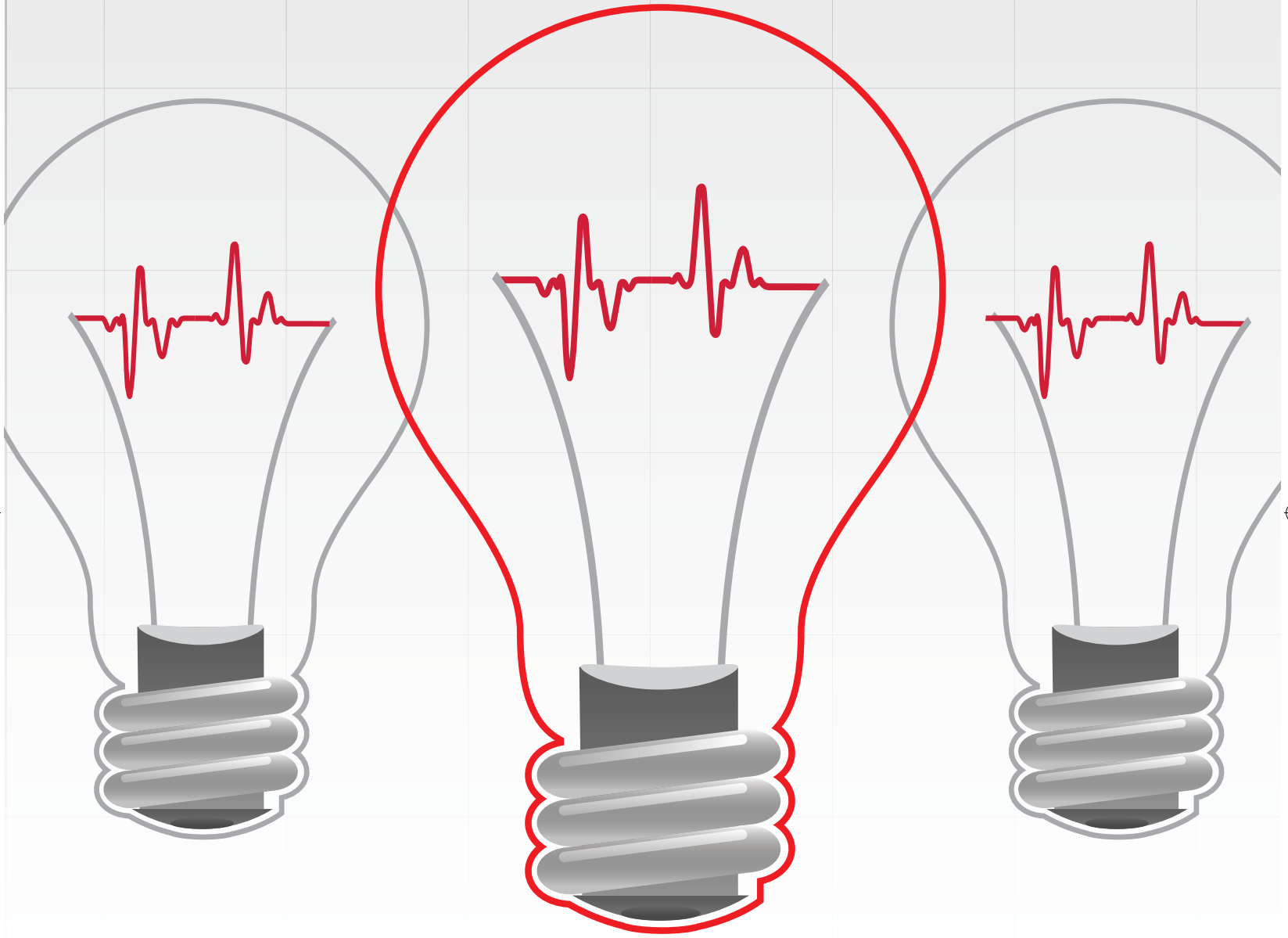
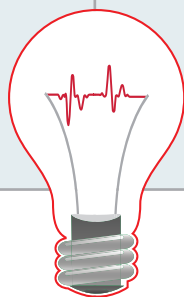


HSJ



2010 AWARDS

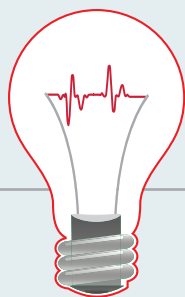


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“Times are getting tougher and the HSJ Awards must work even harder to spread best practice”



FOREWORD

ALASTAIR McLELLAN EDITOR

The NHS remains an inspiration for health systems across the world. In the toughest year for the NHS for over a decade, the *HSJ* Awards prove once again that the service remains a centre of excellence. Quality, innovation and productivity are not just government buzzwords, they are enshrined in the entries celebrated in this supplement. Nor was success restricted to a few regions or sectors – our winners come from across the country and all parts of the NHS.

We had nearly 900 entries for 17 categories – including five new ones. In category after category our judges told us that they found the judging process inspiring and that choosing a winner was close to impossible. But choose they did – and the names of those winners grace the following pages.

We hope they – and the shortlisted organisations – provide an inspiration as other *HSJ* Award winners have done in the past.

However, we recognise that times are getting tougher and that – along with the rest of you – the *HSJ* Awards must work even harder to spread best practice.

As a result, we have produced detailed examinations of our finalists. These can be found and downloaded at www.hsj.co.uk/awards. We encourage all to study these reports and to help spread their learning.

If 2010 was tough, 2011 may prove to be even more challenging as the reform process gets under way in earnest and the money grows scarce. The *HSJ* Awards capture the continuous improvement that is part of how many NHS staff approach their work. Let them be a beacon in the weeks and months to come. ●



Calderdale and Huddersfield, an “ordinary” local hospital that is doing extraordinary work to improve care and engage with the community

ACUTE HEALTHCARE ORGANISATION OF THE YEAR

WINNER CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST

In what has proved to be a category almost too close to call, the exceptional quality of entries from five foundation trusts – Calderdale and Huddersfield, Derby Hospitals, Northumbria Healthcare, Salford Royal and University College London Hospitals – put them all in serious contention.

However, after much deliberation, Calderdale and Huddersfield was chosen as the winner. The trust is an extremely impressive and rounded organisation where care has been improved by focusing not just on safety but also on individual patient outcomes and the whole community.

The trust’s unifying vision – “Your Care, Our Concern” – has four themes: transforming care and improving the patient experience; attracting, retaining and developing the best people; creating a sustainable future and developing effective partnerships; and taking pride in and being recognised for its achievements.

It has got involved in, and adapted, the principles of national projects such as co-creating health, showcase hospital, the enhanced recovery programme and the safer patients initiative to meet local need. Deploying new skills to achieve its goals, it has developed a clinically led organisation with a focus on appropriate, effective, and safe care and continuous improvement.

Strategies to cut costs, improve quality and manage the estate tie in with forecasts of future activity based on public health and demographic data. Planning for the next 10 years envisages an increase in community-based multidisciplinary teams, a reduction in beds, a more streamlined approach to acute care and more community services delivered in partnership with primary care organisations, local authorities and the third sector.

In many ways, the judges noted, Calderdale and Huddersfield could be a very ordinary local general hospital with an unexceptional staff and catchment area demographic. The judges praised the trust’s hard work to realise staff potential, ensure a strong culture and reinvent the role of the acute hospital in a community setting.

“Corporate social responsibility is not just a phrase here,” they said, “but a reality that shows itself in the way the trust works, not just with commissioners but also with two local authorities and the wider community, both people and businesses”.

The judging panel continued: “Calderdale and Huddersfield has shown a clear vision, excellent involvement and engagement with clinicians and a systematic application of improvement processes. As with any organisation they know they have more to do but are well on the path from good to great.”

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JUDGES

- Paul Robinson, CHKS
- Helen Bevan, NHS Institute for Innovation and Improvement
- Dr Mark Goldman, The Goldman Partnership
- Ian Dalton, Department of Health
- Tony Spotswood, The Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Mark Jennings, The King’s Fund

PRIMARY CARE ORGANISATION OF THE YEAR

WINNER NHS WESTERN CHESHIRE

From the unenviable position of being poorest performing PCT in the North West in 2006, Western Cheshire has gone on to deliver a financial turnaround and achieve the region's best world class commissioning competency results.

The trust is making good use of intelligence to drive decision making and boost quality and productivity. Western Cheshire was an early adopter of wider scale predictive modelling and has worked with partners to maximise the potential of clinical risk stratification, with community matrons targeting those most at risk of hospital admission. As a result, emergency admissions have dropped by 400 a year and emergency bed days are down 9 per cent.

Monthly data is also used to focus the efforts of GPs and compare and monitor referral rates, reducing GP referrals and outpatient costs. The PCT was an early achiever for 18 weeks and, as part of its commitment to developing intelligence-driven commissioning, became a flagship for the Map of Medicine. An efficiency review programme has helped to identify £7.5m of potential savings.

Effective partnership working has delivered measurable public health benefits. Numbers quitting smoking are up compared with the previous year while the proportion of infants being breastfed at six to eight weeks jumped from 26.7 to 39.1 per cent. Teenage pregnancies fell by 20 per cent in 2008.

In choosing NHS Western Cheshire as their winner, the judges highlighted its strong focus on quality and innovation and the engagement between the primary and secondary care sectors. They were impressed with the way the trust had worked across the health community to create partnerships and used data to drive improvement. They also praised the strong financial performance and robust clinical governance.

"The public health interventions, which included successes in smoking cessation and reduction in the rates of teenage pregnancy, can only be described as exemplary," the judges said.

In a category with a high calibre of entries, NHS Leicester City was highly commended. Judges also thought Horizon Health Commissioning deserved mention as it demonstrates "how GP commissioning can work in the future".

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NHS Western Cheshire won praise for its "exemplary" public health work



Highly commended: NHS Leicester City

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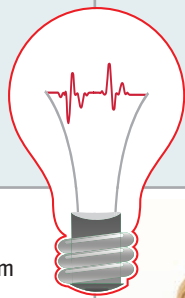


JUDGES

- Greg Quinn, Boehringer Ingelheim
- Drew Owenson, Boehringer Ingelheim
- Andy McKeon, Audit Commission
- David Stout, NHS Confederation
- Dr David Colin-Thomé, Department of Health
- Professor Steve Field



Future of GP commissioning: Horizon Health Commissioning



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JUDGES

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- Professor Bernard Crump,
NHS Institute for Innovation
and Improvement
- Ian Dodge, Department of
Health



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ACUTE AND PRIMARY CARE INNOVATION

WINNER BEXLEY CARE TRUST – PRIMARY CARE CHEST PAIN CLINIC

With groundbreaking technology and safer, quicker and more accurate diagnoses, the Bexley chest pain clinic is improving care for cardiology patients while reducing costs to the NHS.

The clinic is supported by the new dynamic volume CT scanner, which can scan a heart in a single heartbeat while administering a fifth of the radiation dose of conventional scanners. The clinic's work responds to national and local data that show a need for more accurate, less invasive diagnostic tests for heart patients. Clinic patients are offered transport to get one of the new scans in Harley Street and, if the scan reveals a need for treatment, they are seen promptly – they can be added on to the intervention list the next day at King's College or St Thomas' hospitals.

The pioneer behind the first clinic was local GP Dr Kosta Manis who, in 2007, researched and set up a service that included standard and 24-hour ECG, 24-hour blood pressure monitoring and echocardiograms. Other local surgeries followed, offering a weekly cardiology clinic with diagnostics, consultant appointments, specialist nurses and community rehabilitation – a one-stop shop for residents that eased pressure on local hospitals and achieved 100 per cent accurate test results.

Applying practice based commissioning principles, Bexley Care Trust gave GPs the power to design services, delivering annual savings of £300,000 against traditional outpatient pathways. With more accurate diagnosis, £1,000 is saved every time a patient avoids an unnecessary angiogram. Following her visit to the chest pain clinic in May 2010, former health minister Baroness Cumberlege wrote: "What remarkable services for cardiology patients. It is so inspiring to witness a revolution in general practice."

The judges were particularly impressed by the innovative approach the GPs, secondary care and primary care organisation took to co-developing an entirely new pathway that delivered higher quality at lower cost. They also noted the use of significant new technology, patient involvement throughout and significantly faster access to services.

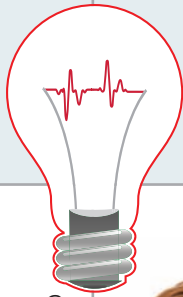
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South Birmingham: Jane Beach
and John Denley

Winners: Dr Kosta Manis, Dr David A
Brennand-Roper and Clare Ross





BEST SOCIAL MARKETING PROJECT

HIGHLY COMMENDED

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FINALIST Kent County Council barbara.fairway@kent.gov.uk

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North of Tyne: Jan Thompson and Louise Pinkney

WINNER NHS TOWER HAMLETS – INCREASING THE UPTAKE OF BREAST SCREENING

At just 51 per cent, compared with a national average of 75 per cent and national screening programme target of 80 per cent, breast screening rates in Tower Hamlets were among the lowest in the country. Breast cancer is the second most common cause of death from cancer among women in the London borough and, in contrast to the trend across England, the area had not seen any rise in breast cancer registrations since the introduction of the NHS breast screening programme 19 years ago.

Responding to concerns about these figures and survival rates for women with breast cancer, NHS Tower Hamlets acted to increase screening rates among white and Bangladeshi women aged 50 to 70. Following initial research, the trust worked to develop a number of social marketing initiatives, including: campaigns for white and Bangladeshi women; work with local community groups to encourage Bangladeshi women to attend screening appointments; events at bingo halls, supermarkets and community centres; and a breast screening health page and cartoon strip in a free local paper.

In March 2009, breast cancer screening coverage reached 63.5 per cent, an increase of 10 percentage points on the previous year. An independent survey of the effects of the campaign reported 30 per cent awareness of the campaign achieved among the target audience, with 94 per cent of those surveyed believing that attending screening was important.

The judges were impressed not only by the strength of the marketing project but also by the huge impact it had on the delivery of screening in Tower Hamlets. Alongside achievable behavioural goals, effective research and audience segmentation, the team had gained a deep insight into behaviour. Acting on this, it had delivered a project with a measurably positive impact.

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JUDGES

- Dame Yve Buckland, NHS Institute for Innovation and Improvement
- John Bromley, National Social Marketing Centre
- Sheila Mitchell, Department of Health
- Ray Jones, Chartered Institute of Marketing

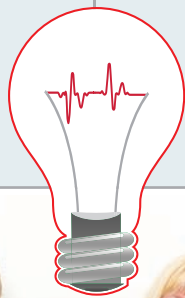


Winners: Paul Collins and Esther Trenchard-Mabere



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CLINICAL SERVICE REDESIGN



Alder Hey: Paul Hetherington, Moya Sutton and Carole Platt

WINNER THE NHS IN LONDON – ACUTE STROKE SERVICES RECONFIGURATION

Around one person every hour is admitted to a London hospital having a stroke. Until recently, with many patients unable to access higher quality care outside office hours, around one in six of them died.

Stroke is the second highest cause of death and most common cause of adult disability in London. Patients with strokes need fast access to high quality scanning facilities and specialist acute care. Based on clinical evidence, best practice and extensive consultation with stakeholders, the capital's PCTs recommended establishing dedicated hyper-acute stroke units, supported by a network of local stroke units and transient ischemic attack assessment services. This was the first major service redesign of its kind on this scale anywhere in the world.

Six hyper-acute stroke units opened their doors in February 2010, with more than 100 beds available from July. Regardless of their suitability for thrombolysis, anyone who has a stroke in London should now be taken directly to a hyper-acute unit where they can benefit from the investigations and treatments available. The local stroke units supporting the hyper-acute units have been up and running since October 2009. In the space of 18 months the number of patients spending 90 per cent or more of their time on a dedicated stroke unit has improved in London by 63 per cent.

The judges considered the NHS in London's project an excellent demonstration of clinical service redesign for stroke patients. "What has set this work apart", they said, "is the transformational shift in quality achieved across a whole health system. The level of engagement and actual change is enormous. The clear focus on improving quality has helped teams implement and deliver high quality stroke services in a very short time frame."

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FINALIST Croydon Intermediate Gynaecology Service working in partnership with PBC Croydon kalpeshshah@nhs.net



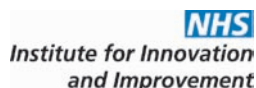
JUDGES

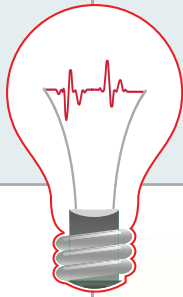
- Lynne Maher, NHS Institute for Innovation and Improvement
- Dr Gillian Leng, NHS Evidence
- Professor Alan Maynard, University of York
- Professor Steve Smith, Imperial College Healthcare Trust

Winners: Ruth Carnall and Tony Rudd



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EFFICIENCY INITIATIVE OF THE YEAR

HIGHLY COMMENDED Central Surrey Health rebecca.jones@centralsurreyhealth.nhs.uk

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FINALIST Royal Orthopaedic Hospital Foundation Trust valerie.doyle@roh.nhs.uk

FINALIST Basingstoke and North Hampshire Foundation Trust alex.whitfield@bnhft.nhs.uk



Central Surrey Health: Tricia McGregor and Karen Cornish

WINNER GREENWICH COMMUNITY HEALTH SERVICES – VIRTUAL ADMISSIONS AVOIDANCE TEAM

Established to relieve congestion at the Queen Elizabeth Hospital in Woolwich, the Greenwich team has been working to prevent unnecessary hospital admissions. The team provides acute care to patients when they are most vulnerable and likely to be sent needlessly to hospital.

Data highlighting the most common reasons for A&E attendance, particularly for the elderly, has informed the development of a range of clinical pathways – including pathways for falls, cellulitis, urinary tract infection, heart failure, and worsening respiratory conditions. These are used by local authorities to provide agreed alternatives to automatic hospital attendance.

Patients, carers and relatives say they feel supported and central to this new approach to care. Good inter-professional relationships have helped to highlight and address gaps in services.

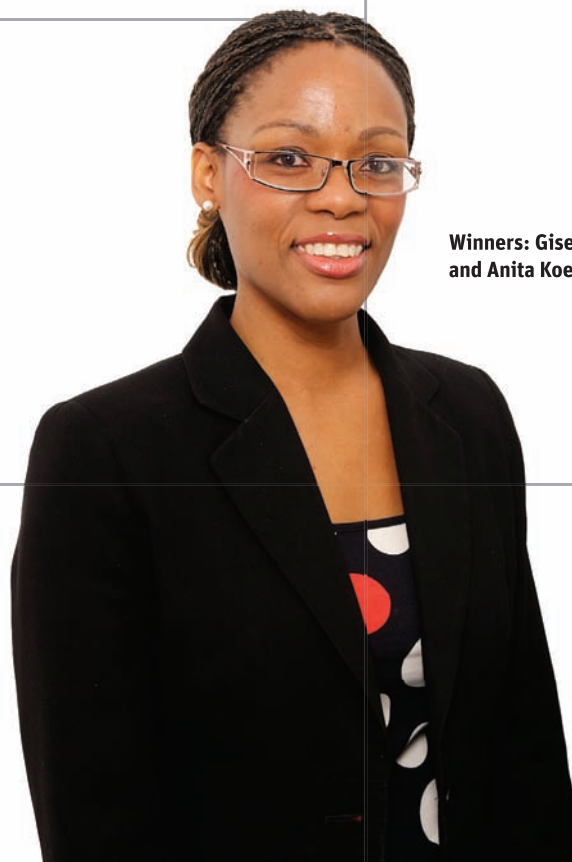
The results have been visible and measurable, including increased efficiency and value for money with no extra spending. Over the first six months of 2010, 1,123 admissions were avoided, equating to a saving of around £2.8m.

The judges were particularly impressed by the way partnership working across the whole health and social care system delivered quality improvements, better defined pathways and improved value for money. They also appreciated the simplicity of the team's work, which makes it easy to replicate elsewhere.

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JUDGES

- Tom Watson, Servier
- Dr Joseph McEvoy, NHS Cornwall and Isles of Scilly
- David Flory, Department of Health
- Stephen Dorrell MP, chair, Commons health committee



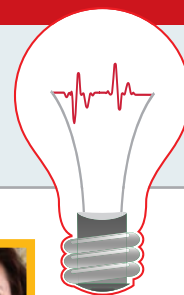
Winners: Giselle Broomes and Anita Koelmel



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ENHANCING QUALITY AND EFFICIENCY IN SERVICES FOR CHILDREN AND YOUNG PEOPLE



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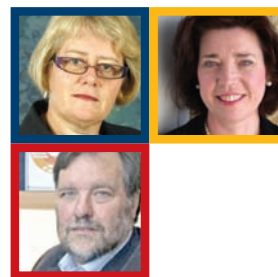
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Northumberland Care Trust: Stephanie Wardle and Rachel Rispin

JUDGES

- Dr Sheila Shribman, Department of Health
- Fiona Smith, Royal College of Nursing
- Sir Paul Ennals, National Children's Bureau



WINNER NEWCASTLE UPON TYNE HOSPITALS FOUNDATION TRUST – CHILDREN'S ACUTE NURSING INITIATIVE

In this new category for 2010, the judges picked as their winner a highly flexible model of community nursing that offers clear benefits for children and families, financial gains for the service and great potential for application in other places.

The initiative started in 2008 as a six month pilot to ease winter pressure on beds but has become a permanent service bridging the gap between community and hospital based services.

It targets children who are medically stabilised but staying on as inpatients because they need to finish courses of treatment or be monitored. Paediatric ward studies and an earlier audit had revealed that staying on in this way often disrupted the lives of patients' families. The acute nursing initiative team is supporting earlier discharge of these children while reducing the need for, and inappropriate use of, acute inpatient beds.

The initiative's virtual ward in the community has now cared for more than 600 patients, reducing the hospital treatment period by at least 1,500 bed days. The team has also improved the trust's ability to make best use of its funds, particularly during periods of peak demand.

A key goal for the initiative team is to educate and empower parents and carers. The new service is challenging historic practices and demonstrating that, with the right nursing support, many children and families can be supported at home. From the family's perspective having a child at home means less stress and a lower risk of hospital acquired infection.

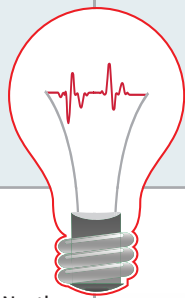
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Winner: Jocelyn Thompson

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GOOD CORPORATE CITIZENSHIP

HIGHLY COMMENDED

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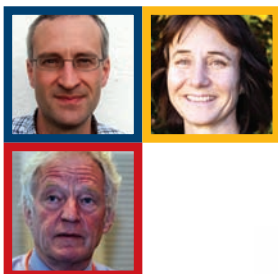
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JUDGES

- Jake Reynolds, Sustainable Development Commission
- Sonia Roschnik, NHS Sustainable Development Unit
- Sir Muir Gray, Campaign for Greener Healthcare



North Staffordshire Hospital: Natasha Mills and Ian Carruthers

WINNER SANDWELL PCT – GOOD CORPORATE CITIZENSHIP AND CARBON MANAGEMENT

Implementing sustainability and corporate citizenship is still relatively new in health beyond the acute sector. Over the past two years, however, Sandwell PCT has shown commitment to sustainability at the highest level.

With the PCT chair taking the reins, a good corporate citizenship working group was established with members from across the organisation. This has driven the trust's response to a wide range of legislation, policies and plans including the Climate Change Act, NHS operating framework 2010-11, NHS strategy *Saving Carbon, Improving Health* and Sandwell Climate Change Declaration.

The working group has pushed initiatives and measures including: offering cycling proficiency training to staff and the public, a first for a PCT; adopting an environmental management policy; developing a sustainable procurement policy; participating in the Carbon Trust's NHS carbon management programme; conducting a staff travel survey; and introducing salary sacrifice schemes for bus passes and bicycle purchases. The group also drove forward "dump the car" days; car share; leasing hybrid fuel vehicles; and including sustainability reporting and good corporate citizenship in the public health annual report.

The result is that the trust's carbon footprint has gone down from 4,552 tonnes of CO₂ in 2008-09 to 3,754 tonnes in 2009-10, a reduction of 21 per cent. On each "dump the car" day an average of 73 staff left their vehicle at home. As many as 20,000 people engaged in a physical activity programme.

Judges said that the Sandwell strategy "touches on all the cornerstones of good corporate citizenship". "Executive level commitment has helped push forward a wide-ranging programme that has cut waste and carbon output within the organisation, increased physical activity among the population and improved career opportunities for local people."

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Winners: Dene Stevens and Shaukat Ali



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Mersey Care Trust: Lee Knowles and Jeannette Green

IMPROVING CARE WITH TECHNOLOGY



JUDGES

- Dr Ian Denley, System C
- Bob Ricketts, Department of Health
- Dr Geraint Lewis, The Nuffield Trust

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FINALIST Central and North West London Foundation Trust anthony.scrafton@nhs.net

WINNER CENTRAL MANCHESTER UNIVERSITY HOSPITALS FOUNDATION TRUST – PATIENTRACK

Detecting when hospital patients are deteriorating has long been a safety concern but “track and trigger” systems to alert staff have often not delivered. Central Manchester worked with an IT firm to develop an application that alerts clinicians and escalates the alert if a patient fails to improve.

Patient observations are input on to a wireless handheld computer. The software automatically calculates an “early warning score” for the patient based on these. If this score rises, the system will generate alerts which, depending how significant the rise is, go to an appropriate nurse or doctor. Further observations are scheduled automatically when abnormalities are detected, helping to support requests for patient reviews. Tracking the data generated also helps to audit care and set staffing levels.

A 14-month trial at Central Manchester returned demonstrable benefits. Patients were “sicker” for shorter periods, with a 20 per cent reduction in length of stay. Fewer patients moved to intensive care, no patients had cardiac arrests during the intervention and the mortality rate fell by 2 per cent.

The business case for procuring the system following the trial was based on savings from reduced length of stay, fewer unscheduled admissions to intensive care, reduced cost per episode and fewer adverse events. More importantly it showed how the system could underpin a comprehensive focus on patient safety. Trust-wide implementation is scheduled to take place over two years. Once completed, all observations will be recorded on computers and paper charting will cease.

Judges described the Central Manchester project as a “robust and holistic approach to patient observations, with failsafe processes”. They especially noted how “abnormal results are automatically escalated through the nursing and medical hierarchies and also to critical care”.

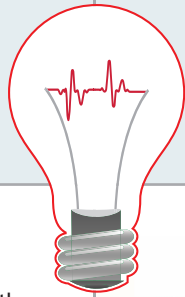
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Winners: Sarah Ingleby and Steve Jones

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INNOVATION IN MENTAL HEALTH

HIGHLY COMMENDED

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FINALIST Cardiff and Vale University Health Board louise.poley@wales.nhs.uk

FINALIST NHS Birmingham East and North dawn.rayson@benpct.nhs.uk

FINALIST NHS Halton and St Helens eugene.lavan@hsthpc.nhs.uk

FINALIST Tees, Esk and Wear Valleys Foundation Trust jayne.lamplugh@tevv.nhs.uk

FINALIST The Wellbeing Project/NHS Halton and St Helens m.swift@wellbeingproject.co.uk

FINALIST The Tavistock and Portman Foundation Trust ebuttrum@tavi-port.nhs.uk



Nottinghamshire Healthcare Trust:
Jackie Dziewanowska

WINNER BIRMINGHAM AND SOLIHULL MENTAL HEALTH FOUNDATION TRUST – RAID PROJECT

The Rapid Assessment, Interface and Discharge (RAID) team at City Hospital, Birmingham, aims to provide a single point of contact for adult mental health referrals across the hospital 24 hours a day. The service was introduced to improve patient and staff experience while providing cost savings.

A key focus for the RAID team is trying to avoid unnecessary alcohol admissions. RAID staff try to spot alcohol problems in accident and emergency, offering prompt intervention or rapid clinic access. They are also working to reduce the time taken to refer older people with mental health problems by targeting admissions and training and supporting hospital staff.

The mental health rapid assessment service went live in December 2009 and started operating 24 hours a day in early 2010. Early evaluation data suggests that length of stay is reducing as a result of the team's work.

Judges were impressed by the innovative way RAID had been constructed, with evaluation and data demonstrating clear clinical and financial benefits and partnership working at its heart. The panel said: "We think there is much for others to learn from the approach the Birmingham and Solihull team have taken."
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JUDGES

- Dr Hugh Griffiths, Department of Health
- Steve Shrubbs, Mental Health Network
- Kathryn Hill, Mental Health Foundation
- Dr Ian McPherson, National Mental Health Development Unit

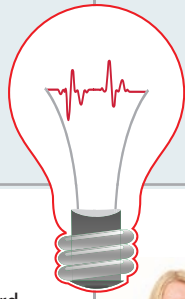


Winners: Professor George Tadros and Kerry Webb



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MANAGING LONG TERM CONDITIONS

HIGHLY COMMENDED
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NHS Salford and Salford Royal (from left): Anna Thomson, Nawar Bakerly and June Roberts

WINNER PATHFINDER HEALTHCARE DEVELOPMENTS WITH AETNA UK – ‘CARE WITHOUT WALLS’ CASE AND CARE MANAGEMENT

Pathfinder Healthcare Developments has rewritten the way primary care services are delivered at Smethwick Medical Centre, a GP practice in the West Midlands. Among a long list of initiatives, they have introduced risk stratification across the patient population, signposting resources, self assessment tools, a responsive triage process and group consultations for specific long term conditions.

The centre has been working with Pathfinder and Aetna Health Services UK on a care management programme to improve patients' confidence, compliance and self care. This service seeks to ensure patients see the right person at the right time in the right place, to take care to patients on their terms, and to promote self-management, moving away from dependency on health professionals. These and other interventions have already started to reduce use of secondary care services.

Pathfinder is a community interest company (reinvesting its profits for social good) owned by the Smethwick Medical Centre. It raised £200,000 to support the care management work in the form of a loan from social investment fund Big Issue Invest, the fund's first ever loan in the health sector. The Smethwick GPs used the mortgage on their building to underwrite the loan. This further enabled Sandwell PCT to invest in a number of Pathfinder initiatives. Total investment has been over £500,000 to date, with Pathfinder anticipating a full return on investment after five years.

Financial modelling over the coming years indicates potential costs of £3m and net benefits of just over £6m, with the potential for even greater savings when the care management programme can be geared up to reach across the whole of Sandwell.

Judges pointed to Pathfinder's inspirational proactive and strategic approach, its focus on disease areas and the whole patient, and its investment in workforce and competency development.
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Winners (from left): Niti Pall, David Morris and Dee Kyne

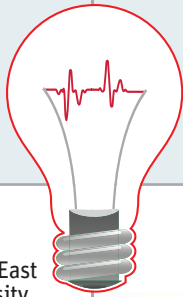
JUDGES

- Carole Nossiter, Sanofi Aventis
- Sir John Oldham, Department of Health
- Dr Mashkur Khan, Epsom and St Helier University Hospitals Trust
- Jeremy Taylor, National Voices



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PARTNERSHIP WORKING

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FINALIST NHS Devon
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FINALIST NHS Newcastle and North Tyneside Community Health
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East Kent (from left): David Davis, Gary Lupton and Richard Heppell

WINNER NHS BRADFORD AND AIREDALE COMMUNITY HEALTH SERVICES – AIREDALE COLLABORATIVE CARE TEAM

Airedale’s collaborative care team was set up to prevent unnecessary hospital admissions and support early discharge. The team seeks to increase patient independence and deliver care closer to home. New clinical pathways – including pathways for deep vein thrombosis and urinary tract infection – are essential to making this possible.

When the community section of the team started work in summer 2008 it was the first time the area had had dedicated round-the-clock intermediate care services. Bradford and Airedale PCT collaborated with the local authority and local acute trust to bring physiotherapy, occupational therapy and social services input to the team, as well as specialist older people’s medics and nurses.

Later that year the first intermediate care inpatient beds became available, and their number has grown steadily. The cost of these beds has been more than offset by closing 16 intermediate care beds at the main secondary care provider. As well as benefits for patients, the team has driven closer multi-agency and interdisciplinary work, the development of clinical networks and reduced costs for commissioners. The reputation of all the organisations involved has grown in the light of the team’s success.

“An excellent partnership at all levels from board to frontline staff” said the judges. The panel was especially impressed by the way the various professional groups went about training and sharing skills with each other so that they could assess and care for patients while cutting down on the number of visits. “The openness to improvement ideas and learning from experience was exemplary,” the judges concluded.

stephanie.lawrence@bradford.nhs.uk



Winners: Stephanie Lawrence and Enid Feather



JUDGES

- Karen Jennings, Unison
- Jon Restell, Managers in Partnership
- Geoff Alltimes, Hammersmith and Fulham Council
- Mike Jackson, Unison
- Elisabeth Buggins, NHS West Midlands

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PATIENT CENTRED CARE



Winners (from left):
Dr Jo Medhurst, Dr Kosta
Manis, Dr David
Brennand-Roper

FINALIST St George's Hospital
Trust eleanor.edwards@stgeorges.nhs.uk

FINALIST Wessex Renal and
Transplant Service tim.leach@porthosp.nhs.uk

FINALIST Commissioning
Ideals Alliance john.havard@homecall.co.uk

FINALIST NHS Bradford and
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FINALIST Nottingham
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FINALIST West
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FINALIST West
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(Improving palliative care
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JUDGES

- Keith Nurcombe, O₂ Health
- Dr Andrew Murrison MP, PPS to Andrew Lansley
- Penny Woods, Picker Institute Europe
- Ben Page, Ipsos Mori

WINNER BEXLEY CARE TRUST – PRIMARY CARE CHEST PAIN CLINIC

The outstanding work of the cardiology service based at the practices of a group of Bexley GPs is recognised in a second award, to add to the one the service has won for innovation (see page 9).

For patients the service means better, faster care, based at GP practices and supported by the latest scanner technology. They are seen at a weekly specialist cardiology clinic within a week of being referred and can get diagnostic tests, consultant appointments and specialist nurse heart failure sessions. Rehabilitation is also provided in the community.

Treatment time for patients is considerably reduced. Transport provided by Bexley Care Trust can take them to Harley Street to get a scan using a volume CT scanner – a groundbreaking device that can scan a heart in a single heartbeat while administering a fifth of the radiation dose of conventional scanners (see page 9). The findings are checked by a specialist consultant from King's College Hospital and patients in need of intervention are treated promptly.

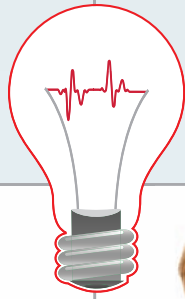
Bexley's success in commissioning GP-led cardiology services has inspired other GPs to apply the model to specialties including gynaecology, palliative care and stroke.

"This is an excellent programme," said the judging panel, "quite possibly the first of its kind in the world. The people at Bexley Medical Group are very passionate about aiding the community and in doing so they are forcing change on the NHS locally."

lucy.huitson@bexley.nhs.uk

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PATIENT SAFETY

Winners: Hester Wain
and Anne McDonald



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FINALIST Birmingham and Solihull Mental Health Foundation Trust madeleine.stuart@bsmhft.nhs.uk

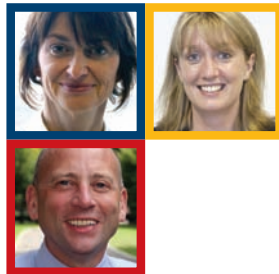
FINALIST South Tees Foundation Trust radha.brown@stees.nhs.uk

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FINALIST Wrightington Wigan and Leigh Foundation Trust lindsey.bullough@wwl.nhs.uk

FINALIST Cardiff and Vale University Health Board denise.shanahan@wales.nhs.uk

FINALIST Tees, Esk and Wear Valleys Foundation Trust jayne.lamplugh@tewv.nhs.uk



JUDGES

- Carol Rooney, St Andrew's Healthcare
- Jane Jones, The Health Foundation
- Kevin Stewart, Department of Health

WINNER ROYAL BERKSHIRE FOUNDATION TRUST – GETTING IT RIGHT FOR EVERY PATIENT EVERY TIME: TIMELY ANTIBIOTICS FOR PATIENTS WITH NEUTROPENIC SEPSIS

It was a delay to the start of a course of intravenous antibiotics and subsequent death of a patient with possible neutropenic sepsis – a complication of chemotherapy – that prompted the Royal Berkshire Trust to introduce a care bundle for this vulnerable group.

With the mortality rate for undiagnosed neutropenic sepsis approaching 20-30 per cent, the initiative, which began in 2009, aims to ensure that all patients suspected of the condition receive antibiotics within an hour of presentation. Clinical staff are supported in recognising neutropenic sepsis and understanding the urgent need for antibiotic treatment.

Developed by a multispecialty steering group from oncology, haematology, microbiology, the emergency department and the clinical decision unit, the care bundle contains the key steps required in the patient's treatment: sending blood samples for cultures, antibiotic administration and referral. A DVD, which accompanied the launch of the bundle, includes presentations by a junior doctor, a consultant, a nurse and a patient and clearly explains the action required.

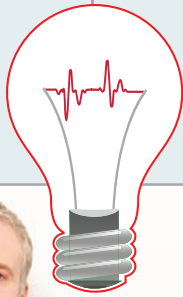
The result has been that, between January and May 2010, monitored antibiotic compliance increased from 20 to 94 per cent. A recent increase in near misses, where patients did not receive their antibiotics in time, shows, the trust believes, raised awareness of the issues rather than an increase in actual incidents.

Among the standout features of the Royal Berkshire project were: the positive multidisciplinary collaboration with its focus on an individual patient experience; an environment where safety is paramount and supported at every level from the board down; the analysis of systems that informed the care bundle; and the creative communications that supported patient improvements.
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PROCUREMENT INITIATIVE OF THE YEAR



NHS Collaborative Commercial Agency: Trevor Ingham and Andy Brown

WINNER NHS SUPPLY CHAIN – CAPITAL TEAM

The NHS Supply Chain's capital team helps trusts to save money by taking on for them the complex process of tendering and by aggregating NHS spending to achieve planning and buying savings.

As the capital team is keen to point out, however, there is far more to the services it can offer. One example is to be found in its work for the NHS breast cancer screening programme, assisting both trusts and suppliers with the move from analogue to digital equipment. The team made savings of more than £2.1m for the NHS by pledging a bulk purchase of the equipment needed.

Since its formation in 2006 the original team of five has grown considerably. Now employing more than 50 staff and operating to 40 national frameworks, the capital team now has a sales revenue of £390m. Over its life, it has saved the NHS in excess of £60m.

With some excellent initiatives tackling important areas, the range of entries in this category made a deep impression on the judges and demonstrated to them how procurement can support the changes and challenges in the new white paper.

The capital team's work shows how expertise, coupled with private sector investment and bulk purchasing, can improve NHS procurement of capital equipment. The panel was impressed not only by how the team had delivered significant savings in a short time, but also by the potential for the approach to make a major contribution to QIPP over the next three years.

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FINALIST Northern Lincolnshire and Goole Hospitals Foundation Trust kirsty.edmondson-jones@nlg.nhs.uk

FINALIST CISSU carole.hodgkinson@cissu.nhs.uk

FINALIST NHS Collaborative Commercial Agency (Working Together for Better Health) jenny.graham@nwcca.nhs.uk



JUDGES

- Mike Hogg, Shell
- John Warrington, Department of Health
- Philippa Slinger, Berkshire Healthcare Foundation Trust
- Nick Gerrard, NHS Supply Chain

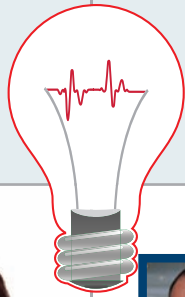


Winner:
Jason Lavery

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QUALITY AND PRODUCTIVITY



**Great Western Hospitals:
Dr Harini Narayan**

HIGHLY COMMENDED The Great Western Hospitals Foundation Trust
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FINALIST NHS Stoke-on-Trent
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FINALIST NHS North West Collaborative Commercial Agency/Becton, Dickinson and Company
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JUDGES

- Peter Edwards, Capsticks
- Jim Easton, Department of Health
- Jane Cummings, NHS North West
- Samantha Riley, NHS South East Coast Quality Observatory

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WINNER SALFORD ROYAL FOUNDATION TRUST – THE CARE OF THE ACUTELY UNWELL ADULT PROJECT

Salford's initiative set out to halve cardiac arrests outside critical care units. By setting such a challenging target the trust made it clear that the status quo was no longer acceptable. Before the project started in April 2008, data showed 29 reported episodes in which unsatisfactory care contributed to a patient's death. Annual survival rates for cardiac arrests were running at 10-15 per cent.

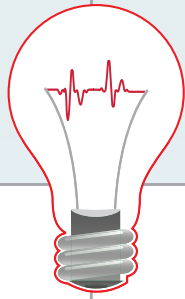
Wards taking part attended a workshop where the aims, ambitions and structures of the project were shared. Changes adopted included reliable manual observations, nurse-led response, allocation of roles, "code red", and structured ward rounds. Teams committed themselves to working together and participating in sessions where they could learn from experts and each other. During implementation, further support included mentoring, access to the project lead and improvement adviser, and a web based network.

From the beginning of 2010 all wards across the trust were required to test implementation of the changes. By the middle of the year the rate of arrest outside critical care had dropped by 48 per cent. Deteriorating patients are now being identified and responded to earlier. For many patients coming to the end of their lives some dignity has been restored with sensitive use of "do not attempt resuscitation" orders. The trust believes avoiding the introduction of a rapid response team has also saved around £330,000 per year.

"The Salford project shows very significant and evidenced improvement," said the judges. "Patient experience was taken as a catalyst for change and quality improvement which was well supported through the use of a proper methodology for measurement and assessment." They added: "The cultural change has been inspirational. If only they could bottle it!"
john.bellerby@srft.nhs.uk



**Winners: Pete Murphy
and Pete Turkington**



WORKFORCE DEVELOPMENT

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FINALIST NHS West Midlands jennifer.bond@westmidlands.nhs.uk

FINALIST Royal Surrey County Hospital Foundation Trust adele.carter1@nhs.net

FINALIST NHS Blood and Transplant lesley.logan@nhsbt.nhs.uk



Winners: Claire Nicholls and Ricky Manton-Leigh



JUDGES

- John Rogers, Skills for Health
- Dame Carol Black, Centre for Workforce Intelligence
- Janet Davies, Royal College of Nursing

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WINNER NHS BIRMINGHAM EAST AND NORTH – OUR FUTURE WORKFORCE TODAY

NHS Birmingham East and North serves around half of the city. Its reach extends across an area with one of the highest rates of unemployment in the UK and skill levels below the national average. With responsibilities as both a healthcare organisation and major employer, the trust is sensitive to the correlations between skills, unemployment and health.

The trust's apprenticeship scheme began in 2005 and has enabled 117 people to achieve their apprenticeship qualification. The scheme supports healthcare provision, while responding to the issue of an aging workforce. The trust seeks to develop the skills of young locals and to retain and use these skills. Recruitment to the scheme emphasises motivation and willingness to learn rather than experience and qualifications.

As well as the National Apprenticeship Matching website, Birmingham East and North advertises the scheme at local events through partnerships with Jobcentre Plus, Connexions and the local community. The trust has stopped distributing paper promotional material. Instead potential young learners are added to the Apprenticeship Facebook page which they can visit for information and news.

So far, 73 per cent of apprentices have gained permanent employment in the trust or local health economy. A further 6 per cent have gone on to higher education while 15 per cent have been employed outside the health service. Retention of apprentices who get permanent jobs stands at an unprecedented 96 per cent. The recruits bring vast amounts of local community knowledge to their new roles, which is promptly put to use in health promotion, patient and public involvement and other projects.

"This scheme" said the panel of judges "is outstanding in the way it reaches out to the local population to attract, develop and maintain a workforce for the future".

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