Oyebanji Adewumi, Barts Health Trust
Liz Alderton, North East London Foundation Trust
Danny Angus, Mersey Care Foundation Trust
Keith Barry, Elysmore Healthcare
Katy Beckford, Berkshire Healthcare Foundation Trust
Gillian Belfon-Johnson, North Middlesex University Hospital Trust
Amit Bhargava, College of Medicine
Jackie Bird, The Christie Foundation Trust
Anton Borg, College of Medicine
Debbie Brown, Barts Health and Social Care Trust
Lorraine Burgess, The Christie Foundation Trust
Emma Bushell, Frimley Health Foundation Trust
Yinglen Butt, Royal College of Nursing
Peter Carter, Carter Consulting
Aileen Cassidy, Belfast Health and Social Care Trust
Christine Catley, Mid Essex Hospital Services Trust
Wendy Cole, Ontex Healthcare
Mark Collier, Nurse Consultant and Associate Lecturer Tissue Viability
Alison Coull, Edinburgh Napier University
Rebecca Crossley, James Paget University Hospital Foundation Trust
Chloe Crowe, North East London Foundation Trust
Thomas Currud, University of Essex
Alyson Davies, Swansea University
Ben Davies, Nuffield Health
Cynthia Davis, Kingston University and St George’s University of London
Deborah Dellafera, Hampshire Hospitals Foundation Trust
Sean Duggan, NHS Confederation
Abigail Eaves, Leeds Community Healthcare Trust
Judith Ellis MBE, Royal College of Paediatrics and Child Health
Judith Entierkin, London South Bank University
Kath Evans, NHS England and Barts Health Trust
Cliff Evans, Medway Foundation Trust
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Agnes Fanning, Queen’s Nursing Institute
Mary Flitay, Homerton University Hospital Foundation Trust
James Freed, Health Education England
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Kathryn Halford, Barking, Havering and Redbridge University Hospitals Trust
Jennie Hall, NHS Improvement
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Sandra Hanson, Dartford and Gravesham Trust
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Kelly Hollier, NIHR Clinical Research Network West Midlands
Caroline Humphreys, Brighton and Sussex University Hospitals Trust
Helen Jones, Royal Free London Hospital Foundation Trust
Krishna Kallianpur, Derby Teaching Hospitals Foundation Trust
Sharon King, Essity
Brenda King, Sheffield Teaching Hospitals Foundation Trust
Mark Kyte, GOJO
Sarah Laffery, West Hertfordshire Hospitals Trust
Helen Lavery, University of Nottingham and Positive Choices
Jo Majithia, Central and North West London Foundation Trust
Trudie Martin, UNISON
Steve Matarelli, Vocera Communications
Patricia McDermott, Health and Social Care – States of Guernsey
Mick McKeown, UNISON
Maxine McVey, West Hertfordshire Hospitals Trust
Clare Meachin, Clinical Research Network, South London
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Debra Moore, St Andrews Healthcare
Gwen Mouster, Gwen Mouster Consultancy
Alice Muir, Circle Nottingham Hospital
Claire Nadaf, London South Bank University
Wendy Ness, Croydon Health Services Trust
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Ruth Oshikanlu, Goal Mind Limited
Sue Pascoe, CWHHE Clinical Commissioning Groups Collaboration
Candice Pellett OBE, Roald Dahl’s Marvellous Children’s Charity
Catherine Plowright, East Kent Hospitals University Foundation Trust
Caroline Pollington, NHS Sutton Clinical Commissioning Group
Terri Porrett, Coloplast UK
Hazel Powell, Abertawe Bro Morgannwg University Health Board
Wendy Preston, George Eliot Hospital and Association of Respiratory Nurse Specialists
Samantha Prigmore, St George’s University Hospitals Foundation Trust
Christina Riley, Milton Keynes University Hospital Foundation Trust
Liz Rix, University Hospitals North Midlands Trust
Karen Roberts, Macmillan Cancer Support
Lisa Rollings, Derbyshire Community Health Services Foundation Trust
James Rushton, North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups
Katrina Sealey, Children and Family Health Surrey
Emma Selby, North East London Foundation Trust
Theresa Shaw, Foundation of Nursing Studies
Janice Sigsworth, Imperial College Healthcare Trust
Sue Smith, University Hospitals of Morecambe Bay Foundation Trust
Janice Stevens CBE, Wellington Hospital London
Eamonn Sullivan, The Royal Marsden Foundation Trust
Angela Thompson, NHS Improvement
Karen Titchener, Huntsman Cancer Institute, University of Utah
John Treavains, NHS England
Joanne Upton, Clatterbridge Cancer Centre Foundation Trust
Ursula Ward, Florence Nightingale Foundation
Jamie Waterall, Public Health England
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Jonathan Webster, NHS England (London Region)
Bill Whitehead, University of Derby
Neil Wigglesworth, Guy’s and St Thomas’ Foundation Trust and Infection Prevention Society
Suzanne Wiliacy, University Hospitals of Morecambe Bay Foundation Trust and Association for Continence Advice
Liz Williamson, Nottingham University Hospitals Trust

Many thanks to all judges of the Nursing Times Awards 2018 for so generously giving up their time and lending us their expertise to select our finalists and winners.
Congratulations to all winners and finalists in the Nursing Times Awards 2018. On 31 October, we held our annual celebration of nursing brilliance across the board at a glittering ceremony in London’s Grosvenor House Hotel.

Although this was my first Nursing Times Awards as editor, I have been to the event many times over the past decade as a member of the editorial team. The evening always inspires me as I see the achievements made by nurses, despite the challenges they and the wider health sector face.

As ever, our entrants set a high bar in describing the excellent care and innovation nurses are responsible for, often with few resources other than a great idea and the determination to see it through.

This supplement gives details of winners in all 23 categories, and the work that so impressed the judges. It also lists the finalists, whose excellent work made the judges’ task unenviably difficult – all the expert panels I spoke to in the judging process praised the high quality and inspirational nature of their shortlists. Every individual and team on these pages should be proud of their achievements.

Among the winners are our Nurse of the Year, Helen Scullion, a urology advanced nurse practitioner in radiology at South Tees Hospitals Foundation Trust, and our Rising Star Emily Pitkethly, who works in an elderly assessment and ambulatory care unit at Northumbria Healthcare Foundation Trust.

This year, the Chief Nursing Officers’ Award for Lifetime Achievement went to Professor Ruth Northway, allowing us to shine a much-deserved light on both learning disability nursing and education for the specialty.

My thanks to all our judges, who gave up their valuable time to select shortlists and decide the winners after presentations in the Nursing Times office. Sincere thanks also to all our sponsors; without their generosity and commitment to supporting the nursing profession we could not put on this event.

I hope reading about this year’s winners will have inspired you to enter the Nursing Times Awards 2019. Look out for details early next year and let us help highlight the invaluable work done by you and your profession.
Macmillan is proud to support the Cancer Nursing category at the 2018 Nursing Times awards.

As the UK’s leading cancer support charity, we provide practical and emotional support and information to people living with cancer. And we’re here to support the people you care for, whenever you think they might need us.

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Cancer Nursing

Winner

Wrightington, Wigan and Leigh FT: Nurse-led accelerated jaundice pathway

A nurse-led accelerated jaundice pathway was developed to achieve earlier diagnosis for patients with suspected malignancy of hepatobiliary origin, increasing their chance of survival. All possible models for the one-stop pathway were explored; this rapid-access model uses the ambulatory assessment area, providing access to urgent assessment and diagnostics within 48 hours of presentation. The intention was to speed up diagnosis and increase the number of patients eligible for surgery. Challenges of changing existing practice and accessing same day imaging were overcome by excellent multiprofessional teamwork. The cancer pick-up rate since the pathway was implemented is 62%, and eligibility for surgery 40%.

Finalists

Barking, Havering and Redbridge University Hospitals Trust: Health and wellbeing for people with cancer

EMPOWER is a health and wellbeing event designed in association with Macmillan Cancer Support to provide support and advice for patients with cancer at diagnosis. The aim is to reduce anxiety and help them to regain a sense of control.

Barking, Havering and Redbridge University Hospitals Trust: Palliative care in disguise

Enhanced supportive care has been developed to refer patients with incurable disease to palliative care at the point of diagnosis, with the aim of overcoming the association with terminal illness and loss of hope often associated with palliative care.

Lancashire Teaching Hospitals FT: Expansion of chemotherapy day care and new services

In addition to expanding provision of day-case chemotherapy, a range of new services have been developed, including at-home administration of trastuzumab, pre-immunotherapy telephone triage to reduce waiting times, and a nurse-led chemotherapy review clinic.

Newcastle upon Tyne Hospitals FT: Post-operative administration of mitomycin

Insufficient nurses able to deliver intravesical bladder cancer therapies meant patients were not receiving them within the recommended six hours post-surgery. A bespoke training package has improved both delivery times and staff support.

Nottingham University Hospitals Trust: Increasing staff insight into patients’ experience of cancer

Returning to work after cancer treatment, Jacqueline Richardson worked with Patient Voices to create a video about her experience of having a tracheostomy for three months, providing information and advice for both staff and patients.

Spectrum Community Health CIC and Macmillan: Alcohol liaison – improving outcomes after surgery

The head and neck alcohol liaison nurse service has developed a pathway for cancer patients who are struggling with alcohol misuse; it includes support through detoxification and support in alcohol reduction, to improve their health outcomes.

The Clatterbridge Cancer Centre FT: Nurse-led Portacath insertion service

A nurse-led totally implanted vascular access device insertion service means patients no longer have to be referred elsewhere for insertion. The service has increased patients’ choice and improved their comfort and quality of life during treatment.
**Care of Older People**

**Winner**

**NHS Brighton and Hove CCG:**
*Reducing unplanned admissions of older people*

STOP LOOK CARE is an increased awareness model developed to help reduce unplanned hospital admissions of older people. The original idea was to provide training to carers working in residential nursing and care homes, as well as those working in the home-care sector within Brighton and Hove. After challenges with finance and governance stopped the project progressing, the team designed a STOP LOOK CARE book to replace training. This easy-to-read handbook explains why different aspects of observation and care are important, what to monitor and what action to take. In an evaluation all respondents felt more confident in addressing all the topics covered.

**Finalists**

- **Healthy Oldham:**
  *Advance nurse practitioner support for care home residents*
  A group of six GP practices collaborated to develop an advanced nurse practitioner scheme to provide dedicated, high-quality, responsive care to residents of care homes to reduce hospital admissions and maintain health and wellbeing for as long as possible.

- **Homerton University Hospital FT:**
  *Optimising management of delirium in older patients*
  After auditing delirium management and comparing the data with national guidelines a teaching programme was developed to address knowledge gaps. Early data indicates nurses’ confidence in, and knowledge and understanding of, delirium management have increased.

- **Hydration Care Consultancy:**
  *Hydration care assessment tool*
  The Reliance on a Carer to Drink assessment tool was created to prevent avoidable dehydration in older and vulnerable groups caused by people not receiving appropriate care and support to drink. The tool is now in the national Enhanced Health in Care Homes learning guide.

- **Nature Therapy CIC:**
  *Pop-up Dementia Theatre*
  Pop Up Dementia Theatre is based on experiential learning techniques and aims to foster greater understanding in professionals, carers, family and organisations of the sensory changes that take place in people with dementia, affecting how they perceive the world around them.

- **NHS Lothian:**
  *An alternative to hospital admission for older people*
  The Rapid Response Team was established in response to a reduction in psychiatric hospital beds for people aged over 65. This nurse-led service provides specialist care at home as an alternative to hospital and to address inequalities between adult and older adult mental health services.

- **Nottinghamshire Fracture Liaison and Osteoporosis Service:**
  *Nurse-led community osteoporosis service*
  A specialist service was created to optimise the treatment of patients with osteoporosis in the heart of the community. Patients receive zoledronic acid as a first-line treatment previously only available in secondary care. Audit results show that re-fractures after falls have reduced significantly.

- **Springhill Care Group & Dementia UK:**
  *Dementia Champions in care homes*
  A training package was developed to create Dementia Champions among carers working in care homes, with the aim of developing their awareness and skills to improve their practice when working with residents who have dementia, supplementing mental health nursing care.

- **University Hospitals Birmingham FT:**
  *Providing osteoporosis treatment in community pharmacies*
  A partnership with Lloyds Pharmacy enables patients with osteoporosis to receive six-monthly injections of denosumab at a community pharmacy. This is more convenient for patients and reduces pressure on the endocrine day case unit so they can focus on complex cases.
Child and Adolescent Services

Winner

Torbay and South Devon FT: Crisis resolution and home care team

With admission rates for self-harm among young people aged 10-25 twice the national average, the trust set up a crisis resolution home treatment team. The aim was to reduce the number of young people with emergency mental health crisis admitted to paediatrics and to child and adolescent mental health service tier 4 beds, and the number presenting in emergency mental health crisis. Results over the last year include a 35% reduction in A&E attendance, 53% reduction in paediatric bed days, 80% reduction in tier 4 bed days and a saving of £1.5m.

Finalists

Blackpool Teaching Hospitals FT: Health visitor service transformation

The service aims to improve the life chances of babies and young children in an area with many of England’s worst health indices by increasing home visits, strengthening therapeutic relationships with families and enabling parents to promote their child’s development.

Hywel Dda University Health Board: Neonatal bereavement support

A neonatal outreach service offers bereavement support to families after the trauma of a neonatal death; it aims to prevent the need for long-term emotional or mental health support and to offer a resource for the multidisciplinary team.

NHS Grampian: Building families in neonatal intensive care

This project was developed to ensure parents with neonates in the NICU become true partners in care. It involved educating parents and staff and effecting culture change, including allowing parents 24-hour access to the unit.

North East Lincolnshire Child and Adolescent Mental Health Services: The wellbeing passport

A wellbeing passport includes a care summary and wellness plan, ensuring mental health professionals have information about children and young people, reducing the need for them to repeat information to different professionals.

Nottingham University Hospitals Trust: Skin-to-skin jacket for birth partners

An inexpensive, disposable top was designed to give birth partners skin-to-skin contact with babies. The top ensures baby is visible and is soft on the baby’s skin. It has been an overwhelming success with mothers, birth partners and staff.

Sheffield Teaching Hospitals FT: A service to support transition to adult services

A new nursing role was created to help adolescents with complex needs to transition to adult services. This involved improving existing pathways or creating pathways where none existed. The focus was on sharing information and improving communication.

The Royal Wolverhampton Trust: A safe space to play

Homeless parents are often reluctant to allow floor play in temporary accommodation so babies spend long periods in their parents’ arms, cots or pushchairs. With finding from a private organisation, play mats were sourced to distribute to these families, giving babies a safe play space and enabling them to develop gross motor skills.

University Hospitals of North Midlands Trust: Transforming children’s spinal surgery services

A specialist nursing service developed for children undergoing spinal surgery has raised the quality of care and patient information, offering robust pre-assessment and peer and key worker support from diagnosis to discharge and beyond.

University Hospitals of North Midlands Trust: Transition from child to adult NIV service

A transitional care pathway for young adults on long-term ventilation provides formal transition to adult services. The service resulted in co-ordinated transition and dedicated young adult clinics to offer a planned introduction to the adult service.

Wirral Community FT: A multi-agency teenage team

A team was created to enhance support for teenagers. It focuses on young people aged 16-19 who are not in school and are either subject to a child protection or child in need plan or looked after by the local authority.
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.

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Solent Trust: Care home research partnership

Older person’s mental health research nurse Sharon Simpson has led the development of a research partnership with local care homes, delivering trials and offering training to staff and residents/relatives. To date, over 500 participants have been recruited to a portfolio of studies. This partnership working has had a number of added benefits, including access to research for a seldom-heard population, strengthened relationships between clinical teams, and demonstrable impact on care. Sharon has shown immense skill, care and compassion in building relationships with matrons and staff in homes, and supporting residents to become involved.

Finalists

2gether FT: Involving patients and families in dementia research
The Research 2gether Team has led the way in ensuring that people with dementia can participate in research to find new ways of treating dementia, developing a practice-based research centre, a collaborative research portfolio and research partnerships with charitable organisations.

Barts Health Trust: Putting CRNs at the heart of cardiovascular care
A merger of services between Barts Health and University College Hospitals Trust has created the UK’s largest cardiovascular centre, with clinical research nurses at the heart of care. The centre was the top-ranked cardiac research centre at the end of 2017.

Buckinghamshire Healthcare Trust: Increasing awareness of clinical research
Introducing a cardiac research team has improved access to clinical trials, allowing patients to experience improved care pathways. The number of trials increased from two in the first year to 30 currently and patient recruitment from 100 to 350 per year.

Cardiff and Vale University Health Board & Velindre University Trust: Cellular therapy clinical research collaboration
Clinical research teams from the two organisations collaborated in the delivery of a complex clinical trial for cancer patients. Although the trial outcome is not yet known, patient feedback indicates the collaboration itself was a huge success.

East and North Hertfordshire Trust: Extending research opportunities for patients
A new research strategy has extended the opportunity for patients to be involved in research, with the number of participants increasing from 1,612 in 2016 to 2,772 the following year. Delivery of commercially funded research also improved.

East Kent Hospitals University FT: Development of a visible research workforce
Establishment of a lead research nurse role has enabled cohesive development across previously disparate clinical research teams and increased staff and patient engagement in the work of these teams, as their visibility and responsiveness has increased.

Kent Community Health FT & East Kent Hospitals University FT: Research delivery along the patient pathway
The two organisations have collaborated to enable research to be delivered when care crosses organisational boundaries. A community/acute clinical research nurse role promotes joint working and provides an interface supporting seamless delivery.

Salisbury FT: Changing research culture in a paediatrics department
Sarah Diment’s innovation and leadership has increased the research available within child health by collaborating with clinical teams. Her success is demonstrated by increased patient recruitment, increased numbers of researchers and the achievement of a global first in a commercial study.

The Rotherham FT: Advancing patient care through research
Introducing a team of generic research nurses able to support clinical trials in research-naïve specialties increased research awareness and opportunities throughout the trust, created a research culture and increased patient participation from 270 in 2015/16 to 988 in 2017/18.
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Continence Nurse of the Year Award
Winner

Manchester University FT:  
A nurse-led sacral nerve service

Patients with faecal incontinence usually suffer in silence for a considerable time before seeking help. They then often face numerous tests and waiting times before obtaining specialist treatment. The aim in developing the service was to give patients a dedicated sacral nerve neuromodulation service nurse to oversee all their care, from clinic to implanting the sacral nerve neuromodulation device, post-operative programming and long-term follow-up. This treatment was previously consultant-led with no designated operating times. The service is truly nurse-led and has reduced the time patients wait for both of the procedures in the two-stage process of sacral nerve neuromodulation.

Finalists

Buckinghamshire Healthcare Trust:  
Bladder and bowel management in spinal cord injury
The introduction of two advanced nurse practitioner roles in neurogenic bladder and bowel management has achieved a range of benefits. These include doubling the number of nurse-led urology clinics, reducing the length of time patients wait for appointments and improving continuity of care between wards and rehabilitation.

Derbyshire Community Health Services FT:  
Plugging the gap in children’s continence services
When continence support was removed from school nursing service specifications, a new service was developed offering appointments to all children previously on school nurses’ caseloads. Initial assessments have been completed for all patients, and all children and young people can access a level 2 incontinence service in their area.

Glasgow Caledonian University & NHS Greater Glasgow and Clyde:  
A transcutaneous tibial nerve stimulation service
Transcutaneous tibial nerve stimulation (TTNS) was introduced as a new treatment for overactive bladder and urgency incontinence. Pilot clinics established that the treatment was effective and acceptable to patients, and all continence nurse specialists can now teach patients to self-manage their bladder using TTNS.

Halton and St Helens and Bridgewater Community Healthcare FT:  
Let’s play with catheters
Children born with neuropathic bladders need to develop the confidence to self-catheterise from a young age. A teaching package was developed to encourage continence nursery nurses and families to ‘play’ with catheters with the children to help develop their fine motor skills. Children as young as four years of age are now self-catheterising.
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Enhancing Patient Dignity

Winner

Northern Devon Health Care Trust: A dedicated multi-purpose side room

A team of general surgical nurses who often care for patients and loved ones at the end of life – as well as patients who benefit from having a loved one stay with them overnight – decided to enhance their dignity by altering an existing side room to make it less clinical. They applied for environmental funding and received donations and started work on developing a more homely feel while ensuring the room contained removable items, so it could revert to a regular room as required. The room has en suite facilities and exceptional views, giving family members a comfortable place to stay and patients a comforting presence. The positive feedback from patients’ relatives has been humbling.

Finalists

Barking, Havering and Redbridge University Hospitals Trust: Dignity in dying

Recognition of a need to improve support for dying patients and bereaved relatives led to a range of developments to improve staff recognition of the dying phase and to offer more compassionate support to relatives fulfilling administrative requirements after death.

Leeds Teaching Hospitals Trust: A boutique for patients

The Bexley Boutique is a collection of donated clothes made available to patients who have limited or no clean clothes, for example due to unemployment or homelessness. Patients can be given outfits for discharge instead of leaving in pyjamas.

Manchester University FT: Giving every patient their voice

Many nurses lack the listening skills needed to assess patients’ worries, leaving patients anxious and dissatisfied. A short, evidence-based workshop helps nurses to develop their skills and its memorable structure (SAGE & THYME) helps to ensure learning is sustained.

Medway FT: Development of a hip fracture pathway

Dignity and outcomes for hip fracture patients were compromised by inadequate staffing, poor understanding of best practice, and no identifiable pathway. The introduction of a new pathway and involvement of associate practitioners has improved care and reduced waiting times to diagnosis and treatment.

Sheffield Teaching Hospitals FT: A multiple sclerosis urology service

The MS urology service was set up to deliver robust, pathway-driven care to help patients better cope with debilitating bladder and bowel problems. Five key pathways have been implemented and patients are referred directly to the service, reducing pressure on community teams.

The Rotherham FT: Managing acute patient flow in winter

Instead of opening additional capacity in hospital for winter pressures, care was offered at two community nursing homes to improve acute patient flow, give the right level of holistic care and make better use of winter. It resulted in a saving of 1,024 hospital bed days.

The Royal Wolverhampton Trust: Multidisciplinary person-centred rehabilitation

Rehabilitation of older people was improved by changing the way staff and patients thought about care delivery and merging therapy and nursing roles. Patient-centred goals are set and all disciplines are aware of these and work with patients to achieve them.

The Mid Yorkshire Hospitals Trust: End-of-life drawers

As part of a national pilot for implementing ‘Always Events’, items fundamental to end-of-life care – including mouth care products, syringe driver bags and bereavement leaflets, are stored together so staff can easily locate them and stock levels can be monitored.

Wigan & Leigh Hospice: Hospice in your care home team

High rates of hospital admission from care homes highlighted a lack of skills in end-of-life care among home staff. This service was launched to educate and support them through both formal and informal training, empowering them to care for residents nearing the end of life.

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**Winner**

**Nottingham University Hospitals Trust:**
*A teenage and young adult survivorship service*

The main drive for developing the Macmillan East Midlands Teenage and Young Adult Survivorship Service has been through listening to the issues pertinent to young cancer survivors. This led to a number of separate services and projects being developed including The Macmillan One2One Support Project, which supports young people living with cancer who are experiencing loneliness and isolation by providing young volunteers to befriend them, provide peer support and increase their independence at home. Other initiatives include BOOST – supporting patients with reintegration into education and work; and a pilot to support patients to self-manage cancer-related fatigue. These initiatives would not have been possible without the development of partnerships with other organisations partnerships within the public and third sector.

**Finalists**

**Aneurin Bevan University Health Board:**
*A prescription for loneliness*

A social movement has been created to support older people repeatedly attending GP practices due to loneliness, creating innovative solutions that are enabling people to reconnect with their community – for example through volunteering, and maximise their wellbeing.

**Bevan Healthcare:**
*Outreach for homeless people*

Bevan Healthcare Outreach Services provide wraparound integrated care to people who are homeless or in unstable accommodation. It has multiple points of access and provides services such as step-down care from hospital and street outreach to prevent clients falling out of contact with services.

**Leeds Teaching Hospitals Trust:**
*Leeds hepatology ambulatory care unit*

Patients with liver failure needing large-volume paracentesis were waiting several days for admission and had an average stay of two days. A new pathway reduced waiting times, introduced nurse-led day care and provided continuity of care and better therapeutic relationships.

**South Eastern Health and Social Care Trust:**
*Reform of prison healthcare in Northern Ireland*

Prison healthcare was transformed through the development of induction and training programmes for nursing staff, who became involved in a range of projects including initiatives to manage long-term conditions, improve sexual health and screen for infectious diseases.

**St Luke’s Hospice & Basildon and Thurrock University Hospital FT:**
*Shared care liver project*

The hospice and Basildon and Thurrock University Hospitals FT liver team established a shared care pathway for people with advanced liver disease to ensure improved co-ordination of care, early access to a range of support services and interventions to provide optimal wellbeing.

**The Christie Private Care:**
*Sexual wellbeing for people with cancer*

The service was developed to address the impact of cancer treatment on many patients’ sexual wellbeing. Delivered by Macmillan clinical nurse specialists, it offers patients and their partners psychosexual support to help avoid distress and to sustain intimacy.

**University Hospital Southampton FT:**
*Vulnerable adult support team in the emergency department*

The VAS team was introduced, to address the complex psychosocial problems experienced by many vulnerable adults attending the emergency department – such as domestic violence, substance misuse and homelessness – that clinical staff did not have the time or skills to deal with.

**University Hospitals Birmingham FT:**
*Providing osteoporosis treatment in community pharmacies*

A partnership with Lloyds Pharmacy enables patients with osteoporosis to receive injections of denosumab at a community pharmacy. This is more convenient for patients and enables the endocrine day-case unit to on complex cases.

**University Hospitals Bristol FT:**
*Homeless support team*

The team offers homeless people attending the emergency department support including housing advice, help to recover important documents, links to community services and collaboration with services such as addictions and mental health.
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Infection Prevention and Control

Winner

Solent Trust:
New-entrant TB screening in primary care

Over 70% of active TB cases in the UK occur in patients born abroad and may be the result of activated latent infection acquired in their birth country. A national screening programme to offer TB testing in primary care to eligible new-entrant patients has commenced in areas with high TB rates, including Southampton. The TB nurse team has implemented testing in 11 GP surgeries and has already identified 162 patients with latent infection. Challenges include asking surgeries to offer something additional to their busy schedules and establishing a new system for TB testing, which is usually performed in a specialist service.

Finalists

Barts Health Trust:
Photo at discharge
With an average of 40 cardiac discharges per week, monitoring and follow-up were challenging. Photographing surgical wounds at discharge assists with early detection of infection by giving staff a baseline to compare with when patients return for follow-up.

Barts Health Trust:
Right data, right people, right room, right time
By embedding the performance management framework into the monthly infection prevention and control agenda staff engagement with IPC has improved. Attendance at IPC meetings has increased by 150% and compliance with audit by 49%, improving patient experience and safety.

Cardiff and Vale University Health Board:
Reducing surgical site infections in the maternity unit
Surgical site infection rates have been reduced from 10.8% – over double the average for Wales – to 3.9% in less than 18 months, through staff education, streamlining and standardising care and improving data collection.

James Paget University Hospitals FT:
Flu Bee
The Flu Bee is an interactive game designed to improve staff flu vaccination rates through engagement, education and encouragement; it presents flu facts, busts vaccine myths and tells players where to get vaccinations. Uptake has increased from 39% to 70% in frontline and back office staff.

Leeds Teaching Hospitals Trust:
Improving care of patients with C. difficile
Following an initiative to improve care for patients with C. difficile the infection prevention and control team now sees patients at key stages in their treatment and recovery phases, freeing up time to educate staff and talk to patients and relatives.

Mersey Care FT:
Root-cause analysis to prevent community-associated C. difficile
The infection prevention and control team worked with academics at Edge Hill University to gather meaningful data on the high levels of community-associated C. difficile experienced by the trust, gaining valuable insights, including the significance of hydration and urinary tract infections.

University Hospitals of Derby and Burton:
The united colours of Gram negative reduction
The infection prevention and control team are working to reduce Gram negative bloodstream infections by 50% by 2021. After bringing existing separate projects under one umbrella in its first year, it has already increased staff engagement and achieved a 42% reduction in hospital-acquired E. coli.
For the 730,000 leg ulcer patients in the U.K. Every Moment Matters

Atkin and Critchley (2017) reported service improvements through implementing the Best Practice Statement leg ulcer treatment pathway.

**Optimisation of resources**, including utilisation of healthcare assistant’s skills

**Significantly improved outcomes**, including improved healing

A **43% reduction** in appointments for leg ulcer patients

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Innovation in Chronic Wound Management

Winner

Midlands Partnership FT: Standardising leg ulcer assessment and management

An audit of leg ulcer management in 2017 highlighted delays in patients receiving lower limb assessment and doppler, resulting in no leg ulcer diagnosis, inappropriate management, delayed healing and complications. An assessment algorithm and venous leg ulcer pathway were introduced to standardise assessment and management and provide staff with support in practice to increase their competence. The timeliness of assessment improved from only 34% of patients being assessed within four weeks in 2017 to 98% in 2018. The project linked well with the CQUIN ‘Improving the Assessment of Chronic Wounds’, with the trust meeting its improvement target.

Finalists

Aneurin Bevan University Health Board: Integrated podiatry and vascular services

After recognising that many patients requiring podiatry also need vascular services, an integrated podiatry and vascular pathway was developed. Care has become more patient-centred and delays in vascular patients receiving expert wound care have reduced.

Hounslow and Richmond Community Healthcare Trust: A digital wound management formulary

The Wound Care Buddy app is a cloud-based service that allows the trust to publish wound management guidelines and formulary for mobile devices. Clinicians report that it increases their confidence and autonomy in making clinical judgements when working in the community.

Keele University School of Nursing and Midwifery: The patient voice in wound care

The quality-of-life wound care checklist is a simple tool designed for patients to self-complete before consultation, with the aim of focusing discussions on the wound-related issues that have the greatest impact on their quality of life.

Leicestershire Partnership Trust: Development of a biofilm pathway

Up to 90% of non-healing wounds have biofilms. The pathway has broken biofilm wound management into easy stages, provided a ‘biofilm passport’ to empower patients and reduce inconsistency of care and proved effective in healing chronic wounds with biofilms.

Manchester University FT: Development of a chronic burn wound pathway

Burn wounds can take months or years to heal but often continue to be seen as burns rather than chronic wounds, meaning they do not receive chronic wound treatments. The pathway has enabled patients to achieve full healing and earlier discharge.

The Royal Wolverhampton Trust: Upskilling nurses in negative pressure therapy

Head and neck wounds with bone exposure can be difficult to heal. Upskilling outpatient nurses in complex wound management and applying negative pressure therapy can aid healing, improving patients’ quality of life and enabling them to receive community-based wound care.

University Hospitals of North Midlands Trust: Development of a red leg pathway

The pathway was developed through a multispecialty collaboration to aid differential diagnosis in patients presenting with suspected bilateral cellulitis. The aim was to avoid inappropriate management and unnecessary admissions and antibiotic therapy by ensuring all patients are properly diagnosed.
WE ARE THE NHS

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Learning Disabilities Nursing

Winner

Dudley Group FT: Learning Disability Simulation Pilot

Learning disability liaison nurse Jacqui Howells identified the need to heighten awareness of learning disabilities to improve care for patients and their carers. She realised that incorporating this into adult pre-registration training would ensure it became embedded in practice from the beginning of nurses’ careers. Students practised the skills they needed to care for this group in the simulation centre. Key challenges were the preparation of service users for their role in the simulation and ensuring speakers and students were available. The training has received positive feedback from all participants, while students have reported implementing their learning in practice.

Finalists

Barking, Havering and Redbridge University Hospitals Trust: Life-changing pictorial communication cards

The development of pictorial communication cards for children with learning disabilities and autism has helped these children understand what to expect when they come into hospital for treatment, relieving stress and anxiety.

Barts Health Trust: A2A London Network

The A2A (Access to Acute) London Network was set up to support learning disability nurses working in acute hospitals, who are often professionally isolated. The network enables them to share good practice, support each other with challenges, and discuss issues affecting patients and families.

Cheswold Park Hospital: Increasing uptake of annual health checks

Awareness-raising about the specific annual health checks available for people with learning disabilities and/or autism was undertaken in a private secure hospital to reduce health inequalities experienced by this group, while standards of epilepsy management were also raised.

Leeds and York Partnership FT: Reducing health inequalities through better information

People with learning disabilities experience a range of health inequalities, including low uptake of cancer screening and earlier death than the general population. When updating their Get Checked Out booklet promoting GP annual health checks, the team expanded it to make it truly holistic.

Mid Cheshire Hospitals FT: Adult learning disability phlebotomy clinic

Adults with learning disabilities requiring blood tests did not have dedicated facilities and had to attend a paediatric outpatient department. A dedicated adult phlebotomy clinic was set up for this group to ensure they received a dignified and equitable service.

Norfolk and Suffolk FT: Green Light Toolkit

The Green Light Toolkit is an audit tool designed to reduce health inequalities experienced by people with learning disabilities and/or autism in mainstream services, and to ensure their needs are met and that they receive equitable services.

Oxleas FT: A platform to be heard

A range of initiatives promote inclusion for people with learning disabilities and enable them to make their voices heard. They include supporting them to write blogs, book chapters and journal articles, develop professionals’ guidance, create vlogs and take part in conferences.

Rotherham Doncaster and South Humber FT: Increasing uptake of cancer screening

Uptake of cancer screening among people with learning disabilities is low, and sexual health and relationships are often not freely discussed with them. Balls & Boobs are group discussions designed to raise their awareness of these issues in a fun but educational way.

Sugar Free Apps: Interactive education for people with diabetes

Healthy eating advice can be complicated and difficult to access for people with learning disabilities who also have diabetes. Sugar Choice is an educational game app focusing on the amount of sugar in different foods and drinks; it is available for use on smartphones and tablets.

Tees, Esk and Wear Valleys FT: Improving early cancer diagnosis

Low uptake of annual health checks and cancer screening was addressed through collaboration with four GP practices to understand how engagement could improve. Uptake of health checks has increased from 30% to 70%, and a rolling programme of training for GPs and practice nurses has been implemented.

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Emergency and Critical Care

Winner

University Hospital Southampton FT: 
Vulnerable adult support team in the emergency department

The vulnerable adult service team was introduced, to address the complex psychosocial problems experienced by many vulnerable adults attending the emergency department – such as domestic violence, substance misuse and homelessness – that clinical staff did not have the time or skills to deal with. The role of vulnerable adult support worker was created to provide patient-centred interventions including screening, risk assessment, information-giving, signposting, referral and safeguarding. The department is now able to offer robust interventions to people who attend with these issues, making every contact count.

Finalists

Barking, Havering and Redbridge University Hospitals Trust: 
A holistic approach in critical care

The critical care team has adopted an approach that ensures all patients receive holistic care that takes account of the things that matter to them and their families. It includes family diaries, overnight facilities for family members, timely discharge and consultant-led follow-up.

Barts Health Trust: 
Violence reduction at the Royal London Hospital

East London is experiencing increasing gun and knife crime. Hospital-based violence reduction strategies have improved connections with the police and community organisations, led to the collection of the best-quality data and ensured patients receive holistic care when attending due to gun or knife violence.

City Hospitals Sunderland FT: 
Support packs for bereaved relatives

Recognition that bereaved relatives were managed in a clinical and insensitive way when their loved one’s belongings were returned led to the creation of support packs that include items such as forget-me-not seeds, a candle and poem as well as a box for small personal effects.

Homerton University Hospital FT: 
Improving outcomes for patients with sepsis

A range of resources were developed to teach clinical staff about sepsis in an innovative, fun and interactive way using different learning methods. Escalation times have been reduced by one-third and time to treatment from an average of 50 to 32 minutes.

Leeds Teaching Hospitals Trust: 
Peer-to-peer staff support

Listening Ears is a 24-hour, 365-day volunteer-staffed listening and signposting service offering support to A&E staff. It was set up after a member of staff took her life, with the aim of ensuring staff have support to reconcile traumatic events they see in their work.

Nottingham University Hospitals Trust: 
A moisture lesion prescription sticker for adult critical care

Patients receiving critical care are vulnerable to moisture damage to the skin, which can delay recovery. Introduction of a prescription sticker to ensure patients with moisture lesions receive appropriate care has also reduced their incidence.

University of the West of England: 
Critical care nursing improvement and innovation

Consolidation of North Bristol Trust’s intensive care unit into a 50-bed state-of-the-art facility led to the need for a bespoke critical care nursing course. Over 50 participants have now completed the 60-credit course that uses a work-based learning approach.

Nottingham University Hospitals Trust: 
Emergency Nurse Foundation Project

Development of a clear, structured 18-month education and development programme for band 5 nurses in the emergency department has resulted in 90% retention of nurses who have completed the programme.

Warrington and Halton Hospitals FT: 
A multifocal rapid-access pathway into A&E

A streaming pathway and algorithm, with involvement of primary care professionals, has reduced delays for patients with minor injuries and illnesses, reduced waiting room congestion, and improved patients’ experience of emergency care.
Managing Long-term Conditions

Winner

Calderdale and Huddersfield FT: Macmillan specialist palliative care

Palliative care patients can face delays in accessing specialist assessments in emergency departments and medical assessment units. Basing two specialist palliative care nurses in the acute areas allows for early identification, assessment, symptoms control and end-of-life care. The team worked with staff to better identify those in the last year of life – not just those actively dying – to allow for advance care planning. They have seen excellent results with rapid response times, reducing the length of stay and quartering the 30-day hospital readmission rates for these patients, and have reached more patients with a non-malignant diagnosis than ever before.

Finalists

Aneurin Bevan University Health Board: Integrated podiatry and vascular services
After recognising that many patients requiring podiatry also needed vascular services, the team developed an integrated podiatry and vascular pathway. Care has become more patient-centred, and delays in vascular patients receiving expert wound care have reduced.

Cambridge University Hospitals FT: Community tracheostomy service
This integrated tracheostomy service provides a dedicated team offering specialist care to patients, both in hospital and the community. It provides continuity of care, accessible specialist support and improved patient experience from before tracheostomy through to the wards and into the community.

Leeds Teaching Hospitals Trust: Shared care in haemodialysis
To help them become more involved in their treatment, haemodialysis patients are given one-to-one training in procedures including observations, handwashing, priming and programming their machine, preparing their trolley, cannulating their fistulas, giving anticoagulants and applying pressure to needle sites after dialysis.

NHS Greater Glasgow and Clyde Centre for Integrative Care: Holistic day service for people with long-term conditions
The service delivers a four-day structured self-management programme to enable patients to better understand their conditions and give them the confidence to make lifestyle changes to improve their quality of life.

Nottingham University Hospitals Trust: Nurse-led paracentesis
Abdominal paracentesis is the standard care for ascites in patients with end-stage liver failure for whom diuretics are contraindicated or ineffective. The service originated to manage ascites, regardless of cause; it is responsive and delivers consistency and continuity of care.

Royal Free London FT: Integrated management of chronic kidney disease
The integrated CKD service offers education and support to primary care clinicians, provides an individualised care plan for each patient and delivers community nurse-led clinics closer to patients’ homes. The local clinical commissioning group has seen a decrease in the numbers of patients commencing dialysis.

Royal Liverpool and Broadgreen University Hospitals Trust: Peer support in type 1 diabetes
Recognising that most peer support in diabetes is general, the team facilitated a support group specifically for people with type 1 diabetes. The group is managed by users, has a social media presence and organises educational meetings every three months.

Stepping Hill Hospital FT: Parkinson’s specialist nursing service
The service was designed to support patients in Stockport with Parkinson’s disease in the hospital and the community, initially with clinics based in GP practices. It has reduced omitted medication doses in hospital, and improved support for patients with Lewy body dementia.

University Hospitals Birmingham FT: Preventing and managing adrenal crisis
To prevent life-threatening adrenal crisis, people with adrenal insufficiency need to know when and how to adjust their medication and how to administer parenteral glucocorticoids. The endocrine nurse specialist team developed a structured training programme to teach patients how to manage their condition.

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The School of Health and Social Care comprises five leading-edge subject areas: Adult Nursing and Midwifery, Allied Health Sciences, Children’s Nursing, Mental Health and Learning Disabilities, and Primary and Social Care, as well our Institute of Vocational Learning which supports career development for working professionals. You can choose from a wide range of accredited courses, which will prepare you for a variety of careers in health and social care.

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Nurse Leader of the Year

Winner

Colette Datt, Whittington Health Trust

Colette is a nurse consultant in children and young people’s services, and joint head of nursing for acute children and young people’s services. She specialises in asthma and allergy and been inspirational in leading pathways for asthma across the capital in conjunction with the Healthy London Partnership Leadership group. She helped to develop the asthma strategy and standards for London, and leads an asthma-friendly schools project locally, enabling schools to reduce absences due to asthma. Colette also worked on an innovative smoking cessation pathway, has presented on asthma and smoking cessation nationally and internationally and co-produced a series of books for children and young people with asthma.

Finalists

Kathy Abernethy, London North West University Healthcare Trust
Having worked in women’s health for over 30 years, Kathy now specialises in menopausal health. She has been at the forefront of professional development for health professionals and seen major changes in perceptions of menopause.

Jean Angus, North Tees and Hartlepool Hospitals FT
As head of nurse education Jean contributes to pre- and post-registration education within and beyond the trust. In 2003, she served in Iraq with the army reservists, tending to injured soldiers with huge compassion and commitment.

Amy Childs, Danshell Group
Consultant nurse Amy has worked for Danshells since qualifying as a learning disability nurse in 2006. She became a service manager just six years later and proved her leadership skills in 2017 by supporting Wast Hills Specialist Autism Hospital to achieve an ‘outstanding’ CQC rating.

Emma Higgins, Homerton University Hospital FT
Emma has worked tirelessly for years to improve the care of older patients. She has conducted research and supported numerous quality improvement projects. This year, she has supported the initiation of a trust-wide project to improve care of delirium.

Debbie Lindow-Taylor, The Royal Marsden FT – Sutton Community Services
Debbie’s success as a community nursing leader merits recognition. In a previous role she led a project to transform Livingstone Community Hospital into an intermediate rehabilitation unit for older people and has significantly improved all key performance indicators for adult nursing at Sutton Community Services.

Sam Lonnen, Gloucestershire Care Services Trust
Sam is a highly visible and effective operational manager and nurse leader of the infection prevention and control team. He is one of the most respected and well-known individuals within the trust, adopting a respectful and sensitive manner with colleagues of all grades and professions.

Alison McGinnies, Hampshire Hospitals FT
Alison is a highly skilled, passionate clinician who has developed a dementia service that her colleagues are proud of and receives accolades from patients and families. She created a vision and supported her team to provide an innovative, cost-effective, compassionate service.

Joan Pons Laplana, NHS Digital
As a transformation nurse Joan helps to deliver quality-improvement projects and engage frontline staff. He has transformed the sepsis pathway – reducing sepsis mortality, length of stay and readmissions; helped to implement a frailty pathway; and led the trust’s flu campaign, which saw over 70% of staff vaccinated.

Joy Walker, Sandwell and West Birmingham Hospitals Trust
Senior sister Joy has been recognised by her trust for her outstanding work in delivering two major projects – Patient Safety Plan and Consistency in Care. She is highly engaged with a range of activities, including the trust’s Speak Up campaign that encourages staff to raise concerns.

Anna Wolkowski, Dove House Hospice
Anna is a truly inspirational leader. As chief executive, she has enabled the hospice to be truly progressive and patient-centred, developing creative, innovative services including dedicated dementia suites to prevent unnecessary hospital admissions and ‘Friday Friends’ groups to tackle social isolation and open up the hospice to the local community.

www.awards.nursingtimes.net/finalists

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Proud sponsors of the Nurse of the Year category at the 2018 Nursing Times Awards.

We would like to congratulate everyone who has been nominated this year, as well as all the award winners. The quality of care and innovations made, are reflected and recognised at these awards with the heart of those we support and care for, at the centre of everything we do.  

Joy Chamberlain, Chief Executive Officer

www.elysiumhealthcare.co.uk
Nurse of the Year

Winner

Helen Scullion,
South Tees Hospitals FT

Helen is an amazing nurse and her patients are at the heart of everything she does. A role in urology gave her a passion for the specialty and, when working as an interventional radiology nurse, this passion led to her being given the opportunity to work with a consultant uroradiologist to improve a trans-rectal ultrasound scan (TRUS) and biopsy service. Helen then undertook training to carry out TRUS scans and biopsies. She has also contributed to a range of initiatives including the anterior tunnelled nephrostomy, which aims to increase patient comfort and independence, allowing them to empty and change their own drainage bags.

Finalists

Edith Aimiuwu,
Whittington Health Trust
Edith has 30 years’ nursing experience and was the first appointed Roald Dahl paediatric haemoglobinopathy nurse, managing a caseload of children with haemoglobinopathies. Known as Aunty Edith by some patients, she epitomises compassion and always goes above and beyond for her patients and colleagues.

Gillian Ferguson,
City Hospitals Sunderland FT
Gillian exemplifies high-quality, patient-focused care and goes the extra mile to meet patients’ individual needs. Examples include enabling a patient to have a Valentine’s meal with her husband in her hospital room and organising a birthday party for the young son of a long-stay patient.

Steve Hardy,
Oxleas FT
Steve embodies all that is good about nursing; he is a leader and a role model and consistently demonstrates his commitment to improving care. A learning disability nurse for over 20 years, he has worked tirelessly to raise awareness of learning disability issues, care, rights and equality locally and nationally.

Sandra James,
Central and North West London FT
Sandra is an outstanding team leader for 0-19 services in Hillingdon. She developed an innovative project that uses a ‘scrapbook’ approach to raise the self-esteem of children and young people, which is a lovely example of the value that school nursing offers to young people.

Lorraine Major,
Hampshire Hospitals FT
Lorraine is an outstanding paediatric nurse who has influenced clinical practice locally, regionally and nationally. She developed a paediatric early warning scoring system that attracted national interest and changed practice, and is an active supporter of a hospital in Hoima, Uganda.

Kirsty McVay,
Northumbria Healthcare FT
Kirsty is scrub and anaesthetic nurse, covering emergency and routine surgery in all specialties. She is also part of the team attending major trauma calls to A&E to stabilise patients and provide life-saving care, and is heavily involved in the trust’s partnership with a medical centre in Tanzania.
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Professor Paul McCrone
Professor of Health Economics - Kings College: London

Professor Diana Rose
Professor of User Research, Co-Director Service User Research Enterprise, Kings College London

Dr Stephen Weatherhead
Clinical Psychologist, University of Liverpool

Kelly Winstanley
Northern Healthcare’s Clinical Director

Philip Cohen
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Encircle Housing Association

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Winner

NHS Lothian: An alternative to hospital admission for older people

A nurse-led rapid response team was established following a reduction in psychiatric hospital beds for people over 65 within Edinburgh and as part of the Scottish Government’s 2020 Vision, which focuses on promoting recovery in the community. The team provides specialist care at home as an alternative to hospital for older people. This is the first project of its kind in Scotland; since its inception average length of hospital stays has reduced by 44% and length of stay in dementia assessment wards by 27% and the team has prevented over 290 admissions.

Finalists

Cornwall Partnership FT: A new suicide prevention model
The suicide rate in Cornwall is higher than elsewhere in the country, and twice that of London. A new suicide prevention training package and model was developed to help prevent suicide, providing a framework that staff can use alongside different interventions.

Dorset HealthCare University FT: Learning from incidents
A new incident template was developed to improve the lessons learned following an incident. It has been implemented across all acute wards and shared with other inpatient wards and community mental health teams, providing evidence of shared learning and involving patients in learning from incidents.

Essex Partnership University FT; Lincolnshire Partnership FT; Coventry and Warwickshire Partnership Trust; Walking with the Wounded & Mental Health Matters:
Delivering a new veterans’ mental health service
A partnership of three NHS trusts and two charities delivers a new service for veterans with complex mental health needs across the whole of Midlands and East of England.

Greater Manchester Mental Health FT: Nurse-led interventions as an alternative to PRN medication
Systematic analysis of results from staff consultations was used to develop a guidance map promoting nurse-led non-pharmacological interventions to alleviate acute mental distress, as an alternative to administering PRN psychotropic medications.

Kent and Medway and Social Care Partnership Trust:
The development of Nurse Independent Prescribers
The nurse independent prescribing team in the East Kent crisis team was set up after patient groups highlighted that poor access to medical prescribers, particularly out of hours, affected outcomes and recovery. Benefits include reduced A&E visits and improved patient health.

Lancashire Care Partnership FT: Lancashire Community Restart
The service was established to modernise traditional mental health day service provision. It is based on the premise that people with mental health problems recover and sustain recovery more effectively when they develop and maintain supportive networks with their local communities.

Lincolnshire Partnership FT: Acute inpatient observation training
The team improved the quality of one-to-one observations on the acute inpatient wards by making the observations more therapeutic and meaningful to patients, rather than simply watching them. The initiative enhanced the experience for both patients and the staff carrying out the observations.

Surrey and Borders Partnership FT:
Health and wellbeing clinics in inpatient wards
Improving the physical health of people with mental health problems is a key priority for mental health services. The clinics allow discussion of dental health, foot health, sexual and reproductive health, lifestyle and more, and interventions and assessments to be undertaken.
Nottinghamshire Fracture Liaison and Osteoporosis Service: Nurse-led community osteoporosis service

Osteoporosis affects one in two women and one in five men over the age of 70 years and can devastate their quality of life and wellbeing. A high-quality, cost-effective service was created to optimise treatment of patients with osteoporosis in the heart of the community in partnership with local acute trusts.

Patients receive zoledronic acid as a first-line treatment, which was previously only available in secondary care. The service, which is delivered by a specialist team, delivers 99.5% patient satisfaction and has reduced re-fracture rates to <4% per annum, compared with the national average of 25%.

Finalists

Aneurin Bevan University Health Board:
Building bridges across the generations
This programme to promote contact between children and older adults is a partnership between the health board and a local primary school. Year 6 children visit older people in hospital to befriend them and take part in intergenerational activities.

Betsi Cadwaladr University Health Board:
Addressing male health inequalities in a rural community
Health outcomes for men are worse than for women; men are also more likely to die from suicide, with the highest incidence in farmers. Appropriate health education initiatives were developed and taken to ‘where men are’.

Cambridge University Hospitals FT:
Community tracheostomy service
This integrated tracheostomy service provides a dedicated team offering specialist care to patients both in hospital and the community. It provides continuity of care, accessible specialist support and improved patient experience.

Central Cheshire Integrated Care Partnership:
An advanced community practitioner rapid response service
The service offers an alternative to hospital admission for patients in the community, supporting housebound adults having an acute episode of ill-health. It is estimated the service has prevented 58% of its patients from being admitted to hospital.

Coloplast:
A redesigned ostomy care service in West Essex
A nurse-led primary care-based ostomy service was developed offering home visits where clinically appropriate. The service takes ostomy prescribing and support away from GPs, who have little expertise in this area.

Dr Kershaw’s Hospice:
Hospice at home service
The service was set up to provide specialist end-of-life care for people who wished to remain at home. It is responsive to patients’ needs and works in partnership with other community services to prevent patients dying in hospital due to lack of appropriate support at home.

King’s College Hospital FT:
Delivering antiviral hepatitis C therapy in the community
Hepatitis C virus can cause progressive liver damage but is generally curable. The substance misuse population are most likely to be infected but least likely to attend secondary care for treatment. Introducing nurse-led clinics in two substance misuse services removed barriers to treatment.

Liverpool Heart and Chest Hospital FT & Liverpool CCG:
Healthy Lung programme
Liverpool has one of the highest lung cancer mortality rates in England and an estimated 6,000 people with undiagnosed COPD. The programme is a screening tool set up to improve early cancer diagnosis and identify COPD patients.

North Tees and Hartlepool Hospitals FT:
Hospital at home
The multidisciplinary service was created to offer support at home for patients with chronic obstructive pulmonary disease when they experience an exacerbation. Previously, these patients were frequently admitted to hospital unnecessarily. The team now receives an average of 200 referrals a month.

Southern Health and Social Care Trust:
Acute care at home
The trust developed a consultant-led multidisciplinary team to deliver acute care to older people at home or in nursing and residential care homes. The service aimed to reduce pressure on emergency departments and hospital beds by preventing patients with non-critical needs being admitted to hospital.

Spectrum Community Health CIC:
The Teenage Pregnancy Pathway
The pathway is a multi-agency initiative set up to reduce the number of pregnant teenagers who go on to have subsequent pregnancies. Initially the work of one specialist nurse, it has been expanded community-wide, and focuses on signposting vulnerable young people to non-judgemental support.
Patient Safety Improvement

Winner

Lancashire Teaching Hospitals FT: Improving safety in use of nasogastric tubes

Insertion of nasogastric tubes is a common procedure but misplacement can have disastrous consequences for patients and has been listed by NHS England as a ‘never event’ since 2005. Despite this, there were 95 reported never events between 2011 and 2016, two of which were at the trust. In order to improve safety for patients, an innovative multi-factorial approach was taken that included education and training, development of a new e-learning tool to assess staff competence, robust standardisation in the trust’s approach to care for patients, alongside monitoring and reporting systems to assure the trust board.

Finalists

Aneurin Bevan University Health Board: Pressure ulcer prevention model
The board identified shortcomings in reporting, prevention and management of pressure ulcers, and developed a transformational model to eliminate avoidable pressure damage. Pressure ulcer incidence has reduced and damage is no longer seen as inevitable.

Aneurin Bevan University Health Board: Supporting care homes in managing non-injurious falls
A protocol for managing non-injurious falls in residential and care homes, developed in partnership with local homes, led to reductions of 41% in 999 calls for ambulances, 40% in hospital admissions and 33% in A&E visits.

Birmingham Community Healthcare Trust: Reducing falls in rehabilitation
A multifactorial risk assessment tool was designed to assess falls risk in patients in a neurorehabilitation unit, which introduced cognitive and behavioural factors not included in the previous assessment. Falls have reduced from 40 in 2015/16 to 24 in 2017/18.

Brighton and Sussex University Hospitals Trust: Using picture blankets to reduce falls
Patients with dementia and/or delirium are at increased risk of falling if they cannot find their way back to their hospital bed. Use of picture blankets helps them to recognise their bed and reminds staff that the patient is vulnerable to falls.

Gloucestershire Hospitals FT: #LittleThingsMatter campaign
The campaign was developed to change culture and staff awareness of their role in falls prevention. By focusing on one aspect of care each month for a year the campaign brings falls prevention into everyday care for every patient, not just for the high-risk over-65s.

Liverpool Heart and Chest Hospital FT: Reducing patient falls
The trust’s falls prevention strategy takes a multidisciplinary approach to support patients to achieve their agreed goals through facilitation, reablement and delivery of therapy and nursing interventions. Face-to-face training and e-learning were developed to make falls prevention everybody’s business.

Newcastle upon Tyne Hospitals FT: Making surgical wards safer for patients with diabetes
An audit identified shortcomings in care of surgical patients with diabetes. Provision of education and training, diabetes in-reach and an innovative whiteboard alert system reduced hypoglycaemia rates by 50%, insulin errors by 70% and patient harm by 75%.

North Bristol Trust & Imperial College Healthcare Trust: Modern Slavery Wheel
Concerns that victims of modern slavery and human trafficking using NHS Services were going undetected – and discharged back to slave masters or traffickers – led to development of a tool to help frontline staff to identify patients potentially in exploitative situations.

The Mid Yorkshire Hospitals Trust: In situ simulation falls prevention training
In-situ simulation methods are used to deliver high-frequency, low-dose training for all members of the multidisciplinary nursing team; tailored scenarios adapted from recent route cause analysis investigations. The pilot achieved a 60% reduction in falls.

Warrington and Halton FT: Rapid, multi-level sepsis education
Responding to an urgent need to improve recognition of and response to sepsis, an education and training campaign was developed by a multidisciplinary team. Sepsis screening and antibiotic administration rates have increased from 66% and 69%, respectively, in 2016/17 to 98% and 94% in 2017/18.
Respiratory Nursing

Winner

Manchester University FT:
Lung disease care closer to home

The Manchester interstitial lung disease (ILD) service covers a wide geographical area, giving some patients a 100-mile journey each way to access specialist care. This was a barrier to treatment for some, while lack of monitoring put them at risk of liver toxicity, and difficulty managing side-effects without support adversely affected adherence to treatment. The team set up a network of nurses and allied health professionals with an interest in ILD, and consultant support, enabling patients with idiopathic pulmonary fibrosis (IPF) to be referred back to their local trust for monitoring closer to home. They invited local respiratory nurses to spend time in the clinic to learn about management of IPF and drug side-effects and developed a proforma for each drug approved for its treatment.

Finalists

Barking, Havering and Redbridge University Hospitals Trust; Royal Brompton and Harefield FT; East London FT; Barts Health Trust; Whittington Health Trust; Central London Community Healthcare Trust; Bromley Healthcare; Guy’s and St Thomas’ FT; Homerton University Hospital FT; Air Liquide; & King’s College Hospital FT:
Paediatric Pan-London Oxygen Group
The group aims to bring the knowledge and experience of respiratory nurses, community COPD nurses and community neonatal nurses together and to set standard guidelines to ensure the management of children on oxygen therapy in London is safe and uniform.

Cambridge University Hospitals FT:
Community tracheostomy service
This integrated tracheostomy service provides a dedicated team offering specialist care to patients both in hospital and the community. It provides continuity of care, accessible specialist support and improved patient experience from before tracheostomy through to the wards and into the community.

Frimley Health FT & Berkshire Healthcare FT:
Adult integrated respiratory service
To counteract a lack of collaboration between different respiratory teams, an integrated team was developed to work across all airway diseases to provide care wherever is most appropriate, be that in the patient’s home, hospital, community settings or outpatient.

Imperial College Healthcare Trust:
Central and west London cardiorespiratory team
This multidisciplinary team cares for patients with various respiratory conditions across Kensington, Chelsea and Westminster. It has integrated job roles and joined up secondary and community respiratory care.

Liverpool Heart and Chest Hospital FT & Liverpool CCG:
Healthy Lung programme
Liverpool has one of the highest lung cancer mortality rates in England and an estimated 6,000 people with undiagnosed COPD. The programme is a screening tool set up to improve early cancer diagnosis and identify COPD patients.

NHS Lothian:
Singing for breathing
Singing for breathing groups are facilitated by specially trained voice coaches and supported by respiratory nurses who are also singers. They offer a fun way to improve breath control, become more physically active, reduce social isolation and improve respiratory health.

Northern Health and Social Care Trust:
Community respiratory team
The team adopted a care partnership approach to develop relationships across secondary, primary and community care settings to deliver evidence-based, patient-centred care for people with respiratory disease. It has reduced hospital admissions and facilitated early discharges, reducing demands on acute services.

Nottinghamshire Healthcare FT:
Integrated respiratory care teams
The team provides patients who have COPD with specialist respiratory nurses who provide education on inhaler technique, early signs of exacerbation and self-management in the patient’s home. It is reducing hospital admission rates and the burden on GPs and other community services.

University Hospitals of North Midlands Trust:
Transition from child to adult NIV service
A transitional care pathway for young adults on long-term ventilation provides formal transition to adult services. The service resulted in co-ordinated transition and dedicated young adult clinics to offer a planned introduction to the adult service.
Surgical Nursing

Winner

Liverpool Heart and Chest Hospital FT: Patient and family in the theatre department

Major cardiac or thoracic surgery can be extremely daunting for patients and their families, many of whom have never been inside an operating theatre. Patients say goodbye to their family on the ward and go to theatre alone, while families are left with a long wait for news. Members of the theatre team now visit patients on the ward before surgery to explain what to expect and allow a family member to accompany them to the theatre suite, making a huge difference to patients’ and families’ experience.

Finalists

Homerton University Hospital FT: Optimising management of delirium
After a review of the current diagnosis, identification and management of delirium in older post-operative orthopaedic surgical patients, a new nursing care plan was developed to provide patient-centred care to prevent and manage delirium. Nurses’ confidence, knowledge and understanding have increased.

Leeds Teaching Hospitals Trust: Improving care for emergency laparotomy patients
Emergency laparotomies carry a high risk of morbidity and mortality. The trust developed a dedicated emergency laparotomy team including a specialist nurse. Mortality reduced from 11.4% to 7.2% and median length of stay from 11 to 9.5 days.

Leeds Teaching Hospitals Trust: Improving the pathway for elective urology patients
The pathway for patients undergoing transurethral resection of the prostate was improved by focusing on early reviews and discharge. A dedicated clinic was introduced to provide pre-surgery information, and suitable patients are discharged with catheters to return later for removal.

Lewisham and Greenwich Trust: A fundamentals of surgical nursing course
The course was developed in partnership with the University of Greenwich to address clinical and service needs within each of the trust’s surgical specialties. The course is accredited with 30 level 6 academic credits and has improved the surgical department’s recruitment and retention.

United Lincolnshire Hospitals Trust: Improving vascular access
Lack of appropriately trained staff meant patients needing long-term vascular access experienced delays. A vascular advanced nurse practitioner was appointed, who trained staff in vascular access, developed a policy to standardise practice and minimise risk of complications, and reduced delays.

University Hospitals of Morecambe Bay FT: Home-based anaesthesia and recovery for a patient with learning disabilities
A patient who would not travel in any vehicle was anaesthetised at home, brought into theatre and returned home to recover. She was unaware she had been to hospital, and therefore experienced no distress.
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Surrey and Borders Partnership FT: Overcoming difficulties through quality improvement

After a move to a new site, change in service type and some serious clinical incidents on an acute mental health ward, instead of becoming despondent the team decided to embrace the opportunity to learn from their experience and develop a flagship service for their patients. They began by looking at what worked well on the ward and learning from this, which improved team morale. The team then introduced physical health clinics on the ward to enable them to offer more holistic care to their patients. Increased energy and confidence among staff led to improved quality of care and reduced sickness levels; instead of struggling the team is now flying, and has gained international recognition.

Bolton FT: Effective pain management from hospital to community
Integrating acute and community services revealed that pain management in the community required improvement. Every health centre and community department now has a pain management link nurse, staff have been trained and assessment standardised.

British Army: Nursing team in South Sudan
A military hospital was deployed to South Sudan to support the health needs of United Nations and armed forces staff in the world’s newest and least developed country. The harsh conditions pulled the team together to deliver exceptional healthcare to all who needed it.

County Durham and Darlington FT: Dying well in custody
To improve communication and sharing of best practice on end-of-life care in prisons, the team developed a Dying Well in Custody Charter and self-assessment tool for use in prisons nationwide to improve care for both patients and their families.

Leeds Teaching Hospitals Trust: Using AHPs in stroke rehabilitation
Difficulties recruiting band 5 nurses left the stroke services team unable to provide high-quality therapeutic care. Allied health professionals now contribute to care delivery in collaboration with nurses, to ensure all patients’ daily activities and interventions are therapeutic.

NHS Blood and Transplant: Organ donation services nursing team
The North West Organ Donation Team introduced a specialist requester nursing role that separated family care from clinical responsibilities, offering better family support in order to increase donor rates. Donor numbers have increased by 97% and the role has been introduced nationwide.

Sheffield Teaching Hospitals FT: A model for nursing workforce and development
In order to not only sustain but also improve high standards of care and outcomes, the trust recognised that its workforce model needed to adapt. The provision of education, training and development have increased staff engagement and improved quality indicators.

The Mid Yorkshire Hospitals Trust: Implementing the SAFER project
The SAFER project was implemented at the trust to address delay, and to improve patients’ experience and the multidisciplinary approach to structuring a patient’s journey. Patient turnover and experience, ward culture and information sharing have all improved.

Torbay and South Devon FT: Improving child and adolescent mental health services
The team collaborated to promote a philosophy of care, innovate practice, reduce waiting times and costs, and expand the team, all while maintaining a healthy, functional team that provides good care to young people and supports the wider community.

University Hospital Southampton FT: Vulnerable adult support team in the emergency department
The team was introduced to address the complex psychosocial problems experienced by many vulnerable adults attending the emergency department – such as domestic violence, substance misuse and homelessness – that clinical staff did not have the time or skills to deal with.
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Winner

Countess of Chester Hospital FT: Implementing a trust co-ordination centre

The trust wanted to base management of nurse staffing on current patient acuity needs rather than historical practice, and to improve bed management and the patient journey to get the right patient in the right bed first time. It worked with external partners and used communications technology to develop a real-time, automated, live co-ordination centre to manage an acuity-based workforce and patient flow system. Matching staff to patient acuity needs optimises the workforce, reducing agency use and patient length of stay, improving bed turnaround and releasing nurses’ time to provide hands-on care.

Finalists

Barts Health Trust: Well-run Ward and Perfect Ward app
After designing a Well-run Ward tool and testing a simple spreadsheet version that led to improvements on all pilot wards, the team worked with Bolt and Partners to create an app to enable teams to share audits and celebrate success.

Birmingham Community Healthcare: Baby check app
The Lullaby Trust Baby Check app was developed to support parents who have lost a baby to sudden infant death syndrome and are anxious about a subsequent child. It includes simple checks that parents can make if they think their baby may have a serious illness.

Lancashire Teaching Hospitals FT: Telemedicine in a clinical research facility
With no local principal investigator, a clinical trial faced closure, meaning patients would have to travel for their care. They worked with a consultant in a neighbouring trust and used a Cisco DX80 monitor to enable patients to continue their care locally.

Mersey Care FT: Health technology and supported self-care
Telehealth is used to empower patients with long-term conditions and encourage behaviour and lifestyle change. Enabling them to manage their own health helps patients to stay well and become more independent and reduces their risk of needing hospital admission.

NHS Wolverhampton CCG: Enabling integrated direct patient care
Integrated health and social care professionals found it difficult to make clinical decisions due to insufficient access to information, particularly outside core hours. A real-time shared patient record was developed that can be easily accessed by frontline staff.

Nottingham University Hospitals Trust: Pre-assessment process video
Some patients are unsure what pre-operative assessment entails, even if sent an explanatory letter. A video was produced to be embedded on the trust website enabling them to see what they can expect, so they arrive better prepared.

Pathway: Improving care of homeless people in London
People experiencing homelessness are often transient, have complex medical histories, and have poor health outcomes. This nurse-led project has led to the creation of an information sharing framework and shared data template for all specialist homeless health services across London.

Pennine Acute Hospitals Trust: Using electronic forms to share health and social care information
A standard format was developed to allow nurses to refer patients to multiple health and social care teams using the same information. A simple method for transmission of this information was defined and processes agreed for managing referrals at receiving organisations.

Public Health Agency: Determining a fair health visitor caseload size
Workforce pressures in the health visitor service in Northern Ireland were negatively affecting services and staff morale. A software system was designed and developed to determine a busy but fair caseload for individual health visitors based on complexity rather than number of cases.

The Mid Yorkshire Hospitals Trust: Deteriorating patient dashboard
Using and triangulating data from its clinical systems, the trust gains a deeper understanding of performance problems relating to deteriorating patients and their impact on patient safety and outcomes. A deteriorating patient dashboard was developed to guide quality improvement.

The Shrewsbury and Telford Hospital Trust: Digital care in prostate cancer follow-up
After identifying that 37% of patients receiving prostate cancer follow-ups were rescheduled, the team created a digital app offering an alternative form of follow-up and enabling a holistic patient-centred approach. Subsequently, 91% of invitees accepted the app as their form of follow-up.
Congratulations
to all winners at the Nursing Times Awards 2018, especially to the winner of the RCN sponsored Chief Nursing Officers’ Award for Lifetime Achievement
Chief Nursing Officers’ Award for Lifetime Achievement

Winner

Ruth Northway OBE, Professor of learning disability nursing, University of South Wales

For this year’s Lifetime Achievement Award the UK’s four chief nursing officers chose a nurse who has dedicated her working life to supporting the health and wellbeing of people with learning disabilities, and helping them to live fulfilling and independent lives.

Ruth Northway has been a learning disability nurse for 39 years and is the UK’s leading authority in the field. After an early career working directly with people with learning disabilities in a range of residential and community settings in England and Wales, she moved into education in 1989. She became the UK’s first professor of learning disability nursing 16 years ago, and now acts as a champion of the field at a national level, focusing on issues including health inequality, safeguarding and co-production.

Ruth’s work at the University of South Wales includes leading the Unit for Development in Intellectual Disabilities and she is faculty head of research. She teaches on undergraduate and postgraduate courses, while also supervising a number of PhD students.

In addition to her core position, Ruth also finds time to fulfil a range of influential national roles. She is editor of the Journal of Intellectual Disabilities, a visiting professor to Ulster University, chair of the Royal College of Nursing Research Society Steering Committee and (until recently) co-chair of the Welsh Government Learning Disability Advisory Group. She is an advisory editor for a key text for undergraduate nurses – The Essentials of Nursing Practice – for which she has co-written four chapters.

Passionate about defending and developing learning disability nursing, Ruth also chairs the All Wales Implementation Group for Strengthening the Commitment (the UK learning disability nursing strategy) and has taken a UK lead for its research-related recommendations. This work has involved her in establishing social media forums for sharing information on learning disability nursing research and in taking the lead on developing a position paper on the subject.

Ruth’s own research interests focus on the health needs of people with learning disabilities and in safeguarding people from abuse. She is committed to ensuring people with learning disabilities are supported to take an active role at all stages of the research process and used a participatory approach in the study she undertook for her PhD. She has since undertaken a number of participatory research studies and has published widely on this subject.

In recognition of her outstanding contribution to the field of learning disability nurses, she is a Fellow of the RCN and was awarded an OBE in 2016. At a time when learning disability nursing faces significant challenges in recruiting pre-registration students, there can be no better ambassador for this important and fulfilling field of nursing.
**Rising Star**

**Winner**

**Emily Pitkethly, Northumbria Healthcare FT**

Emily is a nurse practitioner in the ambulatory care and elderly care assessment unit and has nearly completed her master’s degree in advanced practice, focusing on elderly care. For her dissertation she is creating a pathway to enable patients with exacerbations of heart failure to be treated via day treatments rather than by admission to hospital. Emily’s enthusiasm and belief in the care provided in her unit makes her an outstanding spokesperson and advocate. Since she joined the unit the number of patients treated has increased by 60%. She demonstrates care and compassion to both patients and colleagues and is always smiling, even during busy or difficult shifts; this positivity lifts those around her.

**Finalists**

**Lorraine Armstrong, University of Stirling, NHS Forth Valley**

Lorraine’s combined research, teaching and clinical role enables her to embrace her passion for quality improvement (QI). For her PhD she is exploring contextual factors that affect pre-registration nurses’ experience of practice-based QI education and she co-founded a global network of nurses interested in QI.

**Samantha Bloomer, Worcestershire Acute Hospitals Trust**

Although a newly appointed ward manager when her ward specialty changed from frailty to oncology, Samantha stayed to lead the transition and ensure patients with cancer were no longer scattered across different wards. Her ‘can-do’ attitude, confidence and compassion make her a natural leader.

**Kerri-Anne Folkard, Manchester University FT**

Kerri-Ann is keen advocate for patients, particularly those who are vulnerable, and an active dementia champion who works hard to maintain patients’ independence. She has all the qualities that patients want from a nurse and the team want from a colleague.

**Gemma Green, Mersey Care FT**

Much of Gemma’s work involves caring for patients at home, including those nearing the end of life. She takes a holistic approach, ensuring all her patients’ needs and preferences are met, and clearly enjoys the relationships she builds with them and their families.

**Nicola Payne, NEMS Community Benefit Services**

Nicola recognised the need to support care home staff in developing skills such as tissue viability to reduce pressure on NHS services, and created a role as care homes specialist nurse. Her support for one home resulted in a 75% reduction in hospital admissions.

**Sarah Radnedge, Frimley Health FT**

Sarah has introduced many service developments to improve patient and carer experiences, including a staff nurse rotation into the palliative care team and a seven-day face-to-face nurse service for palliative care that she sustains despite staff shortages, mainly by covering 2-3 weekends every month herself.

**Annabel Spires, North Cotswolds Hospital, Gloucestershire Care Services Trust**

Only six months after qualifying Annabel was taking overnight responsibility for 12 patients with complex care needs, supported by one other staff member. She epitomises the nurses of the future, whose care, compassion and expertise make them stars of the NHS.

**Kelly Todd, Royal Gwent Hospital (Aneurin Bevan University Health Board)**

Simply by qualifying as a nurse Kelly beat the odds. Orphaned at 15 she cared for her younger sister so her brother could go to university, and overcame dyslexia and dyspraxia diagnosed in her final year of training. Only four years after qualifying she is a deputy sister.

**Nikki Yun, St George’s Healthcare FT**

Nikki is a full-time staff nurse in intensive care, and regularly receives positive feedback from patients and families. She also organises conferences for student nurses and supports them in presenting conference papers, as well as supporting a local charity for children with terminal and life-limiting conditions.