Finalists’ brochure

Grosvenor House Hotel, Park Lane, London
26 October
Welcome to the online Nursing Times Awards winners’ brochure. In these pages you’ll find details of all the 2016 finalists and winners, who have achieved such a huge amount in being shortlisted – and for some of them in being selected as the winners – by our esteemed panel of judges.

It is really no disgrace if you didn’t make it to the shortlists: we receive a high number of entries and competition is fierce. Take a look at those who did make it through, draw inspiration from their success stories and maybe enter again next year or at a later point in the future.

Thanks to all our sponsors for their generous support of our event, which enables us to pay tribute to our finalists and winners in such fabulous style.

Thank you also to all our judges (who are listed on page 3), who gave up their valuable time to shortlist and then interview the finalists in order to determine the winners. This is always a tricky job, but I know it’s one that they enjoy. They have turned to their inner judging selves in order to come up with a set of outstanding winners.

The Awards cover a range of nursing specialties and a huge array of skills. In these pages you’ll find nurses devising complex technology solutions to make sure patients are kept safer or their needs are addressed more comprehensively, alongside schemes to help keep staff healthier and fitter, as well as projects to give hard-to-reach groups access to the services they need to keep physically and mentally well. There’s a smorgasbord of inspiration for all nurses. I hope you will enjoy being inspired.

As I mentioned earlier, we receive hundreds of entries, which means being a finalist is a massive accomplishment, so I hope everyone who is named within these pages is proud of themselves.

I would like to thank my team – Sheena Patel, Rosie Davis, Katy Welch, Ella McGregor, Mel Broome, James Priest and Laura Scanlan – for their hard work in putting these Awards together.

Finally, thank you to everyone who entered the Awards and congratulations to those who made it into these pages.

Jenni Middleton
Editor, Nursing Times

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Judges

Thank you to all the judges of the Nursing Times Awards 2016 for giving up their time and lending us their expertise to select our finalists and winners

Alison Leary, Royal College of Nursing
Alison Richardson, University of Southampton & University Hospital Southampton NHS FT
Alison Davies, Swansea University
Ann Moses, Unison
Anne Cooper, Health and Social Care Information Centre
Ben Thomas, Department of Health
Candice Pellett, Queen’s Nursing Institute
Alison Leary, Royal College of Nursing
Alison Richardson, University of Southampton & University Hospital Southampton NHS FT
Alyson Davies, Swansea University
Ann Moses, Unison
Anne Cooper, Health and Social Care Information Centre
Ben Thomas, Department of Health
Candice Pellett, Queen’s Nursing Institute
Jo Majithia, Central and North West London NHS FT
Joan Myers, Whittington Health
Jonathan Webster, CWHEE CCGs Commissioning Collaborative
Karen Barradough, NHS Professionals
Karen Proctor, Guy’s & St Thomas’ NHS FT
Karen Titchener, Guy’s & St Thomas’ NHS FT
Kay Grevenson, 2015 winner
Kelly Beer, NIHR Cambridge BioResource
Kerry Bloodworth, Nottingham University Hospital
Lesley Baillie, London Southbank University
Linda Nazarko, Ealing Hospital NHS Trust
Lisa Smith, 2015 winner
Liz Rix, University Hospital of North Staffordshire
Liz Robb, Florence Nightingale Foundation
Liz Williamson, Nottingham University Hospital
Mark Gray, National Network for Learning Disability Nurses
Mary Flatley, St Joseph’s Hospice
Mary Hopper, Sutton CCG
Matthew Hodson, Homerton University Hospital NHS FT
Maxine McVey, West Hertfordshire Hospitals NHS Trust
Patricia McDermott, Community Urology Service
Paul Fish, Royal Orthopaedic Hospital
Pete Gordon, Emergency Care Improvement Programme
Ros Moore, Parish Nursing Ministries UK
Ruth Oshikanlu, GaalMind
Samantha Prigmore, St George’s Healthcare and British Lung Foundation
Sarah Causer, Dudley Group of Hospitals NHS Trust
Sarah Cullen, Morecambe Bay Hospitals
Sarah Deacon, 2015 winner
Sarah Lafbery, West Hertfordshire Hospitals NHS Trust
Sharon Blackburn, National Care Forum
Shelley Dolan, Royal Marsden
Shirley Baines, Burdett Trust
Steve Hams, Surrey Downs CCG
Stuart McKenzie, NHS Ayrshire and Arran
Sue Covill, NHS Employers
Susan Hamer, NIHR Clinical Research Network
Susan Harvey, Northern, Eastern and Western Devon CCG
Suzette Woodward, Sign up to Safety
Theresa Shaw, Foundation of Nursing Studies
Thomas Currid, Faculty of Health and Human Sciences, University of Essex
Tracey Gauci, Department of Health, Social Services and Children, Welsh Government
Tracey Lambert, Unison
Trish Morris-Thompson, Barchester Healthcare
Wendy Nicholson, Department of Health
Zoe Packman, NHS Improvement

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CONGRATULATIONS
TO ALL
AWARD NOMINEES

Macmillan is proud to support the Cancer Nursing category at the 2016 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

Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). MAC16090
Inspired by experiences of families, cancer nurse Michele Pengelly was concerned about the paucity of resources helping newly diagnosed cancer patients talk to their children about cancer and its impact on the family. Resources were limited, mostly using heteronormative images, questionable for the diversity of modern-day families (single parents or those of the same sex). She developed the idea of writing a series of books, fully diverse, accessible and fit for purpose including British Sign Language and audio developed. Following consultation with patients, children and professionals, the first Caring for my Family with Cancer book was successfully launched in 2015.

Calderdale and Huddersfield FT: Head and neck cancer rehabilitation
The team employed a cancer care coordinator and improved patient access to the service. Patients were offered weekly outpatient appointments for six weeks post-treatment. This work was audited so that the team had evidence for the improved access and cancer support programme.

The Christie FT: Improving the experience of caring for people with cancer and dementia when requiring surgical intervention
The surgical ward is making the experience of those being admitted for surgery with both cancer and co-existing dementia less traumatic, individual, compassionate and person-centred. This starts even before admission.

Imperial College Healthcare Trust: A nurse-led chemotherapy service in a cancer centre
The team consists of four chemotherapy nurse practitioners who are experts in chemotherapy and cancer care, which enables them to carry out thorough physical, toxicity and holistic assessments. Outpatient waiting times are reduced and doctors spend more time with patients.

Macmillan Cancer Support: National thyroid cancer nurse specialists: a solution to postcode healthcare?
The project aims to address and eliminate inequality in access to thyroid cancer information and specific CNS support, regardless of postcode. It provides access to support throughout a patient’s journey. Funding from Macmillan created two specialist thyroid cancer nurse positions.

NHS Western Isles: Unique cancer care provided by Macmillan nurses in the Western Isles
Wherever possible, patients are supported by the same Macmillan nurse from diagnosis to the end of their need for care. The nurses overcome the challenges set by the geography of the islands, road conditions, ferry crossings and weather conditions to care for patients.

Nottingham University Hospitals Trust: The implementation of eHNAs in a chemotherapy day-case setting
The trust aimed to share care plans across the spectrum of healthcare professionals by uploading them onto the IT system. Analysis of data collected will inform future care needs of the homogenous chemotherapy group. Electronic holistic needs assessments will be introduced.

St Helens & Knowsley Teaching Hospitals Trust Acute Oncology Team: The musculoskeletal red flag pathway
This pathway was introduced to facilitate the appropriate management and oncology follow up of patients whose results are suggestive of a possible serious pathology such as cancer, but who do not fit into existing pathways.

Western Sussex FT: Improving the metastatic spinal cord compression pathway
The acute oncology team observed significant differences and deficiencies in the management of patients with metastatic spinal cord compression at its two hospitals. There was no access to MRI for outpatients, who had to be admitted for diagnosis. The adopted solution was to develop a standard pathway of care.
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Care of Older People

Winner

North Staffordshire CCG: Improving the quality of care delivered within care homes in North Staffordshire

The project aimed to improve the quality of care provided in care homes by reducing non-elective admissions to hospital for homes with the highest number of admissions. Hospital admissions from care homes are linked to reduced quality of life and worse health outcomes. The team introduced collaborative working between the CCG, intermediate care team and acute trust. Care homes were treated as the front line of the NHS through the deployment of nurse practitioners providing a rapid response service (within two hours of referral) and education seven days a week. Interventions and resources allocation were informed by a ‘live’ data feed regarding non-elective admissions.

Finalists

Brunswick Medical Practice: Carlisle Care Home Team
The team is a mobile community service that works in close partnership with the care homes locally to enable patients and families to be at the centre of the decisions made about their own care.

Coventry University: New skills–New life
Charity money was acquired to develop simulation days on essential caring skills for adult carers, with the additional opportunity for them to have an insight into possible careers in healthcare.

East and North Herts NHS Trust: Enhanced Dementia Support Team
To provide a higher level of care for patients with dementia and delirium who need one-to-one care, improve patient safety and mitigate high agency costs, an Enhanced Dementia Support Team was created and recruited.

Four Seasons Health Care: Resident Experience Team – Northern Ireland
The team has conducted a number of projects that have served to enhance the quality of care, particularly in dementia care, palliative care and infection prevention and control.

NHS Forth Valley: Evaluation of the use of a ‘playlist for life’ with patients and family in a community hospital
This qualitative study evaluated whether the use of personalised music as an engagement tool had an effect on patients’ social engagement.

Hertfordshire Partnership University FT: Zero tolerance on pressure ulcers
The aim of this project is to procure the best pressure-relieving mattresses and cushions, in order to prevent avoidable pressure ulcers and ensure all patients receive the best quality of care.

North East London FT: Enhancing therapeutic environment
The aim was to enhance the therapeutic environment on one of the older people’s mental health wards through changes to environmental factors and staff behaviour, thus improving patients’ feeling of safety.

North Staffordshire Combined Healthcare Trust: Acute and community trust shared care model for people with dementia
The unit featured collaborative management from registered psychiatric nurses, RGNs and social care expertise.

Sandwell and West Birmingham Hospitals Trust: Community matrons care homes team
Sandwell sourced and/or facilitated training and support for care home staff, with the aim of empowering them to care for their residents within the care home environment.

Tameside Hospital FT: Admiral Nursing – Connecting the hospital community, achieving best practice... changing hearts and minds
The trust commissioned the first acute hospital Admiral Nurses Service in the north of England, working in partnership with host charity Dementia UK.
Recruitment Process Outsource
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Insignia Global Partners is a healthcare management consultancy specialising in worldwide manpower services. We create value for organisations through improved recruitment performance, achieved by providing objective advice and implementing solutions to the increasing staff shortage of nursing and allied healthcare professionals.

As a management consultancy with clinical backgrounds, we are able to assist Human Resource services achieve even greater success than they would on their own.
Child and Adolescent Nursing

Winner

Leeds Teaching Hospitals Trust: Leeds Children’s Hospital TV

Children and young people in hospital need to be informed in order to be involved in their care and treatment. This helps with self-management of care, allays fears and positively enhances their experience, which then leads to better control for them. The trust developed an online platform called Leeds Children’s Hospital TV (www.lchtv.com) for and with children and young people in Leeds Teaching Hospitals Trust. Patient and professional short films introduce each ward and their staff and show common procedures. LCHTV also highlights the work of the youth forum, presents patient stories, and records patient feedback. This is believed to be the first TV channel of its kind in the UK.

Finalists

Blackpool Teaching Hospitals Trust: Blackpool ROCC – reaching out to children in care
A liaison system for carers and ‘drop-in’ services for young people in residential homes was developed, along with a monitoring system for the health and wellbeing needs of children aged 16-18 living in residential care.

Frimley Health FT: Paediatric asthma service – Slough
Two paediatric specialist nurses were employed to develop an autonomous and comprehensive paediatric respiratory service spanning both primary and secondary care, to reduce unnecessary ED attendances and improve management of asthma in hospital and the community.

Hywel Dda University Health Board: The school nurse’s rucksack
This project aimed to make school nursing more visible, accessible and relevant to children and young people, so that they can access it pro-actively and improve their mental and physical wellbeing. The school nurse carries the rucksack in school so that pupils can identify her.

Northumbria Healthcare FT: Reciprocity – Nursing in collaboration to meet children and young people’s needs (the Solihull model)
The Solihull model was used to improve the mental health of children and young people. Health visiting services, public health school nursing and CAMHS established a model of integrated working to enhance service delivery.

Over The Wall: Healing doesn’t just happen in hospitals
Over The Wall provides free residential activity camps for children with a serious illness, with the appropriate medical support, enabling them to participate in a fun-filled programme of activities, improve their resilience, build coping strategies and have opportunities for peer support.

The Pennine Acute Hospitals Trust: Learning to listen and getting it right
The Children and Young People’s Experience Group undertakes various projects to increase children’s participation, enhance the understanding of its benefits and embed it into decision-making and policy development at PAH.

Salford Royal FT: Working with the travelling community
The health visitor visited the hard-to-reach local Gypsy travelling community to work with it on all levels of the healthy child programme, including Universal Plus and Universal Partnership Plus. This required the development of trusting relationships with families and local services.

Tameside FT: Reducing the prevalence of foetal alcohol spectrum disorder through integrated approaches
With specialist midwife Mags Deakin, the HALS (Hospital Alcohol Liaison Service) has developed an innovative and ground-breaking pathway aimed at preventing foetal alcohol spectrum disorder.

Walsall Healthcare Trust: Preparation for adulthood
A specialist health transition service has transformed care, leading the way in preparing young people with physical impairments for adulthood. The service offers one-to-one case management, peer-to-peer support networks, group learning, mentoring and role models.
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Countess of Chester Hospital NHS FT: ‘Get it on Time’ campaign – Improving nursing care for Parkinson’s patients

A new process was devised, using a yellow sticker as a visual prompt for staff to identify patients with Parkinson’s disease and ensure their medications are given within their usual routine.

Cwm Taf University Health Board: Care home dementia intervention team

The team provides prompt assessment and treatment for people with dementia whose behaviour is challenging. It also trains staff caring for them in the care home sector.

East Lancashire NHS Trust: Idiopathic pulmonary fibrosis – Improving patients’ futures

The aim was to improve access to local monitoring, support and information for patients with idiopathic pulmonary fibrosis. Roles and resources were reorganised to provide a clinic and create a support group.

Knowsley CVD Service, Liverpool Heart and Chest Hospital: Knowsley trigger tool – Development of a tool to aid identification of end of life in heart failure and improve communication

This trigger tool helps to identify when patients with chronic heart failure are moving towards the end of life. This is often missed, resulting in missed opportunities for both patients and clinicians.

Manchester Royal Infirmary: Identifying and supporting people with chronic illness at high risk of deterioration

The project aimed to improve end-of-life care by identifying patients at high risk of deterioration. This would trigger a series of discussions and actions around the patients’ wishes for their future care.

Nottingham University Hospitals Trust: Home ventilation in neuromuscular conditions – Nursing role development, management and care planning

The team developed an innovative, holistic nursing approach to manage the home ventilation requirements of patients with long-term neuromuscular conditions.

Royal Devon and Exeter FT and University of Exeter Medical School: Improving recognition and care in monogenic diabetes through national genetic diabetes nurses

The project consisted in the development of an innovative educational initiative, training a team of specialist genetic diabetes nurses UK-wide in order to disseminate new genetic knowledge through a ‘train the trainers’ approach.

Sandwell and West Birmingham Hospitals Trust: Community matrons care homes team

The project aimed to reduce emergency admissions by training care home staff to care for residents in the care home environment. The collaboration between care home staff and the NHS enabled high-quality care for residents.

South Tyneside FT: TE@M – ‘Talk, Eat and Move’ – a project aimed at improving the health and wellbeing of staff with long-term conditions

The project aims to make lifestyle changes information, dietary advice and exercise programmes available to staff members in order to reduce sickness absence.

Wessex Academic Health Science Network in partnership with NHSIQ: the breathlessness project

This project enabled the proactive identification of patients who have undiagnosed breathlessness as a symptom when presenting to their GP. It used a specialist secondary care multidisciplinary team to allow early intervention.
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Dionne became a specialist mental health midwife working across two maternity units in May 2015. She has an ability to engage women who find it difficult to confide in professionals because of poor health or a bad experience. She consistently receives excellent feedback from the women she sees, who feel heard and understood. She frequently works beyond her normal hours, travelling huge distances to be with women who need her support. Dionne works tirelessly to engage with all the services involved in the women’s care, attending social care, mother and baby unit and perinatal mental health team meetings. She challenges prejudice and advocates equality for all her patients.
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The ambitious ERIC Nurse Project ran in Bristol and South Gloucestershire from May 2013 to May 2016. Funded by a Department of Health innovation grant, it aimed to increase early intervention for children with continence problems and promote excellence in paediatric continence care by a number of methods. These included distributing leaflets to parents to increase their understanding of continence problems and knowledge of where to go for help and support; training health professionals and early years workers to help them support the families of children with continence issues; and developing a children’s continence care pathway to improve the care children experience.

Aneurin Bevan University Health Board: improving access to paediatric continence services
The local paediatric continence service was reviewed because the school nurses were concerned about the long waiting times and inconsistent and inequitable services provided to children in Gwent. The project focused on making services more accessible, and devised treatment plans tailored to the individual and aimed at helping children or young people become dry at night.

Liverpool Women’s Hospital: Painful bladder – The unrecognised condition
Liverpool Women’s Hospital set up a support group for all patients receiving treatment for a painful bladder, so they could meet and help each other, and access self-help techniques, support and education. Previously, patients felt that no one else understood their little-known condition, while staff wanted more opportunities to educate themselves about self-help options.

Norfolk Community Health and Care Trust: Development of a pelvic floor stability group
The pelvic floor stability group was sometimes irregularly or poorly attended:

a continence specialist nurse redesigned it to make it more individual and specialised so it would look at specific continence symptoms. A CD and supporting material were produced to help patients maintain and continue their progress on their own.

PromoCon & NHS Gloucester CCG: Making continence everyone’s business
Working together, community and acute services, commissioners and the voluntary sector made the promotion of continence everyone’s business. This included further developing what was already working and addressing gaps in service provision, notably through the creation of a fit-for-purpose continence service for children and young people.

Sandwell & West Birmingham Hospitals Trust: FINCH’s Vision to Fly!
The FINCH Service is a nurse-led bowel function service that assesses, investigates and treats patients with faecal incontinence, constipation, rectal evacuatory dysfunction and anterior resection syndrome. There are few bowel function services nationally, so patients are often left to live and cope on their own with debilitating symptoms that negatively affect their quality of life.

Southern Health FT: Continence booklets for Southern Health
Two information booklets were designed to promote continence and manage incontinence, hence reducing the number of information sheets given to patients, ensuring that all information was at hand and allowing healthcare professionals to work proficiently. This empowered patients to self-help and learn about other types of bladder and bowel health issues.

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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

University Hospitals of North Midlands: Optimising opportunities and equalising access to acute research

The Royal Stoke University Hospital was the first hospital in the country to develop a round-the-clock research service for hyperacute stroke and emergency research trials. Good working relationships between the research and A&E teams proved pivotal in creating this 24/7 service. One of the aims was to improve patients’ access to acute research trials, as acutely ill patients do not always present between 9 am and 5 pm. The service was implemented in 2015 and, after 12 months of running it, the trust is now able to report improved choice and opportunities for its local patient population. There has been a 25% increase in patient recruitment figures.

Finalists

CK Group: Setting up and conducting a domiciliary research service in hard-to-reach groups

The domiciliary team ensured that all interested patients, regardless of their mobility and location, were given the opportunity to participate in research.

Clinical Research Network Yorkshire and Humber: Improving and increasing clinical research in care homes

A network of research-interested care homes was set up to increase the number of studies and improve access to research.

Doncaster & Bassetlaw Hospitals FT supported by Clinical Research Network: Yorkshire & Humber: Increasing research opportunities for patients through specialist nurse engagement

A new initiative was set up to inform patients of available research, give them the opportunity to participate and ease them into the process.

NIHR Exeter CRF, Royal Devon and Exeter FT and University of Exeter: Participation, involvement and engagement: a real-world, real-time experience for adolescents in research

Clinical research facility nurses investigated whether dietary interventions can reduce the levels of bisphenol-A, which can negatively affect health.

North Bristol NHS Trust: Midwives deliver research

Pregnant women’s consent to participate in research is initially obtained by research midwives. Clinical midwives then get participants to reaffirm their consent; they also undertake randomisation, administer investigational medicinal products (IMPs) and conduct data collection.

Rotherham Doncaster and South Humber FT: Grounded research

The project aimed to build the research capacity, achieve an excellent measured performance and foster a research culture. Nurses were at the forefront of it.

University Hospitals Coventry and Warwickshire Trust: Developing nursing, midwifery and AHP research – CARE (Clinical, Academic, Research & Innovation, Environment) model

The trust aimed to increase its research capacity and capability, and develop a number of collaborative research projects that would produce defined and measurable outcomes.

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National Institute for Health Research
We’ve upgraded the look and functionality of our website to help you make the most of the resources available to you as a subscriber.

Nursingtimes.net now adapts to different screen sizes making it easy to browse on any device.

The new website features improved search options meaning the answers to your questions are only a click away.

New sections specifically aimed at your nursing role so you can always find articles relevant to you and your patient group.

Improved navigation has opened up the Nursing Times clinical archive of 5,000 peer-reviewed articles, plus opinion and analysis, book reviews and a dedicated student nurse section.

We’d love to hear your feedback! If you have any comments, good or bad, or if you’re having any problems browsing the website, please email customerservices@nursingtimes.net or call: +44 (0)20 3033 2626 (Monday - Friday 09:00 - 17:00).
The Christie FT: Improving the experience and care of people with dementia and cancer when being admitted for surgery

Over the past 12 months, the surgical ward and surgical teams have been working together to make the experiences of patients with both cancer and dementia who are admitted for surgery less traumatic, more individual and more compassionate, in order to achieve person-centred care.

The Dudley Group: Day-case surgery impact on elective beds and patient flow

Improvements made since December 2014 to the day-case surgery patient pathway – including processes, environment and interdepartmental team working – have resulted in an increase of day-case procedures equating to £655,500 in bed-days saved. Reduction in the demand for inpatient beds helps maintain flow and elective activity.

Hull and East Yorkshire Hospitals Trust: Surgery teacher trainer team boot camp

A two-week intensive ‘boot camp’ for new nurse recruits encompasses statutory and mandatory training, specialist surgical teaching and clinical simulation. The aim is to provide wards with competent and confident staff and ensure that training needs have been met.

King’s College Hospital FT: Patient safety by preventing never events in cardiac operating theatre – Innovative booklet

This project was developed with LivaNova, a heart valves manufacturing company, to educate staff and try to prevent never events – for example, patients being fitted with the wrong valve. An innovative booklet was produced to show staff how to prepare and use the right heart valve.

Liverpool Women’s Hospital: Ambulatory gynaecology

A portfolio of minor gynaecology procedures traditionally performed under general anaesthesia with a full perioperative theatre were moved into the outpatient ambulatory setting. This service redesign produced additional theatre and ward capacity, thus creating more space for complex gynaecological oncology surgery and laparoscopic surgery.

The Newcastle upon Tyne Hospitals FT: Nurse-led ultrasound fascia iliaca block

The team’s objective was to improve patients’ access to fascia iliaca blocks as a method of pain relief for a fractured neck of femur. Anaesthetic assistants within the department were trained to carry out the procedure, which requires the use of ultrasound guidance, so that anaesthetists wouldn’t be the only ones able to do it. This allowed to expand the service.

The Royal Orthopaedic Hospital FT: Improving pre-operative hydration for the benefit of patients

Guidance suggests patients should drink clear fluids up to two hours before surgery: a team of nurses came up with the idea of prescribing water to patients in order to avoid dehydration, which can cause complications after surgery. To date, this has reduced the average fasting time by four hours, with further progress likely.

Veincentre: Feasibility study to determine whether nurses can safely and effectively undertake treatment of varicose veins

This project aimed to demonstrate the feasibility of training nurse specialists to undertake the complete assessment and treatment of patients with leg ulcers and varicose veins, without minimal risks to patients and cost-effectively.

Pre-operative anaemia has been associated with an increased risk of 30-day mortality, and has also been shown to be an independent risk factor for perioperative transfusion and post-operative morbidity. Run by the pre-operative assessment nursing team, the pre-operative anaemia service ensures that all iron-deficiency anaemias are identified at pre-op stage and treated appropriately, with either oral or IV iron. The priorities were to reduce the numbers of patients admitted to hospital with a treatable anaemia, reduce unnecessary blood transfusions in elective surgery, improve outcomes and reduce patients’ length of stay in hospital.

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The Royal Orthopaedic Hospital FT: Improving pre-operative hydration for the benefit of patients

Guidance suggests patients should drink clear fluids up to two hours before surgery: a team of nurses came up with the idea of prescribing water to patients in order to avoid dehydration, which can cause complications after surgery. To date, this has reduced the average fasting time by four hours, with further progress likely.

Veincentre: Feasibility study to determine whether nurses can safely and effectively undertake treatment of varicose veins

This project aimed to demonstrate the feasibility of training nurse specialists to undertake the complete assessment and treatment of patients with leg ulcers and varicose veins, without minimal risks to patients and cost-effectively.
Emergency and Critical Care

Winner

Tameside FT: Acute alcohol withdrawal intervention: reducing avoidable harm and the impact of alcohol harm on A&E

The HALS (Hospital Alcohol Liaison Service) was established in 2013 and, to date, the team has seen over 2,800 patients. It operates seven days a week, 8 am-8 pm, and offers rapid-response services to all inpatient and outpatient departments in the hospital. In addition, the team has launched a nurse-led Fibroscan service to help identify early liver harm; a nurse-led daily ambulatory detoxification clinic fully flexible to patients’ needs; nurse-led teaching programmes on alcohol harm for all hospital staff and the wider community; and trained alcohol champions in each clinical area. Not to mention formal co-working processes with community agencies to improve patient outcomes.

Finalists

Gateshead Health FT: Helping people overcome the complications associated with critical illness
As part of the rehabilitation service, patients are encouraged to keep a photo diary and write in it, which helps them come to terms with what has happened to them when they were in critical care.

Gateshead Health FT: Improving the care and experience of the emergency surgical patient
The trust amalgamated the medical and surgical admissions unit to form an emergency assessment unit which serves as a single point of access and assessment for patients, improving their experience.

George Eliot NHS Trust: Improving sepsis care within a district general hospital
This project aimed to improve knowledge, recognition and treatment of sepsis, mainly in A&E but also among ward staff. Education and clinical support were used to enhance diagnosis and treatment skills.

Hull & East Yorkshire Trust: CCAST (Critical Care Assessed Steps Training) – A respiratory journey pilot
The Critical Care National Framework for Education was used as a guide to set up a respiratory journey pilot. Basics of respiratory assessment in critical care were taught in realistic scenarios using a simulation dummy and other equipment.

University Hospitals of Morecambe Bay Trust and Red Rose Recovery: Hospital Alcohol Liaison Service
This joint venture has seen 79% of patients referred for alcohol-related problems engage with recovery coaches to change their lifestyle and behaviours, thanks to an in-reach alcohol-related support service.

Mid Cheshire Hospitals FT: Rapid Assessment and Treatment (RAT) collaboration
The aim of the Rapid Assessment and Treatment collaboration is to provide early senior assessment of undifferentiated ‘majors’ patients. The model has been implemented by a number of emergency departments with considerable benefits.

Nottingham University Hospitals Trust: Rotation between adult and paediatric ED
A rotation between adult and paediatric ED has been put in place to break down tensions between teams and increase staff’s skills and confidence, so that can support a different area during busy times.

Royal Wolverhampton NHS Trust: Support after critical care
Diaries were started for all patients who stayed in hospital for more than three days. The diaries were completed with the help of the multidisciplinary team, family contributions being welcomed. After discharge, patients completed a PTSS questionnaire and those with high scores were invited to attend a post-ICU review.

University Hospitals Bristol Trust: Shine ~ Making emergency care safer
As part of the Shine project, a safety checklist – with an hourly framework of tasks for every ‘majors’ patient – was introduced. Key performance indicators were implemented to measure clinical improvement, including the monitoring of vital signs, calculation of early warning scores and pain scoring.

University Hospital of Wales: End-of-life support in critical care unit
To improve the support provided to families of young patients who die in critical care, the hospital linked up with the charity ‘2 Wish Upon a Star’, which helped the team to improve care for these patients’ families. Memory boxes were introduced as part of the project.
The objective of this project is to improve maternity care given to mothers with a learning disability. These mothers are at greater risk of poor outcomes during pregnancy and the postnatal period. It is imperative that care is tailored to suit their individual needs and circumstances. Northampton General Hospital midwives therefore set up a group called ‘Chit Chat’. It offers professional guidance and peer support to parents who may have additional needs, enabling them to receive the optimum maternity care. ‘Chit Chat’ demonstrates how an intervention can help mothers to feel positive about their parenting ability, reduce their anxieties and increase their confidence.

The Pennine Acute Hospitals Trust: End-of-life care improvement initiatives
The aim of these initiatives was to improve end-of-life care and support for patients and their families and/or carers in hospital, enhancing the care environment and the overall care experience. The team implemented changes with a limited budget, keeping costs as low as possible.

Royal Wolverhampton NHS Trust: Dignity at the heart of everything we do
The trust set out to promote and improve dignity across its services, driving forward person-centred care. All departments now have a dignity champion and there are trust-wide dignity audits and reports.

University Hospitals of North Midlands Trust: Purple bow
A sensitive signage in the form of purple bows on side-room doors, bay curtains and so on makes all hospital staff discreetly aware that a person is nearing the end of life and that their family or friends may be present. The signage also encourages staff to start end-of-life conversations with patients and relatives in order to accommodate their special wishes and requests.
Infection Prevention and Control

Winner

Wirral University Teaching Hospital: Implementation of a preventative strategy to manage and contain carbapenemase-producing Enterobacteriaceae (CPE)

Having identified a first case of carbapenemase-producing Enterobacteriaceae (CPE) in 2011, the infection prevention team at Wirral University Teaching Hospital recommended and implemented a preventative strategy to manage and contain CPE. Its key elements were the rapid detection and effective isolation of colonised patients, and promoting doing the basics brilliantly. The objective was to prevent clinical infections for which treatment options are extremely limited from occurring. To achieve rapid detection and effective isolation surveillance systems were improved, rapid molecular testing was introduced and a purpose-built unit was created.

Finalists

Guy’s & St Thomas’ FT: Demonstrating benefits of multidisciplinary collaboration in reducing adult cardiac surgical site infection rates

Surgical site infection surveillance (SSIS) was started in 2009. Between 2009 and 2015, surgical site infection (SSI) rates fell from 5.4% to 1.1%, and coronary artery bypass graft SSI rates fell from 6.5% to 1.2%. The trust saved an estimated £706,000 over a seven-year period. The improvements are directly attributed to a strong SSIS leadership.

Nottingham University Hospitals Trust: Improving cleanliness and the patient experience through the development of a cleaning manual for nurses and midwives

The manual came along with a skills-acquisition day during which staff were taught how to assess ward cleanliness and conduct a cleanliness audit. Further tools used to prevent healthcare-associated infections were antibiotic stewardship and a mini-decant programme.

Nottingham University Hospitals Trust: Reducing catheter-associated urinary tract infections

The trust reduced the number of catheter-associated urinary tract infections (CAUTIs) by standardising the urinary catheters used and promoting better insertion techniques. After a trial in various clinical areas, an all-in-one catheterisation pack from CR Bard was chosen and implemented across all areas. Subsequently, there has been a 53% reduction in the number of CAUTIs.

Royal Wolverhampton NHS Trust: Introduction of surgical site infection surveillance (SSIS) team

In addition to mandatory surgical site infection surveillance (SSIS), the trust put in place voluntary surveillance for other surgical categories: surveillance was extended to all knife-to-skin procedures and the post-discharge period. The SSIS team was reinforced after its first year of existence, and reductions in SSI rates have been observed.

Royal Wolverhampton NHS Trust: Wolverhampton’s nurse-led intravenous resource team improves patient safety

This nurse-led intravenous resource team was created in October 2012. It has orchestrated a rapidly established intravenous line insertion and an outpatient parenteral antimicrobial therapy (OPAT) service, while also developing excellent governance and patient safety standards and providing nurse leadership for device-related bacteraemia for all devices.

Tameside Hospital FT: Sustained reduction of Clostridium difficile infection (CDI)

The project aimed to reduce the number of cases of Clostridium difficile infection (CDI). Since the project was launched, the trust has seen a significant reduction in the number of CDI cases compared with baseline data recorded in 2008/09; in percentage terms, this equates to a 90% reduction. Over the course of 2015/16, the trust has seen CDI rates reduce by 47%.

University Hospitals of North Midlands: Infection prevention question and answer manual

As part of a collaborative, multidisciplinary project, a manual containing guidelines, standard operating procedures, posters, visual aids, flow charts and care pathways was created. Each chapter starts with a contents page and a list of relevant questions, and each question has a hyperlink that takes the reader directly to the answer.
Every patient at Saxonbrook Medical Practice has access to a mental health specialist without referral or waiting lists. Services are delivered during working but also extended hours, so that patients who work can access support without taking time off. The wellbeing clinics have reduced referrals to secondary care. Patients with anxiety, stress and depression who traditionally would have been offered a 10-minute appointment with a GP now get an extended appointment during which a comprehensive assessment can be carried out and a treatment plan can be discussed. This is a great example of high-quality, accessible mental health care.

Finalists

**Birmingham and Solihull Mental Health FT: PPM Team – Supplementary experiential learning pathway**
The supplementary experiential learning pathway (SELP) puts service users at the centre of care. It gives them opportunities to develop through facilitated sessions. It also gives student nurses a combination of simulation and clinical learning opportunities. The unique service user involvement aspect of SELP demonstrates that care starts with recognising the ‘real’ person behind the label.

**NHS Forth Valley: Primary mental health nurses in GP practices**
For many people with mental health problems, the first port of call is their local GP surgery; however, GP practices previously didn’t have specialist mental health nurses. The presence of mental health nurses in GP practices allows to meet patients’ needs more effectively. Primary mental health nurses have now established a same-day service, providing specialist interventions and care, or responsive referral to local community resources where needed.

**North East Lincolnshire CAMHS: Crisis and intensive home treatment team**
The team aims to prevent inpatient admission by positively managing risk and crisis via brief intensive home-based treatment. Where necessary, it also supports young people in the transition from tier-4 CAMHS back into the community. The objective is to reduce the number of children and young people admitted to tier-4 inpatient beds, enabling them to stay in their environments. Patients’ wellbeing was improved and more cost-effective healthcare achieved.

**Nottinghamshire Healthcare Trust: CAMHS crisis resolution and home treatment team**
This nurse-led team offers interventions including family therapy, cognitive behavioural therapy, dialectical behavioural therapy and mindfulness. It comprises mental health nurses, a learning disability nurse, a nurse consultant, nurse specialists, a nurse prescriber and a social worker. The team aims to see young people within four hours of referral and works with them until the crisis is averted or their mental state is improved.

**Hampshire Constabulary & Isle of Wight Trust with Wessex Academic Health Science Network: Serenity Integrated Mentoring (SIM)**
Healthcare professionals and services worked with the police to help individuals who have mental health needs and cause incidents through antisocial behaviour. Many of them tend to repeat these behaviours, but this collaborative project between the police, service users and healthcare professionals has successfully reduced the number of incidents.

**Lancashire Care FT: Community Restart Central Lancashire**
Community Restart has set up numerous partnerships to creatively support people who experience mental ill health. It is dedicated to improving people’s quality of life, enhancing their opportunities and improving their outcomes. An asset-based approach is central to this work. Fundamentally, the service has shifted away from models that focus on needs and deficits to one of aspiration, autonomy and personal responsibility.
Patient flow technology, it’s in our DNA. It’s also all we do, so you can be confident it has our full attention. Even our logo was influenced by Florence Nightingale’s polar diagrams using data to improve patient outcomes in the Crimean war.

Working in partnership with nurses we developed our Patient Flow Manager solution to address the ever increasing administrative burden placed on frontline staff, whilst simultaneously fulfilling the rich information needs of all those involved in health and social care provision.

Time and time again customers tell us how with the help of our technology they are achieving wide ranging benefits that improve the lives of patients and carers alike.

What better way to showcase the amazing examples of nurses exploiting technology than to sponsor the inaugural Nursing Times ‘Technology and Data in Nursing’ award.
Birmingham Community Healthcare NHS Trust: Baby Check – Research-based reassurance for every parent

Baby Check helps parents and health professionals recognise when babies need medical care. There are 19 simple checks that test different symptoms or signs of illness, which allow the user to assess whether or not a baby needs to be seen by a doctor.

Four Seasons Health Care: Quality of life programme

The systems put in place enhance the quality of life of the company’s 16,000 residents in the UK. Tools such as iPads and wifi provide live feedback from residents, care partners, visiting professionals and care home staff.

Hampshire Hospitals FT: Nurse specialist clinical contact e-form communication to GPs

This e-form has transformed communication between hospital nurses and GPs. GPs like it because it gives them critical information at the point of care in hospital that they can easily access via their community-based clinical GP system.

Imperial College Healthcare Trust: Pressure ulcer dashboard

The project provided a platform through which staff can easily access patient information in real time, and then use it to support improvement work. The data is reported in a way that demonstrates trends and is statistically more robust.

Kettering General Hospital FT: Intensive Voices

Communication is crucial to the rehabilitation of critically ill patients. In the ICU, patients with impaired speech and/or dexterity were often frustrated by the lack of help provided by conventional communication aids. The Intensive Voices project aimed to overcome this.

Kingston Hospital FT: Introduction of clinical documentation, electronic prescribing and vitals link devices

The project introduced innovative and patient-focused technology that saved over six hours of nurses’ time per day across three wards, releasing time to care and interact with patients.

Nottingham University Hospitals NHS Trust: Electronic holistic needs assessments

Patients can complete an eHNA assessment using an iPad in the hospital setting or at home, which allows them to identify their own needs at that time to inform their subsequent care plan.

University Hospitals of Morecambe Bay FT: Comprehensive nursing digital record

The project standardises record keeping across three rural hospitals; redesigns processes, validates care plans (best practice), reduces duplication and records concise, legible and timely information.

Plymouth Hospitals Trust: Safer staffing using SafeCare acuity and dependency software and HealthRoster system

Technology ensures accurate, real-time data that helps make safe and appropriate staffing decisions, balancing risk and professional judgement.

A telecare device which can accommodate the details of up to 40 residents was put in place in care homes. Residents have to answer disease-specific questions and enter their clinical observation data. Residents’ usual parameters are pre-loaded onto the device and the system alerts health professionals of any changes. The project aimed to help recognise a deterioration in symptoms, upskill care home staff, and reduce hospital admissions and 999 calls. Care home staff are trained to make clinical observations and recognise changes, even subtle ones, so that patients are monitored, assessed, diagnosed and treated in a timely manner.

Winner

Kent Community Health FT: Docobo Telecare in care homes to reduce hospital admissions

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Nursing in the Community

Winner

National Express UK Bus: National Express Health Bus

National Express UK Bus employs 5,500 staff, the majority being drivers and engineers, across 13 different locations. Staff work different shifts and services run 24/7. The overall objective of the Health Bus project was to provide a mobile health unit in response to feedback from employee surveys. The Health Bus’s nurse, Karen Harrison, provides advice and guidance that enables employees to enhance their health and wellbeing. She also carries out various tests, including ECG reading and cholesterol testing. In 24 months, the Health Bus facility has offered over 3,000 private consultations, meeting 20 employees per day and spending at least 20 minutes with each.

Finalists

Berkshire Healthcare FT: Integrating physical and psychological care for patients with long-term conditions in the community
In collaboration with psychologists, nurses introduced psychological interventions as part of a holistic approach to managing patients with long-term physical conditions in the community.

Central and North West London FT: Review cleaning and compression of legs to aid healing
Within CNWL Camden Integrated Primary Care, most patients on district nurses’ caseloads who were undergoing traditional compression therapy were offered to switch to an alternative device. The aim was to provide simple, consistent and measurable methods of cleaning and compressing the leg to aid healing.

Enfield Community Services hosted by Barnet, Enfield and Haringey Mental Health Trust: Care Homes Assessment Team (CHAT) improving end-of-life care in care homes across Enfield
The aim of the project was to involve care home residents and their relatives in advance care planning and decision making regarding their future care.

Health Education England: Skills enhancement in rural communities
This innovative programme brought together trusts from across the West Midlands to work collaboratively in order to address training needs locally. A mobile clinical skills laboratory equipped to simulate a clinical setting took training out to healthcare staff.

Kent Community Health FT: Wound medicine centres
Implementing the nurse-led wound medicine model in the community has enabled the organisation to explore ways of delivering care more efficiently. It has improved the quality of service provision, enhanced patients’ experience and satisfaction, and maximised efficiency and effectiveness in the use of resources.

NHS Lewisham CCG: Lewisham’s Lovely Legs
Lewisham CCG was concerned about leg ulcer healing rates and commissioned CIC Accelerate—a specialist wound care organisation—to undertake an audit. Using the findings, they worked together to design a bespoke specialist leg ulcer service.

Northumbria Healthcare FT: Reciprocity – nursing in collaboration through the Solihull model
The Solihull model inspired this project of working with children and families to improve mental health. The trust used health visiting, public health school nursing and child and adolescent mental health services to establish a model of integrated working practice.

The Pennine Acute Hospitals Trust: Crisis Response Service, North Manchester Community Services
The Crisis Response Service was set up to improve health and social care for patients who have reached a crisis point, who previously would have presented to emergency services or been placed in 24-hour care.

Wessex Academic Health Science Network in partnership with NHSIQ: The Breathlessness Project
This project focused on the proactive identification of patients who have undiagnosed breathlessness as a symptom when presenting to their GP. A specialist secondary care multidisciplinary team allowed early intervention.

National Express UK Bus: National Express Health Bus

The aim of the project was to involve care home residents and their relatives in advance care planning and decision making regarding their future care.
East and North Hertfordshire Trust: How the acute chest team has improved patient outcomes at the Lister Hospital

The acute chest team project was initially run as a two-month pilot in 2013. Its success led to a five-day service with a two-year CQUIN. Subsequently, this has developed into a robust seven-day service, which is now in its second year. The objectives were to increase the number of patients seen by a respiratory specialist in order to improve their outcomes, prevent admissions to hospital when appropriate by offering an urgent follow up in ‘ACT HOT’ clinics, and reduce mortality rates. The number of patients reviewed by a respiratory specialist within 24 hours of admission has increased and, on average, 5% of hospital admissions were avoided in Year 1 thanks to the service.

Nuffield Department of Medicine, University of Oxford: Developing a special airways clinic – Integrating clinical care with research

This service for patients with complex airways diseases integrates clinical care with research opportunities for patients to participate in. Specialist airways assessments (exhaled nitric oxide, methacholine challenges, sputum differential cell counts) have been introduced to enable staff to fully characterise every patient’s unique disease pathology, and offer individualised treatment. This has led to a true partnership in the clinician-patient relationship, with patients understanding their own illness better as well as becoming ambassadors for change in disease management.

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Wirral University FT: Development of pleural services for patients with malignant pleural effusion

This nurse-led pleural service with consultant support was developed to provide timely, evidence-based investigation and treatment for patients presenting with pleural effusion. Malignant pleural effusion is an increasing burden both on patients and on healthcare resources. With increasing life expectancy in an ageing population, if the current cancer incidence rates continue, an additional 100,000 cases of cancer per year are expected by 2025. An average district general hospital serving a population of 250,000 might therefore expect to diagnose and treat approximately 250 new cases of malignant pleural effusion annually.

Sunderland Royal Hospital: Nurse-led learning disabilities respiratory service

The project’s aim was to set up a specialist asthma clinic for people with learning disabilities. The objectives were to tailor asthma education and management to people with varying degrees of learning disabilities, aid compliance and manage asthma more effectively. The wider aims were to improve quality of life, reduce access to emergency services and avoid hospital admissions. The project ensures that patients with asthma and learning disabilities are seen in a structured, well-supported clinic with the right literature, equipment and information available to them – appropriate equipment empowers patients with learning disabilities to manage their asthma.

Winner

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Finalists

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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
NHS Gloucestershire CCG: Tackling sepsis – A healthcare system-wide approach

The aim of this work was to reduce the risk to patients dying from sepsis or suffering unnecessary morbidity which could have been avoided if sepsis had been detected earlier. The objective was to have a county-wide, multidisciplinary and integrated approach for the prevention, early identification and treatment of sepsis in community and hospital settings. When a patient presents with an emergency illness, a sepsis assessment tool is used. This was achieved via educational activities, awareness raising, the implementation of assessment tools and shared learning, both within Gloucestershire and across southwest England through the work of the AHSN.

Finalists

Combat Stress: Triage nurse system for veterans with mental health issues
This system aims to reduce waiting times for veterans seeking support for mental health issues. Currently, two triage nurses are in post in Surrey and Shropshire, with another nurse due to start.

Gateshead Health FT: ThinkSAFE
ThinkSAFE is a user-informed, robust approach to support patient/family involvement in improving inpatient safety. The components to ThinkSAFE include a video and a patient-held logbook to facilitate interactions with professionals.

Lundy Ward, Northern Devon Healthcare Trust: Ward-based training initiative leads to dramatic reduction in pressure ulcers and falls
The team looked into staff knowledge and experience, discussed previous harm events and set up ward-based training.

Nottingham University Hospitals Trust: Think Drink
The ‘Think Drink’ project reduced excessive fasting times for patients, therefore improving patient experience and reducing dehydration and morbidity. The multidisciplinary team group looked at innovative ways to improve education.

Portsmouth Hospitals Trust: Stop the red clocks – A patient safety initiative
The project aimed to improve compliance with vital signs monitoring to enable early detection of deterioration. An electronic early warning system dictates when vital signs should next be monitored.

Royal United Hospitals Bath FT: Improving compliance in National Early Warning Scores (NEWS) scoring and accuracy
A simulation project was undertaken on one ward to explore how staff record vital signs and interpret them.

Somerset Partnership FT: Improving care for deteriorating patients in community hospitals
This project aimed to ensure all deteriorating patients in inpatient areas are escalated appropriately so they receive timely treatment.

South Eastern Health and Social Care Trust: Improving patient safety through the bedside handover
Being done at the bedside, the improved handover puts children and parents at the centre of care. Bringing the handover out of the office overcomes many of the shortcomings of the traditional system.

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In a county that stretches 3,500 square miles, isolation had become a concern for many patients, who felt ‘cut off’ from health services. Karen tailored the services her team delivers to this geographical environment, going beyond the call of duty to help patients with complex needs. She designed an outreach engagement model with weekly home visits, enabling nursing staff to carry out health and wellbeing screenings, vaccinations and detox support in patients’ own homes to the same standard as they would in clinic. One service user said, “I’m not sure that I would be alive now without my nurse [Karen]. When she steps into my house, I know that I’ve got someone on my side who is going to help me.”

Finalists

Angela Kerr, AKA Case Management
Angela independently founded AKA Case Management, a case management service provider, over 12 years ago. Despite the company’s growth, she is still a ‘hands-on’ case manager. She always goes the extra mile for clients and covers support shifts as part of her hands-on approach.

Carol Cousins, Four Seasons Health Care
Carol is a true leader within the independent healthcare sector in Northern Ireland. She liaises directly with the chief nursing officer through her representation in a senior working group (Central Nursing and Midwifery Advisory Committee) and with the Royal College of Nursing.

Clare Scholfield, Solent NHS Trust
As a matron for sexual health, Clare is a key member of the service leadership team. She ensures a high standard of care for all patients and has continued to do so despite being seconded to a major project that has diverted her attention to another area of the organisation.

Diane Stephenson, Southern Health FT
Diane has developed the role of the continence advisor, band-3 healthcare support worker. She supported staff with an education package, helping them to obtain an accredited continence qualification while ensuring the scheme would save money.

Ian Moyle, Royal Cornwall Hospitals Trust
The clinical matron round designed, developed and trialled by Ian has been fundamental in ensuring good-quality nursing practice and patient care, as well as an efficient, effective and safe service. This work has been rolled out across the trust and also shared externally.

June Patel, St Richard’s Hospice
June combines corporate leadership responsibilities with inspiring, encouraging and nurturing other leaders. She is able to tackle difficult issues with service commissioners, colleagues and her direct reports, using her experience to challenge practice and encourage innovation.

Marlene Featherstone, Northern Ireland (remote)
Marlene is passionate about person-centred care and always ensures staff focus on recovery rather than disability. She has created CPD focus groups for staff, which allows them to reflect on, and keep on developing, their skills. The aim is to provide services driven by the principles of person-centred care.

Shelley Perry, SEED/Breathe – Community-based intervention and support in Lancashire
Shelley goes above and beyond to treat clients and support families and carers. She ensures the service remains sustainable for future users. She has poured her own time and money into the service and has never received funding.

Tracy Maryan, Lister Hospital and East and North Herts Trust
Tracy became ward manager after a CQC inspection raised many concerns and a manager had been absent for several months. Staff were demotivated, the culture was poor and the sickness rate high. She launched projects to ensure staff’s voice is heard by senior managers.

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The need for a resource to support and increase positive, inclusive behaviours was identified in an inpatient forensic learning disability setting. By working collaboratively to move forward and overcome challenges, the trust developed the ‘Behaviour Swap’ flexible resources pack, which includes a poster and supporting cards.

Bradford District Care FT: Waddiloves Health Clinic Team
The team enables people who struggle to access mainstream services to have their physical health needs met. Desensitisation treatment is provided to patients who previously found interventions unacceptable so that they can tolerate them. This reduces pain and discomfort, ensures timely treatment and prevents more serious conditions from developing.

Leeds and York Partnership FT: General practitioner liaison project – Get Checked Out
An enhanced service requirement was established for all people with learning disabilities over the age of 14 to have an annual health check and health action plan in place. A pilot project was commissioned to that effect by Leeds North CCG in 2013 to improve the quality and uptake of the annual health checks.

Mid Yorkshire Hospitals Trust and South West Yorkshire Partnership FT: Getting the right care and treatment for patients with learning disabilities at Mid Yorkshire hospitals NHS Trust
The objective of the project is for the Mid Yorkshire Hospitals Trust learning disability liaison team to achieve equality of care and treatment for adult patients with a learning disability, as these patients should get the same care and treatment as all other patients.

Northampton General Hospital NHS Trust: ‘Chit Chat’ support group for parents with a learning disability
This project aims to improve maternity care given to mothers with a learning disability. These mothers are at greater risk of poor outcomes during pregnancy and the postnatal period. ‘Chit Chat’ offers them professional guidance and peer support so they receive optimum maternity care.

Northumberland Tyne and Wear FT: Transition and pathway development from an inpatient autism service
The aim of the project was to establish lifelong homes for three people with autism who had not been considered suitable for discharge from hospital. These patients were not able to move into existing properties due to the bespoke nature of the environments required for maintaining their stability.

University Hospitals Coventry and Warwickshire Trust and Coventry and Warwickshire Partnership Trust: Developing and implementing an effective learning disability electronic alert
An electronic flagging system alerts staff who are caring for adult patients with a learning disability, allowing them to make reasonable adjustments to care and provide relevant support.
We are proud to support the ‘HRH The Prince of Wales Award for Integrated Approaches to Care’ and delighted to announce Hampshire Constabulary & Isle of Wight Trust with Wessex Academic Health Science Network as the winners for their Serenity Integrated Mentoring (SIM) project.

In a category with such exceptional entries, this is a truly original project with tremendous impact. Lives have been changed; not only for the service users but for their loved ones, their communities and for those who had previously managed their care.

The winners have challenged traditional perspectives and brought two very different cultures together; both nursing and policing will evolve as a result.

As nurses, you see people, not patients - with their own hopes and concerns. You know that the moments that matter most are the moments when you can make a connection. That’s why you chose your profession. And when it comes to caring for people, you know what’s needed most: someone who understands.

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In November 2012, Hampshire Constabulary became the first police service in the UK to launch a street triage: a joint police and mental health response car. The ‘Serenity’ partnership started on the Isle of Wight as a simple crisis response teamwork and developed into a structure of wider conversations (including one that specifically focuses on antisocial behaviour and types of treatment pathways), concentrating on six service users. The police showed the compassion of nurses, but could also set boundaries and consequences not in the reach of the NHS. Assessment 18 months later showed that the partnership had produced some startling clinical improvements.

**Finalists**

**5 Boroughs Partnership FT: State of Mind Sport/The Rugby Football League**
The collaboration signposted people to support and encouraged early access to help, ultimately preventing suicides.

**Berkshire Healthcare FT: Integrating physical and psychological care to improve the management of long-term conditions**
Implementing psychological interventions has reduced patients’ dependency on healthcare systems as well as unscheduled hospital admissions.

**The Christie FT: Advances in integrative care for oncology patients**
The trust improved outcomes, compliance and quality of life through the use of essential oil products in combination with standard treatment regimens.

**Combat Stress: Veterans’ substance misuse case management service**
Specialist mental health nurses support veterans with mental health issues and alcohol and substance misuse disorders to access and engage with treatments.

**Countess of Chester Hospital FT: ‘Get it on Time’ campaign - Improving nursing care for Parkinson’s patients**
A process involving a yellow sticker has been devised to identify patients with Parkinson’s disease and ensure their medications are given within their usual routine.

**East London FT: Technology to monitor vital signs for people with long-term conditions, facilitating integrated care in a wider community**
Technology helps people to live independently and be responsible for their own health and care by monitoring vital signs and skin condition as appropriate.

**Gateshead Health FT: Normalising prostate cancer through a shared care approach**
The urology team piloted a solution using a ‘shared care protocol’ working across care settings, from initial diagnosis and treatment in secondary care to continued support in the community.

**Royal Trinity Hospice: Wandsworth end-of-life care coordination centre**
The centre was designed to enable people to be cared for and die at home through care coordination. The centre runs a telephone helpline. It is also designed to make the process of arranging care faster.

**South Essex Partnership FT: Care coordination transformation project**
The service identifies people who are at risk of decline and provides appropriate intervention, preventing unnecessary hospital attendances or delayed admissions to long-term residential care.

**Wessex Academic Health Science Network in partnership with NHSIQ: The Breathlessness Project**
Proactively interrogating patient case notes using the GRASP suite of tools (heart failure, COPD and asthma casefinder) and using a specialist secondary care multidisciplinary team allowed early intervention.

**Winner**

**Hampshire Constabulary & Isle of Wight Trust with Wessex Academic Health Science Network: Serenity Integrated Mentoring (SIM)**

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Improving lives
Nurse of the Year

Winner
Erin Docherty, Saxonbrook Medical Practice

Erin is a mental health nurse working at Saxonbrook Medical Practice. In the last 12 months, she has founded and run the Wellbeing Clinic, which gives patients access to a mental health specialist at their local GP practice. In the past nine months, more than 300 patients have accessed the clinic and have been assessed, equipped and supported in their journey from mental health to recovery and wellbeing. Erin heads the safeguarding at the practice and has built a service that fully involves other professionals in the community. She also volunteers for youth charity Street360, delivers mental health training in local schools, and supervises a group of mentors.

Finalists

Gillene Thomas, National and Specialist Acorn Lodge Inpatient Children’s Unit and South London and Maudsley FT
Gillene was pivotal in getting the team shortlisted for a Team of the Year Award. Hers is the first children’s inpatient unit achieving ‘accreditation with excellence’ by the Quality Network for Inpatient CAMHS.

James Pratt, Nottingham University Hospitals Trust
James has helped develop emergency department specialty pathways, teaches at the University of Nottingham Msc Advanced Practice, has assisted in producing pharmacy protocols, has improved patient satisfaction by reducing waiting times, and has helped improve staff satisfaction through training.

Karen Marshall, Newcastle upon Tyne Hospitals FT
As part of an MSc research programme, Karen identified that there was no psychological input for patients in the chest clinic where she worked, so she trained in cognitive behavioural therapy. She also developed a CBT training programme and gained NIHR funding.

Lucy Emms, Hounslow CAMHS and West London Mental Health Trust
Lucy has dedicated the past 15 years to working with children and young people who have been diagnosed with neurodevelopmental disorders. She has trained in administering comprehensive diagnostic assessments and delivering evidence-based therapeutic interventions. She is a licensed practitioner in 123 Magic.

Maria Hughes, Wirral Community FT
Maria stopped the use of buckets of water to cleanse leg ulcers across the trust, thus reducing staff sickness absence for lower back problems in leg ulcer clinics and improving patients’ journey by only having a trained nurse undertake leg ulcer management. She also organises a local conference for 160 delegates and 40 exhibiting companies/exhibitions.

Minija Joseph, King’s College Trust
Minija was the first nurse in the world to design a cardiac theatre manual with clear guidelines and protocols for staff. She produced it with the help of a heart valve manufacturing company to promote patient safety by preventing never events (wrong type and size of implant) during heart valve surgery. It was all done in her own time over a period of six months.

Pam Kehoe, Tameside Hospital FT
Pam became the first Admiral nurse in an acute hospital in the North of England, and only the fourth in the acute sector in the country. Her appointment followed a period of criticism and adverse media attention stressing that dementia patients at the hospital were not getting the care they needed. She worked with her small team to transform care.

Patricia Anne Harriss, London South Bank University
On a voluntary basis, Patricia has designed, led and delivered health projects in remote rural South Africa annually since 2002. This has led to several health workers being set up to deliver care to patients with HIV, and provided emergency first aid that has saved lives.

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UNIVERSITY OF GREENWICH
I owe my life to a clerical assistant who created the rota for the ambulance crew who arrived at work on the evening I had my near-fatal accident when a kind stranger rang the 999 operator who sent the paramedic who kept me alive with an oxygen mask that had been thoroughly checked that morning by a rapid response unit assessor so I could breathe all the way to a hospital porter who whisked me straight into the operating theatre where a team of theatre practitioners, doctors, nurses and anaesthetists worked carefully to repair my shattered cheekbone and stop the bleeding on my brain so that the plaster technicians could set the casts that the brilliant healthcare assistant found amusing when I regained consciousness and couldn’t work out what was covering half my face.

Every hour of every day people in public services – just like you – help make lives better.

Now UNISON is giving people around the country the chance to show their appreciation. Say thank you at publicservicechampions.org
The resident experience team is made up of 11 specialist nurses who oversee the quality of care across 62 care homes in Northern Ireland. Together, the team has conducted a number of projects that have served to enhance the quality of care received by the residents of these care homes. These relate to provision of dementia care, palliative care and infection prevention and control.

A team comprising nurses, a social worker, young people, young advisors, support staff and an external partner works to improve the experiences of children and young people accessing healthcare. The project enhances the knowledge, skills and confidence of healthcare professionals in communicating with children and young people in order to improve outcomes.

The STROKESTRA collaboration between the HICSS, the Royal Philharmonic Orchestra and Hull Public Health uses creative music-making with professional musicians to drive goal-led stroke rehabilitation. Users have a range of needs, including impaired sensation, mobility, upper limb function, strength, flexibility and communication.

The project aimed to promote patient safety and improve quality of patient care, as well as prevent inefficiencies and wastages. This was achieved by educating staff; producing clear guidelines to prevent never events; standardising practice in theatres, protocols, policies, training, equipment, instruments and consumables; and designing a patient pathway to reduce the risk of infection.

The pre-assessment team at Newcastle have developed what is recognised by many other trusts as a ‘gold standard’ clinic that streamlines all surgical directorates to ensure a safe and holistic journey for every patient undergoing surgery. They have reduced cancellation rates from 9% to 0.5%, introduced a nurse-led cardiopulmonary testing service and see 30,000 patients per year.

Through the strong leadership of a ward sister, the ward embarked on a programme to deliver harm-free care.

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Team of the Year

Winner

Barts Health Care

Europe’s largest trust has approximately 15,000 staff working in five hospitals and community sites across East London, but female and BME staff are under-represented in senior management roles. Informed by evidence from existing research about the importance of proactively supporting improvements in under-representation in senior positions, this project was set up to address the challenge. A multidisciplinary BME Development Co-design Steering Group was established, consisting of nurses, a doctor’s midwife and colleagues in non-clinical roles. The group considered how to have the greatest impact in addressing and enabling staff to overcome the glass ceiling effect.

Finalists

Four Seasons Health Care
The resident experience team is made up of 11 specialist nurses who oversee the quality of care across 62 care homes in Northern Ireland. Together, the team has conducted a number of projects that have served to enhance the quality of care received by the residents of these care homes. These relate to provision of dementia care, palliative care and infection prevention and control.

Great Ormond Street Hospital and Common Room Consulting
A team comprising nurses, a social worker, young people, young advisors, support staff and an external partner works to improve the experiences of children and young people accessing healthcare. The project enhances the knowledge, skills and confidence of healthcare professionals in communicating with children and young people in order to improve outcomes.

Hull Integrated Community Stroke Service
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King’s College Hospital
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Newcastle NHS Trust
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Newcastle upon Tyne Hospitals
Through the strong leadership of a ward sister, the ward embarked on a programme to deliver harm-free care.
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Images from the RCN100 Care on Camera photography competition

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The erection of the Mary Seacole statue in the grounds of St Guy’s and Thomas’ Hospital earlier this year is the culmination of many years of hard work by Elizabeth Nneka Anionwu, vice-chair of the statue’s appeal. She has spent years championing the figure of Mary Seacole, boosting public awareness of the pioneer nurse’s contribution in the Crimean War, as well as rattling buckets and selling pin badges, to raise over £500,000. Finished in June, the statue is the first one of a named black woman to be erected in the UK.

But although this campaigning role is what Elizabeth has most recently become famous for, her career started very differently nearly 53 years ago, when she began to work in the profession as a school nursing assistant in Wolverhampton at the age of 16.

Most of her life and career have been devoted to her work as a nurse, health visitor and tutor, working with black, minority and ethnic communities in London. In 1979, she became the first sickle cell and thalassaemia nurse counsellor, and helped establish the first Sickle Cell and Thalassaemia Screening and Counselling Centre, in the UK. She worked as the head of that centre until 1990.

In 1997, she was appointed Dean of the School of Adult Nursing and Professor of Nursing at the University of West London. She has also been a senior lecturer in community genetic counselling at the Institute of Child Health, University College London. She is currently Emeritus Professor of Nursing at the University of West London.

Her most famous work is A Short History of Mary Seacole: A Resource for Nurses and Students, which was published by the Royal College of Nursing in 2005. She has also co-authored The Politics of Sickle Cell and Thalassaemia.

This year, she published her memoirs, Mixed Blessings from a Cambridge Union. They tell the story of how her mother, a young white girl from a Liverpudlian Irish working-class background, became pregnant with her while studying at Cambridge University. Elizabeth’s father was black and her mother was put under enormous pressure to give the baby up, but she had other ideas for her daughter.

Elizabeth nonetheless had to face all the challenges of coming from a mixed-race background at the time. It is little wonder that this campaigning nurse was – and still is – so passionate about supporting patients and staff from a BME background. What inspires her to keep going? “Seeing the improvements that have happened so far. But I’m not satisfied until other gaps in service for BME patients and health professionals are addressed”, she says.

In 2001, she was made a CBE (which she claimed stood for “cool, black and exceptional”) for her services to nursing. “Elizabeth Anionwu CBE has made an enormous contribution to the health and wellbeing of multi-ethnic communities in this country. Her tireless work to ensure that people affected by sickle cell disease and thalassaemia get the support they need has touched the lives of thousands. Thanks to Elizabeth and the huge wealth of knowledge she has accumulated through her academic work and nursing practice, nurses, doctors and health professionals across the UK can build their understanding of these conditions, driving improvements in care for BME communities”, said Lord Victor O Adebowale CBE, CEO of the social enterprise Turning Point.

In 2004, Elizabeth was awarded a Royal College of Nursing Fellowship for her work on sickle cell and thalassaemia, as well as her leadership in transcultural nursing. In 2010, she was inducted to the Nursing Times Nursing Hall of Fame for her development of nurse-led services. She is currently a patron of the Sickle Cell and Thalassaemia Association of Nurses Midwives and Allied Professionals, of the Sickle Cell Society, and of the Nigerian Nurses Charitable Association UK. She is also vice-president of Unite/Community Practitioners and Health Visitors Association, and an honorary advisor to the chief nursing officer for England’s Black and Minority Ethnic Advisory Group.

In 2015, Elizabeth won a lifetime achievement award for Diva Women of Colour in 2015... and now she has a Nursing Times CNOs’ Lifetime Achievement Award to add to her collection!

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

Winner

Elizabeth Nneka Anionwu

CNOs’ Lifetime Achievement Award

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