Winners’ supplement
Celebrating inspirational nursing
Making a measurable difference to mental health

St Andrew’s Healthcare is the UK’s leading charitable provider of specialist mental healthcare. Our unique range of services has a strong reputation for delivering quality outcomes for the most challenging users of mental health services.

We provide specialist services for men, women, adolescents and older people across:

• Mental illness
• Developmental disabilities
• Acquired brain injury
• Neurodegenerative disorders.

Leading innovative practice
With almost 1,000 beds across four locations, we continue to lead the way in developing innovative mental health services. In 2010, we opened two purpose-built facilities for men in Nottinghamshire and Northampton.

This year we have opened an acquired brain injury service for young people and a new rehabilitation and recovery service for women in Birmingham.

Leading the way in research
In partnership with the Institute of Psychiatry, the St Andrew’s Academic Centre at Northampton brings together knowledge and expertise, pushing the boundaries of forensic mental healthcare through pioneering research.

Working at St Andrew’s provides the opportunity to work with a wide range of leading specialist professionals and fantastic opportunities for training and skills development.

For information about careers at St Andrew’s Healthcare visit www.stah.org/careers

A charity leading innovation in mental health
Welcome

“Awards confirm nurses have power and influence”

Welcome to the Nursing Times Awards winners’ brochure. This year, we are proud to have received nearly 850 entries, and the quality of those in our shortlists and winners has been outstanding.

In the following pages, you’ll see how nurses have redesigned services, innovated to provide better care – often while making considerable savings – and improved patient outcomes. Again and again, our winners have faced hurdles, but have refused to let anything get in the way of their main objective – to put the patient first.

We hope that by reading the stories of the winners and the finalists, you will be inspired to remember that nurses have a unique place in the healthcare landscape – they really can influence and shape care from ward to board.

We’ve been delighted to find so many nurses who have used their powers to make patients a higher priority, often revolutionising the way that services are delivered to put the service user at the heart of everything they do.

Having sat in on some of the judging, I know that making these changes takes intelligence, passion and courage – in pretty much equal measure. So, here at Nursing Times, we salute all the finalists and winners. Thank you for sharing your stories with us and the rest of the nursing profession, congratulations and good luck in disseminating and expanding your projects in the future.

We do hope that being a part of these awards encourages you to keep innovating, and to keep entering our awards so that you – and we – can share them with the healthcare world.

The volume of entrants has been welcome but it’s meant lots more hours reading and deliberating for our judges, who give up their time freely. So I’d like to thank them for their time, patience and selflessness in labouring over their decisions.

I’d also like to thank the awards team of Beckie Dart, Melissa McChesney, Rosie Brewster, Melanie Broome and Rose Crowhurst for organising the event and the judging, and practice and learning editor Ann Shuttleworth for her tireless commitment to improving and promoting these awards.

I hope you have all enjoyed the evening. Thank you for being part of the Nursing Times Awards 2011.

Jenni Middleton, editor
jenni.middleton@emap.com
twitter.com/nursingtimesed
www.ntawards.co.uk

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Nursing Times Awards 2011
As the NHS aims to save an unprecedented £20 billion, nurses and midwives are faced with a stark choice – they can either choose to rise to the challenge and play a lead role in quality and cost improvement or put their heads down, do nothing and find themselves being led by others with potential serious consequences for both patients and colleagues. **Energise for Excellence** is a call to action for nurses and midwives to rise to the challenge and become a very significant part of the solution.

Nurses and midwives can be proud of their many achievements as practitioners, partners and leaders and **Energise for Excellence** aims to harness this collective energy, commitment and expertise.

Under the **Energise for Excellence** umbrella are gathered an array of tools, approaches and measures that will help nurses respond to the call to action and decide which priorities they want to focus on so that they can be confident that patients receive the best possible care. It embraces a number of key programmes that nurses and midwives can use to drive both quality improvement and cost reduction including High Impact Actions for Nurses and Midwives, The Productive Series and Safety Express.

The **Energise for Excellence** vision is for at least 200,000 nurses, midwives and health visitors to sign up to **Energise for Excellence**, take action and tell others their cost saving stories.

To find out more: [http://www.institute.nhs.uk/c2aE4E](http://www.institute.nhs.uk/c2aE4E) and to sign up your commitment, email: e4e.hia@westmidlands.nhs.uk

About Our Sponsors:

The Florence Nightingale Foundation as a living memorial to Florence Nightingale exists to further the study of nursing and midwifery and promotes excellence in practice to the benefit of the patients and service users. These awards exemplify best practice that promotes innovation, extends knowledge and measures the improvements in patient care. We are proud to be associated with the award and congratulations to the winner.

NHS Professionals, the number one provider of managed flexible workforce services to the NHS, proudly sponsors The Rising Star award as a celebration of those nurses who have shown truly exceptional skill and initiative to positively influence the patient experience. Quality and leadership are important values in driving the future of healthcare.
Highly Commended: Vanessa Mason, Manchester Mental Health and Social Care Trust

Vanessa Mason continues to develop and improve care on a male acute psychiatric ward in a diverse inner city.

She supports staff and clients in providing high standards of collaborative care when clients are experiencing crisis, confusion and disempowerment. There has been an increase in patients who have collaborative care plans since Ms Mason started from four out of 17 patients to 14 out of 17.

The Care Quality Commission commended her care plans in 2011 and the ward achieved a quality improvement award.

Jessica Jones, Blackpool Teaching Hospitals FT

Jessica Jones oversees the generic, mandatory and specialist training needs of nursing staff. She also leads the implementation of multidisciplinary practice developments. This includes, for example, research to support the improving lymphoma survivorship programme.

She obtains real-time patient feedback, which informs training and practice developments. Two key measures of her effectiveness are: quality nursing care indicators averaged red/amber before Ms Jones started and now average green (95% and over) across all 10 criteria assessed; and patient satisfaction surveys now consistently score green – over 95%.

Bruno Botelho, Imperial College Healthcare Trust

Bruno Botelho is the length of stay manager for a clinical programme group. He was solely responsible for the safe closure of 26 beds, representing 14.5% of the group’s bed stock, between January and May 2011.

Due to his work, the number of procedures cancelled on the day of surgery because of a lack of beds in some specialties such as neurosurgery has fallen to zero. Far fewer patients are outlying in other specialties.

Clare Greenwood, Leeds Teaching Hospitals Trust

Clare Greenwood has been working as a clinical nurse specialist in tissue viability for over a year.

She keeps adding to her extensive knowledge. Her high levels of creativity and innovation are shown in her interactions with patients and projects such as the High Impact Actions topic Your Skin Matters, and CQUIN – Pressure Ulcer Prevention and Safety Express. She is quietly confident, passionate about what is right for patients and has set high standards.

Kerrie Naylor is a dedicated nurse who has moved from newly qualified nurse to ward manager in just under five years. She is an inspiration to her colleagues.

Ms Naylor has been instrumental in influencing change in corporate policy and has actively supported initiatives to improve patient safety and patient experience in the clinical environment.

She has set her sights on raising the profile and reputation of the neurorehabilitation unit to ensure it is recognised as a centre of excellence. She leads the neurosciences regional network and delivers excellent patient outcomes that other neurorehabilitation units aspire to achieve.

Energise for Excellence (E4E) – supported by NHS Professionals and The Florence Nightingale Foundation

Energise for Excellence (E4E) is a quality framework for nurses, midwives and health visitors to support the delivery of safe and effective care, creating positive and sustainable patient and staff experiences. It provides information at the point of care and gives nurses the ability to encourage changes where care is delivered. NHSP manages a wide range of flexible work opportunities for nursing, medical and administration and clerical staff. We enable nurses, doctors and other healthcare professionals to work flexibly within the NHS, fully supporting work/life balance needs and career development goals.
Plug into the future of CPPD

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Browse courses with ease on our dynamic website, tailored specifically for health professionals. Plus, our innovative online application service now makes it even easier to apply for CPPD courses and modules. Search, apply and manage your CPPD all in one integrated destination.

Visit the future of CPPD at www.lsbu.ac.uk/hsc/cppd
Highly Commended: Nottinghamshire Healthcare Trust and Sherwood Forest Hospitals

FT: Improving End of Life Care for People with Learning Disabilities

This project includes a resource pack, electronic pathway, DVD, GP awareness campaign, easy-to-read materials, staff training and information prescriptions. It reduces health inequalities, empowers individuals and reduces inappropriate use of services.

Birmingham Children’s Hospital: Communication Toolkit for End-of-Life Care Where There is a Learning Disability

The toolkit resulted from a collaboration to provide a resource for staff. Its 26 components are accessible and easy to update. It helps staff to find information easily and quickly; has a strong evidence base; and is flexible, durable and interactive.

Leeds Partnerships FT: Your Heart Matters – Improving Heart Health for People with Learning Disabilities

Working with service users and the cardiac rehabilitation service, the trust produced: an easy-read book to support engagement with the cardiac service; a nurses’ guide; and a heart health book for anyone with a learning disability. The trust is now addressing low referrals of service users to the cardiac service.

Northumberland, Tyne and Wear FT: Visual Post Incident Support

This supports service users after disturbed behaviour events. These can be very stressful for clients and nurses/carers, and interventions nurses use to manage incidents can affect therapeutic relationships.

Post-incident reviews will help identify triggers as well as help develop care plans and risk assessment.

Oxleas FT: Improving the Experience and Safety of People with Learning Disabilities who Have Epilepsy

The Bromley Adult Learning Disability Epilepsy Service and King’s College Hospital provided home video EEG telemetry to avoid admission, reduce stress and improve diagnosis. A grant from Epilepsy Action will support a My Tests DVD for carers and patients, which will include EEG, MRI, ECG and blood tests.

Tees, Esk and Wear Valleys FT: the Development of Purposeful and Valued User Involvement within a Learning Disability Secure Forensic Service

The ForUs Group promotes client involvement in shaping services they use. It has increased service users’ empowerment, developed communication skills and improved self-confidence. The group has also helped make provision bespoke.

Judges

- Peter Woodward, senior lecturer in learning disabilities, University of Greenwich
- Mark Gray, chair, National Network For Learning Disability Nursing
- Bob Gates, academic and professional lead for learning disabilities, University of Hertfordshire

Sponsor: London South Bank University

People with learning disabilities are known to have poorer health than the general population. High-quality provision for this client group demands selfless care and compassion, to support individual wellbeing and social inclusion of people with learning disabilities, with consideration of health-promoting activity and with a focus upon expertise in communication. The delivery of high-quality care to this client group is of vital importance to London South Bank University and our expert team of academics are always on the lookout for examples of good and innovative practice to inform the education of practitioners of the future.

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Winners

2Gether FT: Prescriber Nurse Led Clinics – a Community Model for People With Learning Disabilities and Epilepsy

These clinics aimed to reduce the risk of sudden death in epilepsy in people with learning disabilities.

QIPP outcomes were: 75% reduction in seizures; 33 people on epilepsy care pathways with medication time lines; nine people had bone density scan – seven bone disorders were identified; five women on long-term valproate had ultrasound scans, which detected four ovarian conditions; 17 bed monitors were installed; protocols for all those prescribed rescue medication were drawn up; improved seizure control, risk management plans and prevention of fractures reduced hospitalisation and 999 calls; fewer missed consultations, enabling 83 quality monthly contacts; and training and regular appointments improved concordance, enabling drug rationalisation.
The Royal Marsden NHS Foundation Trust

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 of the Year/Cancer Nurse

Winner
Ellen Trueman, Leeds Teaching Hospitals Trust

Ms Trueman has demonstrated leadership through championing radiotherapy nursing and driving improvements that have combined to improve patient experience.

- These include developing a skincare toolkit for the management of radiotherapy reactions, working on innovative skincare dressings and organising annual radiotherapy nursing conferences.
- Ms Trueman has addressed privacy and dignity by opening a facility that enables patients who require care, including those who are acutely ill, to be nursed appropriately.
- She has worked in Jamaica, sharing her knowledge and expertise to enable the development of oncology and palliative care services there.

Finalists

Tracy Kates, George Eliot Hospital Trust
Ms Kates, a lung cancer nurse specialist, is an inspiring role model. A clinical leader, she has been instrumental in developing and implementing extensive projects where patients have benefited from better care, with shorter waiting times and length of stay in hospital.

In 2010, the CT-guided lung biopsy day case service saved £2,800. Over 14 months, the elective medical thoracoscopy service has saved the trust £15,960.

Faye Hames, Kent Community Health Trust
A review of the lymphoedema service in 2007 identified inequitable services and gaps in provision – 120 patients had been waiting since 2001 for treatment.

The service Ms Hames set up has around 1,600 patients and holds 16 weekly clinics in various locations. It works with Pilgrims hospices as well as GP surgeries.

Last year, she secured a contract for lymphoedema provision for NHS Medway.

Louise Newton, NHS Bowel Cancer Screening Programme – Lancashire, Blackpool Teaching Hospitals FT
Ms Newton identified a need to develop the role of specialist screening practitioners in breaking bad news, so developed a workshop and storyboard for her team. Patients are now seen with results in a timely manner. Developed with Liverpool John Moores University, this work is part of the specialist screening practitioner in bowel cancer course for the national programme.

Gillian Godsell, Nottingham University Hospitals Trust/ Nations Treatment Centre
Ms Godsell developed the nurse skin biopsy role after she noticed that waiting for a diagnosis made patients anxious. The wait for a biopsy has reduced from around eight weeks to zero as nurses now carry this out at the first consultation.

There was no skin surgery course specifically for nurses so she set one up. More than 250 nurses have attended and are now performing biopsies.

Janette Murray, Salford Royal FT
The Pulmonary Oncology Services at Home (POSH) cares for patients with incurable lung cancer in their homes. It is coordinated by Ms Murray, an advanced nurse practitioner, who monitors, diagnoses and treats cancer-related symptoms.

POSH has seen more than 200 patients over 18 months. It has avoided 80 admissions, saving £400 per hospital bed day, while 75 pleural aspirations have been performed, generating £37,500. Patients have rated POSH excellent for information, consent process and procedure performance.

Sponsor: The Royal Marsden FT

The ROYAL MARSDEN
NHS Foundation Trust

At the Royal Marsden we believe that life demands excellence. Good leadership has been highlighted to be at the core of excellence in care and patient experience (Darzi, 2008; Care Quality Commission, 2011). We therefore feel it is important to recognise good leadership and have great pleasure in sponsoring the Cancer Nurse Leader of the Year category. There are two quotes that sum up our thoughts on leadership: “If your actions inspire others to dream more, learn more, do more and become more, then you are a great leader” (Adams, 1825). “A great leader is one who will inspire us to be what we know we could be” (Emerson, 1853).

Judges
- Hilary Atkinson, Queen’s Nurse, advanced specialist practitioner, Berkshire East Community Health Services
- Jacqui Graves, programme manager – treatment and healthcare workforce, Macmillan Cancer Support
- Kate Hall, matron and clinical service manager, Royal Marsden FT
- Paul Trevatt, Macmillan nurse director, North East London Cancer Network

www.nursingtimes.net / November 2011 / Nursing Times 7
Highly Commended: Aneurin Bevan Health Board: Changing the Culture and Improving Dignity in Continence Care Across Hospital and Community Settings

Through education, audit, stronger leadership and nurses working alongside others, a culture of dignity and respect was fostered in continence care.

Achievements include virtual ward rounds, clinical champions and dignity peg use. The project has executive support, which called for zero tolerance to poor continence care. Awareness has been raised and staff empowered at all levels.

Dartford and Gravesham Trust: Home Management Programme for Childhood Constipation

Referrals to the children’s community nurse for constipation and soiling were increasing. Parents of children with idiopathic constipation are seen in group education sessions and given follow-up telephone support. Ten sets of parents are seen for the cost of one appointment. Parents find the sessions informative, and enjoy the support from other parents and the realisation that they are not the only ones dealing with a common and often misunderstood problem.

Continence Service, Community Services Bury, Pennine Care FT: Improving the Experience of Children and their Parents Within an Enuresis Clinic

The trust felt it was important to understand the emotions children and parents experienced in its clinics. Its objective was to consult with young people and parents and use their experiences to identify areas for action and to improve services.

It can now show how interaction with its service affects the emotional journey for children and parents: 97% of children felt better about bedwetting after attending, and 100% of parents felt supported, informed and positive.

PromoCon and Disabled Living: a New Cost-Effective Model of Care for Idiopathic Continence Problems in Childhood

A service model was developed to improve care for children and young people and encourage self-management.

This innovative and collaborative project has resulted in the development of a pelvic floor health promotion leaflet designed for teenagers by teenagers that can be distributed easily through not only existing health networks but also a variety of media, giving teenage girls direct access to information that can enable them to make healthy life choices.

An estimated one in four women may suffer a bladder problem at some time in their lives and many of these problems are linked to weakness of the pelvic floor muscles.

Knowledge among teenage girls about how to keep their pelvic floor muscles healthy is poor.

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This service raised concordance with treatment and reduced missed appointments. The number of children receiving free nappies dropped from 700 to fewer than 300 per year, reducing the pad budget and ensuring all children reached their potential for toilet training. Referrals to secondary care were almost eliminated – a potential saving of over £250,000 per year.

Sherwood Forest Hospitals FT: Enabling Patients to Complete their Clinical History Online

The electronic personal assessment questionnaire (ePAQ) is transforming how women with pelvic floor conditions communicate what can often be embarrassing symptoms and clinical histories.

ePAQ is increasing patient dignity and privacy and improving the quality of clinical histories. Transforming the pathway through virtual and telephone appointments means clinic consultation times are shorter, waiting times have fallen from five weeks to one and patients are directed to the most appropriate care more quickly.
Emergency departments are busy, noisy environments and this can increase the distress of recently bereaved relatives.

Following a personal experience by one of its staff nurses, Portsmouth Hospital Trust introduced a display of pictures of butterflies in the emergency department as a way of communicating bereavement to all staff on duty.

This simple concept has proved to be extremely effective, receiving positive feedback from relatives and staff alike.

The idea is easily transferable to other wards and departments for little or no cost and, ultimately, it has helped to enhance this fundamental aspect of nursing care.

Finalists

Highly Commended: Noble’s Hospital: Scene of Accident to Surgery for Burns
Critical reflection on the transfer of a burns patient from the Isle of Man to mainland UK tertiary care showed aspects of local management were suboptimal.

The plan comprised: liaison with the UK to develop a policy on burn management; teaching lead nurses burn care; standardising resources at IoM hospitals; educating surgical, fire and ambulance staff in primary management; a major incident plan; and auditing all patients.

Highly Commended: Salford Royal FT: Awake and Aware
This aimed to reduce length of stay and improve patient satisfaction by communication and early discharge planning.

A multidisciplinary team was set up to standardise care in the ICU. Ways to raise satisfaction included sitting patients out of bed and complementary therapies.

Non-sedated patients report 95% satisfaction. The median length of stay in ICU has fallen from 3.33 to 2.52 weeks.

End-of-Life Critical Care Strategy; Fast-Track Discharge Plan for Patients who Wish to Die at Home
In response to a patient’s desire to die at home without invasive medical technologies, the team developed a guidance tool.

Most patients dying in the ICU do so after treatment limitation. Withholding and withdrawing life-sustaining therapies to accommodate discharge requires timely interventions with clear, concise communication between teams. The ICU team met patients’ needs and preference.

Sherwood Forest Hospitals FT: Rehabilitation Care Pathway
This care pathway is an equitable service, including outreach and patient diaries, physical and psychological assessments and written information. Patients “at risk” have specific exercise programmes and detailed care plans. Cost neutral, it benefits far more patients than those eligible for a follow-up appointment.

Gateshead Health FT: Rehabilitation After Critical Illness
Using patient experiences and research-based practice, this integrated and collaborative pathway was developed to provide individualised rehabilitation.

Length of stay has fallen from 26 to six days, and readmission to critical care has fallen by 75% over 12 months. Among other improvements, 54% more patients are more mobile, and the experience for patients and relatives has improved.

Imperial College Healthcare Trust: Stroke Support Group: Helping Patients Deal With a Life-Changing Event
This group has seen over 250 patients and hundreds of informal telephone and face-to-face conversations between clinical nurse specialists and patients and families.

The hyperacute stroke model means more patients go home; however, this can trigger anxiety and a sense of abandonment, which the group aims to reduce. The patient-led service has proved successful.

Judges

Janet Marsden, professor of ophthalmology and emergency care, Manchester Metropolitan University
Natalie Forrest, director of nursing and midwifery, West Hertfordshire Hospitals Trust
Ray Greenwood, former regional director of nursing, the St John and Red Cross Defence Medical Welfare Service
Highly Commended: Stockport

FT: Breastfeeding DVD and
Poster Campaign for Dads
Breastfeeding rates in Tameside are low. The trust’s infant feeding coordinators set out to increase rates by targeting men in deprived areas, with a campaign using DVDs and posters. The DVDs drew on the experiences of dads themselves, who talked with honesty and humour, making the DVDs accessible to other dads. The project has increased breastfeeding.

Maidstone and Tunbridge Wells

Trust: Improving Outcomes for
Mothers and Babies Through Kangaroo Care
The Kangaroo Care research project on the postnatal ward has empowered women with preterm and small babies to feel more confident in caring for them. It has the potential to be adopted by other trusts. It has resulted in shorter hospital stays and more exclusive breastfeeding for the 107 women involved in the study and for around 200 women who have had routine Kangaroo Care since the research ended.

Newcastle Upon Tyne Hospitals

FT: Empowering Parents Through Family-Centred Support on a Special Care Baby Unit
This nurse-led project provides parents with information and peer support. Parents plan care and communicate with staff at every step.

Initiatives include: a support group of parents with neonatal care experience; a book of stories; reflective diaries; whiteboards where parents can express concerns and plan care; and drop-in sessions. The trust encourages parental input and use feedback to improve practice.

South Tees FT: Ten Steps to Safer Medication
The Ten Steps to Safer Medication is a systematic approach to medication administration taken by all nursing staff. The trust produced a training DVD and, after reviewing policies and operating procedures, practice improved. The following year, medication incidents fell 46%. Ten Steps is being implemented across the trust.

South Tees FT: You’re Welcome

Quality Criteria - Making Health Services Young People-Friendly
By working with young people, ward 21 at James Cook University Hospital was the first acute inpatient ward to achieve the Department of Health’s You’re Welcome quality kite mark in the UK.

A culture of valuing young people and their contribution to service development is spreading across the trust. Two more areas now aim to achieve the award.

Walsall Healthcare Trust: Health Transition Team for Young People with Physical Impairments in Mainstream Education
Young people are supported to move to adulthood with case management and one-to-one guidance on using adult services independent of parents/carers. There is an accessible information website (www.healthtransition-walsall.nhs.uk) and the RAPID Project – a support, advice and mentoring network – empowers them to raise expectations and achieve goals. They are involved in service development and there is 100% user satisfaction.

An estimated one in four women may suffer a bladder problem at some time in their lives and many of these problems are linked to weakness of the pelvic floor muscles.

Knowledge among teenage girls about how to keep their pelvic floor muscles healthy is poor. This innovative and collaborative project has resulted in the production of a pelvic floor health promotion leaflet designed for teenagers by teenagers. It can be easily distributed not only through health networks but also a variety of media, giving teenage girls direct access to information that can enable them to make healthy life choices.

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Judges
- Katie Yiannouzis, head of midwifery, King’s College Hospital
- Fiona Murphy, senior lecturer, Swansea University
- Alan Glasper, professor of children’s and young people’s nursing, University of Southampton
Highly Commended: Mater Private Hospital, Dublin: Utilising Technology in Innovative Ways to Improve Hand Hygiene Technique

Adopting food industry technology, SystemSure measures adenosine triphosphate, which is found in all living cells. In 2010, the trust began using it to demonstrate hand hygiene effectiveness to all staff. Hands were swabbed after washing to assess organic load. With results provided after 15 seconds, contamination became tangible, real and personal. Technique and compliance have risen from 20% to 90% in the past 12 months.

Cambridge University Hospitals FT: Slashing MRSA Bacteraemia

The trust launched the first central venous access service in the country with a dedicated theatre suite and inpatient and outpatient services supporting safe line insertion, mainly for dialysis patients.

MRSA bacteraemia in the renal unit has been slashed, hospital admissions have fallen and lengths of stay are shorter. The trust has saved around £145,000.

Central and North West London FT – Camden Provider Services: Show and Tell – Practical

Infection Control Training

This aimed to reduce healthcare-acquired infections and ensure infection prevention and control policies and procedures were consistently applied in practice.

Participatory training for staff at all levels was run in clinical settings, to bridge theory and practice. HCAIs fell, audit results improved and knowledge increased by around 40%. Over 96% of staff said the training was excellent or good.

Royal Free Hampstead Trust: a Bundled Approach to Managing Winter Season Infections

This actively focuses on infection prevention and control related to winter pressures, specifically norovirus and flu.

The aim was to be prepared before winter to ensure smoothly running services rather than frantic reactive working.

A bundle of a range of initiatives maps out preparedness planning, resource management, staff education, vaccination and related strategies to ensure a well-prepared service with senior-level engagement.

NHS Somerset: Developing a Norovirus Toolkit

Infection control teams across Somerset developed and implemented a structured approach using escalation frameworks, a menu of resources and a public health focus. This has improved communication and reduced outbreaks in hospitals.

Led by NHS Somerset’s infection control lead, who worked with emergency planning, infection control and health protection teams, the toolkit works at patient, organisational and strategic levels.

Wirral University Teaching Hospital FT: a Focused Strategy for Reducing Clostridium difficile

This aimed to reduce C difficile by eliminating bioburden from the environment using vapourised hydrogen peroxide. C difficile cases fell from up to 27 per month to two. This has been sustained, with single figures reported each month.

One ward went from having 10 cases in one month to none in over 300 days. The trust has had 35 cases in 2010-12 so far.

For the past two years, the primary care infection prevention team has implemented a local improvement initiative to prevent further harm and possible death from Clostridium difficile.

The community care plan for C difficile was introduced to standardise treatment using an algorithm and care plan for community patients.

At the heart of the initiative was the aim of preventing recurrence of C difficile diarrhoea, which might lead to readmission to hospital. Data shows a 75 % reduction in recurrences. After offering support and empowering patients, the trust has received feedback showing improved patient experience and outcomes.

Judges

- Tracey Gauci, nursing officer, Welsh Government
- Margaret Tannahill, consultant nurse infection control, Care Inspectorate
- Caroline Cassels, matron, King Edward VII’s Hospital

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Highly Commended: Airedale FT: the Dignity Room: Empowering Patients to Get Dressed
The dignity room was set up to help older vulnerable patients who were being discharged in their nightwear. Supported by trust charities, it stocks free items such as slippers, warm clothing and toiletries.

One patient said: “I am going to a hospice. I am a very proud lady and would have hated to travel in my nightwear.”

Highly Commended: Southend University Hospital FT: Dignified Gowns for Patients
The trust redesigned hospital nightwear to reduce exposure. Patients who had had upper body surgery and those with limited mobility often had to expose their entire body during examination, compromising dignity. Patients’ suggestions were incorporated and the design has been praised by clinicians and patients.

Blackpool Teaching Hospitals FT: Improving the Dignity of Pregnant Women who Misuse Substances
This took a woman-centred approach with a multi-agency team, a specialist midwife and a one-stop approach supported by training. Women are treated as individuals and supported by senior clinicians, and babies are no longer admitted to the neonatal unit with withdrawal.

Central and North West London FT: Hillingdon Community Health: Preserving Dignity and Choice in End-of-Life Care - Bladder Management
This made bladder management key to end-of-life planning. Patients have a choice over bladder management while they have the capacity to make decisions. Planning supports them to die in their preferred place of care, which 68% of patients did.

Dementia Services Development Centre: “Best Practice in Dementia Care” Training Courses
Nurse Shirley Law devised this self-study course for healthcare assistants in hospitals and care homes, which promotes compassion, patient rights and dignity. More than 5,000 health and social care staff have taken part in it. There is good evidence it is enhancing skills and dignity.

County Durham and Darlington FT: the Pyjown
The pyjown maintains dignity and comfort for frail older patients. It looks like a pyjama top, but goes on easily like a gown. Pyjowns are comfortable for patients at the end of life and those with stiff/painful joints. It is worn with standard pyjama bottoms. Patients and staff have been extremely positive.

Salford Royal FT: End-of-Life Care Collaborative
This improved relative/carer satisfaction with the last day(s) of inpatient care. Ward teams tested changes to assessment, care, communication, the environment and facilities, and care after death. The project achieved 87% compliance with Liverpool Care Pathway measures and raised staff confidence in discussing end-of-life care. Relatives rated care as very good.

Judges
- Julie Calvey, learning disability nurse/independent consultant
- Jill Maben, director, National Nursing Research Unit, Florence Nightingale School of Nursing and Midwifery
- Caroline Nicholson, postdoctoral research fellow, Florence Nightingale School of Nursing and Midwifery
- Elaine Pierce, director, short programmes in leadership and service improvement, London South Bank University

Enhancing Patient Dignity
Winner
Mid Cheshire Hospitals FT: Look at My Ability; Not My Disability

Acute services were adjusted to ensure they met the needs of patients with learning disabilities.
Individualised care plans, picture pathway information leaflets, pictorial menus and training from “actors” with learning disabilities have been introduced.
An electronic flagging system ensures staff know when someone with a learning disability is admitted, so they can adjust services accordingly.
The electronic care pathway ensures that nursing and medical staff have clear guidance. Among other features, it includes a pain assessment tool as patients may not be able to ask for pain relief.
This initiative has improved patient outcomes, experience and quality of life.

Finalists

Highly Commended: Southend University Hospital FT: Dignified Gowns for Patients

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Salford Royal Hospitals FT: Impact of the Introduction of Integrated Respiratory Nursing Team on Outcomes in Chronic Obstructive Pulmonary Disease

Salford improved outcomes in COPD by coordinating care across an integrated pathway. This increased early supported discharges from 21% to 33%, reduced readmission rates to the lowest in the region, reduced mean length of stay from nine to five days, reduced inpatient mortality to one of the lowest in England, prevented 112 admissions in 2010, increased the quality of oxygen assessment and review, increased access to end-of-life care and referral for surgical intervention and attained high levels of patient satisfaction.

Over three years (2007-2010) £690,000 was saved from bed-days and £189,000 saved through reducing inappropriate oxygen use. The pathway contributed to four inpatient beds being closed.

Finalists

Highly Commended: Newcastle Upon Tyne Hospitals FT: Respiratory Nurse-Led Cognitive Behavioural Therapy for Patients with Chronic Respiratory Healthcare Needs

This enabled respiratory nurses to offer CBT-based treatment. It has resulted in: raised awareness in the multidisciplinary team of psychological problems; routine screening for patients attending the chest clinic or community early supported discharge and oxygen service; and tailored, responsive and timely CBT treatment.

Basildon and Thurrock University Hospitals FT: Development of an Acute Respiratory Care Unit

Nurses are alerted to patients with respiratory failure and admit them to the level 2 facility, where they start and maintain treatment. The core value is ensuring the best care, in the best place by the best nurses. Length of stay has shortened, despite a rise in bed days.

Bolton FT: Improving Care of Respiratory Patients by the Specialist Nursing Team

A cost-neutral service redesign by respiratory nurses resulted in: all patients being seen within 24 hours; 25% more patients with pneumonia seen, coinciding with a drop in HSMR for pneumonia; 52% more time on wards; and 34.5% more home visits, with mileage down by 22%.

Derby Hospitals FT: Integration and Redesign of Respiratory Services

Integrating two teams enabled all staff to develop respiratory care competencies and deliver a holistic spectrum of care. Staff-patient communication has vastly improved. Length of stay, bed days, admissions and readmission rates at 30 and 90 days are down. Savings are encouraging.

National Aspergillosis Centre, University Hospital South Manchester FT

The NAC delivers highly specialised care for patients with fungal lung disease caused by aspergillus. The trust runs a monthly aspergillosis patient meetings for patients and carers, which provide ongoing support and interactive talks on subjects requested by the patients.

Southampton University Hospitals Trust: COPD – Preventing Dependence on Secondary Care

The annual average cost per COPD patient is estimated to be £893.42. Half of this arises from hospitalisation. This nurse-led project supported patients with significant admissions for COPD. Savings were calculated to be £65,000 in three months.

Judges

- Annette Duck, interstitial lung disease specialist nurse, University Hospital of South Manchester FT
- Carol Kelly, senior lecturer, programme lead, MCh CPD Faculty of Health, Edge Hill University
- Firas Sarhan, senior lecturer, Buckinghamshire New University

University Hospitals of South Manchester FT: the Safety and Cost-Effectiveness of a Nurse-Led Intravenous Aminophylline at Home Service for Patients with Severe Asthma

This trains and supports patients so they can independently deliver IV aminophylline at home. Acute admission days have decreased from 33.2 to 6.5 and ventilation episodes have ceased. In 2010, there were 1,068 treatment days in the home, saving £254,450, promoting patient autonomy and choice, and disease control.
The Probation Screening Project aims to deliver first-class, relevant, essential healthcare to some of Merseyside’s most vulnerable individuals.

The project set out to provide healthcare to offenders who have been convicted of a crime through the justice system but have not received a custodial sentence. Offenders are often socially excluded and have a high proportion of health inequalities. They are likely to have mental health problems, and misuse alcohol and drugs.

Despite this, the project team has reached out to more than 225 clients in the community to improve health outcomes and developed its staff.

Highly Commended: Mount View Practice: Mount View Primary Mental Health Team

The team provides screening, assessment and interventions for people with mild to moderate mental health problems. It screens people with severe mental health problems and memory deficit and is involved in all chronic disease areas. It has had remarkable outcomes in patient satisfaction, symptom reduction, prescribing, rapid access, savings and productivity.

Birmingham Community Healthcare Trust: Development of a Community Rapid Response Service Delivering Urgent Care in Patients’ Homes and the Provision of an Urgent Care Bureau

The rapid response team offers an alternative to admission by putting a clinician at the point of referral, signposting to a team of nurses and therapists who provide seven-day urgent care in patients’ homes. It has cut GP referrals to hospital by 12%.

Cambridgeshire Community Services Trust: Improving Integrated End of Life Care Outcomes

This supports adults with terminal illness to die in the place of their choice. The multidisciplinary team changed practice to work in more integrated ways. An audit and ongoing feedback show the trust has supported 93% of people with terminal illness to die in the place of their choice.

Liverpool Community Health Trust: Liveability Service - a Nurse-Led Service Aimed at Promoting Health and Independence in Older People

This aims to keep older people active, healthy and independent in their homes. This is done by: holistic home assessments; exercise sessions with the team’s own fitness instructor; and joint working, especially with schools, on an accredited programme to bridge the generation gap.

Manchester Mental Health and Social Care Trust: Manchester Supporting Health Dementia Programme

People with dementia and carers are now included in public health programmes and have good physical healthcare. Independent evaluation has backed its preventive role through screening. It also provides tailored support and advice.

North Essex Partnership FT: Admission Reduction Pilot

This provides immediate mental health nursing to people who historically would be admitted from care homes to acute psychiatric wards. During a 12-month pilot, the link nurse received 83 referrals and 73 admissions were prevented. The nurse uses specialist assessments and treatment/care strategies. Education enables care home staff to prevent future crisis.

NHS South West Essex: the Symphony Alert System

The system allows real-time communication between acute and community staff, and ensures prompt and safe treatment. It has improved clinical skills, saved money and changed culture. Admissions for COPD have fallen from 100 to 37 in three months. Combined with community case management, it has saved £173,000.
Highly Commended: South West London and St George’s Mental Health Trust: the STEP-IN Model in a Forensic Inpatient Unit

STEP-IN involves the Structured use of Time, and Engagement when working with patients on Planned Interventions. It provides a systematic and consistent approach to both individual nurses and nursing teams to give purpose, focus and an evidence base to nursing practice.

Bolton FT: Nurse Prescribing in Child and Adolescent Mental Health

This benefits children and young people because they feel listened to when nurses discuss medication management and prescribing, and because starting and managing medication are more timely. Now, 142 children and their families are cared for safely with non-medical prescribing.

Cornwall Partnership FT: Improved Access and Treatment in Mental Health for Service Veterans

This made services easier to access and improved outcomes. Referrals rose from 21 to 26 per quarter over three years. More than 200 veterans have been seen, 80% of whom have had positive outcomes and 75% are returning to work, finding work or starting education.

Manchester Mental Health and Social Care Trust: Manchester Supporting Health Dementia Programme

This ensures people with dementia and carers are included in public health programmes and have good physical healthcare. Independent evaluation has backed its preventive role through screening. It also provides tailored support and advice.

Hywel Dda Health Board: Sandy Bear Bereavement and Loss Service, Specialist Child and Adolescent Mental Health Services

This provides bereavement support to children and families. It focuses on promoting resilience in a child/young person to develop life skills and coping strategies. Outcomes include a reduction in specialist CAMHS referrals, improved health and better life choices.

Winners

5 Boroughs Partnership FT; Gary Lamph: Wigan Multi-Agency Personality Disorder Strategy: a Strategy for Inclusion

This innovative strategy was developed to provide strong, seamless links between mental health services and the wider healthcare system for the benefit of people with personality disorder.

Gary Lamph led the design and implementation of this revolutionary and low-cost comprehensive multi-agency strategy, which has no equivalent nationally.

Conventional practices have been challenged by the integration of experts and multi-agency partners to develop and deliver the strategy.

Timely education and improved service responses are provided via the strategy to reduce the likelihood of transitions to more costly services and to improve patient experience.

Sponsors: St Andrew’s Healthcare

This is the UK’s largest mental healthcare charity with a reputation for excellence based on a 170-year heritage. It cares for people with learning disabilities, autistic spectrum disorders, brain injuries and neurodegenerative conditions, and is part of a national mental healthcare recovery project. We have over 3,000 staff in Northampton, Essex, Birmingham and Nottingham in varied, interesting roles, with a range of skills. We offer excellent opportunities with continuing development for mental health and learning disability nurses. We are committed to developing expertise and are open to innovative practices. See: www.stah.org/careers

Judges

Thomas Currid, senior lecturer/programme director, Faculty of Health and Social Care, London South Bank University

Ben Thomas, director, mental health and learning disability, Department of Health

Peter Walsh, director of nursing practice, Central and North West London FT

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NHS London
Proud sponsor of the ‘Care of Older People’ Award

NHS London
Making a difference in caring for older people across London

We recognise that caring for older people in all settings is one of the most challenging but rewarding roles in nursing today. It requires a high level of skill, knowledge and compassion, together with innovation and the commitment to listen, understand and respect them.

NHS London is working alongside the ‘Partnership on dignity in care’, the Royal College of Nursing and London Trusts to identify and share best practice to help improve the dignity and compassion provided to older and vulnerable people across London.

For further information, please email Yvonne Franks, Associate Chief Nurse and Programme Director for Older People E: Yvonne.Franks@london.nhs.uk or visit www.london.nhs.uk.
Care of Older People

Winner

University Hospitals Birmingham FT: Another Cup of Tea and a Slice of Cake? Mealtimes on Acute Hospital Wards for Frail Older People

An activities coordinator and volunteers working alongside acute ward teams have introduced social mealtimes and afternoon teas.

The trust keeps detailed records of every patient attending, recording their mobility, food and fluid intake, communication and engagement with activity to demonstrate improvements.

Patients and relatives benefit from a more social environment at mealtimes. Comments include:

“I have seen a big change in mum’s eating habits as she hardly ate a thing before she came to lunch with you.”

“Having lunch with you all gives me something to look forward to.”

“Really enjoyed the afternoon. Thought it was my birthday.”

Finalists

Highly Commended: Greater Manchester West Mental Health FT: End of Life Care in Dementia – Time to Walk the Walk

An end-of-life care pathway in an acute mental health care setting was developed, as people are often moved to alternative care at this stage. An evidence-based protocol and training ensures patients and families remain central.

Aneurin Bevan Health Board: “I Want to Go Home”: Respecting Older People’s Rights to Spend Their End of Life in Their Preferred Location

This is the first nurse-led project of its kind in Wales, embedding human rights and principles. Since 2008, there has been a 100%+ rise each year in older people dying where they wish – 95.5% of older people now die in their preferred place.

Cambridge University Hospitals FT: Delirium/Dementia Pilot

Training and a dementia-friendly environment has led to 428 fewer shifts requested for specialising patients. Sickness and staff turnover rates are 2-3% lower than trust averages, low-level violent incidents have fallen 70% and around £40,000 saved.

Care UK: Experiential Dementia Training – Raising the Standard of Dementia Care

Training gave staff an insight to living with dementia, to develop empathy and think in new ways. By seeing the world like a person with dementia, staff can provide more sensitive care and find simple and creative ways to support residents.

Central Manchester University Hospitals FT: the Shine Nursing Home Project

This improved nutrition and end-of-life care. Multidisciplinary teams carried out an improvement programme led by nurses. Length in hospital stay fell by 40%, and 80% of residents have recorded conversations about end-of-life preferences.

NHS South of Tyne and Wear Community Health Services: Improving Care, Supporting Staff and Keeping Families Close – the Gateshead Care Home Initiative

This created challenges because of patients’ complex needs, and tested their families to be involved in care. Through nursing leadership, knowledge and skills, the trust reduced avoidable hospital admissions by 46%, saving £243,146.

Sponsor: NHS London

Dignity and compassion for all patients is at the forefront of the drive by the chief nurse directorate at London strategic health authority to improve care. Nurses are key to ensuring dignified, skilled care that is respectful of an older person’s desires and needs. They use their clinical judgement to enable older people to improve, maintain or recover health and achieve the best possible quality of life until death. There are many examples of nurses providing outstanding care for some of our most vulnerable patients. NHS London is delighted to sponsor this award and recognise these exemplars of professionalism.

Judges

Chris Harris, commercial director, Devices for Dignity

Trish Morris-Thompson, NHS London

Maureen Choong, deputy chief nurse, NHS London

Linda Nazarko, consultant nurse, Ealing NHS Trust

Royal Wolverhampton Hospitals Trust: Improving Dementia Care in the Acute Hospital Setting

A focus on hydration and nutrition has resulted in 90% of patients gaining weight. Environmental changes have lowered antipsychotic use and halved falls. A garden and an arts programme resulted in better sleep patterns and less aggression.
Cardiac Rehabilitation Team, Salford Royal FT: Development of a Seamless Continuum of Care for Cardiac Rehabilitation

Challenging traditional roles and boundaries, interdisciplinary working and introducing new roles, the service has developed a patient-driven menu of options in a seamless continuum of care.

Uptake of the continuum exceeds 90%. The Healthy Minds Programme has reduced anxiety by 22.4% and depression by 27.7%. Exercise programmes have improved function. All patients say they are completely satisfied with the service.

Gateshead Health FT: Development of Cardiology Outreach

This reviewed processes and services for patients admitted with chest pain. A new pathway, using the skills of the coronary care nurses, was implemented. Cardiology beds were reduced by 12. The pathway means more cardiac patients are on the right ward and length of stay is shorter. Inappropriate requests for troponins have been reduced by >25%.

Mid Yorkshire Hospitals Trust: Telehealth Pilot for Chronic Heart Failure Patients

Using remote technology resulted in: the ability to monitor more patients; educational DVDs; and clinicians becoming confident in remotely uptitrate medications.

Admissions fell by 25% and caseload numbers rose by 25%. Face-to-face contact fell by 70% with no harm to patient care or experience, allowing the team to concentrate on less stable patients. Patient-reported outcome measures are positive.

Royal Wolverhampton Hospitals Trust: Black and Minority Ethnic Uptake of Cardiac Rehab

Audit data for 1995-96 showed that only 4% of BME patients accessed cardiac rehabilitation. Patient focus groups identified a number of barriers.

The team now provides area-based education sessions (some with an Asian link nurse), women-only exercise sessions, choice of exercise and stress management. Data from 2009-10 shows uptake in BME groups has risen to 54%.

Southend University Hospital FT: Menu-Based Cardiac Rehabilitation Programme

The team wrote an education manual, introduced a programme of follow-up calls, recorded a relaxation CD and facilitated referrals to other members of the multidisciplinary team, as required.

This provided options for patients unable or unwilling to attend hospital-based classes, which were also increased. Uptake has risen from 39% to over 86%. Rehabilitation is seen as part of treatment.

Stockport FT: Community Heart Failure Service

This provides a wide range of support in the comfort of patients’ own homes. The team has improved quality of life by providing more accessible and effective care at home, working closely with hospital consultants and GPs. By reducing acute hospital admissions, it has also made major financial savings.

The Acute Ambulatory Heart Failure Unit was set up in March 2011 following a successful bid for a Health Foundation Shine grant.

The nurse-led unit provides specialist care that would normally be delivered in hospital on an outpatient basis. This avoids admissions and reduces the length of inpatient stay.

This is an innovative concept without established national care pathways. The main driver for the service is to improve patient choice and quality of heart failure care.

So far, the unit has managed to prevent 114 admissions and reduced length of hospital stay for 39 patients. It is clinically effective while delivering financial savings.

Judges

Dr Scott McLean, president, British Association for Nursing in Cardiovascular Care

Tom Quinn, professor of clinical practice, University of Surrey

Dr Theresa Shaw, chief executive, Foundation of Nursing Studies, Canterbury Christ Church University

Finalists

Cardiac Rehabilitation Team, Salford Royal FT: Development of a Seamless Continuum of Care for Cardiac Rehabilitation

Heart Failure Patients

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Heart of England Foundation Trust: VITAL (Virtual Interactive Teaching and Learning)

Heart of England FT faculty of education (HEFT) has developed an innovative approach to learning about key areas of fundamental nursing care that are relevant to all nurses, irrespective of where they work across the hospital.

The trust has called it VITAL – Virtual Interactive Teaching And Learning – and hosts it on a virtual learning platform similar to those used by universities.

HEFT’s specialist nurses and clinical educators have helped develop this fantastic initiative, which includes 14 learning activities including falls, diabetes and safer medicines management. All our nurses are expected to achieve 100% in these activities and are rewarded with a HEFT nursing badge.

Finalists

Highly Commended: York Teaching Hospitals FT: Pressure Ulcer Prevention – the RAPID Approach

The team implemented new ways of working across 26 wards in under a month, resulting in a significant drop in higher-grade pressure ulcers. This saved £48,000 in wound dressings. Prevalence over a year fell from 0.9% from 3%, saving £1.2m a year.

Central Manchester FT: Fluid PROMPT Risk Management

The oral fluid PROMPT risk management initiative improves the identification of patients at risk of dehydration and the accuracy of fluid balance monitoring on two complex discharge wards. Monitoring had been based on individual judgement.

PROMPT targets support to patients who cannot drink independently. It reduces workload as monitoring can be stopped safely for low-risk groups.

Guy’s and St Thomas’ Senior Nursing Team: “Safe in Our Hands”

The team asked patients what made them feel safe in hospital and translated this into standards that are reported to the board. Around 100 nurses, managers, therapists, doctors and estates staff from the trust and the community meet weekly. Managers listen to patients and staff on wards. External assessors review all wards’ performance, starting with patients’ views.

NHS Lothian Learning Disability Liaison Nurse Team: Policy and Risk Assessment for Patients with Cognitive Impairment

NHS Lothian produced a policy guide to improve the care of patients with a cognitive impairment in acute hospitals. The policy, which includes a traffic light risk assessment tool, is improving outcomes by identifying hidden risks, improving communication and reducing complaints.

Salford Royal FT: the Heart Failure Service Echo Email Alert

This identifies patients with heart failure early. The Echo email alert identifies patients with moderate to severe left ventricular systolic dysfunction and or valve disease, and sends us an automatic email. Nurses add notifications to patients’ records and receive an email if they are admitted, then see them early to advise on management and provide education.

Sheffield Teaching FT: Improving the Care of a Deteriorating Patient – the Use of Improvement Methodology and a Care Pathway

Responses to early warning systems varied, so the trust implemented a pathway incorporating clinical guidelines. Nurse communication to doctors has risen from 40% to 80%, medical attendance from 58% to 88% and ABCDE assessment from 25% to 80%. Unresolved triggers without assessment and treatment fell from 70% to 20%.

Trinity Hospice: the Neo-Slip – a Device to Aid Application of Anti-Embolism Stockings

Fitting anti-embolism stockings takes time and energy and can injure patients. Neo-Slip, designed by a nurse, makes application easier. It is a slippery pouch that helps the stocking slip onto the foot. It encourages concordance, reduces the risk of injury and is cost-effective.

Judges

Lesley Doherty, chief Executive, Bolton FT
Eileen Sills CBE, chief nurse, Guy’s and St Thomas’ FT

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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.

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Speak up for the NHS and make sure your voice is heard at unison.org.uk/ournhs – it’s Our NHS and Our Future!
Highly Commended: Birmingham Community Healthcare Trust: Continual Interdisciplinary Team Working to Improve Outcomes
Implementing E4E has improved patient safety, care quality and patient experience.

Highly Commended: Tees, Esk and Wear Valleys FT: Innovative Approaches to Recovery from Psychosis
It focuses on recovery for young people with first-episode psychosis, and has seen fantastic recovery rates.

Birmingham CHT: Integrating Children’s Health and Education Services
The team at a children’s centre provides health and early years services, avoiding duplication and reducing appointments.

Birmingham City Hospital: an Ambulatory Pathway For Breast Cancer Surgery
For all non-reconstructive surgery, 99% of patients are admitted on the day of surgery and 95% discharged within 23 hours.

Dartford and Gravesham Trust Hospital at Home Team
This provides acute care at home. In three years, it has seen 2,582 patients, saving 19,397 bed-days and over £2,000,000.

Evelina Children’s Hospital: Retrieval Nurse Practitioner
RNPs are trained at the Evelina to transfer children from hospitals in the South East to paediatric intensive care.

Locala Community Partnership (Locala CIC), Yorkshire Ambulance Service (YAS) and Mid Yorkshire Hospitals: Multi-Agency Approach to Individualised Care
Identifying high-intensity service users has led to fast assessment and cut admissions.

Royal Liverpool and Broadgreen University Hospitals Trust: Family Clinic for Parents and Children with HIV and Rapid Referral of Sexually Assaulted Young People
Teamworking means sexually assaulted minors are referred rapidly for treatment.

South Tees Hospitals FT: The Endoscopy Assistant Practitioner Role – We Inspire, They Aim High
Accredited training for a team of five assistant practitioners has allowed more endoscopy procedures to be carried out.

Tameside Acute Trust: Nurse-Led Carotid Assessment for the Diagnosis and Initial Management of Acute Stroke and TIA
Nurse specialists duplex scan carotid arteries, providing early diagnosis.

Team innovations include: My Purple Folder, a health portfolio and health action plan used during consultations that supports professionals to meet individual needs; an e-learning programme that aims to raise awareness among health and social care professionals; the development of a professional attitude survey; and the health champions, a group of people with learning disabilities who deliver health promotion messages using creative arts.

Working strategically with others, the team continues to promote the colour purple as an awareness initiative.

Sponsor: Unison

UNISON is delighted to be supporting the 2011 Nursing Times Awards. Every day our members are making an outstanding contribution to patient care and they value and recognise this. At a time when many are criticising nursing as a profession it’s vital that we recognise the great work that takes place on a daily basis despite the struggles that practitioners face. That is why we have chosen to support the Team of the Year Award. This award is open to any member of the nursing family, whose contribution, big or small, has made a real difference to the team and or patient care.

Winners

Health Liaison Team, Health and Community Services, Hertfordshire County Council: Innovations that promote access to equitable health care for people with learning disabilities

This specialist team works across all health settings promoting equitable access to healthcare for people with learning disabilities.

Team innovations include: My Purple Folder, a health portfolio and health action plan used during consultations that supports professionals to meet individual needs; an e-learning programme that aims to raise awareness among health and social care professionals; the development of a professional attitude survey; and the health champions, a group of people with learning disabilities who deliver health promotion messages using creative arts.

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The Huntercombe Group is one of the country’s leading independent specialist healthcare providers.

We provide effective health and social care treatment programmes in hospitals and centres across England and Scotland.

Our tailored and innovative treatment options support patients along their individual care pathways, in safe and supportive environments.

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The Huntercombe Group
Including Care Principles
Finalists

Highly Commended: Michaela Bowden, Bolton FT
Ms Bowden is a visionary leader. She led her team through a difficult change. The excellent, cost-neutral results include: a move from a disease-based to a needs-based model; a seven-day service; patients seeing a respiratory specialist nurse within 24 hours; nurses’ time on wards rising from 25% to 52%; and home visits up by 34.5%, with mileage cut by 22%.

Shirley Law, Dementia Services Development Centre, University of Stirling
Working as a charge nurse, Ms Law came up with the idea of dementia training for healthcare assistants, few of whom have specialist skills. She approached the Dementia Services Development Centre, and the Best Practice in Dementia Care self-study courses were born. More than 5,000 staff have taken part.

Hazel Holmes, Patient Experience Vision, Liverpool Heart and Chest Hospital FT
Ms Holmes believed LHCH was the best hospital in the country for patient experience but wanted to go further. She created Patient Experience Vision, which maps out and measures outcomes of the patient and family journey in six steps, and embedded it across the trust. All (100%) of patients say they would recommend the hospital.

Marie B Kirwan, National Aspergillosis Centre, University Hospital South Manchester FT
Ms Kirwan has a complex job with three roles. As the national adult chronic granulomatous disorder nurse, she delivers a holistic service to patients. She is specialist clinical research nurse responsible for the NAC fungal lung disease clinical research portfolio, specialising in diagnostics. Finally, she identifies unmet health needs requiring technological solutions.

Elaine Inglesby, Salford Royal FT
Ms Inglesby is an inspirational leader, who for 33 years has dedicated her life to the profession and to enhancing care. She is clear patients have the right to expect excellence. She is an advocate for the profession and nursing is regarded as equal to the medical profession at Salford.

Sue Wood, Taunton and Somerset FT
After Ms Wood developed and presented a dementia awareness session called Time to Remember, she was amazed at how little awareness nursing staff had – but was delighted with their positive response.

Indications suggest her Enhancing the Healing Environment project will reduce falls and challenging behaviour. Dementia champions are increasing in confidence and knowledge, and small changes are being seen.

Combining advanced skills and knowledge with technical ability, Ms Earley has pioneered new services and techniques promoting multidisciplinary working to improve patient experience and outcomes.

These include: introducing trust-wide use of nasal bridles; developing a home parenteral nutrition service; bedside nasojejunal tube placement; and nurse-led insertion of nasogastric tubes under X-ray in patients with basal skull fractures.

Improved outcomes for patients include: lower mortality and fewer patients having TPN; 24% reduction in central line infections; and 30% fewer patients requiring PEG. Her revolutionary rapid-access service avoids hospital admission for over 600 episodes per annum.

Judges

Jenny Kay, director of Nursing, Dartford and Gravesham Trust
Gail Mooney, Director of Postgraduate Studies, College of Human and Health Sciences, Swansea University
Kay Riley, chief nurse, Barts and the London Trust

Sponsor: the Huntercombe Group

The Huntercombe Group is a leading specialist independent care provider, offering innovative treatment in adult mental health and learning disability, brain injury and neurodisability, adult addictions, CAMHS, eating disorders and children with specialist needs. We employ nurses qualified in general and mental health, children’s nursing and learning disabilities. We also recruit nurses experienced in intensive care and in caring for people who are minimally conscious and/or ventilator dependent. Working in a care home or specialist facility allows you to really build relationships with clients and their relatives. See: www.huntercombe.com/careers/careers-overview
NHS Derby City and NHS Derbyshire County

NHS Derby City and NHS Derbyshire County are the local Primary Care Trusts (PCTs) for Derby and Derbyshire, with responsibility for healthcare across the whole area. The job of the PCTs is to make sure that the right health services and support are available for the people of Derby and Derbyshire. This means finding out what the local population’s health needs are, and then making sure that the total budget of over a billion pounds is wisely spent. This includes commissioning (buying) a wide range of services from providers such as Derby Hospitals, Chesterfield Royal Hospital, Derbyshire Healthcare Foundation Trust, Derbyshire Community Health Services and local GPs.

NHS Derby City serves over 280,000 people registered with the 32 GP practices in the city. NHS Derbyshire County is the eighth largest PCT in the UK and covers a population of approximately 750,000.

As part of the implementation of the reforms signalled in the government’s 2010 White Paper, ‘Equity and Excellence: Liberating the NHS’, NHS Derby City and NHS Derbyshire County, are now working together as a Cluster with a single Chief Executive and senior team. David Sharp was appointed Chief Executive of the Cluster in April, and the Chair is Mark Todd. In the future the PCTs’ responsibilities will be taken on by Clinical Commissioning Groups.

The Cluster Board is responsible for the organisation’s strategic direction and is ultimately accountable to the Secretary of State for Health for its decisions. The Board is made up of a mixture of executive and non-executive directors.

NHS Derby City and NHS Derbyshire County remain separate legal entities.

NHS Derby City and NHS Derbyshire County are committed to the highest standards of clinical quality,” says Maggie Boyd, Executive Director of Clinical Quality and Nursing. “We are delighted to be associated with the Nursing Times Awards. Quality of care has always and will always be of paramount importance to NHS Derby City and NHS Derbyshire County.

“We are committed to preparing ‘People for Tomorrow’. As part of our responsibility to the local community, we have worked closely with Nursing and Clinical Quality staff who have committed to provide a comprehensive training programme for selected senior clinical leaders in affiliation with the University of Derby.”

Maggie Boyd: “Quality of care has always and will always be of paramount importance”
Political skills
Marcelle de Sousa has the skills of getting people on board with the ideas and taking her peers and colleagues with her, developing networks and selflessly sharing.

Her political astuteness has led her to influence and negotiate for children at all levels and has led campaigns for children that have promoted debate in the House of Lords. To assist her advocacy for children and young people, she studied for an MA in child law.

Ms de Sousa always advocates for vulnerable and marginalised groups and promoted their cause. Projects she has been involved with have covered issues such as asylum and refugee children’s health needs (her work on parent-held records was adopted by the Department of Health), Traveller children’s health needs, children with disabilities, obesity, and child protection and safeguarding. She is a trustee and heavily involved with Action for Sick Children and the British Kidney Patient Association.

Professional
Always willing to share her knowledge, encourage others and involve more junior staff in learning from her as an exemplary role model, Ms de Sousa lectures nurses following adolescent and other modules.

She represented children and young persons’ nursing at the Royal College of Nursing, sat on the RCN’s London board and chaired the adolescent forum. Part of the Darzi taskforce group for children, she also represented children’s nursing on the workforce confederation for north central London, and chaired the children and young people’s group for the London Network for Nurses and Midwives.

Inspirational excellence
Ms de Sousa has endless energy and infectious enthusiasm. An inspirational nurse and role model to so many staff, she has touched the lives of the children and families, supporting them through illness, recovery and death. She received an MBE for her services to children and young people in 2009-10.

The judges said Ms de Sousa is excellent at teaching and sharing her work. They described her political influence as outstanding, and recognised her good use of networks and connections. They thought she was a role model for children’s nurses, and that she had worked tirelessly to promote the children’s agenda and the profession worldwide.

“She is the absolute role model for children’s nursing. She promotes her profession superbly and has put children’s nursing at the top of the agenda,” one of them said. They all agreed with the judge who said: “I’m delighted that we are honouring this nurse – she remains working hard in practice to promote her specialism – and the wider profession.”

Sponsor: NHS Derby City and NHS Derbyshire County

NHS Derbyshire County is committed to the highest standards of clinical quality and our sponsorship of these awards is a demonstration of that commitment. Quality of care has always and will always be of paramount importance to NHS Derbyshire County. We have remained in the top ranks of NHS performers constantly and are committed to preparing “People for Tomorrow”. As part of our responsibility to the local community, we have worked closely with nursing and clinical quality staff to provide a comprehensive training programme for selected senior clinical leaders in affiliation with the University of Derby.

Judges
Christine Beasley, chief nursing officer for England
Maggie Boyd, executive director of clinical quality and nursing, NHS Derbyshire
Angela McLemon, acting chief nursing officer, Northern Ireland
Ros Moore, chief nursing officer, Scotland
Jean White, chief nursing officer/nurse director for Wales
Healthy people shouldn’t be concerned about getting seasonal flu. False!

The reason that free flu jabs are offered to staff is because anyone can pick up the virus. If you can catch it, you can pass it on to those who are at more risk of serious illness. This could include your friends, family, patients or work colleagues. Generally, 15–20 per cent of the population gets flu each year – healthy people included. Protect yourself, your family and your patients by getting a flu jab. Don’t delay, get your flu jab early.

Contact your occupational health team today.

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