



2011 Advancing Healthcare Awards



Press releases

Category 10

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Advancing Healthcare Awards for Allied Health Professionals and Healthcare Scientists 2011 OVERALL WINNER



'One stop shop' for people with COPD wins AHA 2011 award

An eight per cent reduction in A&E attendances from falls in people aged over 65 and a 13 per cent reduction in admissions to acute care over a four-year period have been achieved by an innovative and proactive rehabilitation service.

The HOPE Specialist Service, which is a partnership between the North East Lincolnshire Care Trust Plus Falls and COPD Services, won the overall AHA 2011 award as well as winning the Rethinking the patient care pathway category.

The service aims to provide a patient-centred one stop shop for people with COPD and older people at risk of falls.

Copd lead, Pam Hancock and falls lead, Kylie Farbrace run a multidisciplinary team of physiotherapists, OTs, specialist nurse, dietitian, physiotherapy assistants and volunteer expert patients and carers who provide a range of rehabilitation programmes within a community setting.

They also offer five weekly maintenance sessions for post rehab patients, as well as facilitating social groups such as the the Piscatorial Codgers Fishing Club and the Grouchy Old Men's Club as well as offering Tai Chi and chair-based exercise classes.

The success of the team is also down to the groundbreaking use of patients as volunteer 'buddies'. These expert patients who have been through the pulmonary rehabilitation (PR) programme act as an extra pair of eyes/ears, and as motivators, mentors, and positive role models to patients, carers and indeed staff. Patients are sometimes reluctant to talk to staff members about their problems, but not so the Buddies, who are able to empathise with them.

Both the falls and post hip fracture rehabilitation programmes have also demonstrated clinically significant improvements, including a 100% improvement in the 6 minute walk test, with an average increase from 80 to 160 metres, and a significant reduction in fear of falling.

The judges gave the team the award in recognition of their enthusiastic energy and the belief of the team leader. The use of people power also contributed to their excellent evidence and outcomes.

For further information please contact project lead Pam Hancock, COPD Lead at North East Lincolnshire Care Trust Plus on pamhancock@nhs.net or call 01472 313400.

Further information on the programme as a whole including electronic copies of photographs from the ceremony can be obtained by emailing Chamberlain Dunn at renae@chamberdunn.co.uk or calling 020 8334 4500.

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Category 1 THE CHIEF HEALTH PROFESSIONS OFFICER'S AWARD FOR LEADERSHIP (ENGLAND)

Sponsored by Department of Health England



Tube feeding service set up for patients at home

A home enteral tube feeding service for patients has become so successful that it has met six out of nine standards for care above 95% and the remaining three standards above 85% – and won the Chief Health Professions' Officer's award for leadership (England).

This has been achieved even though patient turnover has increased from 45% to 76% since the service began.

Starting from scratch five years ago, Vicky Chudleigh-Emsom, home enteral feeding specialist dietitian from Plymouth Hospital NHS Trust, set up the home enteral tube feeding (HETF) service across three PCTs working with both primary and secondary care.

The HETF service works around a model of care based on nine standards, including a set of robust guidelines incorporating all aspects of enteral tube feeding, education programmes for all levels of non healthcare and healthcare professionals and a rolling audit programme.

The service now enable patients to be self caring by providing them with the appropriate information on support services and providers. It ensures regular assessment of the patient's current condition with regular reviews of action plans and goals.

And by extending the role of the dietitian to cover the care of enteral feeding tubes and stoma tracts, removal and replacement of tubes the service has reduced the need for routine and emergency hospital admissions and reduced the incidence of infections and complications.

Links created with Plymouth medicines management service has also enabled them to save a significant sum on changing medications appropriate for administration via enteral feeding tubes 2009/10.

The judges were hugely impressed with Vicky's passion and drive and how well she had articulated her visions and engaged her team.

For further information please contact project lead Vicky Chudleigh-Emsom, Home Enteral Feeding Specialist Dietitian at Plymouth Hospital NHS Trust on vicky.chudleigh@nhs.net or call 01752 314925.

Home care team spend more time patients

An organisation-wide change programme has helped a home care team increase the time spent with patients from 21% to 35% and released an extra 40 hours per week to deliver patient care.

The programme, Productive Community Services (PCS), has also reduced the time spent in discussions and interruptions about patients by 52% from 465 minutes per week to 255 minutes per week.

PCS is an organisation-wide change programme which helps front line teams improve their quality and productivity. It has been identified by the Department of Health as a key tool to support organisations in delivering the QIPP agenda.

Anna Troughton, occupational therapist/quality improvement facilitator in NHS Bolton and her team introduced PCS for the Intermediate Care at Home team in 2009 in collaboration with the NHS Institute, and were runners up for the Chief Health Professions' Officer's award for leadership (England).

They wanted to use this structured programme to engage staff in improvement activity, developing their leadership and quality improvement knowledge/skills.

In February 2010 the programme was rolled out to other teams and there are now 41 teams engaged with PCS, including adult

speech and language therapy, the wheelchair service, district nursing, paediatric therapy team and health visiting.

The judges praised the project for demonstrating good recognition of interprofessional challenges and a good personal leadership style.

For further information please contact project lead Anna Troughton, Occupational Therapist / Quality Improvement Facilitator at NHS Bolton on anna.troughton@bolton.nhs.uk or call 01204462301.

Time to talk project tackles delays for speech and language therapy

Concerns that as many as 60% of children are at risk of not achieving their potential speech, language and communication skills has resulted in a speech and language therapist setting up a project to ensure that all children's centres have a speech and language champion.

Alex Williams and her colleague Melanie Packer, also a speech and language therapist in Warwickshire NHS found that many children were not referred for help even though they were at risk of delay with potentially devastating consequences.

Many children were waiting longer for support than was considered desirable and parents were given little or no information about how children's language skills developed and how to support them.

In 2008, Alex set up the 'time to talk' project to tackle the problems and as a result was a runner up for the Chief Health Professions' Officer's award for leadership (England). Over 18 months, a multidisciplinary team placed a strong focus on identifying problems early and to respond with appropriate intervention as quickly as possible. The strategy recognised that early years practitioners would require significant training to develop their skills and confidence.

The Children's Centres across Warwickshire now have 36 speech and language champions working with 3 speech and language therapists and 2 speech and language assistants making up the 'time to talk' team.

The champions ensure that parents are given information as early as possible, that they know where and how to get help or more information and that the centre provides activities which support very early communication development.

Children are being identified earlier and receiving support quickly. Practitioners are showing increased knowledge, skills and confidence and the feedback from parents is hugely positive.

The training is accessed by a wide variety of professionals representing many teams and over 500 practitioners have attended training.

The judges liked the clear vision – clearly articulated – and the originality of the idea.

For further information please contact project lead Alex Williams, Speech and Language Therapist at NHS Warwickshire on alex.williams@warwickshire.nhs.uk or call 07909000434 or 01926 337506.

Further information on the programme as a whole including electronic copies of photographs from the ceremony can be obtained by emailing Chamberlain Dunn at renae@chamberdunn.co.uk or calling 020 8334 4500.

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Category 2
THE CHIEF SCIENTIFIC OFFICER'S AWARD
FOR LEADERSHIP (ENGLAND)

Sponsored by Department of Health England



Out of hours blood testing service delivers much faster results

Major staffing difficulties at a haematology out-of-hours service have been turned around and a full 24 hour multidisciplinary haematology and clinical biochemistry service has now been achieved with massive benefits for staff and patients alike.

The success of the project was recognised by being declared the winner of the Chief Scientific Officer's award for leadership (England).

The problems, caused by the voluntary nature of the service and inflexibility of the relatively small staff group at Bassetlaw District General Hospital, were threatening the sustainability of the service which meant services would have to be provided by the Doncaster Royal Infirmary site 20 miles away.

This would have meant a significant reduction in service to the patients of Bassetlaw, with increased test turnaround times and delays in the availability of cross-matched units of blood for transfusion.

Shirley Spoons, consultant clinical biochemist and Jean Wardell, clinical director set up an implementation project team with a six-month deadline to merge the departments of haematology and clinical biochemistry into a single managed department of clinical laboratory sciences with implementation of a multidisciplinary service at BDGH.

Focussing on two key areas – communication and training – enabled the team to meet the deadline and introduce the full service at the end of 2010.

Patients in Bassetlaw Hospital continue to benefit from fast turnaround times for test results and blood availability and the overall health community has benefitted from a more cost effective service.

The judges remarked on the excellent leadership skills displayed and were really impressed with the collegiate approach – a project that showed ownership by all.

For further information please contact project lead Shirley Spoons, Consultant Clinical Biochemist at Doncaster & Bassetlaw Hospitals NHS Foundation Trust on shirley.spoons@dbh.nhs.uk or call 01909 500990 ext 2486.

New drug resistance testing speeds up results

A more efficient and accurate method for studying antiviral drug resistance has led to better patient care by reducing the time spent waiting for results and improving the accuracy of predicting resistance.

Antiviral drug resistance is determined by using nucleic acid sequencing data, which is particularly important for the management of patients with HIV disease, human cytomegalovirus, hepatitis B virus and hepatitis C virus, but which is a laborious and often ineffective process.

As this data is now considered an essential part of patient management, laboratories have come under great pressure to cope with the volume of testing whilst maintaining quality and vital test turnaround time.

To combat the problem, clinical scientist at Central Manchester NHS Foundation Trust, Peter Tilston, developed a software programme (ReCall) which directly analyses chromatogram data. Testing of the system has shown that it gives a higher throughput of samples and improved accuracy. Peter was runner up for the Chief Scientific Officer's award for leadership (England).

The software has allowed more timely results reporting which is of great importance to the patient experience and allows safer treatment through more accurately predicting antiviral resistance and enabling drug regimes to be altered.

The judges thought this was a great project capable of delivering significant benefits.

For further information please contact project lead Peter Tilston, Clinical Scientist at Central Manchester NHS Foundation Trust on peter.tilston@cmft.nhs.uk or call 0161 276 8849/8788 or 07913 735520.

Efficient use of exercise testing equipment saves lives and cuts costs

A new service to test patients' suitability for vascular surgery has dramatically decreased post-operative mortality and patients' length of stay both in ICU and hospital as a whole – with significant cost savings.

The success of the project has meant it was runner up for the Chief Scientific Officer's award for leadership (England).

The service at University Hospitals Coventry and Warwickshire uses cardiopulmonary exercise testing equipment (CPET) and has enabled surgeons to make better decisions about the type of surgery a patient should have – or whether surgery is appropriate at all.

Joanna Shakespeare, clinical service manager of the respiratory physiology department had noticed that the new equipment was not being fully utilised and found out that the trust had higher than average mortality rates for open repair of abdominal aortic aneurysms.

Following the success of a pilot study run by Julie Aughton, senior respiratory physiologist along with consultant intensivist Dr Watson, all patients were given a full CPET to assess their fitness for surgery, with the anaerobic threshold and peak oxygen consumption being used as independent markers to predict outcome.

Hospital mortality for open repair has now fallen from 14.3 to 3.7%– well below the expected value of 5.2%. The total length of stay fell from 16.4 days to 11.5 days and ICU stay from 8.2 days to 3.4 days. For patients undergoing both open repair and endovascular repair, 30 day mortality fell from 10% to 3% and total in hospital mortality from 11% to 3%.

The team showed good vision and it was clear what impact they had had on service change, the judges said.

For further information please contact project lead Joanna Shakespeare, Clinical Service Manager at University Hospitals Coventry and Warwickshire NHS Trust on joanna.shakespeare@uhcw.nhs.uk or call 02476 966734.

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Category 3 IMPROVING QUALITY – MEASURING AND DEMONSTRATING IMPACT

Sponsored by The Scottish Government



Project delivers safe, low tech care for COPD patients

A project which has meant COPD patients with respiratory failure can be cared for on the ward rather than go through invasive intubation and high tech care on ITU has achieved dramatic results and won the Improving quality – measuring and demonstrating impact award.

The project was the brainchild of Catharine Thomas, consultant physiotherapist at Tameside Hospital NHS Foundation Trust who wanted to prevent patients being cared for in high care areas to reduce patient risk and hospital cost.

Treatment of respiratory failure requires using either intubation or a face mask. Intubated patients have a 43% incidence of developing ventilator associated pneumonia (VAP) which carries a 27-43% mortality risk, increases ITU stay by 5-7 days and costs around £25,000 extra per patient's hospital stay.

The application of non-invasive ventilation methods at an early stage is considered to be the essential factor for improving the prognosis rather than incurring the risks associated with intubation.

In April 2010 the NIV response service was initiated across the trust using existing services. Clinical NIV champions were identified within service areas and from support specialist areas such as ITU, and half day NIV refresher courses run monthly.

A total of 95 patients have been treated with non-invasive ventilation (NIV) instead of invasive intubation. All patients except one were successfully treated on the ward.

Due to the stage of the disease process many of these patients would have been palliated prior to the NIV service as they would not have been appropriate for intensive care due to the associated risks with intubation.

Furthermore, instead of an estimated national rate of complications of 70%, only 9% of patients had complications – which were related to anxiety. There were also no cases of ventilator associated pneumonia.

This project was an all round success, said the judges. It showed excellent identification of challenges and how to deal with them as well as clear measurable achievements and identification of cost-effectiveness and patient benefits.

For further information please contact project lead Catharine Thomas, Consultant Physiotherapist at Tameside Hospital NHS Foundation Trust on catharine.thomas@tgh.nhs.uk or call 0161 922 4123.

Patients with COPD helped to manage at home with telehealth service

A project to enable patients with COPD to remain in their home by providing them with the skill, knowledge and equipment to self manage their condition and allow staff to monitor their condition remotely has prevented unnecessary admissions and reduced the number of readmissions to hospital through early intervention and treatment.

Using remote telehealth, a monitoring device is placed in the patient's home which records daily clinical observations, including heart rate, SpO2 level and temperature. These results are reviewed daily by a COPD team who will monitor for early signs of deterioration and allow prompt intervention thus preventing the need for unnecessary hospital admission.

Runners up for the Improving quality – measuring and demonstrating impact award Catherine Sheeran, acting head of specialist primary care services and Wendy Henning, specialist COPD physiotherapist, who set up the project, say the number of non elective admissions for COPD has reduced from 680 in 2007/08 to an estimated 550 in 2010/11.

There has also been a reduction in the frequency of admissions, in 07/08 21 patients were admitted 4 times or more while in 09/10 only 13 patients were admitted 4 times or more. The length of stay in hospital has also reduced from 6.5 days in 07/08 to 5.6 days in 09/10. At present there are 224 COPD patients on telehealth monitoring.

The intervention of the COPD team has led to a decrease in the number of acute hospital beds required for COPD patients therefore reducing the pressure on secondary care.

'This was a project with passion and vision - such good practice,' the judges said.

For further information please contact project lead Catherine Sheeran, Acting Head of Specialist Primary Care Services at Southern Health & Social Care Trust on catherine.sheeran@southerntrust.hscni.net or call 02838398282.

Integrated social and health care working creates seamless service

Over 300 patients a year requiring health and social care in Sandwell have benefitted from an innovative project to ensure they receive a seamless service.

The integrated system for STAR (Short Term Assessment and Re-ablement) patients has meant that they require fewer paid carer hours and there is a significant reduction in duplication of services. As a result, waiting list times for therapists working in the health rehab team have been reduced from 21 to three days.

STAR clients are also able to stay at home longer, and be re-admitted to hospital later, compared with rates before joint working processes were set up. Over 80% of clients who received therapy input as part of their rehab goals remained at home 91 days post discharge. Only 6% were re-admitted for the same diagnosis within 91 days.

Carmen Davis, senior occupational therapist and Sandra Kennelly, rehabilitation service team leader, who set up the project, were runners up for the Improving quality – measuring and demonstrating impact award.

They set up a 6-month pilot in December 2008, to develop and deliver a competency-based re-ablement training programme for home support staff.

The pilot identified competency needs for 130 re-ablement support workers which were addressed with a pro-forma for training, incorporating the Skills for Health framework.

Carmen also set up an equipment sub-store at STAR to empower social care staff and managers to provide simple equipment without the need for further referrals, thereby removing a bottleneck in the service.

Shared office space was organised to bring about more opportunities for face-to-face interaction, and a sharing of knowledge and skills. Collaborating in joint weekly MDT patient discussions highlighted the importance of sharing caseload information and agreeing joint future goals.

The judges liked Carmen and Sandra's passion and vision to deliver change as well as their commitment to integrated working which achieved a clear improvement in service delivery.

For further information please contact project lead Sandra Kennelly, Rehabilitation Service Team Leader at Sandwell PCT on sandra.kennelly@nhs.net or call 01215073578.

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Category 4 ENHANCING PUBLIC HEALTH AND CREATING HEALTHY COMMUNITIES

Sponsored by Welsh Assembly Government



Awards scheme encourages fast food shops to sell healthier food

An inspirational award scheme to encourage fast food outlets to sell healthier foods and reduce bad eating habits among children in a deprived area of London has won the Enhancing public health and creating healthy communities category in recognition of its amazing achievements.

A total of 89 food business outlets in Tower Hamlets, East London have now been given either a bronze, silver or gold award for changing the food they sell and had their businesses added to a map of the Borough to encourage the community to use these healthier outlets.

Michele Sandelson, public health dietitian and Altan Ahmet, principal environmental health officer were aware that Tower Hamlets had one of the worst childhood obesity rates in England yet one of the highest concentrations of fast food outlets.

In 2009, they set up the Food for Health Award (FFHA) scheme to encourage food business outlets (FBOs) to offer healthier choices to their customers. They trained Food Safety Officers to promote the idea on their visits and organised four types of practical healthy catering workshops which could be attended by any food business in the Borough, whether applying for an FFHA or not.

These included nutrition workshops, healthier frying, healthier asian cooking lessons (delivered by an Indian chef) and practical healthier cooking lessons.

Several of the FBOs went beyond the project criteria, for example, a pie and mash shop cut all hydrogenated fat out of their pastry as well as reducing the saturated fat content by 20% (approx 350 meals sold each lunchtime).

Also, an Indian cafe/take-away started providing free salad and fresh fruit salads to customers and displaying these instead of deep fried samosas and pakoras at the take-away area.

As at October 2010, 60 businesses had attended the training workshops. Of these, approximately 64% said they would make healthier changes to cooking/food choices, approximately 28% said "maybe" and only 7% "wouldn't" or "couldn't".

There has also been good feedback from the Borough's residents regarding the map identifying healthier food outlets.

The judges applauded the project and for recognising the valuable role that have to play in public health.

For further information please contact project lead Michele Sandelson, Public Health Dietitian at NHS Tower Hamlets on michele.sandelson@thpct.nhs.uk or call 020 8223 8937 (Mile End Hospital) / 020 7092 5456 (Aneurin Bevan House).

People with long-term mental illness benefit from sport activities

A unique project designed to improve physical activity among patients with severe and enduring mental illness (SEMI) has improved their health so successfully that three of them have found jobs, four have joined mainstream clubs and several more have gained activity-related qualifications.

The Bristol Active Life Project (BALP), a runner up for the Enhancing public health and creating healthy communities award, works in partnership with people who experience SEMI by enabling them to improve their own health through taking part in sport and physical activity opportunities.

There have been 429 referrals to BALP, with 4,639 attendances at 18 weekly physical activity sessions in local community leisure facilities. Other achievements of the project have been monthly football leagues, annual badminton and football tournaments and regular spectator attendance at Bristol City Football Club.

People with SEMI have higher levels of premature mortality and morbidity than the general population and also can gain weight through anti-psychotic medication.

Through physical activity it is possible to facilitate healthy lifestyles resulting in improved physical and mental health and quality of life. Participating in regular physical activity in community leisure facilities helps to break down barriers of stigma and discrimination enabling people with SEMI to have equal opportunity to live their lives to the maximum of their potential and to gain confidence, improve self-esteem and learn new skills through involvement in regular physical activity.

BALP is integrated within the Early Intervention team which helps to ensure there is early engagement in physical activity. Also, the service users participate as volunteers within the project, which has proved very successful.

The judges praised the project for offering employment opportunities for people with severe and enduring mental health.

For further information please contact project lead Margot Hodgson, Senior Physiotherapist at Avon and Wiltshire Mental Health Partnership NHS Trust on margot.hodgson@awp.nhs.uk or call 0117 9195774.

Patients get pulmonary rehabilitation services nearer to home

Patients with COPD can now receive pulmonary rehabilitation (PR) services in their local community using telehealth rather than having to travel to the nearest large hospital thanks to an innovative project in Scotland.

East and Midlothian Pulmonary Rehabilitation service has been running PR programmes over the last two years with care being provided in community-based demedicalised settings.

Over the last 12 months, PR has been delivered using the 'demedicalised' model with telehealth capability, organised by Amanda Stears, specialist physiotherapist and Carol Maguire, senior physiotherapy technical instructor. The project received a runner up award in the Enhancing public health and creating healthy communities category.

Each programme consists of a weekly group over a 10-week period with each session taking approximately two hours. Pre-allocation assessment sessions and post-programme re-assessments of one hour each are required for each patient on each programme.

Offering remote PR via telehealth has allowed an increase in true capacity per programme from 15 to 20 patients per complete programme, an increase of 30%.

Although time is still required for setting up and taking down equipment and admin time, the model of care has cut down significantly on travel time.

Patients have embraced the new technology and it is hoped that it will allow the team to explore the possibility of delivering rehabilitation at home from a central hub for those who are too frail to travel even a few miles.

The project impressed the judges with its approach and methods using new technologies and they looked forward to seeing more outcome data.

For further information please contact project lead Amanda Stears, Specialist Physiotherapist at East and Midlothian Pulmonary Rehabilitation service on amanda.stears@nhslothian.scot.nhs.uk or call 07500 765 922.

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Category 5 INNOVATION IN RECRUITMENT AND CAREER DEVELOPMENT

Sponsored by NHS Employers



Competency workbooks created to help support workers

A set of workbooks designed to encourage healthcare support workers' learning have been given the thumbs up by over 80% of the workers and won the Innovation in recruitment and career development award.

Jane Reid, AHP education lead and Alison McIntyre, AHP practice education facilitator have so far developed 48 workbooks in partnership with the AHP education team and AHP staff across NHS Tayside, with three more currently being developed.

Of these, 14 are core competency workbooks including Communication, Infection Control, Confidentiality and Medical Records, Equality and Diversity, Consent, Documentation, Multidisciplinary Team Planning and Conducting Outcome Measures.

The workbooks were developed to support individuals' learning and development within their role and provide evidence for KSF Personal Development Review (PDR).

The majority (86%) of support workers who used the workbooks indicated positive benefits with only a small percentage (14%) stating there were no benefits to completing the workbooks.

The benefits included enhancing knowledge and skills, developing reflective practice, increasing self-confidence, reinforcement of working within NHS guidelines and policies and consolidation of learning.

Most of the workers (78%) also stated they did not need any training to use the workbooks.

The judges said Jane and Alison had recognised the patient safety issues of support workers and mitigated that through the development of competency packages. They added that the two clearly had successful influencing skills and were good at leveraging contacts and networking.

For further information please contact project lead Jane Reid, AHP Education Lead at NHS Tayside on jane.reid@nhs.net or call 01382 660111.

Speech and language service cuts waiting lists to zero

A speech and language therapy service which was 'on its knees' has managed to achieve an amazing turnaround in the quality of care provided with no waiting lists and a 36% rise in referrals.

The Moray Speech and Language Therapy paediatric team achieved the success using the Maroondah Approach to Clinical Services (MACS) which ensures that child and parents/carers are at the centre, that parents, children and therapists jointly agree goals and that there are clear expectations identified from the start of therapy,

The team's hard work has led them to being runners up for the Innovation in recruitment and career development award.

In January 2004 the team was at crisis point with high numbers on unseen and seen waiting lists, different waiting times across the localities, increasing levels of formal complaints, limited involvement of parents/ carers in their children's therapy, making it less effective and poor staff morale.

Helen Dobson and Margaret Macdonald, both speech and language therapists, and the rest of the team have seen the service improve dramatically since the new approach was adopted with improved relationships and communication with parents/ carers, all patients across Moray have equal access to the service and improved relationships with schools.

There has also been a significant reduction in formal complaints to the service (95 between 2000 and 2004, 5 in 2005 and only 1 since 2006 to present date) and much better staff morale.

The judges felt that the team deserved praise for achieving significant service improvement.

For further information please contact project lead Helen Dobson, Speech And Language Therapist at Moray Community Health and Social Care Partnership on helen.dobson2@nhs.net or call 01343 553100.

Training support workers to work at Band 4 cuts waiting lists for physiotherapy outpatients

A project to uplift clinical support workers to Band 4 grade has reduced the wait from referral to treatment time for physiotherapy outpatient services to just two weeks.

The Band 4's are now included in assessment sessions alongside two skilled clinicians so they can then be responsible for continuing to provide the ongoing patient care. Following competency training, the Band 4's commenced their assessment slots in October last year offering an additional 30 per week in total across the three sites.

Organised by Julie Hunter, therapy team leader across all sites and Maria Westwood, clinical team leader outpatients at Birmingham Heartlands Hospital, the project was a runner up for the Innovation in recruitment and career development award.

Their hard work meant the team could increase their productivity of by allowing them to be more flexible in the provision of assessment slots per week across the sites – which has therefore improved patient's access to treatment.

By improving the access to initial treatment the ratio of assessment to follow up contacts has reduced to three follow up contacts – making the overall episode of care shorter and returning the patient to their maximum functional capacity more quickly.

The patient feedback cards have indicated a higher level of satisfaction since the service improvement commenced.

The judges felt the project deserved recognition for its return on investment and benefits of service improvement, for engaging patients and for being QUIPP focussed.

For further information please contact project lead Julie Hunter, Therapy Team Leader Across All Sites at Heart of England NHS Foundation Trust on julie.a.hunter@heartofengland.nhs.uk or call 01214247195.

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Category 6

ALLIED HEALTH PROFESSIONALS AND HEALTHCARE SCIENTISTS LEADING TOGETHER ON HEALTH

Sponsored by Unite the Union



Speech and language therapists set up unique clinic with clinical scientists

A unique collaboration between speech and language therapists and clinical scientists as part of a respiratory team has led to a dedicated clinic for vocal cord dysfunction (VCD) – the first of its kind in the country.

The project's success was recognised by it being chosen as the winner of the AHP and healthcare scientists: leading together on health award.

This poorly understood condition causes the vocal cords to develop spasm, making it distressing for sufferers as it is difficult to breathe. It can be misdiagnosed as asthma, which results in inappropriate treatment (e.g. steroid tablets) or hospital admissions. Approximately 20% of the severe asthma patients seen at the clinic at the Heart of England NHS Trust have VCD.

Sarah Manney, clinical scientist and Nicola Pargeter, principal speech and language therapist realised that the skills of both their professions were needed to help with not only diagnosing the condition but also its treatment.

The SLTs and CSs adapted and pooled their individual skill sets to develop unique assessment and diagnostic techniques and service delivery for this group of patients. This has enabled them to set up tests which accurately distinguish VCD from asthma and ensures quicker and less invasive procedures for the patient.

Timely assessment, correct diagnosis and appropriate treatment of VCD have reduced the number of patients being misdiagnosed as asthma. This has led to reduced hospital admissions and costs.

A patient questionnaire has also shown a significant reduction in symptoms pre and post SLT intervention suggesting that this approach is effective in the management of VCD.

The judges thought this good example of team working was a deserving winner for setting up 'a first in the country' service.

For further information please contact project lead Sarah Manney, Clinical Scientist at Heart of England NHS Foundation Trust on sarah.manney@heartofengland.nhs.uk or call +44 (0) 7767 618488 / +44 (0) 121 424 3436.

Patient dummies improve accuracy of X-ray equipment testing

A novel idea has overcome the problem of how to assess the performance of modern X-ray imaging equipment – which adapts itself to different patient anatomies – using conventional one-size-fits-all tests.

Peter Hiles, head of radiation physics and Lynn Bateman, clinical physicist from Betsi Cadwaladr University Health Board have developed a family of simple patient substitutes or dummies called the Bod Family, which earned them the place of runner up for the AHP and Healthcare scientists: leading together on health award.

They represent patients ranging in age from neonates to adults and can be used on any X-ray imaging equipment.

These patient dummies are useful for both patient dose and image quality and are capable of being used in a range of areas in radiology and radiotherapy. They possess basic anatomical details to provide similar variations in radiation response as a typical patient and an internal tube for measuring radiation dose anywhere along the length of the dummy.

The use of these patient dummies has already led to changes in medical imaging practice both for children and adults. Because the dummies are relatively cheap to produce and transport, the wide-spread adoption of optimisation techniques becomes readily accessible to all imaging departments.

The judges were impressed with the idea and liked the way it improved accuracy.

For further information please contact project lead Peter Hiles, Head of Radiation Physics at Betsi Cadwaladr University Health Board on peter.hiles@wales.nhs.uk or call +44 (0) 1745 448720 Extn 7663.

Conference for deaf adolescents helps them access adult services

A conference-style event in Cambridge for 48 deaf adolescents in East Anglia has helped them to make the difficult transition from paediatric to adult services.

Young people who are deaf find it particularly difficult to access the range of services and resources that a hearing-oriented society takes for granted. This can lead to issues with emotional and social wellbeing and ultimately to mental health problems in adulthood.

Entitled 'Moving on' the conference was attended by representatives from 22 local and national organisations to provide information and support.

Awarded runner up for the AHP and Healthcare scientists: leading together on health award, it was devised by the Hearing Impaired Teenagers (HIT) Support Healthcare Team, led by Becky Frewin, a highly specialist speech and language therapist and Rachel Knappett, a senior audiologist from Cambridge University Hospitals NHS Foundation Trust.

Information on topics such as equipment maintenance, accessing support and socialising with other hearing impaired peers was provided as well as sessions on financial support, managing money and applying for benefits and education and employment choices. Learning was promoted throughout the day through a quiz with prizes, and feedback workshops.

The overall feedback from the day was positive - only 6% of participants reported that they would not attend this type of event again. Participants were also asked to rate each aspect of the day on a rating scale of 0 - 10 with 10 the most positive score. All activities scored above 7 on this scale, with 'Work and College Choices' and 'Financial Support' rated the highest.

Professionals also reported the day as a success as they were able to reach many deaf adolescents in one day.

The judges liked the idea of a conference for adolescents to meet each other and learn about range of services relevant to needs and hoped it would become an annual event.

For further information please contact project lead Becky Frewin, Highly Specialist Speech and Language Therapist at Cambridge University Hospitals NHS Foundation Trust on becky.frewin@addenbrookes.nhs.uk or call 01223 217589.

Further information on the programme as a whole including electronic copies of photographs from the ceremony can be obtained by emailing Chamberlain Dunn at renae@chamberdunn.co.uk or calling 020 8334 4500.

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Category 7

Sponsored by Department of Health, Social Services and Public Safety Northern Ireland

RETHINKING THE PATIENT CARE PATHWAY



'One stop shop' for people with COPD wins AHA 2011 award

An eight per cent reduction in A&E attendances from falls in people aged over 65 and a 13 per cent reduction in admissions to acute care over a four-year period have been achieved by an innovative and proactive rehabilitation service.

The HOPE Specialist Service, which is a partnership between the North East Lincolnshire Care Trust Plus Falls and COPD Services, won the overall AHA 2011 award as well as winning the Rethinking the patient care pathway category.

The service aims to provide a patient-centred one stop shop for people with COPD and older people at risk of falls.

Copd lead, Pam Hancock and falls lead, Kylie Farbrace run a multidisciplinary team of physiotherapists, OTs, specialist nurse, dietitian, physiotherapy assistants and volunteer expert patients and carers who provide a range of rehabilitation programmes within a community setting.

They also offer five weekly maintenance sessions for post rehab patients, as well as facilitating social groups such as the the Piscatorial Codgers Fishing Club and the Grouchy Old Men's Club as well as offering Tai Chi and chair-based exercise classes.

The success of the team is also down to the groundbreaking use of patients as volunteer 'buddies'. These expert patients who have been through the pulmonary rehabilitation (PR) programme act as an extra pair of eyes/ears, and as motivators, mentors, and positive role models to patients, carers and indeed staff. Patients are sometimes reluctant to talk to staff members about their problems, but not so the Buddies, who are able to empathise with them.

Both the falls and post hip fracture rehabilitation programmes have also demonstrated clinically significant improvements, including a 100% improvement in the 6 minute walk test, with an average increase from 80 to 160 metres, and a significant reduction in fear of falling.

The judges gave the team the award in recognition of their enthusiastic energy and the belief of the team leader. The use of people power also contributed to their excellent evidence and outcomes.

For further information please contact project lead Pam Hancock, COPD Lead at North East Lincolnshire Care Trust Plus on pam.hancock@nhs.net or call 01472 313400.

Orthopaedic patients length of stay slashed through a better patient pathway

Using an enhanced recovery pathway for orthopaedic patients has cut their length of stay by several days and as a result saved a trust over £367,000 a year.

At Royal Bournemouth and Christchurch Hospitals NHS Trust, over a two-year period, there was a reduction in length of stay for revision hip replacements from 11.4 days to 9.6 days and total shoulder replacements from 5 days to 3.7 days. Hip and knee replacements now average 5.0 days. There has been no increase in readmission rates.

These improvements have helped to achieve a reduction of 10 beds within the orthopaedic directorate with significant financial benefits and resulted in the project being a runner up for the Rethinking the patient care pathway award.

Building on previous success with the approach for hip and knee replacements, the changes were achieved by Jonathan Swan, orthopaedic therapy team leader and Harriet Sturgess, senior occupational therapist who felt that developing a coordinated patient pathway for all orthopaedic patients would help to improve patient experience and use of resources.

With the enhanced recovery pathway, the role of therapy now starts in pre operative assessment and only ends when the patient has achieved the goals in out-patient therapy. One of the most important components of the pathway changes was that patients had seven-day therapy care. Staff contracts were changed so that trained therapy staff were available each day of the year and for extended hours on a weekday evening, extending capacity and improving consistency of care.

Through close MDT working, introducing care pathways and staff education the team now provides consistent evidence-based care and accurate information to patients at all stages of their care pathway. Patients are better informed, know what is expected of them whilst in hospital and know when they are likely to return home.

This project was very focussed on effective discharge by anticipating needs and a good holistic patient journey approach, the judges said, and as a result had achieved impressive outcomes on readmissions and bed days saved.

For further information please contact project lead Jonathan Swan, Orthopaedic Therapy Team Leader at Royal Bournemouth and Christchurch Hospitals NHS Trust on jonathan.swan@rbch.nhs.uk or call 01202 726221 / 07790099423.

Integrated neurological service cuts waiting times to weeks rather than years

A new method of service delivery for patients with long-term neurological conditions has cut the waiting lists for neurology consultants' clinics from three years to just 10 weeks.

The success was achieved by Janet Priest, team leader neurology long-term conditions and Mandy Wardle, deputy team leader at NHS Bolton, who were runner ups for the Rethinking the patient care pathway award.

In 2008 the unacceptable delays for neurology follow-up appointments galvanised the trust to rethink the whole ethos of service delivery.

A new purpose-built community centre was built where all the members of the neurological rehabilitation team could be based to integrate the specialist neurology team with the primary care rehabilitation services.

The key component of the service is case management, which is provided by either specialist nurses for conditions such as MS, epilepsy, Parkinson's disease, or an OT for brain injury and the most suitable AHP for any other neurological condition depending on patient need.

This means users and carers can make rapid contact with an appropriate member of the team and consultant appointments are reduced to being on a medical need basis.

One of the major successes of the service is the close working with the user and carers groups. This input has been so beneficial that they have representatives on the steering group, have designed direction leaflets and had a large input into any patient information leaflets that the team produces.

Patient satisfaction questionnaires of their overall experience have shown that 66.7% of patients were very satisfied, and 33.3% satisfied with the service.

The project demonstrated that integrating two teams in one location and getting AHPs working with nurses can make a big difference to waiting lists, said the judges.

For further information please contact project lead Janet Priest, Team Leader Neurology Long Term Conditions at NHS Bolton on janet.priest@bolton.nhs.uk or call 01204 462766.

Further information on the programme as a whole including electronic copies of photographs from the ceremony can be obtained by emailing Chamberlain Dunn at renae@chamberdunn.co.uk or calling 020 8334 4500.

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Category 8 LEADING INTEGRATION

Sponsored by The AHP Federation



Joint eye clinic for children enables much quicker treatment

The joining up of an orthoptic and an optometry service into a one-stop clinic has allowed children to be able to start treatment immediately.

Patients previously had to wait for the orthoptist to contact the optometrist before a change in glasses strength, for example, could be arranged, but now all that can be explained and dealt with at one appointment.

Winner of the Leading integration award, Joy Peters, orthoptic service manager at Northern Health and Social care Trust started the project out of frustration at the complex and inefficient systems that were in place within the trust. Patients found the services confusing and did not always understand the importance of attending both clinics. There was a high rate of non-attendance at the clinics.

Joy established the joint orthoptic and refraction clinics where the patients see the orthoptist first, who carries out a vision test, other investigations and then puts the drops into the child's eyes. Once the pupils are dilated the patient then sees the optometrist, who performs a refraction and fundus check. One set of notes are used for these assessments.

The orthoptist and the optometrist can discuss what the best management for the child is and this can then be clearly explained to the parent/carer. Treatment is now initiated much quicker and there are reduced waiting lists for refraction clinics.

The parents have appreciated having one less appointment to attend and valued the consistent advice they were given. Admin costs have halved and the clinical staff have appreciated the reduced paperwork, the opportunity for multidisciplinary audit/cpd and as a result staff morale has increased.

The judges commented that the project was very patient focused and demonstrated excellent leadership skills, leading integration by example across professional boundaries.

For further information please contact project lead Joy Peters, Orthoptic Service Manager at Northern Health and Social Care Trust on joy.peters@northerntrust.hscni.net or call 028 2563 5274.

Diabetic foot clinic reduces amputation rate and improves ulcer healing

A reduction in the number of amputations for patients with diabetes has been achieved by a project to create a 'one stop shop' to ensure all tests are carried out on one visit and that high risk patients are fast-tracked for treatment.

Runner up for the Leading integration award, Rosalyn Thomas, deputy head of podiatry at Abertawe Bro Morgannwg University Health Board established the multidisciplinary joint foot clinic to enable patients to undergo medical and diabetic review as well as addressing their foot problems so reducing the numbers of visits to hospital.

The clinic is attended by a consultant diabetologist, vascular surgeon, consultant orthopaedic surgeon, diabetes specialist nurse, and a musculoskeletal podiatrist.

As a result of qualified staff detecting problems and fast tracking interventions on the "high-risk" foot, there has been a reduction in the number of amputations. And 68% of the ulcers have healed and remained healed out of the 58 patients that have been treated to date.

These clinics are only held four times a year so utilise the minimum of resources. And although the numbers of staff in these clinics appear to be "high cost", preventing one amputation alone saves £60,000 in direct costs and £17-24,000 in ongoing social costs

The judges felt the project was clearly making a difference to patient care through the perseverance of the staff and good use of multidisciplinary teams.

For further information please contact project lead Rosalyn Thomas, Deputy Head of Podiatry (Swansea) at Abertawe Bro Morgannwg University Health Board on or call 01792 703595.

A rapid response wheelchair service reduces wait to two weeks

The average wait for wheelchair and seating equipment has been cut from around nine months to less than two weeks thanks to the introduction of a rapid response service.

Runner up for the Leading integration award, the 'rapid response' (RR) service within the South Wales Wheelchair Service was set up in December 2007 by John Fitzpatrick, clinical lead occupational therapist who wanted to improve the patient care pathway by reducing waiting times.

Prior to the introduction of the RR service, referrals were allocated to either routine or urgent. Although this system enabled those with urgent needs to be seen before those with non-urgent needs, it did not provide an immediate service to anyone.

Pressure sores were deteriorating, hospital stays were longer than necessary, complaints were being received regularly and the opinion of the service among other health professionals was poor.

The RR project enabled one additional band 7, 1.0 WTE occupational therapist to assess patients with very urgent requirements immediately following referral and then provide immediate intervention to reduce the likelihood of further deterioration.

Equipment was sourced from stock where feasible. When equipment needed to be ordered, it was fast-tracked through the procurement process, eliminating many weeks of delay and then fitted immediately after it was delivered.

Although no financial analysis has been completed, it is suspected that significant cost savings have been achieved through introduction of the RR service. This has been achieved through providing early intervention that either provides immediate improvement, or prevents further deterioration in the patient's condition.

This type of project makes a real difference to client lives, the judges said.

For further information please contact project lead John Fitzpatrick, Clinical Lead Occupational Therapist at Cardiff and Vale Local Health Board on john.fitzpatrick@wales.nhs.uk or call 02920 313941.

Further information on the programme as a whole including electronic copies of photographs from the ceremony can be obtained by emailing Chamberlain Dunn at renae@chamberdunn.co.uk or calling 020 8334 4500.

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Category 9 ACHIEVING EXCELLENCE IN LEARNING AND DEVELOPMENT

Sponsored by GateHouse Training



Staff education programme improves nutritional care for patients with cancer

A project team in NHS Ayrshire and Arran have developed an education programme to tackle their staff's need for proper training on nutritional care in cancer and won the Achieving excellence in learning and development award.

In response to a staff survey which showed a lack of confidence and knowledge, and a desire for teaching to be delivered in different ways, the team, led by Debbie Provan, Macmillan project lead dietitian and Sharon Little, Macmillan dietitian, created an integrated multi-media programme.

This incorporated an e-learning package consisting of five modules; an intranet site; and a virtual classroom allowing live education to be delivered to up to 50 staff across the country via their nearest computer thus promoting peer-assisted learning, multi-professional networking and the sharing of good practice.

The project has resulted in an increase in training numbers –140 staff members were trained by the project team in 2009/10 (an increase of 62% on the previous year), and a greater number of GPs and AHPs accessed training than in previous years.

Since the project team have taken responsibility for delivering education, approximately six clinical sessions have been released each year, thus the dietetic team are able to allocate more time to direct clinical care.

Other successes have included improved nutritional knowledge and confidence of staff, and therefore better nutritional care of those affected by cancer and a reduction in training costs through less time away from clinical practice.

The judges were impressed by the innovative approach and thought it was an excellent way of dealing with staff resourcing issues and including the patient voice.

For further information please contact project lead Debbie Provan, Macmillan Project Lead Dietitian at NHS Ayrshire and Arran on debbie.provan@aapct.scot.nhs.uk or call 01563 538627.

Maths training for staff now on line and technology friendly

An ongoing project to tackle the lack of confidence in maths skills and calculating infusion rates for IV therapy now includes an organisation-wide training programme and an on-line maths training programme which staff can access at home.

The five-week training programme is the first ever numeracy course for healthcare staff and the project team has also developed the first pocket-card for IV drip rates and the first ever dedicated drip rate app. for the apple iPhone.

The achievements are due to the hard work of Paul Lee, medical devices training manager, who started work on the project back in 2006, and Ruth Gates, project lead from Abertawe Bro Morgannwg University Health Board.

Paul, who was runner up for the Achieving excellence in learning and development, realised that existing qualified staff very often had no formal way to teach, train or offer advice on the correct methods to calculate infusion rates and that over 60% of staff were not confident to carry out calculations graded at GCSE.

Maths training/assessment has now been adopted as mandatory for all nurses undergoing IV training, with additional on-line maths assessment (pass rate 100%) as a requirement.

Regular discussion with e-learning providers ensures the course remains contemporary and changes can be managed effectively. Linking the training into KSF profiles and work competencies has ensured that this project/topic remains high on the agenda and is already being shared with neighbouring organisations.

The judges thought this was an excellent package which was genuinely transferrable.

For further information please contact project lead Paul Lee, Medical Devices Training Manager at Abertawe Bro Morgannwg University Health Board on paul.lee@wales.nhs.uk or call 01792 285294 (Ext 7536).

Best practice guidelines improve quality of care and staff development

A musculoskeletal physiotherapy outpatients within Mid Yorkshire NHS Trust has come up with the idea of creating evidence-based information booklets to improve the quality of care and provide an innovative solution for staff development.

The initiative, led by clinical team manager physiotherapy Clair Holdsworth, has resulted in much greater consistency in care/best treatment across the trust based on best available research. Quality of care indicators, including the validated Personal Specific Functional Score, demonstrates a high level of significant improvement in the quality of care received.

The project, which was a runner up for the Achieving excellence in learning and development, had also managed to achieve a trust-wide increase over a year from 94% highly satisfied to 98% highly satisfied with regards to the quality of information given out to patients.

The booklets were created using expert knowledge such as resource tools, training sessions with the library, in-service training to focus on benefits to patient care and staff development with help from the University of Bradford/University of Leeds.

Staff, particularly the more junior rotational staff, have benefited from in-service training programmes, better working relationships within teams and the chance to develop IT, clinical and critical appraisal skills.

The booklets have now become a widely available learning resource that could be accessible to all professions not just in physiotherapy.

This project is clearly sustainable and empowers other staff, the judges commented.

For further information please contact project lead Clair Holdsworth, Out patient physiotherapy service lead at Mid Yorkshire NHS Trust on clair.holdsworth@midyorks.nhs.uk or call 01924 541480.

Further information on the programme as a whole including electronic copies of photographs from the ceremony can be obtained by emailing Chamberlain Dunn at renae@chamberdunn.co.uk or calling 020 8334 4500.

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