Finalists’ brochure

Grosvenor House Hotel,
Park Lane, London
2 November
Welcome

Welcome to the online Nursing Times Awards 2017 winners’ brochure.
I really enjoyed reading the entries and meeting some of our finalists for these awards – it’s when you get to find out what’s really happening in the profession and in healthcare. I feel inspired by people who are making a huge difference to service users, patients and residents. Despite the fact that nurses are more under-resourced than ever, and more poorly paid than they deserve to be, they continue to innovate and change for the benefit of patients. They do more with less, and it’s really quite remarkable to see just how pragmatic and practical they can be when adversity faces them.

Nurses have more contact with patients than other professional groups and are the ones who can recognise their patients’ needs first-hand. This puts them in a unique position to advocate for change that will have the biggest impact on people’s access to and use of healthcare services.

These awards are so important because every finalist and winner has gone through a rigorous process to make it into these pages. The entries they submitted online have been scrutinised in detail by an expert panel that then met our finalists to grill them and find out more about their quality improvement initiative. If you’ve made it to the finals, or are a winner, you have really excelled and should be celebrating your success.

That’s not just because you’ve done brilliantly to get to this point, but because you are a nursing pioneer. You are making the healthcare you provide safer and giving patients a better experience, and that should make you feel very proud indeed.

A big thank you to my team who have contributed to this event – Suzanne Flannery, Ann Shuttleworth, Natasha Sudan, Imogen Eales, Melissa Lawrence, Holly Jaggers, Sophie Sherlock, Ella McGregor, Alex Broughton, Sam Gournay, Jennifer Fisher and Laura Scanlan. Their hard work ensures these awards happen in spectacular fashion.

Finally, thank you to everyone who entered the awards and congratulations to those who made it into the finals, and a huge well done to all our winners. I hope you enjoy reading about them and being as inspired as I was by their stories of improvement.

Jenni Middleton
Editor, Nursing Times

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Thank you to all the judges of the Nursing Times Awards 2017 for giving up their time and lending us their expertise to select our finalists and winners.

Judges

Oyebanji Adewumi, Barts Health Trust
Liz Alderton, North East London Foundation Trust
Jennifer Allison, NIHR Southampton Clinical Research Facility
Irene Anderson, University of Hertfordshire
Marion Andrews-Evans, NHS Gloucestershire Clinical Commissioning Group
Hilary Atkinson, Berkshire Healthcare Foundation Trust
Jane Ball, University of Southampton
Julie Bevan, formerly Countywide Respiratory Team, Lincolnshire Community Health Services Trust
Jackie Bird, The Christie Foundation Trust
Sally Brittain, Frimley Health Foundation Trust
Sara Brookes, National Express UK Bus
Debbie Brown, Burnt Ash Surgery, NHS Lewisham Clinical Commissioning Group
Peter Carter, Carter Consulting
Brenda Cheer, ERIC – The Children’s Bowl and Bladder Charity
Anne Cooper, NHS Digital
Kerry Cotton, Wirral University Teaching Hospital
Thomas Currid, University of Essex
Alyson Davies, Swansea University
Cynthia Davis, Kingston University and St George’s University of London
Michael Dixon, College of Medicine
Judith Ellis, Royal College of Paediatrics and Child Health
Cliff Evans, Medway Foundation Trust
Emergency Medicine
Tom Evans, British Institute of Learning Disabilities
Emma Fathers, Northampton General Hospital Trust
Paul Fish, Royal National Orthopaedic Hospital
Mary Flatley
Carole Fry, Chelsea and Westminster Hospital
Tracey Gauci, Abertawe Bro Morgannwg University Health Board
Celia Grandison-Markey, Patients Association
Jackie Green, Croydon Health Services
Samantha Hemraj, Peterborough City Hospital
Mark Holmes, Nottinghamshire Health Care Foundation Trust
Natalie Hughes, Frimley Health Foundation Trust
Heather Iles-Smith, Leeds Teaching Hospitals Trust
Phillip James, Salford Royal Foundation Trust/Northern Care Alliance
Helen Jones, Guy’s and St Thomas’ Foundation Trust
Karen Jordan, Spectrum Community Health CIC
Sarah LaBery, West Hertfordshire Hospitals Trust
Helen Laverty, University of Nottingham/Facilitator of the Positive Choices network
Holly Maquire, University Hospitals of the North Midlands
Jo Majithia, Central and North West London Foundation Trust
Elaine Maxwell, London South Bank University
Patricia McDermott, Community Urology Service, Guernsey
Mick McKeown, University of Central Lancashire
Maxine McVey, West Hertfordshire Hospitals NHS Trust
Debra Moore, St Andrews Healthcare
Ros Moore, CEO of Parish Nursing UK and former CNO Scotland
Joan Myers OBE, Achieving for Children
Linda Nazarko, West London Mental Health Trust
Wendy Ness, Croydon University Hospital
Wendy Nicholson, Public Health England
Sandra Olive, Norfolk and Norwich University Hospital
Ruth Oshikani, Goal Mind Limited
Christine Oxnard, CRN Yorkshire and Humber
Zoe Packman, NHS Improvement
Flo Panel-Coates, University College London Hospitals Foundation Trust
Rebecca Parles, Guy’s and St Thomas’ Foundation Trust
Candice Pellett, The Queen’s Nursing Institute
Michele Pengelly, Velindre Trust
Catherine Plowright, East Kent Hospitals University NHS Foundation Trust
Caroline Pollington, Sutton CCG
Louise Porter, Leeds Teaching Hospitals Trust
Samantha Prigmore, St Georges University Hospitals Foundation Trust
Alison Richardson, University of Southampton and University Hospital Southampton Foundation Trust
Liz Rix, University Hospitals of North Midlands
James Rushton, North Staffordshire Clinical Commissioning Group
Kate Sanders, Foundation of Nursing Studies
Elaine Scott, Alder Hey Children’s Hospital
Julie Seed, Lancashire Teaching Hospitals
Theresa Shaw, Foundation of Nursing Studies
Janice Sigsworth, Imperial College Healthcare NHS Trust
Janice Stevens, Independent consultant
Sharon Stothard, Sunderland Royal Hospital
Eamonn Sullivan, Royal Marsden Foundation Trust
Caron Swinscoe, NHS Digital
Ben Thomas, NHS Improvement
Karen Titchener, Guy’s and St Thomas’ Foundation Trust
Ursula Ward, The Florence Nightingale Foundation
Jamie Waterall, Public Health England
Jonathan Webster, NHS England (London Region) - North Central and East
Kirsten Wheeler, Steckport Foundation Trust
Bill Whitehead, University of Derby
Neil Wiglesworth, Guy’s and St Thomas’ NHS Foundation Trust and Infection Prevention Society
Suzanne Willacy, ACA Executive
Liz Williamson, Nottingham University Hospital
Macmillan is proud to support the Cancer Nursing category at the 2017 Nursing Times awards.

Nominees have delivered exceptional work, and we are honoured to recognise their success.

Macmillan provides practical, emotional and financial support for people with cancer, as well as e-learning and information resources for nurses.

Find out more about our work at macmillan.org.uk/patientsupport
Immune checkpoint inhibitors have improved overall survival, but they can cause immune-related adverse events (irAEs), such as skin toxicities, diarrhoea, hepatitis, endocrinopathies and pneumonitis. Any of these side-effects can be severe or life-threatening. Despite this, irAEs are usually reversible with early recognition and prompt initiation of immunosuppressive therapy. This team published a bespoke toolkit of management guidelines for eight of the most common irAEs. It will help frontline staff manage and support patients with the immune-mediated complications arising from these novel therapies and will help to reduce costs through unnecessary hospital admissions.

**Finalists**

**Bloodwise: Online resource – introduction to haemato-oncology nursing**
RCN-accredited e-learning resources for nurses and new starters in haemato-oncology ensure patients’ needs are addressed by upskilling the workforce.

**Burton Hospitals FT: An innovative prostate cancer pop-up clinic at a football stadium**
The team set up a clinic to screen men for prostate cancer at their local football club. Of the 304 men who attended the clinic, 22 have been diagnosed.

**Calderdale and Huddersfield FT: Patient-focused lung cancer diagnostic pathway**
Patients are offered leaflets on investigations to diagnose cancer at their first appointment and have telephone consultations with specialist nurses.

**Chelsea and Westminster Hospital FT: Acute diagnostic oncology clinic – bringing about faster cancer diagnosis**
A new acute diagnostic oncology clinic enables patients to be assessed within 24 hours of referral so that GPs avoid sending their patients to emergency departments.

**Imperial College Healthcare Trust: Retention and engagement in cancer nursing**
The team has fully appointed to posts and reduced sickness rates and turnover - the vacancy - the vacancy rate fell from 35% to 7%.

**Newham Health Collaborative: Integrated health and social care multidisciplinary team**
The multidisciplinary team brings together staff with knowledge, skills and experience, with team members from organisations including the hospital and community.

**Nottingham University Hospitals Trust: Community-based prostate cancer risk assessment for BME men**
Studies show BME men are more likely to develop prostate cancer than white men, so this service brings screening and diagnosis to community centres.

**Southern Health and Social Care Trust: The added benefits of introduction of health needs assessment**
The team has transformed breast cancer follow-up via the implementation of a self-directed after-care pathway.

**Wirral University Teaching Hospital FT: Creating an innovative cancer of unknown primary service**
The team has created a two-week wait clinic for patients with cancer of unknown primary, with an oncologist review and support of a Macmillan nurse specialist.
Winner

Ear Care and Audiology Services, Rotherham FT: An integrated approach to ear care for older people

Nurses and audiologists worked together to provide an innovative service for older patients. Patients over 55 can self-refer to this one-stop-shop service, seeing a nurse if ear wax is present, and then an audiologist. They often leave with a hearing aid. Easy access to this service has transformed patients’ lives by improving communication and reducing conflict in the home. Changes in working practices, such as audiologists being able to remove ear wax and nurses carrying out simple hearing aid repairs, mean that return and domiciliary visits are unnecessary. This means more patients are seen and waiting times are reduced. Patients are also educated in their own care.

Finalists

Blackpool Teaching Hospitals FT: A new model of care for patients – the extensive care service

The extensive care service was developed as a vanguard new model of care linking primary and secondary care providers. Care is developed around the needs of the person incorporating both health and social care needs.

Cardiff and Vale University Health Board: REACT service

REACT fills the gap in crisis care for older adults with both dementia and functional illnesses. It is a nurse-led service providing seven-day crisis interventions within the community for older people. Nurses work with the multidisciplinary team to provide bespoke care plans.

Doncaster and Bassetlaw Teaching Hospitals FT: A person-centred care approach to improve quality and safety for older people in hospital

This project improves the quality of care for older people, particularly those with delirium and dementia, through enhanced supervision and the use of person-centred practices.

Ear Care and Audiology Services, Rotherham FT: An integrated approach to ear care for older people

Health Innovation Network South London and Sutton Homes of Care: Red Bag Hospital Transfer Pathway

This project improves the transfer experience of care home residents if they go to hospital in an emergency. The Red Bag includes standardised paperwork that is accessible to ambulance and hospital teams.

Living Memories CIC in association with Greenpark Productions: Living Memories Reminiscence Resources

This project creates archive film-based reminiscence resources that trigger people's memories of their younger years in the 1940s-60s. The DVDs are used in memory cafes, care homes and at people's own homes.

Royal United Hospitals Bath FT: Frailty Flying Squad

This team was set up to address the care needs of frail older people presenting to hospital, the emergency department and the medical assessment unit. Frailty Flying Squad reduces morbidity and delays, as well as the length of stay in hospital.

South West London and St George’s Mental Health Trust: The behaviour and communication support service

This multidisciplinary team provides support and advice for care home staff in understanding and managing residents’ challenging behaviour. It is jointly led by a nurse and a clinical psychologist who lead service development.

Sussex Community FT: OneCall Coastal West Sussex – Effective out-of-hospital care of older people

OneCall supports patients to remain independent in their own homes for longer, even if acutely unwell. This will ensure they are safe and have access to the appropriate healthcare services and avoid unnecessary hospital admissions.

University Hospitals of Morecambe Bay FT: A new model of transitional care – quality and safety upon discharge for the older person

The local parish nurse worked with acute wards to provide transitional care to patients at risk of delayed discharge. They aid recovery, promote independence and avoid early readmission.
Problems in young offender institutions mirror those in adult prisons – a high degree of violence, chronic understaffing, demoralised, traumatised and burnt-out staff and healthcare providers. This team try to provide compassionate care for a complex and vulnerable group of young people with a high degree of mental health problems, including a risk of self-harm or harm to others, and suicide. The two neighbouring trusts implemented a radical transformation programme to ensure young people in custody received the best possible healthcare. The programme ensured senior leadership showed regular presence, team development days, support and coaching of colleagues.

**Finalists**

**Barts Health Trust: We can talk: co-produced children and young people’s mental health training for hospital staff**

A competency framework for hospital staff to support them to care for children with mental health needs in a hospital setting.

**Blackpool Teaching Hospitals FT: Children and adolescent support and help enhanced response team**

The team has delivered wrap-around care to children and young people attending A&E or the assessment unit in emotional distress or crisis.

**Cwm Taf University Health Board: Improving efficiency and care delivery for children with atopic eczema**

Nurses, rather than consultants, assess and manage children; GP visits are reduced and a consistent service is delivered.

**Dartford and Gravesham Trust: Supporting parents and healthcare professionals to manage childhood constipation in the community**

This nurse-led group of clinics emphasises self-management and family support to deal with childhood constipation.

**Harrogate and District FT: Youth Justice Project**

This team provided a physical holistic health assessment for all young people on a youth justice order, giving them advice on leading a healthy lifestyle and access to health services.

**Hertfordshire Community Trust: Healthy child programme group development review clinics**

The trust supported its health visiting and local children’s centre to test a new way to deliver joined-up care and child-friendly environments.

**Nottinghamshire Healthcare FT: Nottinghamshire CAMHS Crisis and Liaison Team (CAMHS Urgent Care)**

This nurse-led team covers three acute general hospitals and works 365 days a year (with extended hours of 8-10pm), offering a timely response.

**Oxford Health FT: Innovative psychotherapeutic and psycho-educational parenting programme**

The Lighthouse model originated to help parents and families make sense of the many and varied ways abused children were “mis-seen” by their parents.

**Royal Surrey County Hospital FT: Bobble Hat Care Bundle**

Mother and baby are assessed and categorised using a RAG system, with each baby then given a colour-coded bobble hat straight after birth, to show babies at risk of hypoglycaemia or hypothermia.

**Tameside and Glossop Integrated Care Organisation: Reducing the prevalence of FASD through integrated approaches**

The team identify alcohol consumption in pregnancy, educating mothers to prevent disabilities associated with FASD.
Since qualifying Katrina has completed a postgraduate certificate in PSHE teaching, training to be a clinical supervisor. She is about to undertake an MSc research to obtain a specialist community public health nursing qualification. She has spoken to graduating students at Kingston University on their last day and has always been interested in getting her work published, which she has achieved on her own and with academics. As part of her role, she teaches PSHE in schools and has collaborated with an illustrator to produce a children’s book to help young children learn the language they need to express their emotions and prepare for adolescence.

**Finalists**

**Charlotte Bennett, Derby Teaching Hospitals FT**
Despite being qualified for just over a year, Charlotte’s manager spotted her talent and she became a specialist nurse offering asthma advice, which is usually reserved for nurses with three years’ experience.

**Thomas Evans, University Hospitals of North Midlands Trust**
Thomas has an innovative new role designed to help drive the mental health agenda, for example supporting vulnerable children and setting up a perinatal mental health working group.

**Lorna Featherstone, Danshell Group**
In under five years since qualifying, Lorna was promoted to manager of Willow House residential service. She leads a team to provide the best care to adults with learning disabilities, ensuring their needs are met.

**Andrew Fishlock, Gloucestershire Care Services Trust**
Andrew has developed a student and registered nurse induction workbook with the training and development sister. He has recently organised and led an infection control open learning forum.

**Emily Grieff-Skiba, South Tees FT**
Emily joined the trauma team as a staff nurse in February 2016, and co-ordinated the production of native joint aspiration kits to improve efficiency. She has sourced relevant materials from NHS Supply Chain with minimal supervision.

**Orla Hillary, Whittington Health**
From her first day in the unit, Orla had patients asking for her to be their nurse. She is known for her public speaking and leadership skills. She founded a soup kitchen in Barnet and is setting up a basketball team for hospital staff.

**Tessa Jones, Nottingham University Hospitals Trust**
Tessa has improved services as a mental health and adolescent link nurse. She created a nurse referral pathway to a CRISIS team that saved admissions, and enhanced patient and staff experience.

**Sharon Leighton, Nottingham University Hospitals Trust**
Sharon was awarded the first DAISY award to reward compassionate frontline care, nominated by a patient and his daughter. She is one of NUH’s first Chief Nurse Excellence in Care Junior Fellows.

**Callum Metcalfe, Attleborough Surgery**
Callum built on being named a Student Nursing Times Awards finalist, and within six months of qualification, had already been promoted from a band 5 to a band 6 nurse within the primary care setting.

**Craig Priestly, Four Seasons Health Care**
Craig started at Four Seasons in domestic services. Since then, he graduated and is clinical lead of Cameron House Care Home. He is a three-time Recognition of Care and Kindness internal award winner.

**Eleanor Trickett, Wetherby Young Offender Institution**
Eleanor has the unique ability to engage the most difficult and hard-to-reach young people. She also helped to engage staff in a radical transformation programme that would help improve services for users.
Continence Promotion and Care

Winner

Dartford and Gravesham Trust: Supporting parents and healthcare professionals to manage childhood constipation in the community

The childhood constipation service is a nurse-led group of clinics for parents with an emphasis on self-management. Funding was obtained from NHS Elect to make a video about how to use a macrogal laxative to support professionals and parents. The team is seeing more chronic constipation, and believe this can be dealt with by parents with the help of their GP before considering a specialist referral. This has reduced referrals to paediatric consultants, visits to A&E departments and hospital admissions. There is also easy access to video and website material to support fellow professionals in caring for children with constipation.

Finalists

Calderdale and Huddersfield FT: Continence promotion – educational programme to highlight the essentials of care

The team developed an educational programme, highlighting the essential components required for effective continence management. These courses were designed for staff from all healthcare environments to improve the quality of bladder and bowel care.

The Dudley Group: Continence advisors for care homes in Dudley

Two new roles of continence nurse advisor for care homes have been developed to foster better relationships and promote integration with secondary care. The nurses provide a seamless seven-day-a-week service to promote continence, offer more patient-centred care and reduce costs on products, and run education sessions on continence promotion for care staff.

Four Seasons Health Care: Person-centred continence care in care homes

This independent provider set up a task force to promote continence care in over 350 of its nursing homes (with 16,000 residents) by supporting staff to deliver optimum levels of person-centred care.

A national continence policy was developed and a link nurse programme was established in every care home.

Liverpool Community Health Trust: Harm-free collaborative catheter care

The group was set up to reduce CAUTIs, which it did by 78% in 2016/17 with the introduction of a collaborative catheter passport and catheter care documentation. A complex catheter multidisciplinary group between local primary and secondary care continence/urology colleagues, and staff training and awareness campaigns were set up.

Locala Continence Advisory Service: Redesigning a community continence service - rehabilitation and cost-effectiveness

A specialist nurse and physiotherapist developed a community continence team, redesigning services to give housebound patients the same access to rehabilitation as able-bodied patients attending outpatient clinics. This resulted in improved outcomes and cost savings.

North West Anglia FT: Multidisciplinary continence awareness

Integrated working between the tissue viability and continence specialist nurses focused on continence management, and avoidance of catheter insertion. The project focuses on health promotion, staff and patient education and appropriate product use. It has been successful in reducing catheter use and the time taken to diagnose moisture damage to the skin.

The Royal Bournemouth and Christchurch Hospitals FT: Continence care after acute stroke

A new continence assessment and pathway was developed, with a small team of nurses becoming continence champions; 93% of stroke patients have a regularly updated continence plan kept at their bedside, and a plan in place before discharge. A team of continence champions have been created in the unit.

Southern Health FT: Discharge to assess bed – promotion of continence project

The service worked with discharge to assess (D2A) admissions to provide effective, equitable continence care; promote and manage continence, and offer a smooth transition between the D2A bed and home. Nurses in the unit were given the tools they needed to provide the assessment.
Buckinghamshire Healthcare Trust: In-reach palliative care service
The service helps assess people living with life-limiting illness when admitted to hospital. It comprises palliative care nurses who provide a regular nurse presence in the acute hub and work collaboratively with the multidisciplinary team. 53% of patients achieved their preferred place of care/death in 2016. So far in 2017, the figure is more than 70%.

Four Seasons Health Care: Dementia care framework
FSHC launched a dementia care framework, that provided an evidence-based tool to guide the care of people with dementia. Based on 320 recognised standards, this replaced paper-based audits by using iPads. The number of residents managing psychological needs through non-pharmacological approaches has increased by 43.69%.

Healthy London Partnership: Transforming care for children and young people with asthma in the capital
This online digital resource – The London Asthma Toolkit – is led by a cardiothoracic nurse. This project aimed to agree a vision and standards for care of children and young people with asthma in London as part of a scheme to improve integration and care across the system.

King's College Parkinson's Centre of Excellence: Cross-disciplinary nursing excellence for patients with advanced Parkinson's disease – innovating the King's Way
Commitment to integrated care, and support of consultant teams has delivered improved care and seen King’s emerge as a national model of best practice in providing invasive therapies for advanced Parkinson’s disease.

LymphCare UK CIC: Developing innovative solutions through LymphYoga – improving outcomes for patients with lymphoedema
The team was inspired after hearing about the benefits of yoga in managing lymphoedema in Indian villages at the British Lymphology Society Conference. They investigated this to benefit patients with breast cancer, and found an improved quality of life score in 37.5% of patients.

Midland Centre for Spinal Injuries: Hospital to home - surveillance nurse team for patients
This specialist nurse service prevents hospital attendance and readmission and promotes quality of life. Since August 2016, these new posts have prevented seven admissions to hospital for pressure ulcer surgery through providing support in the home and have improved concordance.

Spectrum Community Health CIC: Home haemodialysis project
In 2015, Spectrum nurses at HMP Full Sutton introduced a home haemodialysis programme. It improves access to dialysis for patients with advanced kidney disease and reduces their need for hospital visits to undergo vital and sometimes life-saving treatment. A dialysis suite was created to provide on-site dialysis care. This programme was the first of its kind in a custodial setting. It is now delivered by a team of three trained Spectrum nurses and continues to support vulnerable patients. Patients with kidney disease can access support inside the prison and have less need to go to external hospitals. It has made significant savings as it avoids patients being transported to hospital.

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Clinical research nursing

What you do today, creates a better tomorrow...

If you believe that nursing is about making a real difference to patients’ lives, then clinical research nursing can provide a stimulating and rewarding career pathway.

As a clinical research nurse, you spend quality time with your patients, helping them to extend their treatment options, understand their condition better, and take more control of their care.

And by contributing to clinical research, you’re making sure the NHS can meet the challenges of the future, by providing vital evidence on “what works”, so we can keep improving treatments for patients.

The National Institute for Health Research supports thousands of clinical research nurses in the NHS - helping them to develop their skills and further their careers through research.

http://www.nihr.ac.uk/our-faculty/clinical-research-nurses.htm
Clinical Research Nursing

Winner

Mid Essex Hospital Services Trust: Streamlining the research team

The team’s innovation was to streamline the two research services offered by the trust (oncology and generic) into one unified department, with a dedicated space for research and clinical trials. Change was necessary to improve communication between all staff, meet NIHR performance targets and broaden the areas in which the trust offers research, while maintaining a high level of care and respect for clinical trial patients. The commissioning of the research centre enabled consultants to lead specialised research clinics, which has enhanced patient experience and increased participation in trials. The unified team now has a defined purpose and strategy, and an identity in the trust.

Barts Health Trust: Engaging students in emergency department research

The emergency department created an undergraduate student nurse placement to promote clinical research, engage nurses at an early stage and provide a structured, supportive environment, exposing students to research and evidence-based practice.

Imperial College Healthcare Trust: Neuro-emergencies and trauma research team

The team recruits and researches in acute settings, where every second counts. They teach allied health professionals about research, set up collaborative networks and help novice researchers.

The Ipswich Hospital Trust: Children’s research selfie pop-up boards

The team expanded involvement in research in all areas of health that children access by using social media to raise awareness of research, and normalise it. It is expected that this should lead to increased interest and participation in research.

Leeds Teaching Hospitals Trust: An induction resource for research delivery staff

A core group of clinical research nurses created an induction document for those new to a clinical research role. It enabled nurses to plan their induction and gain understanding of the training available.

London North West Healthcare Trust: Northwick Park Hospital stroke research

The aims were to make participation in research a routine part of clinical care, increase recruitment to randomised control trials and widen the research base by involving the whole team.

Queen Square Medical Practice: The Lancashire North approach to increasing research in the local population

The team ensured a range of research was undertaken in primary care. Practices work in an integrated way, developing a structure to promote research.

Sheffield Teaching Hospitals FT: Stroke research nursing

The team aims to increase engagement in stroke research for patients and the public. Their work has led to improved awareness of research among the wider health team as well as integration of research into practice.

St George’s University Hospitals FT: Developing a clinical research unit

The project aimed to develop a strong and credible clinical research unit in the emergency department to recruit patients to research studies. Staff were trained to help recruit into research trials and the number of recruits hit the target of 350.

University Hospitals Birmingham FT: 24/7 research nursing team: trauma is not 9 to 5 – so neither are our nurses

Even the sickest patients have the opportunity to join a study and contribute to advancing scientific understanding, improving care and transforming the treatments of the future.

Finalists

Barts Health Trust: Engaging students in emergency department research

The emergency department created an undergraduate student nurse placement to promote clinical research, engage nurses at an early stage and provide a structured, supportive environment, exposing students to research and evidence-based practice.

Imperial College Healthcare Trust: Neuro-emergencies and trauma research team

The team recruits and researches in acute settings, where every second counts. They teach allied health professionals about research, set up collaborative networks and help novice researchers.

The Ipswich Hospital Trust: Children’s research selfie pop-up boards

The team expanded involvement in research in all areas of health that children access by using social media to raise awareness of research, and normalise it. It is expected that this should lead to increased interest and participation in research.

Leeds Teaching Hospitals Trust: An induction resource for research delivery staff

A core group of clinical research nurses created an induction document for those new to a clinical research role. It enabled nurses to plan their induction and gain understanding of the training available.

London North West Healthcare Trust: Northwick Park Hospital stroke research

The aims were to make participation in research a routine part of clinical care, increase recruitment to randomised control trials and widen the research base by involving the whole team.

Queen Square Medical Practice: The Lancashire North approach to increasing research in the local population

The team ensured a range of research was undertaken in primary care. Practices work in an integrated way, developing a structure to promote research.

Sheffield Teaching Hospitals FT: Stroke research nursing

The team aims to increase engagement in stroke research for patients and the public. Their work has led to improved awareness of research among the wider health team as well as integration of research into practice.

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Sponsored by

National Institute for Health Research

www.nursingtimes.net
Bolton FT: Making pain management a priority following Caesarean section

The aim was to make pain control a priority, and ensure women received regular analgesia that was safe, appropriate and effective because this would promote early recovery after surgery and optimise the mother’s ability to care for her newborn child.

Brighton and Sussex University Hospitals Trust: Sustainability in operating theatres

The environmental, financial and social aspects of sustainability were considered in this project. The solutions were wide-ranging and included use of non-disposable mugs and cardboard bins for limb incineration, and recycling in clinical areas.

The Christie FT: Enhancing the care of patients with a skin cancer and dementia requiring surgical intervention

The skin and plastics team has made the experience of those being admitted for surgery with cancer and dementia less traumatic, and more person-centred and compassionate.

East Lancashire Hospitals Trust: Hip and knee school

The school educates patients on what to expect in terms of their responsibilities prior to joint-replacement surgery, managing expectations, and creating the mindset required to motivate patients to actively participate in their recovery and go home earlier.

Northampton General Hospital Trust: Theatre nursing development pathway

This approach to staff development and education within the theatre environment covers the first two to three years of their career. It covers roles, environment and etiquette. This was formulated using the Benner concept of ‘novice’ to ‘competent’.

Nuffield Health Cheltenham Hospital as the Ambulatory Care Unit: Ambulatory care unit

Four vacant rooms were used to create an ambulatory care unit to enhance the care of patients undergoing cataract surgery. This reduced patients’ length of stay to less than 2.5 hours; this in turn led to lower levels of anxiety.

Royal Surrey County Hospital FT: Emergency surgical specialist nurses

Two nurse specialists were employed to run a six-day-a-week service alongside the emergency surgical team. They ensured that all emergency surgical patients had an early diagnosis and clearly defined pathway to achieve ambulatory care where possible.

St Joseph’s Hospital: A patient support service, individualised care from diagnosis to post discharge

This service provides patient-centred care for elective surgical patients from the point of diagnosis on through to post-operative recovery at home. It improved patient safety and experience, and also boosted staff morale.

Stockport FT: Introduction of rectus sheath nerve blockade by continuous infusion for management of post-operative pain

Patient feedback and audit results show that this innovation from the acute pain service was safe, effective, reduced length of stay on the critical care unit and enabled early mobilisation.

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Nurse Leader of the Year

Winner

Gillian Belfon-Johnson, North Middlesex University Hospital Trust

Gillian is a forward-thinking leader who encourages staff by listening to and implementing their ideas – supporting their professional and personal development. She empowers staff to build on their individual skills. She is an exemplary role model for her team and the organisation; consistently demonstrating her commitment to deliver the highest standards of care within the critical care unit. She focuses on developing staff, as the increased number of staff who have completed a critical care course (30% to 56% over a two-year period) shows. Gillian has organised specific training days for staff whose feedback was that skills and confidence have increased as a direct result.

Finalists

Janice Brown, University Hospitals of Leicester Trust
Janice is the lead breast care nurse and an advanced nurse practitioner in one of the largest breast care units in England, managing all outpatient nursing activity in the department.

Amy Childs, Danshell Group
While working as the service manager of Wast Hills specialist autism service, Amy collaborated with the local A&E to deliver training and make adjustments to reduce service user anxiety – helping the team to meet the needs of people with autism.

Anthony Clarkson, NHS Blood and Transplant
Anthony’s innovations to improve care in the past 12 months include developing a specialist requester role for nurses and the creation of a dedicated donor family after-care department.

Lorraine Kelly, The Holly Private Hospital
Lorraine provides vision, leadership and inspiration, and is completely committed to putting patient safety at the heart of everything the trust does. She is adamant that “patient safety is everyone’s business”.

Hannah Molyneux, Liverpool Community Health Trust
Hannah’s 10 years’ experience in community gives her an all-round approach to care and makes her a hands-on manager. She has reduced the service’s did not attend rates from 35% to 14%.

Mandy Mudholkar, Nottinghamshire Healthcare FT
Mandy provides expert clinical leadership in mental health services for women in high, medium and low secure services. An expert clinician, she delivers compassionate care to service users.

Tendai Nzirawa, Barking Havering and Redbridge University Hospitals FT
Tendai established the service in 2009 – and ran it for three years alone – however, she but had a vision to grow it, and now leads a team of four neonatal community teams.

Karen Poulter, Barchester Healthcare
She champions Red Oaks, which states there are no distinctions between the home’s dementia and older frail communities. She led in understanding what “outstanding” looks like, and gave her team the confidence to showcase it.

Mary Woods, The Royal Marsden FT
Mary demonstrates compassion and understanding of the effect that lymphoedema can have for the individual and instils in her colleagues the importance of caring for the whole person; not just their swelling.

Sponsored by
Emergency and Critical Care

Winner

Milton Keynes University Hospital FT: Hug in a Bag

One in five pregnancies result in miscarriage, many of which present to the emergency department. An emergency nurse recognised the gap in the provision of holistic compassionate care and open communication with women who had miscarried or were at risk of miscarriage. The Hug in a Bag project provides practical and emotional support for the woman and her partner during this difficult time. The pack is designed to support patient dignity with sanitary pads, wipes and tissues, and information about symptom management and what further tests may be required. Reassurance is also included in the leaflets provided.

Finalists

Brighton and Sussex University Hospitals Trust: Wishing Well at The Alex
This partnership project between Rhythmix and The Royal Alexandra Children’s Hospital has created a programme of live interactive music-making for children and families in critical care, to reduce stress and promote bonding and socialisation.

Central Manchester University Hospitals FT: Improving sepsis recognition and time to treatment in adult accident and emergency
Using the Safer Clinical Systems Tools developed by The Health Foundation and Warwick University, the project team identified the hazards and associated risks in the sepsis pathway. There was increased compliance with the Sepsis Six care bundle.

London Ambulance Service: Mental health nurses in the ambulance service
Following feedback from service users and staff, specialist clinical support was introduced into the emergency control centre to take calls directly from 999 operators and crews on scene. This role supports patients who are calling in a mental health crisis.

Nottinghamshire Healthcare FT: CAMHS CRHT and Liaison Psychiatry
This specialty liaison team covers the three acute general hospitals in Nottinghamshire. Falling under the umbrella of CAMHS urgent care, these services work 365 days a year with extended hours 8–10pm, as this was found to be the period when most young people access services locally.

Royal Surrey County Hospital FT: Emergency surgical specialist nurses
The team aimed to ensure all emergency surgical patients had an early diagnosis and clearly defined pathway to achieve ambulatory care where possible. Two nurse specialists run a six-days-a-week service alongside the emergency surgical team to act as links between all teams and departments.

South Eastern Health and Social Care Trust: Development of a communication tool for use with the police service of Northern Ireland
The trust created stickers requiring incident number, arrest details and a search status, which nursing staff apply at triage whenever Police Service Northern Ireland are called. The aim was to improve communication with PSNI and safety.

Spectrum Community Health and Yorkshire Ambulance Service: Emergency response in custody project
Emergency response procedures in 35 prisons were reviewed, and data analysed to identify key patterns and opportunities to work more effectively. It also developed training workshops to support staff across prison and emergency services.

St Helens and Knowsley Teaching Hospitals Trust: Sepsis improvements
The team incorporates nurses, students, healthcare assistants and doctors into the training programme to facilitate a multidisciplinary approach to sepsis care. Outcomes include a reduction in mortality, use of critical care beds and length of stay. It has also promoted sepsis awareness among staff and the public.

Warrington and Halton Hospitals FT: Warrington Hospital intensive care nurses eliminating infection
In collaboration with infection control nurses, the ICU developed a vision to eliminate harm from unit-acquired infections, incorporating the latest evidence. It encouraged innovation to help achieve this, and shared its findings with the ICU community.
Chesterfield Royal Hospital FT: Recognising, involving and supporting patients’ carers and families
This team identifies carers at the point of admission or as soon as possible thereafter, via staff education of carer awareness, and mandatory documentation. The team creates a clear pathway of support for the carer through internal and external support to improve the patients’ overall hospital experience.

Four Seasons Health Care: Optimising palliative care in nursing homes
A review of care services found there could be stronger consideration given to palliative and end-of-life care. Based on 320 recognised standards, an educational programme and accompanying audit were developed to support nurses in care homes. There was an increase in advance care planning and a decrease in hospital admissions for people living with dementia as a result of this work.

James Paget University Hospitals FT: VIP Pathway “you are important to us”
The vulnerable adult pathway was designed to ensure a seamless and person-centred approach to the trust’s elective service with a focus on theatre and recovery. The project reduces health inequalities, and family members and people with learning disabilities are invited to visit departments before appointments, anaesthetics and recovery as standard.

Royal Cornwall Hospitals Trust: Admiral nurse role within an acute hospital
The development of this acute Admiral nurse service aimed to improve the care and experience of people with dementia and their carers, making their experience safer within the hospital. Support is offered to reduce the occurrence of distress and encourage purposeful activity in partnership with nursing staff. The team completely changed its approach.

University Hospitals of North Midlands Trust: Patient food choice
The objectives were to implement an electronic food ordering system to enhance patient food choice and the mealtime experience, as well as making them more efficient. Patients can order their food four hours before mealtimes, twice a day. This creates a more efficient mealtime service and staff are freed up to help patients with eating and drinking. It also provides a better patient experience.

Following feedback from families and carers, the trust recognised a service provision gap. The End of Life pilot was launched to provide a responsive and timely patient transport across the region for patients with palliative/end-of-life care needs, enabling them to be cared for and die in the place of their choice. The project aimed to deal with conflicting priorities of vehicle allocation between life-threatening incidents and end-of-life transport. Through better planning, waiting times were reduced and 82% of survey respondents said the service sped up discharge. The scheme has seen a reduction in hospital admissions, with patients staying in the community.

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University Hospitals of Morecambe Bay FT: Improving the healthcare experience of lesbian, gay, bisexual and transgender patients
A new transgender care policy for patients and staff, and a manager and staff guide to support LGBT staff and patients have been produced. Awareness has been raised among the staff and transgender training sessions implemented.

North East Ambulance Service FT: End of Life Care
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Infection Prevention and Control

Winner

**Nuffield Health: Educational programme for directors of infection prevention and control (DIPC) within the independent healthcare sector**

In 2014, Nuffield identified a gap in knowledge and skills relating to healthcare-associated infections, standard precautions and regulatory requirements for reporting infections among directors of IPC. A two-day BSc accredited programme was designed to ensure directors could engage staff, and improve practice and outcomes. Of 28 directors, 25 completed the programme. Feedback identified improvements in knowledge on microbiology, regulations and service structure, such as the appointment of two full-time infection prevention nurses. There was an increased emphasis on infection prevention at senior management meetings.

Finalists

**Guy’s and St Thomas’ FT: Zero avoidable harm is possible: a paediatric spinal surgical site infection surveillance success story**

Patient pathways were reviewed using NICE surgical site infection (SSI) prevention bundles leading to changes in practice. Prospective surveillance has led to a reduction in SSI rates from 8.3% (n=12) in 2013 to 0% in 2016, and no avoidable SSIs for the last 18 months.

**Hertfordshire County Council: Reducing spread of cold and flu virus through education sessions**

A handwashing education programme was introduced to educate people with learning disabilities about the importance of good hand hygiene. Respiratory infection is one of the most significant causes of death in people with learning disabilities. The nurses ran eight sessions and produced measurable outcomes.

**London North West Healthcare Trust: Preserving antibiotics for future generations**

To reduce antimicrobial resistance in the trust, build awareness and increase education on antimicrobial stewardship, which was found to be low, the team designed promotional materials, using a photoshoot with staff and their children, for a promotional campaign “Preserving antibiotics for future generations”.

**North Cumbria University Hospitals Trust: Breaking the chain, improving performance**

After a norovirus outbreak with catastrophic consequences, a system-wide improvement plan was developed with primary care, commissioners, local public health visitors, patients and staff. Waste storage was redesigned, and a whole economy escalation plan, which is replicable at other trusts, was introduced.

**Royal Brompton and Harefield FT: Working together to manage the first UK outbreak of an emerging fungal pathogen: Candida auris in a critical care unit**

In response to the first UK outbreak of Candida auris, an emerging fungal pathogen, strategies were developed to manage a prolonged outbreak. They reduced the risk of cross infection and informed national guidance.

**The Royal Cornwall Hospitals Trust: The Buddie Scheme – integrated education approach to infection**

The Buddie scheme brings individuals from different occupations and agencies together in an integrated education approach that increases understanding of their role in protecting patients against both infection and inappropriate antibiotic use, including for urinary tract infections, throughout the patient pathway.

**University Hospitals North Midlands Trust: “Are you C-diff savvy?”**

A revised education package was put together to support the objective of improving staff education around Clostridium difficile to enable staff to provide safest care. This included new “Are you C. diff savvy?” training sessions, e-learning, bookmarks and table top training, which can be delivered in the wards, and also to other areas.
Nursing in Mental Health

Winner

South West London and St George’s Mental Health Trust: Psychiatric decision unit – Lotus Assessment Suite

The Lotus Assessment Suite is a new, innovative service that offers in-depth assessment of people assessed by street triage, home treatment teams or liaison psychiatry services as potentially requiring inpatient admission following initial community-based assessment. The service recognises that informed decisions on whether hospital admission may be required are often affected by the circumstances of the assessment. The ability to undertake an in-depth assessment in a more settled environment outside of statutory waiting time standards (four-hour A&E waits) will enable a significant number of people to be supported in the community and prevent ‘avoidable’ admissions to hospital.

Finalists

Blackpool Teaching Hospitals FT: Children and adolescent support and help enhanced response team
Using innovative practice and a can-do attitude, the CASHER Team was developed to offer responsive, wrap-around care to children and young people attending A&E or the assessment unit in emotional distress or crisis.

Cardiff and Vale University Health Board: REACT Service
REACT is a nurse-led service providing seven-day crisis interventions within the community. Nurses work with the wider multidisciplinary team to provide bespoke care plans, supporting older people with mental health issues to be treated in their own homes.

The Christie FT: Enhancing the care of patients with dementia and skin cancer requiring surgical intervention
The skin and plastics team at the trust has made the experience of those being admitted for surgery with both cancer and dementia less traumatic, as well as more person-centred and compassionate.

Four Seasons Health Care: Mental health services in care homes
The project aimed to provide service users whose current needs cannot be met independently with slow-stream mental health rehabilitation services. Re-ablement services aim to help people do things for themselves, rather than having things done for them.

Lincolnshire Partnership FT: Triangle of Care
The Triangle of Care Project initially focused on self-assessment in inpatient and crisis areas. Now carers have become significant leaders in developing information and resources, which have been embraced by the Carers’ Trust as well as other NHS partners.

Royal Cornwall Hospitals Trust: Reasonably adjusted healthcare for people with mental health problems – improving access and experiences
The team provides reasonably adjusted care, including a choose and book system, to increase access, improve experiences and reduce health inequalities for people with mental health problems.

University Hospitals of North Midlands Trust: Introduction of pioneering clinical lead nurse in mental health
The clinical lead nurse in mental health post was designed to create and sustain significant changes to mental health care within an acute hospital, to improve child and adolescent mental health and perinatal mental health.
Mobilise your team and go paper-lite within weeks

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Technology and Data in Nursing

Winner

North East London FT: My Mind

My Mind is a website used to promote emotional wellbeing and mental health support for young people. It was developed using experience-based co-design where project leaders identified communication and access to resources outside of child and adolescent mental health services as key themes. My Mind was developed in-house by the trust’s IT team and refined by the youth ambassadors and clinicians using the system. It gives users access to universal resources and gives them control over their own recovery journey. It improves communication with clinicians and there is an instant messaging service that allows young people to message clinicians for support.

Finalists

Cambridge University Hospitals FT: Development of an electronic patient diary in adult critical care
An app was created for use by the critical care team that can securely hold text and photos, and be made available to the patient after discharge from the ICU.

Central Manchester University Hospitals FT: Understanding our acute care using Patientrack
The trust has implemented an electronic observation and alerting system called Patientrack, which has improved the team’s insight into acutely ill patients.

Four Seasons Health Care: Dementia care framework
Four Seasons Health Care launched a dementia care framework that provided an evidence-based tool to guide the care of people living with dementia in its care homes.

Healthy London Partnership: Use of an online toolkit to improve care to children and young people with asthma
This project was co-ordinated and led by a cardio-thoracic nurse, who convened a multidisciplinary panel of experts to identify best practice.

Lewisham and Greenwich Trust: Nursing scorecards and dashboards
The project created consistent ward-level data scorecards across key nursing and quality parameters. It worked with five teams to pull together the different strands of information.

Liverpool Community Health Trust, Mersey Care FT, NHS Liverpool CCG, Liverpool City Council and Informatics Merseyside: Opening the GATE
The Generic Assessment Tool and Evaluation is a patient-focused holistic tool that any staff member can use.

Royal Surrey County Hospital FT: Safe staffing process redesign project
This project delivered a single, all-in-one Excel tool that is intuitive, easy to use and enables a ‘live state’ Unify report. Staff can record data, review results and undertake safe staffing reporting.

University Hospitals Coventry and Warwickshire Trust: Reducing the usage of red blood cells
The transfusion team introduced a red blood cell calculator and algorithm for assessment of anaemia to calculate the RBC volume to give based on body weight.

University Hospitals of Morecambe Bay FT: Comprehensive nursing digital record: “Filling in the Gaps”
This was rolled out in 47 departments and wards across three hospitals over nine months. Nurses record information on mobile devices at the bedside.

Sponsored by

Cambio Healthcare Systems
Safers and Smarter
Nursing in the Community

Winner

Central London Community Healthcare Trust: Homeless health peripatetic nurse service (London Borough of Hammersmith and Fulham)

The pilot service was initially set up to work with any residents aged 18 or over in three hostels in Hammersmith and Fulham. People living in these hostels had high rates of unscheduled hospital admissions, A&E attendances, ambulance callouts and missed GP and outpatient appointments. The first 12 months have seen a 20% reduction in A&E presentations. There has also been a 30% reduction in ambulance callouts and a 20% reduction in non-elective hospital admissions. The service has shown evidence of improvement in health benefits such as the number of residents screened and immunised, and referrals to mental health, drug and alcohol services.

Finalists

Cardiff and Vale University Health Board: REACT service
This nurse-led service provides seven-day crisis interventions in the community after the team identified a gap in crisis care for older adults with both dementia and functional illnesses. Nurses provide bespoke care plans for home support.

The Dudley Group FT: Continence advisors for care homes in Dudley
The aim was to use nurse advisors to promote continence and dignity for residents in care homes and to monitor usage of continence products and be more cost-efficient. It fostered better relationships with care home teams.

Pennine Acute Hospitals Trust: Integrated North Manchester Macmillan palliative care support
A service hub provides clinical advice and support to patients and carers at home. It differs from other palliative services as it is truly integrated with district nurses and primary and hospital Macmillan teams.

Pennine Care FT: Butler green, enhanced intermediate care
The Oldham Community Rapid Assessment Team supports a timely and safe discharge from the acute hospital back into the community, for individuals with low-level needs. Individuals are assessed for community follow-ups.

Sheffield Teaching Hospitals FT: Okay to Stay
Okay to Stay helps patients with long-term conditions to avoid unnecessary hospital stays, using a simple, accessible patient-centred plan and a co-ordinated response from community teams. It helps patients manage conditions at home.

South Eastern Health and Social Care Trust: Rapid response nursing service
This iron deficiency anaemia service has forged a new care pathway, where nurses treat patients in clinics closer to their homes. Intravenous iron is administered in one to two doses, reducing the need for repetitive blood transfusions.

South Warwickshire FT: Developing a priority risk assessment tool for community patients assessed as at risk of skin damage
A priority assessment tool was developed to help assess patients who need pressure-relieving equipment and regular skin checks but have no other active health needs.

Spectrum Community Health CIC: The Wakefield wellness programme
A new wellness check was developed to reduce staff sickness and improve productivity. The programme was set to deliver 2,000 wellness checks over two years. After four months of delivery, almost 400 checks have been provided.

Stockport FT: Community staff nurse development programme
The aim was to support band 5 staff, enhancing their management and leadership skills, improving their knowledge of national and local policies that would affect their role and developing skills in complex caseload management.

Virgin Care: Health visiting in partnership intensive programme
The team developed a model of delivering intensive health visiting for vulnerable families. The project has been designed as a universal toolkit for any area of England where an intensive model of health visiting is needed at low cost.
As part of a developing children’s asthma service, the trust wanted to reach large groups of children with asthma to ensure they had the best knowledge of asthma care. The team wanted to make it friendly, fun and not intimidating, so that the children felt able to ask questions. The team identified a recognised spike in admissions to hospital, “week 38”, as the optimal time to visit the schools. Nurses worked closely with the school nursing team. The bus visited 16 secondary schools over two weeks. It was advertised on local radio and through the trust’s website. The project saw improved knowledge of asthma medication and devices, improvement in managing asthma exacerbations and control and better trigger awareness.

Finalists

**Derby Teaching Hospitals Trust: Improving Asthma Care Together**
The project provides a seven-day responsive and integrated service to benefit patients with asthma and healthcare professionals. It gives patients the confidence to manage their condition through personal action plans and provides a telephone or face-to-face review of patients with worsening symptoms. Awareness and education levels of healthcare professionals have been raised. This project was described as ‘novel’ by NHS England and has received exceptional feedback from patients.

**East and North Herts Trust: Ensuring patients receive a 48-hour follow-up review post-discharge from hospital with exacerbation of asthma in line with NRAD**
HOT clinics (available five days a week) within the acute chest team service provided a nurse-led 48-hour follow-up for patients admitted with an exacerbation of asthma to the Lister Hospital. The aims were to improve patient adherence to treatment; improve patient care and pathway within both primary and secondary care and reduce multiple attendance to A&E.

**Healthy London Partnership: Transforming care for children and young people with asthma in the capital**
This project, led by a cardio-thoracic nurse, aimed to improve the care of children and young people with asthma in London, particularly in respiratory nursing. It was part of a programme to improve integration and care. An online digital resource was developed - The London Asthma Toolkit. Key outcomes were the ability to save staff and financial resources through sharing of the guidance and business cases.

**James Paget University Hospitals FT: A modified approach to pulmonary rehabilitation**
The trust offers a modified approach to pulmonary rehabilitation. Patients with scores of 5 on the MRC Dyspnoea Scale experience levels of dyspnoea that have a significant negative impact on their lives. Attending pulmonary rehabilitation is challenging, and gym and education sessions were not attended. The trust offered individual appointments focused on breathlessness and its management, and gentle homework activities followed by full pulmonary rehabilitation.

**Spectrum Community Health CIC: Pulmonary rehabilitation project**
In August 2016, Spectrum introduced the Pulmonary Rehabilitation Programme in HMP Full Sutton to improve the treatment, monitoring and health outcomes of prisoners diagnosed with COPD. Pulmonary Rehabilitation Programme is a combined exercise and education programme that supports men with moderate to severe COPD to manage better in their daily lives, improve their lung function and reduce their risk of uncontrolled COPD flare-ups, which can result in hospital admissions.
Improving Healthcare through Nurse-Led Initiatives

The Burdett Trust for Nursing is an independent grant-making charity named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses. Since it was founded in 2002 the Trust has made grants in excess of £22.5M to support the nursing contribution to healthcare. The Trustees target their grants at projects that are nurse-led and that empower nurses to make significant improvements to the patient care environment. Currently they focus their funding on three key areas:

- **Building nursing research capacity**
  Supporting clinical nursing research and research addressing policy, leadership development and delivery of nursing care.

- **Building nurse leadership capacity**
  Supporting nurses in their professional development to create a cadre of excellent nursing and allied health professionals who will become leaders of the future and foster excellence and capacity-building in advancing the nursing profession.

- **Supporting local nurse-led initiatives**
  Supporting nurse-led initiatives that make a difference at local level and are focused explicitly on improving care for patients and users of services.

To maximise the impact of their funding the Trustees work in partnership with other charities to deliver carefully targeted grant programmes. Currently the Trust’s funding partners are:

- C3 Collaborating for Health
- Council of Deans
- Florence Nightingale Foundation
- Foundation of Nursing Studies
- Roald Dahl’s Marvellous Children’s Charity
- Winston Churchill Memorial Trust

To find out more about the Trust and its grants programmes please visit our website [www.btfn.org.uk](http://www.btfn.org.uk)

Charity registration no: 1089849
The “No Force First” is a restrictive intervention reduction programme to transform the experience of people who use mental health and learning disability inpatient services. In response to national care scandals and progressive national guidance, the trust aims to move away from the historical use of physical and medication-led restraint as a means of supporting people who become distressed. The main achievement is changing the culture of care, and changing the care narrative from containment to recovery. Two pilot wards achieved reductions of over 60% in the use of physical interventions in two years. Following roll-out this has fallen to 25% across inpatient wards since April 2016.

**Finalists**

**Gateshead Health FT: Reacting to Red – how vigilance at the bedside can drive excellence in reducing harm from pressure damage**
In the last five years there has been a 51% reduction in category 2 pressure damage and 71% reduction in category 3 damage.

**Hounslow and Richmond Community Healthcare Trust: Teddington Memorial Hospital transformation**
Over 10 months the inpatient rehabilitation average length of stay, which was 44 days, fell to an average of 17 days - improving the hospital’s CQC rating.

**James Paget University Hospitals FT: Kissing goodbye to sepsis**
A programme of work, including a Think Sepsis culture and an increased number of patients receiving antibiotics inside 60 minutes as per NICE guidance, has seen sepsis mortality fall by 2.4% in a year.

**Local Care Force: Agency nurses - protect yourself, protect your patients**
This programme of mentorship and leadership support for agency nurses from designated nurse clinical leads offers support for revalidation, clinical skills and mental health training.

**Nottingham University Hospitals Trust: Enhanced pathway for neutropenic sepsis**
This team created a pathway that improves patient experience, reduces unnecessary admissions and reduces the administration of antibiotics.

**Nottingham University Hospitals Trust: Reducing omitted doses of critical medications**
The project aim was to significantly reduce omitted doses of critical medications in three wards because of incidents. Changes have been sustained.

**Poole Hospital FT: Spotlight on safety**
This initiative aimed to reduce the rates of women smoking in pregnancy and the associated complications e.g. babies born small for gestational age and stillbirth. Serial growth scans and text message reminders are some of the methods used.

**University Hospital North Midlands Trust, Royal Stoke University Hospital: “Sit up, get dressed, keep moving”**
This campaign uses a multidisciplinary approach to maintaining and optimising physical, mental and social function during illness and encouraging self-care.

**Virgin Care: HAPU reduction**
This collaborative project with other organisations was conducted to evaluate a new pressure damage prevention bundle. It incorporated use of the SEM scanner, a new diagnostic technology, that detects early stage pressure ulcer damage.

**Wessex Academic Health Science Network and University Hospitals Southampton: Implementing self-administration of insulin in hospital**
New processes for assessment, recording and supporting self-administration introduced.
Berkshire Healthcare FT: Taking control of my health
This project was developed from a pilot study to explore the delivery of health education for people with learning disabilities and long-term conditions to participate in and reflect on their health, using a psychosocial approach.

Central Manchester University Hospitals FT: Sensory equipment and communication aids to meet patient need in the acute setting
The objective was to provide communication aids and sensory activities to patients with learning disabilities while in hospital.

Hertfordshire County Council: The Purple Star strategy: bridging the gap of health inequalities
The project aim was to reduce health inequalities and the impact of delayed diagnosis. This was achieved through educating health professionals on how to make reasonable adjustments.

Hywel Dda University Health Board: Improving the experience of acute hospital care for people with a learning disability
The project aimed to improve the experience of general hospital care offered by ward staff for people with learning disabilities.

Northampton General Hospital and NHS Nene CCG: Theatre pathway for individuals with a learning disability and complex needs
Carers and the multi-professional team work together to ensure an individualised plan is in place, which is centred on the needs of the person.

Northumberland Tyne and Wear FT: Community transition team
An established and agreed protocol helped convene, coordinate and administer pre-discharge planning meetings involving all relevant parties. Following discharge support and advice were offered to patients and carers.

Rotherham Doncaster and South Humber FT: Mate/Hate crime initiative
This initiative was launched to help protect vulnerable adults online. It raises awareness of a growing online problem whereby people pretend to befriend a person while secretly stealing from them or abusing them.

The Children’s Trust: Managing challenging behaviours in children and young people following an acquired brain injury
The aim was to raise awareness, and teach de-escalation skills to help manage challenging behaviours without using any form of restraint.

The Royal Cornwall Hospitals Trust: Transition support from acute settings for children and families with a learning disability and/or autism
This ensured children with learning disability or autism have a smooth transition from acute children’s services to acute adult services.

The vulnerable adult pathway was designed to ensure a seamless and person-centred approach to the elective service with a focus on theatre and recovery. It is a bespoke service provided to the most vulnerable groups. A large number of people with learning disabilities and dementia access JPUH’s theatres. Prior to the pathway, many operations were cancelled during the anaesthetic phase due to patient anxiety. This could be seen as having a direct result on health outcomes. Now cancellations are avoided by flagging patients, planning meetings becoming part of the process and inclusion for service users and family carers. Carers are invited into anaesthetic and recovery rooms as standard.

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Patients with chronic rheumatology disorders find it difficult to manage conventional exercise, yet exercise has been proven to have significant health benefits for these patients. Tai chi is a holistic evidence-based form of exercise that has been shown to be manageable for most people. The team established eight permanent and accessible tai chi for health programmes for people living with chronic inflammatory and autoimmune illness including arthritis, osteoporosis, back pain, fall prevention, rehabilitation and diabetes. Six of the class participants have now also trained as instructors to help to run the classes.
Elysium Healthcare is an independent provider of mental health, learning disability and neurological services in the UK. The services we provide are highly specialised and have been uniquely developed with the patient in mind.

We work on a collaborative basis with all stakeholders to help patients move through their own care pathways so that where possible, independent living can be achieved.

Our nurses, and our investment in them, is essential to our success as a dynamic and innovative provider. If our values resonate with you, we would love to talk to you!

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Nurse of the Year

Winner

Emma Bleasdale, Forget Me Not Children's Hospice

Emma is a paediatric nurse and a perinatal team leader. She met with consultants from NICUs in Leeds, Halifax, Dewsbury and Wakefield to develop a service over a 12-month period, because she identified there was a huge gap in service provision for families who had a baby in utero with a poor prognosis. Emma helps families but also supports professionals to enable them to understand the need for the service. She frequently speaks at local, national and international conferences. This enables other professionals to feel more comfortable and confident regarding the death of a baby. Emma and the nine-strong team are currently looking after over 85 families.

Finalists

Rosemary Dadswell, North Middlesex University Hospital Trust
Rosemary leads a nurse-led urology department and puts her patients at the forefront of innovation. She advocates patient experience as the driver for change, as demonstrated in her leadership.

Clare Dickens, University of Wolverhampton
Clare epitomises all that is positive about mental health nursing. She is passionate and compassionate about reducing the rates of suicide within society and her own home town.

Lisa Gervais, NHS Greater Glasgow and Clyde
Lisa has transformed the role of the clinical IBD nurse by integrating research into clinical practice increasing the number of patients in studies, while promoting innovation in practice driven by research.

Maggie Gunning, King’s College Hospital FT
King’s service redesign has come in part from information gathered at a focus group that Maggie set up. To meet this, she introduced the IMPARTS programme to the service.

Bridget Ingamells, Nottinghamshire Healthcare FT
Bridget has pioneered a learning disability adaptation of Marsha Linehan’s Dialectical Behaviour Therapy, whose “I Can Feel Good” manual is used worldwide to support the efforts of nurses everywhere.

Kathy Mellow, BirthLink
After seeing the “skin to skin” nestling of babies on a UNICEF sponsored trip to Columbia, Kathy introduced this therapy in her own hospital and inspired nurses to follow suit. As a result, Kangaroo Care became standard practice in the UK.

Sarah Minns, Burton Hospitals FT
Sarah attends meetings out of hours to support all patients diagnosed with prostate cancer as part of the voluntary work her team is doing. She is the voice for the patient, and works overtime to ensure they are seen and treated rapidly.

Fiona Stephenson, Livability Spinal Injury Centre
Her 30-year career in different specialties and countries has given Fiona experiences in management, education and healthcare capacity building. She is passionate about the care of people with a spinal cord injury.

Beverley Titley, Barchester Healthcare
Beverley is a highly motivated nurse who puts the needs of residents before her own. She bought a cockatiel and an aquarium for the care home, and is now personally transforming the garden in her own time to bring therapeutic benefits.

Elizabeth Watson, Bradford Teaching Hospitals FT
Elizabeth has been the sole MS nurse since 1996 and has been at the centre of service delivery, development and improvement. She put the care of patients with MS first, and even jumps out of planes to fundraise.

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Team of the Year

Winner

Derbyshire Community Health Services FT, School age immunisation service

The team was responsible for delivering the flu vaccine and national targets were set at 45-65% for the cohort. In the first year the team reached 61% – a percentage that had never been achieved in Derbyshire. By the second year, the team smashed the national target and delivered 69% – the best for the region. During that time they also had a positive impact on delivering staff flu vaccines throughout the trust. They also worked on the DTP/ACWY programme, offering a teenage booster and meningitis vaccine to all year 9 pupils. Uptake was outstanding at over 80%. The team offered a catch-up programme to all year 11s, ensuring no child left school without the protection they needed.

Finalists

Calderdale and Huddersfield FT: Hospital out of hours programme
This was part of an overall mortality reduction strategy. It released time to care in the patient pathway and journey by collaborative working.

Leeds Teaching Hospital Trust: Patient Experience Feedback
The trust received funding to explore how to handle the huge amount of patient experience feedback collected, including how to use it to make improvements.

Mid Essex Hospital Services Trust: Teamwork to improve service delivery and staff satisfaction
The team streamlined two research services (oncology and generic) into one unified department.

NHS Newcastle Gateshead CCG: Clinical engagement superstars: meeting the challenge of frailty
The nurse-led team has achieved great outcomes, such as more patients dying in their place of choice.

Northern Devon Healthcare Trust: Red to green – multidisciplinary teamworking to reduce delays
The project tackles delays in the system by making sure patients experience as many elective days in hospital as possible.

Oxford University Hospitals FT: A team approach to development of an in-house post-graduate certificate in advanced neuroscience care
This enables students to deliver advanced, confident and collaborative care and rehabilitation to each patient.

Oxleas FT, HMP Swaleside wellbeing peer mentor scheme
The project is led by the prison’s mental health team and trains, supervises, pays and supports prisoners to deliver peer mentor-led wellbeing support.

Royal Surrey County Hospital FT: Alcohol liaison service
Through detailed assessments the team determines detox regimes, medical treatments and psychological support required for each individual patient.

The Tavistock and Portman FT: Camden adolescent intensive support service (CAISS)
CAISS was set up to meet the demands of the increasing number of adolescents presenting in mental health crisis.

Wast Hills Hospital, Danshell Group: Creating an Outstanding Service
This team at a specialist autism hospital worked to getting a CQC outstanding rating, and achieved it in three areas: effective, caring and well-led.

York Teaching Hospital FT: Enhancing stroke care through effective teamwork
The stroke team has implemented initiatives to give patients the best nursing care to improve outcomes.

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This year, this award goes to someone who has always spoken up for nursing. Frequently interviewed by the media about the challenges facing the profession and individual nurses, Janice Smyth will always make sure nursing’s voice is heard.

Janice joined the Royal College of Nursing in 2005 as deputy director and head of employment relations and was appointed director of the RCN in Northern Ireland in 2009, a role in which she has thrived and made a huge contribution.

In her current role, she has provided a strong, credible voice for nursing while addressing the challenging issues facing health and social care in Northern Ireland. The political context in Northern Ireland means that a respected professional contribution to unique problems is critical, not only for nurses but to safeguard the whole system.

As a member of the RCN’s UK executive team, Janice provides leadership and strategic support to the College’s Council.

Janice also led the introduction of an innovative and valuable case management system, which is transforming the ways in which the College supports and represents nurses and nursing across the whole of the UK.

She has enjoyed a career that has spanned the statutory and independent sectors. She has also worked at the Northern Health and Social Services Board as a registration and inspection officer.

Just before joining the College, Janice was a nursing officer at the Department of Health, Social Services and Public Safety (DHSSPS) where she had responsibility for education, professional regulation, workforce and leadership.

In that role, her professional influence helped bring about legislative changes that enabled older people to have free nursing home care. Janice also developed local assessment tools and training packages during her time there.

Janice has a long history of improving care for older people, having been director of nursing and quality assurance at Sandown Nursing Group, which was at that time, the largest privately owned healthcare group in the UK.

In 2009, Janice was appointed by the minister for health, social services and public safety as a non-executive director on the board of the Northern Ireland Patient and Client Council.

Janice’s work in executive nurse, government advisor and now professional college director roles makes an unusual yet joined-up career. This range of experience has undoubtedly contributed to her ability to quickly grasp the bigger picture and to her reputation as a tough but insightful negotiator, whichever side of the fence she is on.

She has made significant contributions to operational service, education commissioning, policy development and professional development. For example, as lead nurse at DHSSPS, her personal commitment to nursing and midwifery education was influential and she left behind a framework for commissioning post-registration programmes that is world class and deeply respected across the four UK countries.

As director of the RCN in Northern Ireland she seeks solutions as well as highlighting challenges in the service. For example, in early 2014 the RCN convened a summit to explore the causes of the problems at the Royal Victoria Hospital’s accident and emergency department, which was attended by the then health minister, Edwin Poots. The summit examined improvements required in the wider systems as well as the pressure on nurses in the hospital. The minister agreed to a work programme to improve care for staff and patients. One of the CNOs said: “Janice epitomises nursing leadership, always putting the patient experience at the heart of her work and balancing strategic direction with practical solutions. Janice deserves this award because of her unwavering commitment to the profession of nursing as a force for improving the safety and experience of healthcare for patients and staff.”

Janice was awarded an honorary doctorate from the University of Ulster for her outstanding contribution to nursing, and was one of the 50 nurses celebrated in the inaugural Nursing Times Most Inspirational Leaders in 2014.

This award was judged by the four chief nursing officers of England, Scotland, Wales and Northern Ireland, and the chief executive and general secretary of the sponsor, the Royal College of Nursing.
Special Recognition Award

Outstanding Contribution during the Westminster Terror Attacks 2017

Guy’s and St Thomas’ NHS FT
Imperial College Healthcare NHS Trust

Outstanding Contribution during the Manchester Terror Attacks 2017

Bolton NHS FT
Central Manchester University Hospitals NHS FT
Pennine Acute Hospitals NHS Trust
Salford Royal NHS FT
Stockport NHS FT
University Hospital of South Manchester NHS FT

Outstanding Contribution during the London Bridge Terror Attacks 2017

Barts Health NHS Trust
Guy’s and St Thomas’ NHS FT
Imperial College Healthcare NHS Trust
King’s College Hospital NHS FT
University College London Hospitals NHS FT