surgery. Women can refer themselves and are seen within two weeks.

All the decisions are made by midwives. There is a team of two specialist midwives, a counsellor and a Somali and Arabic speaking health advocate worker. Advertising is by posters and leaflets, and an advert on Somali satellite TV.

Learning opportunity for maternity support workers, Trish Morris-Thompson and colleagues, NHS London

This training project aimed to improve the care of pregnant and postnatal women and families, and to balance workloads.

The head of midwifery said: “This is a fabulous programme that has prepared maternity support workers to work safely within maternity services. We are noticing the difference as they grow in confidence and contribute to the care provision for mothers and babies, releasing midwifery time to focus on midwifery roles.”

Increasing normality in labour, Amanda Pachulski and colleagues, Bedford Hospital Trust

Our purpose is to increase normality in childbirth in two main ways: outpatient cervical ripening and reducing caesarean sections. After induction of labour, during cervical ripening, women go home; 75% return when in labour, and 25% return the next day for further induction. Over 1,000 women have done this, with no direct adverse outcomes. The caesarean rate has fallen from 24.5% to 20.3% in three years.
Recognised a gap in the service and developed a high quality service for a very vulnerable group

WINNER
Young Onset Dementia Service for Westminster and Kensington and Chelsea

Sean Mooney, Caroline Walker and James Warner, Central and North West London FT

The young onset dementia service was developed with the appointment of a nurse manager. A review had found an unmet need for a service to meet the needs of approximately 150 people in the area with young onset dementia.

The YOD team is a nurse led service with a nurse manager and nurse deputy manager, in addition to input from a specialist doctor, social workers, psychologist, occupational therapy and assistant psychologist. The service also provides access to arts therapists, a family therapist and Admiral nursing as required.

Service user and carer feedback via patient related outcome and experience measures has been overwhelmingly positive.

JUDGES
- Thomas Currid, senior lecturer/programme director, London South Bank University
- Ben Thomas, mental health nursing lead, director of mental health and learning disability nursing, Department of Health
- Peter Walsh, director of nursing practice, Central and North West London FT

MENTAL HEALTH

FINALISTS

Highly commended: Getting to Know Your Baby, Carl Sketchley and colleagues, South of Tyne & Wear Community Health Services

Getting to Know Your Baby aims to protect future mental health by promoting infant mental health. It is run by mental health practitioners with midwives and other professionals. Sessions raise awareness of babies’ social and emotional competence, and help parents explore babies’ capabilities.

Achieving quality assurance through clinical excellence, Seraphim Patel, Central and North West London FT

Seraphim’s role as audit specialist has supported staff to link audit with quality. Dr Paul Whelan, consultant old age psychiatrist, said: “Seraphim is a shining example of how someone with a nursing background can excel in other domains. He is a champion of quality improvement.”

Releasing Time to care, Guto Davies and colleagues, Hywel Dda HB

Releasing Time to Care gave nurses more time to spend on direct care by using lean thinking to streamline processes and make teams more efficient. The level of commitment by St Non team has been extraordinary. This project places the patient at the centre and has improved staff morale.

Service users speak for themselves, Joe Forster, Mersey Care Trust

Overcoming the barriers to service users speaking at conferences and meetings has meant their views are given directly, rather than through representatives. Our project built support, used creative methods and tailored event formats so service users could speak for themselves. This way they can influence what is most important to them.

Memory assessment and support service, Michelle Thompson and colleagues, North Essex Partnership FT

MASS provides a single point of contact for people of any age with possible cognitive impairment. It provides a full diagnostic, treatment and support pathway with a strong emphasis on carers and families. MASS ensures consistency of approach, fair access to services for people of all ages, comprehensive carer support and long term cost benefits.

Royal Air Force mental health aeromedical evacuation service, Simon Lynn and colleagues, RAF

This service provides aeromedical evacuation for service personnel and their dependants worldwide. It assesses, treats and cares for personnel with acute mental health problems anywhere in the world. A small cadre of mental health nurses provide this unique capability 24 hours a day, 365 days per year.

The young onset dementia service was developed with the appointment of a nurse manager. A review had found an unmet need for a service to meet the needs of approximately 150 people in the area with young onset dementia.

The YOD team is a nurse led service with a nurse manager and nurse deputy manager, in addition to input from a specialist doctor, social workers, psychologist, occupational therapy and assistant psychologist. The service also provides access to arts therapists, a family therapist and Admiral nursing as required.

The YOD team assesses: cognition and neuroimaging; occupational therapy, including for assistive technology; and social needs, including financial and legal needs. Its interventions cover: diagnosis sharing and counselling; behavioural and psychological matters; risk monitoring; social care; occupational therapy and assistive technology; medication; carer support; and specialist day hospital support groups.

Service user and carer feedback via patient related outcome and experience measures has been overwhelmingly positive.
The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients, through innovation, improvement and the adoption of best practice.

For further information visit www.institute.nhs.uk
PATIENT SAFETY

WINNER
Implementation of a multi-factorial falls prevention programme

Bhoomeela Ramnauth, Cathy Gibson and Georgina Clark, Stockport FT

This aimed to reduce falls on four collaborative wards by 25% – it achieved 67%, as well as a harm rate of 19.25%, against the national average of 30%. Patient experience has improved and families feel more confident.

Sensor alarms that warn staff when patients are about to get up from a bed or chair were introduced, as were low profiling beds. The collaborative involved the four wards sharing learning and experiences on matters such as electronic handover, toilet use, slippers, communication with families and observations. Falls training for staff was held all times of day in clinical areas. Directors carried out walk rounds every month.

Tapan Chattopadhyay, consultant physician and clinical lead – falls, said: “The falls project, a corporate strategy, incorporates a dedicated falls assessment and prevention programme, as well as increasing training and introducing low profile beds, bed sensors and medication reviews. The falls project has led to a massive increase in awareness of inpatient falls as a huge risk in the elderly population, and there is no doubt in my mind that this project will increase the quality of patient care.”

NHS Institute for Innovation and Improvement

The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare by rapidly developing and spreading new ways of working, new technology and world class leadership. In five years, we have developed proven and effective products in critical clinical areas which could save the NHS £6bn. We are facilitators of change for improvement, working alongside the frontline of the NHS.
Our NHS
Our Future

UNISON is speaking up for an NHS that delivers quality health care that is patient centered, local, easy to access and free when we need it.

- If you share our vision of a quality health care system that is publicly owned, not driven by profit – speak up
- If you want NHS services that are delivered to a high standard by hard working and well-trained staff – speak up

Speak up for the NHS!
The NHS that we know and love is under threat. The government is planning a massive shake-up that will damage patient care and waste vast sums of public money. It’s an untested gamble with our NHS, your service and jobs.

If you are a health worker join UNISON online today at unison.org.uk/join or call 0845 355 0845

Speak up for the NHS and make sure your voice is heard at unison.org.uk/ournhs – it’s Our NHS and Our Future!
The outpatient antibiotic therapy clinic was established to treat patients with chronic infected wounds and infections such as osteomyelitis as outpatients. Traditionally, these patients would have remained in hospital for prolonged periods of time. The initiative’s aims were twofold: reduce patient length of stay and, more importantly, improve outcomes and the quality of patient experience.

Patients attend each day, over an average of three months, at a time convenient to them, and receive intravenous antibiotics and complex wound care. The OPAT service gives patients choice and the opportunity to have a normal life and, in some cases, work. It improves outcomes, concentrates expertise in wound care and has reduced infections. Since 2007, we have saved over 14,112 acute bed days and over £500,000 per year in inpatient treatment costs. Patient feedback is overwhelmingly positive.

We have an excellent team who have established a remarkable contemporary nursing service that makes a measurable difference to our patients, benefits the organisation and delivers cost effective, high quality care.
To celebrate the launch of our new Nursing Times Learning programme we’re offering every magazine subscriber £50 of online training FREE.

Keep your skills up to date with a choice of 5 free CPD training units. Plus, you’ll have exclusive subscriber access to all the latest practice information, clinical reviews and research both online and in print.

Don’t miss out, subscribe to Nursing Times today and take your nursing practice to the next level.
Dignity in care homes

Following a successful funding bid last year, NHS Tameside and Glossop aimed to improve patient experience with regards to dignity in residential care homes. A nurse led team was created and, using the government’s dignity challenge, identified patient experiences in local care homes. Partnerships were established to provide the necessary skills and experience to address issues.

The work addressed personalisation. People are able to live their own lives as they wish, confident that services are of high quality and safe, and promote their individual needs for independence, wellbeing, and dignity.

It was the small details that led to the big differences, often with no costs attached. For example, asking patients how they would like to be addressed by staff made a big difference to how they felt.

Patient experiences were key in shaping and developing the project. The project has been embraced across the whole local health economy by all sectors, providing the momentum for future sustainability.
WINNER
Improving care in an acute hospital for people with learning disabilities

Pamela McCarthy, Carol Edwards, Stephanie Read and Ben Mills, Norfolk and Norwich University Hospitals Foundation Trust

People with learning disabilities have greater health and safety needs than most of the population and face significant inequalities in accessing acute services. While learning disability was part of the trust’s strategy and action plan, it knew more was needed.

The learning disabilities steering group consulted PWLD, their carers and advocacy groups and asked what could improve the care and experience for PWLD in hospital. They identified these issues of concern, including staff education and awareness, patient information, patient care and services. Actions taken included: improving systems, including using a risk assessment tool, care processes and individualised pathways; intensive staff training; making a Top 10 Tips For Coming Into Hospital DVD; employing a learning disabilities liaison nurse and placing LD link nurses in clinical areas; policy and information; and employing PWLD in the hospital. Benefits include greater patient satisfaction, fewer complaints, fewer inappropriate admissions, a shorter length of stay and compliance with Care Quality Commission indicators.

The project saved £114,099 in bed days.

JUDGES
- Juliet Chambers, clinical development and innovation programme manager, NHS Kirklees
- Ros Moore, chief nursing officer, The Scottish Government
- Mark Salmon, programme director for engagement and management, National Institute for Health and Clinical Excellence

FINALISTS
Highly commended: Management of early pregnancy loss, Jacqui Rutter and colleagues, Heart of England FT

This project took a collaborative approach to streamline the care pathway for women suffering early pregnancy loss. Care is more effective and safer. Admission rates have fallen and patients benefit from continuity of care. There have been measurable benefits for patients and all disciplines spanned primary and secondary care.

Reducing caesarean section rates, Pauline Tschobotko and colleagues, Blackpool, Fylde and Wyre Hospitals FT

Following a change in the organisational culture and a focus on normalising births, Blackpool’s caesarean section rate has fallen from 28% to 24%. There has been a significant improvement in how women rate maternity care. Staff satisfaction has also improved.

Introducing a health and social care team in end of life care, Sue Pender and colleagues, City Health Care Partnership Cic, Hull

A team of healthcare assistants was set up to support nurses to care for end of life care patients in their homes. They are skilled in health and social/domestic care, and work with other services to give flexible care 24/7. The team has played a significant part in enabling end of life care patients to receive 24/7 responsive and supportive care at home.

Annual health checks for people with learning disabilities, Katy Welsh and Lorraine Yould, Devon Partnership Trust

This project explored the experience of having an annual health check for people with learning disabilities. The project has developed the understanding of people’s experience of the way in which policy is implemented, and shared it.

Rapid improvement event for patients with abdominal pain, Joanne Coleman and colleagues, Gateshead Health FT

The project involved a rapid improvement event over one week after maps of the patient journey and pathway had been made. They took patient stories, and carried out small tests of change. Director of nursing Gillian MacArthur said: “Nurses and patients working together are a powerful force.”

Emergency care plan for long term conditions, Angela Harris and colleagues, NHS Kirklees/Yorkshire Ambulance Service

Individualised emergency care plans were developed for patients with long term conditions. Patients have been managed at home, when previously they would have gone to hospital. Staff awareness of each other’s roles has increased.
WINNER
RAPA – Recurring Admission Patient Alert

Sheran Oke, Megan Stowe and Sinead Kenny, Imperial College Healthcare Trust

Recurring Admission Patient Alert (RAPA) is software that generates an email automatically when a cancer patient is registered in accident and emergency. The email is typically sent to the patient’s clinical nurse specialist. This notification enables the nurse to visit the patient in accident and emergency, coordinate care, avoid unnecessary admissions and improve the patient’s experience.

Through nursing involvement and dedication, RAPA halved the non-elective length of stay for lung cancer patients (our highest attending group). While predicted savings in bed costs over a year is significant (£143,000), stories from clinical nurse specialists speak volumes about the effect on patients’ experience. Tony White (Macmillan lung cancer clinical nurse specialist) collaborated with a patient and senior house officer in A&E: “Together, we talked about the patient’s condition and all agreed that a short admission for 24 hours would be the best option – RAPA enabled this to happen.”

The technology created more opportunities for nurses, patients and doctors to collaborate, improving the patient experience while supporting better use of beds.
AWARD WINNING PRODUCTS

DIGNITY AND
DAILY LIVING

Platinum winner
Homefill II Oxygen filling system, Invacare

Judges’ comments: “Being able to fill up oxygen bottles at home is going to make a world of difference to COPD patients. “I see patients who can’t live their lives or leave their homes, and this will mean they can go out to the theatre or anywhere they like with complete freedom,” said one. The judges liked the impact the product could have on a potentially huge market, that cylinders were lighter and easier to carry. “It’s the tops,” said one judge.

Gold
Seal-Tight Wound Protector, Autonomed

Silver
The Hydrant, Hydrate for Health

Finalists
LoFric Sense, Astra Tech
PIM (Patient Immobility Monitor), Synidor
Cohesive Paste, TG Eakin

INTRAVENOUS THERAPY

Platinum winner
Introcan Safety Non Ported Safety IV Cannula, B Braun Medical

Judges’ comments: “Excellent presentation and comprehensive evaluation of both patient and clinician perspective. User feedback was utilised to make product improvements; this is ongoing for future developments.”

Gold
Tegaderm CHG, 3M

Silver
Guardrails CQI Dose Error Reduction Software System, CareFusion

Finalist
VitalPAC, The Learning Clinic

PRODUCTIVE WORKING

Platinum winner
BARD BARDEX IC Comprehensive Care Foley Tray, Bard

Judges’ comments: “This was the most patient focused presentation, well formed, in line with the current nursing agenda and high impact actions.”

Gold
BD PosiFlush, Becton Dickinson

Silver
Cobas IT 1000 with Cobas Academy, Roche Diagnostics

CONTINENCE AND STOMA CARE

Platinum winner
Flexi-Seal Faecal Management System, Convatec

Judges’ comments: “This company has really taken on board feedback from nurses and product development. The product ticks all boxes regarding QIPP as well as significant potential cost savings.”

Gold
Cohesive Paste, TG Eakin

Finalists
ToTo Lateral Tilt or Turn, Genie Care
Mepitel One, Mölnlycke Health Care
RENASYS GO Device, Smith & Nephew
PIM (Patient Immobility Monitor), Synidor

INFECTION PREVENTION AND CONTROL

Platinum winner
Stalham infection control mobile san/shower chair, James Spencer & Co

Judges’ comments: “This product has the potential to make a huge impact on patient care, due to ease of cleaning and the ability to swap individual parts – and it is recyclable at end of product life. It could be used across the whole spectrum of care delivery.”

Gold
MedMat, ErgoMedica

Silver
VitalPAC, The Learning Clinic

WOUND CARE AND PRESSURE ULCER PREVENTION

Platinum winner
Aderma, FPD Medical

Judges’ comments: “Brilliant,” said our judges. “It is repackaged, repurposed and simple and easy to use.” This product has been around a while, but has been shaped and moulded into something that is really useful.

What the judges loved was that it could be used on smaller areas of the body that are often overlooked. “It will make a massive difference to patients’ lives,” said one judge.

“It is focused on the solution,” said another. “And that is why it is my number one in this category.”

Gold
Tegaderm Absorbent Clear Acrylic Dressing, 3M Health Care

Silver
PolyMem, Aspen Medical Europe

Finalists
ToTo Lateral Tilt or Turn, Genie Care
Mepitel One, Mölnlycke Health Care
RENASYS GO Device, Smith & Nephew
PIM (Patient Immobility Monitor), Synidor

PATIENT OBSERVATION

Platinum winner
Optyse, lens-free ophthalmoscope, Ophthalmos

Judges’ comments: ”Huge potential for spread into all practice and use across all the health sectors. Cost benefit very clear, and it improves quality and productivity.”

Gold
VitalPAC, The Learning Clinic

Finalists
FreeStyle Lite Blood Glucose Test Strips, Abbott Diabetes Care
Tegaderm CHG, 3M