

The logo for HSJ (Healthcare Safety and Justice) features the letters 'HSJ' in a bold, red, sans-serif font. To the right of the letters is a circular icon containing two stylized, curved shapes in blue and white, resembling a flame or a protective shield.

**HSJ**

**PATIENT SAFETY  
AWARDS 2022**

# WELCOME

---

Welcome to the Patient Safety Awards 2022.

It is always a significant achievement to be a finalist at the Patient Safety Awards but considering what the NHS has had to contend with over the last two years, to be on the shortlist this year is even more impressive.

Despite the huge challenges you and your teams face every single day at work, you have gone above and beyond to prioritise patient safety and never has there been a more vital time to do this. With everything else going on in the health service, there is a real risk the progress made in recent years could be lost. But thanks to you, patients all around the country are receiving better and safer care.

This evening is the time to put the daily pressures aside and celebrate your hard work.

Reading through this year's entries has been truly uplifting. Do take a moment to read through our Patient Safety Awards shortlist and see if there is something you could take back to your patients, as many of the challenges you face are faced by others too.

After two rigorous stages of judging by 118 expert and experienced judges we have 171 finalists in 23 categories – and of course 23 winners.

Even if you don't leave tonight with a winner's trophy, please know you are playing a crucial part in making the NHS a safer place for patients, and for that, we thank you.

It is an honour to be welcoming you to the awards this year and I hope you have a fantastic evening.



**Anabelle Collins**  
**Patient Safety Award Chair**

# ORDER OF EVENTS

---

- 18.30 Networking reception
- 19.15 Welcome speech by **Annabelle Collins**, Senior Correspondent, **HSJ**. *Followed by Dinner*
- 21.15 Awards ceremony
- 22.45 After show entertainment
- 01.00 Carriages

## MENU

---

### Starter

Sticky Onion & Lancashire belle cheese tart, fine herbs & truffle (V)

.....

### Main Course

British Confit Duck leg, Vimto braised red cabbage puree, pressed potato, green peppercorn sauce & snap peas (GF)

.....

### Vegetarian Main Course

Grilled Tomato & olive polenta, basil, pine seed, courgetti and heirloom squash (VGN)

.....

### Dessert

Billionaire chocolate shortbread, dark chocolate ganache, vegan caramel, vanilla, smoke salt, cocoa nibs and mint (VGN)

Tea & coffee

**Please note that the vegetarian options are only available to those that have pre-ordered before tonight. If you suffer from any allergies or food intolerances and wish to find out more about the ingredients we use, please inform a member of staff and they will supply the relevant information.**

**Please be aware that there will be no table service during the awards ceremony so please ensure you place any drinks orders by 21.00.**



@HSJptsafety | #HSJpatientsafety |  @HSJ\_Awards

# AWARDS PRESENTATION

---

- Best Use of Integrated Care and Partnership Working in Patient Safety Award – **Partnered by RLDatix**
- Community Care Initiative of the Year
- Improving Care for Children and Young People Initiative of the Year
- Improving Care for Older People Initiative of the Year
- Improving Health Outcomes for Minority Ethnic Communities – **Partnered by General Medical Council**
- Primary Care Initiative of the Year
- Deteriorating Patients and Rapid Response Initiative of the Year
- Digital System and Process Development Award
- Early-Stage Patient Safety Innovation of the Year
- Improving Safety in Medicines Management Award
- NHS Safeguarding Award
- Learning Disabilities Initiative of the Year
- Mental Health Initiative of the Year
- Patient Safety Education and Training Award
- Maternity and Midwifery Initiative of the Year
- Safe Restoration of Elective Care Services Award – **Partnered by Acumentice**
- Service User Engagement and Coproduction Award
- Harnessing a Human Factors Approach to Improve Patient Safety Award – **Partnered by NHS Supply Chain**
- Quality Improvement Initiative of the Year – **Partnered by Wolters Kluwer**
- Virtual or Remote Care Initiative of the Year – **Partnered by IMS MAXIMS**
- Changing Culture Award – **Partnered by Nursing and Midwifery Council**
- Patient Safety Pilot Project of the Year
- Patient Safety Team of the Year – **Partnered by Radar Healthcare**

# STRATEGIC PARTNER

---



At Radar Healthcare, we believe in making a difference. Combining digital innovation with hands-on experience in healthcare environments characterises our strategies, with the end goal always being to make healthcare safer. We're not just selling risk, quality and compliance software, it's the importance of care and safety. When we talk about user experience and engagement, our [www.radarhealthcare.com/our-customers](http://www.radarhealthcare.com/our-customers) the best possible healthcare outcomes has been there since day one. Compliance isn't just ticking a box; it's creating a safer experience. Spotting trends and analysing data isn't just for board reporting, it's learning how to prevent incidents and improve future outcomes. We understand the day-to-day pressures and challenges faced, which is why we are constantly evolving our software to stay on top of the latest requirements. We're here to help healthcare providers make a real difference, now and in the future.

# KEY PARTNERS

---



Acumentice are a healthcare management consultancy powered by ex NHS senior leaders. We have been supporting and delivering recovery and improvement programmes across the NHS since 2014, primarily in elective care management, data quality and digital transformation.

We support NHS organisations in Integrated Care System, Primary Care, Secondary Care and Mental health settings in a wide range of areas:

- Elective Care Recovery Programme Design and Delivery
- Digital Transformation
- Data quality improvement
- Data Analytics and Insights
- Waiting List and PTL development
- Waiting List Data Validation

We are passionate about making a positive and sustainable difference to all partners we work with, using our in-house industry leading elective care recovery framework. This framework, which offers a comprehensive view of all key elements of elective care, can be rapidly tailored to suit clients' bespoke positions, ensuring breadth and depth of programme design and execution.

We also understand the need for expertise at all levels of a programme's delivery and a collaborative approach to ensure objectives are delivered efficiently. Our senior team each have a minimum of 10 years' senior frontline experience in the NHS giving them genuine insight into the current situation.

With integrity at the core of our values, we provide the highest level of quality, assurance, and client satisfaction in the delivery of our programmes. No matter whether you are at the design, delivery, or oversight phase of your reset and restoration endeavours, Acumentice have the expertise to support your goals.



# KEY PARTNERS

## General Medical Council

We work to protect patients safety and support medical education and practice across the UK. We do this by working with doctors, employers, educators, patients and other key stakeholders in the UK's healthcare systems.

The work we do is set out by the Medical Act 1983 and it covers five areas.

- 1. We manage the UK medical register** – we check every doctor's identity and qualifications before they are able to join the register. We also contact a doctor's previous employers to find out if they have any concerns about the doctors ability to practise safely.
- 2. We set the standards for doctors** – our standards define what makes a good doctor by setting out the professional values, knowledge, skills and behaviours required of all doctors working in the UK.
- 3. We oversee medical education and training** – we make sure doctors get the education and training they need to deliver high-quality care throughout their careers. We do this by setting standards for undergraduate and postgraduate medical education and by monitoring training environments.
- 4. We help maintain and improve standards through revalidation** – it's important that every licensed doctor in the UK is keeping their knowledge and skills up to date. We check this by working with experienced senior doctors to make sure every doctor has an annual appraisal. And every five years the senior doctor tells us whether the doctor is keeping up to date with our standards and giving good care.
- 5. We investigate and act on concerns about doctors** – when a serious concern is raised about a doctor's behaviour or the way they do their job, we assess whether we need to investigate it. We usually investigate cases where the doctor is putting the safety of patients, or the public's confidence in doctors, at risk.



Oversight from InPhase is the shockingly good suite of modern software helping healthcare teams win awards and make a difference in patient safety, CQC, NICE and policy, audit compliance and completion and most importantly care quality assurance and continuous improvement.

Hear what customers say about us and positive culture change  
<https://www.inphase.com/differentiators/customer-stories>

Find out more about the NHS England certified Incident Oversight for incidents, risks, outcomes and good care and Learn From Patient Safety Events that triangulates everything <https://www.inphase.com/differentiators/apps/incidents-and-complaints>

Explore the whole range of over 20 eAssurance governance, compliance, assurance and improvement healthcare apps <https://www.inphase.com>

Don't put up with indifferent and unreliable vendors and software. Your team know their beans, work hard, and go the extra mile to do the best for your customers, so do we!

# KEY PARTNERS

## maxims

IMS MAXIMS is one of UK & Ireland's leading providers of high-quality Patient Administration Systems (PAS) and Electronic Patient Record (EPR) Systems. IMS MAXIMS enable healthcare organisations to consistently improve the quality and safety of care delivery, using best-in-class and innovative technology.

MAXIMS is an all-encompassing, healthcare data platform and suite of mission-critical workflow solutions that cut through complex and disparate healthcare provision settings by providing real-time insights across customer organisations to deliver seamless, cost-effective, and sustainable healthcare services without compromising medical best practices.

If you're attending the Patient Safety Congress then come and see us on stand 37 to find out how our solutions can support your organisation to:

- Become digitally mature - quickly and cost-effectively
- Reduce errors and deliver better, safer care
- Improve outcomes for patients
- Provide services more efficiently
- Improved patient safety
- Greater effectiveness in the delivery of care
- High quality record keeping
- Lower costs in care delivery
- Our portfolio of solutions includes the market-leading clinical information system for critical care, MetaVision (in partnership with iMDsoft)

For further information about our solutions, approach, and services, head to our website [www.imsmaxims.com](http://www.imsmaxims.com) or get in touch with us via email and someone from our team will get back to you: [contact@imsmaxims.com](mailto:contact@imsmaxims.com)

## Supply Chain

NHS Supply Chain manages the sourcing, delivery and supply of healthcare products, services and food for NHS trusts and healthcare organisations across England and Wales.

We are part of the NHS family, managing more than 8 million orders per year across 94,000 order points and 17,465 locations.

This enables us to bring value to our customers, including by saving NHS trusts time and money in removing duplication of overlapping contracts.

The model consists of 11 specialist buying functions, known as Category Towers, delivering clinical consumables, capital medical equipment and non-medical products such as food and office solutions. Two enabling services for logistics, supporting technology and transactional services underpin the model.

Clinical expertise runs through the whole of the organisation, with clinical colleagues working collaboratively with procurement specialists, ensuring all new frameworks are quality assured via our Clinical and Product Assurance (CaPA) function.

In common with other healthcare organisations, we've learnt lessons during the COVID-19 pandemic and have put in place measures to increase the resilience of our supply chain which serves every NHS trust.



@HSJptsafety | #HSJpatientsafety |  @HSJ\_Awards

# KEY PARTNERS

---



Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 745,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to regulate. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

# KEY PARTNERS

---



We are RLDatix. We'd love to talk to you about how bringing workforce, risk, governance and compliance solutions together can support a safer experience for your patients, people and organisations.

Our solutions bring together technology to manage people, operations, risk, compliance and governance so the people leading healthcare organisations can be confident they have the right people, at the right time, delivering the right care, at the right cost. Today we support over 16 million people every week, helping them deliver:

- a safer, better patient journey
  - a safer, more supported workforce
  - a safer, sustainable organisation
- For more information, visit [rldatix.com](http://rldatix.com)
- 



Wolters Kluwer provides trusted clinical technology and evidence-based solutions that engage clinicians, patients, researchers, students, and the next generation of healthcare providers. With a focus on clinical effectiveness, research and learning, clinical surveillance & compliance, and data solutions, our proven solutions drive effective decision-making and consistent outcomes across the continuum of care.

# JUDGES

**Nishaal Abraham**, Head of Patient Safety and Complaints, **Cambridgeshire and Peterborough FT**

**David Ainsworth**, Director of Strategy & Partnerships, **Sherwood Forest Hospitals FT**

**Parveen Akhtar**, Senior Specialist Practitioner Palliative and End Of Life Care, **Queen's Nursing Institute**

**Mark Axcell**, Chief Executive Officer, **Black Country Integrated Care Board**

**Ayshia Aziz**, Freedom to Speak Up Operational Co-ordinator, **Walsall Healthcare Trust**

**Shabina Azmi**, National Programme Lead – Education Reform: Systems Leadership & Development, **Health Education England**

**Shruthi Belavadi**, Senior Manager (Governance) – Intensive Support, **NHS England**

**Diana Belfon**, Equality, Diversity and Inclusion Specialist, **Integrated Care Northamptonshire**

**Prof. Geoff Bellingan**, Medical Director, Surgery and Cancer, **University College London Hospitals FT**

**Ian Benton**, Director of Medical Education | Consultant Respiratory Physician, **Countess of Chester Hospital FT**

**Karen Bonner**, Chief Nurse & Director for Infection Prevention & Control, **Buckinghamshire Healthcare Trust**

**Angela Brierley**, Director of Transformation, **Tameside and Glossop Integrated Care FT and Stockport FT**

**Allison Brindley**, Assistant Professor, School of Health Sciences, **University of Nottingham**

**Annie Burrin**, Patient Safety and Organisational Learning Manager, **Cardiff and Vale University Health Board**

**Karen Cameron**, Regional Professional Nurse Advocate Advisor / Interim Digital Lead, **NHS England – East of England**

**Andrew Cooper**, Clinical Director, Innovation Agency – North West Coast **AHSN**

**Andrea Cortes**, Continuous Quality Improvement Programme Director, **King's College Hospital FT**

**Matthew Dodwell**, Senior Manager – Personalised Care Group, London Clinical Networks, **NHS England - London**

**Prof Jacqueline Dunkley-Bent OBE**, Chief Midwifery Officer, **NHS England**

**Lesley Durham**, President, **International Society for Rapid Response Systems (iSRRS)**

**Lesley Edgar**, Implementation Facilitator, **NICE**

**Teena Ferguson**, Deputy Chief of Staff, Medical Directors Office, **Imperial College Healthcare Trust**

**Paul Fish**, Chief Executive, **The Royal National Orthopaedic Hospital**

**Leanne Fishwick**, Interim Director of Operations: Hertfordshire Division, **Central London Community Healthcare Trust**

**Sy Ganesaratnam**, Clinical Director - East Merton PCN; Primary Care London Representative, **NHS Confederation**

**Dr Chris Gonde**, Senior Liver Transplant Scientist and Chair, BME Network, **King's College Hospital FT**

**Dr. Isabel Gonzalez**, Consultant Critical Care | National Outreach Forum Immediate-Past Chair, **Norfolk and iSRRS**

**Sarah Green**, Consultant Midwife for Public Health and Safeguarding, **Chelsea and Westminster and West Middlesex Hospital**

**Niloufar Hajilou**, Associate Director of Quality and Safety, **Medway FT**

**Prof Sally Hardy**, Dean School of Health Sciences, Professor of Mental Health and Practice Innovation, **University of East Anglia**

**Matt Hartland**, Deputy CEO, **Black Country & West Birmingham CCG**

**Dr Adrian Hayter**, National Clinical Director Older People and Integrated Person Centred Care, **NHS England**

**Claire Hayward**, Interim Deputy Director of Quality Governance, **George Eliot Hospital Trust**

**Barbara Hercliffe**, Head of Patient Safety Improvement, **Norfolk and Norwich University Hospital FT**

**Helen Higham**, Director of OxStaR, **University of Oxford**

**Daniel Hodgkiss**, Patient Safety Assistant Programme Manager/National Managing Deterioration Programme Associate, **West Midlands AHSN**

**Vikki Howarth**, Lecturer in Adult Nursing, **Middlesex University**

**Angela Hughes**, Assistant Director Patient Experience, **Cardiff and Vale University Health Board**

**Dr Aly Hulme TD VR DBA LLM MSc**, Chief Nurse and National Clinical Advisor -Patient Safety & Quality, **HQ Defence Primary Healthcare UK Strategic Command /Health Education England**

**Evonne Hunt**, Chief Nursing Officer, **Medway FT**

**Kathleen Isaac**, Director of Operations, North Central, **Central London Community Healthcare Trust**

**Jane Jacobi**, Implementation Facilitator, NICE Field Team (South West), **National Institute for Health and Care Excellence**

**Dr Samantha Jayasekera-Heffer**, Associate Medical Director & Associate Director of Infection Prevention & Control, **Central London Community Healthcare Trust**

**Ojalae Jenkins**, Transformation Manager and lead for Enhanced Health in Care Homes Programme, Equality Diversity & Inclusion (EDI) and Patient Engagement, **Buckinghamshire Oxfordshire and Berkshire ICB**

**Diane Jones**, Chief Nurse, **North East London ICB**

**Neal Jones**, Director of Patient Safety, **Liverpool University Hospitals FT**

**Dr Lesley Jordan**, Consultant Anaesthetist and Patient Safety Lead, **Royal United Hospitals Bath FT**

**Ruckie Kahlon**, Associate Director of Medicines Optimisation & Chief Pharmacist, Controlled Drug Accountable Officer, **The Dudley Group FT**

**Meera Kapadia**, CAMHS Transformation and Coproduction Project Lead, **Barnet, Enfield Haringey Mental Health Trust**

**Justin King**, Patient Safety Learning Lead, **University Hospitals Birmingham FT**

**Jude Kivlin**, Governance Manager, **Frimley Health FT**

# JUDGES

**Jean Knight**, Chief Operating Officer, Northamptonshire Healthcare FT

**Dr Stathis Konstantinidis**, Assoc. Prof. in e-Learning and Health Informatics, University of Nottingham

**Vicky Kypta**, Practice Development Lead and Falls Lead, South East Coast Ambulance Trust

**Sheila Lakey**, Deputy Director Strategy & Transformation, NHS England - South East

**Marino Latour**, Designated Safeguarding Adults Professional, South West London Integrated Care Board

**Helen Laverty MBE**, Professional Lead for Learning Disability Nursing, University of Nottingham

**Tracey MacCormack**, Director of Midwifery and Gynaecology, King's College Hospital FT

**Anita Macro**, Deputy Head of Nursing (Clinical Lead Neighbourhood Nursing Service), Guy's and St Thomas' FT

**Karina Malhotra**, Managing Director, Aumentice

**Dr Anna Mandeville**, Consultant Clinical Health Psychologist and Divisional Lead for Psychology & Psychological Therapies Enfield, Barnet, Enfield and Haringey Mental Health Trust

**Melanie Marti**, Head of Patient Safety, Royal Berkshire FT

**Naomi Mason**, Deputy Director of Ops Children and Young People, Hertfordshire Community Trust

**Sue McGraw**, Chief Executive, St John's Hospice

**Neill McAnaspie**, Chief Innovation Officer, IMS Maxims

**Lyn McIntyre**, Director of ICS Engagement, RLDatix

**Mondel Mings**, Clinical Quality Assurance Manager, London Shared Services

**Charity Mutiti**, Patient Safety Manager, South West London Integrated Care Board

**Kevin Percival**, Chief Nursing Information Officer, Frimley Health FT

**Alison Phillis**, Lead IPC Nurse Consultant, Vulnerable People and Inclusion Health, UKHSA

**Joan Pons Laplana**, Project Choice Area Manager, Health Education England

**Rachel Power**, Chief Executive, The Patients Association

**Louise Rabbitte**, Head of Safeguarding Transformation, NHS England - London Region

**Sahana Rao**, Consultant in paediatrics, Honorary senior clinical lecturer in Paediatrics, Oxford University Hospitals FT

**Melanie Roberts**, Chief Nursing Officer /DIPC, Sandwell & West Birmingham Hospitals Trust

**Melissa Rochon**, Quality & Safety Lead for Surveillance, Royal Brompton and Harefield Hospitals, part of Guy's & St Thomas' FT

**Helen Rogers**, Assistant Chief Nurse, Patient Safety and Clinical Governance, Manchester University FT

**Julie Romano**, Head of Quality Improvement and Clinical Effectiveness, Birmingham & Solihull Mental Health FT

**Arin Saha**, Consultant in General, Upper GI and Bariatric Surgery, Calderdale and Huddersfield FT

**Dr Mojgan Sani**, Director of Clinical Outcomes & Effectiveness, University Hospitals Sussex FT

**Angela Searle**, District Nurse Senior Sister, The Queen's Nursing Institute

**Cathy Sheehan**, National Safeguarding Clinical Lead, NHS England

**Stephanie Sloan**, Associate Director of Transformation, Neighbourhoods and Business Planning, Tameside and Glossop Integrated Care FT

**Candice Smith**, Associate Director of Nursing, Patient Safety Specialist, Royal Berkshire FT

**Sue Smith OBE**, Executive Coach; Chair Transform Healthcare Cambodia; Vice Chair, St John's Hospice

**Nabiah Sohail**, Head of Therapies - Children & Young People, Homerton Healthcare FT

**Rita Thakaria**, Partnership Director, Adults Health and Social Care, Thurrock (Thurrock Council/NELFT/EPUT)

**Alex Thomson**, Patient Safety Manager, Sandwell and West Birmingham Hospitals Trust

**Heather Tierney Moore**, Interim Chair, NHS Supply Chain

**Dr Ian Tomblison**, Director of Quality and Safety, Moorfields Eye Hospital FT

**Gina Tomlin**, Adult Safeguarding Lead - LD Nurse, Dartford and Gravesham Trust

**Chetan Vyas**, Director of Quality Development, NHS North East London

**Jonathan Wade**, Chief Operating Officer, Dartford and Gravesham Trust

**Dr Hester Wain**, Head of Patient Safety Policy, NHS England

**Kate Walker**, ICS Digital Programme Director, Suffolk & North East Essex STP

**Grace Wall**, Divisional Director and Deputy Director of Nursing for Intermediate Tier Services, Tameside & Glossop Integrated Care FT

**Professor Geraldine Walters**, Director of Professional Practice, Nursing and Midwifery Council

**Tara Webster**, Specialist Learning Disabilities and Autism Nurse, Norfolk & Norwich University Hospital

**John Welch**, ICSant Nurse, Critical Care & Critical Care Outreach, University College London Hospitals, Past President, International Society for Rapid Response Systems (ISRRS), Former Chair, National Outreach Forum (NOoF).

**Arlene Wellman MBE**, Group Chief Nursing Officer, St George's, Epsom and St Helier University Hospitals and Health Group

**Sascha Wells-Munro**, Deputy Chief Midwifery Officer for England, NHS England

**Chloe Weatherhead**, Head of Customer Experience, Radar Healthcare

**Deborah Whittaker**, Regional Lead for Discharge and Quality, NHS England - East of England Regional Team

**Andrea Willimott**, Clinical Lead (Generational, Preceptorship and Exemplars), National Retention Programme, NHS England



@HSJptsafety

#HSJpatientsafety



@HSJ\_Awards

# FINALISTS

## BEST USE OF INTEGRATED CARE AND PARTNERSHIP WORKING IN PATIENT SAFETY AWARD

Partnered by



### **Barts Health Trust, North East London ICB, UCL Partners and Queen Mary University of London** **Multidisciplinary approach in preventing strokes in people with atrial fibrillation**

In three CCGs, primary and secondary care collaborated with UCLP academic health sciences network to develop and implement an innovative pathway to improve anticoagulation rates to 95% in people with atrial fibrillation (AF). Despite the COVID pandemic, specialist clinical support prioritised reviewing people with AF through UCLP's proactive care frameworks and optimising cardiovascular risk factors (e.g. lipid therapy). Sustainability was core to the programme with structured education and knowledge transfer to engage both GPs and the wider primary care workforce including both healthcare assistants and PCN/practice pharmacists to continue as local champions. Virtual MDTs with specialists supported complex care.

### **Blackpool Teaching Hospitals FT** **Giving Back the Gift of Time - Improving the Last 1000 Days of Life**

Patient time is the most important currency in health and social care. Many people who get stuck in the health care system are in the last 1000 days of their life, so they are the very people who do not have time to waste (ref: [www.last1000days.com](http://www.last1000days.com)). Blackpool Teaching Hospitals NHS Foundation Trust wanted to work with local partners to improve the last 1000 days of life for their frail and elderly population. Working in partnership with care homes, residents have been "given back the gift of time" to spend in the place they love, with the people they love.

### **BrisDoc Healthcare Services and Bristol, North Somerset, South Gloucestershire (BNSSG) Healthier Together** **System Clinical Assessment Service**

"Alone we can do so little; together we can do so much". Delayed Emergency Department (ED) and ambulance care cause patient harms. The System Clinical Assessment Service (SCAS) is a co-located hub, including Primary Care, Emergency Department, Mental Health and Paediatrics expertise. Underpinned by a novel, integrated system-wide governance framework, SCAS clinicians remotely assess people who would otherwise present to ED or 999. 85% of patients were safely managed without needing ED or 999, and 45% required no onward referral. The outcome data, and patient and staff feedback support expansion of this "together we can do so much" model.

### **Cardiff and Vale University Health Board** **Reducing irreversible loss of sight to the residents of Cardiff and the Vale of Glamorgan**

By integrating primary and secondary health care, and maximising the use of digital advancements, a series of eye care reform initiatives led by Cardiff and Vale University Health Board (Cardiff and Vale UHB) is helping to reduce waiting times and improve outcomes for patients with eye conditions requiring urgent care. This included the joint venture between Cardiff University and Cardiff and Vale UHB to establish the first NHS Wales University Eye Care Centre as a partnership to address the capacity issues in NHS eye care provision.

### **Manchester FT, gtd healthcare and Manchester Integrated Care Partnership** **An innovative integrated model for screening for infectious diseases in adults and children fleeing from conflict in Afghanistan**

In 2021 people fleeing from conflict in Afghanistan, Manchester expected 25% of the UK cohort. Tuberculosis is a contagious infectious disease that can be fatal. Afghanistan has a high burden of TB; usual screening was not possible. An innovative model was delivered within 3 months, the full process usually takes 2 years to complete. 561 people were screened. No cases of active TB found. 14% adults and 2% of children were identified with latent TB.

# FINALISTS

4 patients were identified with Hepatitis B. DNA rates previously over 70%, this approach reduced to 6-10%. Model developed has applicability across all hard-to-reach groups.

---

## **NHS Devon, Devon County Council, Torbay Council, Plymouth City Council, Devon & Cornwall OPCC** **Whole Systems For Whole People**

Whole Systems for Whole People (WS4WP) was driven by shared understanding of how our system fails to meet the needs of people affected by domestic abuse and/or sexual violence and people with multiple complex needs. We do not live our lives in silos, yet our system often struggles to accommodate complexity. The traditional approach of issue-specific, process-driven services creates siloed working, gatekeeping of support, marginalisation of some groups and short termism instead of trauma-informed, sustained, meaningful change for families. In 2018 NHS Devon's CCG, three local authorities and the OPCC came together with an ambition to reimagine our collective response.

---

## **NHS England, DHSC Med Tech Directorate and NHS Supply Chain** **Collaborative Partnership to enable a resilient supply chain**

Over the past 12 months, health care supply chains have been tested. The health and care system in England has worked more closely than ever to ensure that patient impact has been minimised and patient safety prioritised. The objective is to convey the importance of this work and the potential for ever greater clinical efficacy and patient safety that can be achieved by closer engagement with patients and clinicians.

---

## **Stockport FT**

### **Embedding a culture of collaborative partnership to improve the quality and delivery of mental health services for patients and wellbeing support for staff**

The project involved SFT and PCFT working in partnership to improve pathways for patients with mental health conditions within SFT and across Stockport. The project embedded a robust and integrated governance infrastructure and developed working relationships to overcome previous silo-based approaches and to ensure that mental health patients receive joined up, high quality care and support throughout their patient journey. Tangible outputs include training packages and the implementation of an initial risk assessment tool that is used at triage to support doctors and nurses in their assessment of mental health patients in ED.

## COMMUNITY CARE INITIATIVE OF THE YEAR

### **Derbyshire Community Health Services FT** **Dementia Palliative Care Team**

The Dementia Palliative Care Team was established, in pilot, to contribute expert clinical support at the outset of the pandemic, responding to the significant volume of need for people within their own homes or care homes. The primary goal of the team is to enable improved palliative care for people living with dementia, with mental and physical health needs. The team is focussed on ensuring the person remains at home (wherever home is) and avoiding unnecessary acute care. The pilot has been and continues to be a huge success with recognition on a national level.

---

### **Fosse Healthcare, Nottinghamshire County Council, birdie and East Midlands Academic Health Science Network** **Early detection of deterioration in home care project**

This partnership initiative between health and social care has successfully implemented a new approach to help care staff identify and share concerns about service users at times of worsening health. Fosse Healthcare adopted a set of processes, with some elements as innovations. The new way of working had a positive impact on carer confidence, skill, and job satisfaction, enhanced the role of the home carer in managing health deterioration and improved communication across health and social care. GPs reported improved communication that supported clinical decision-making. Most importantly it supported safe care, helping people live well at home.



# FINALISTS

---

## Lancashire & South Cumbria FT

### **The Autism Outreach Team - supporting autistic adults at risk of admission to mental health inpatient and specialist hospital settings**

The Lancashire and South Cumbria Autism Outreach Team is a new service specifically focused on supporting autistic adults who are at risk of admission to mental health and specialist hospital settings. The Team offers assessment, support and active signposting directly to autistic people and their families and carers where appropriate. The Team also works closely with community mental health Home Treatment Teams and other services to ensure they are aware of the individual's autism diagnosis, what it means to them, and the reasonable adjustments they can make.

---

## Mid and South Essex Integrated Care System

### **Raizer Chairs - improving dignity in care and reducing ambulance call outs**

Mid and South Essex HCP introduced Raizer emergency lifting chairs to support uninjured falls within community care settings. When responding to a fall, care staff can use the Raizer chair to lift a person from the floor quickly, safely and with minimal effort. This reduces the need to call an ambulance and wait for a long time on the floor, both improving the quality of care for organisations and providing dignity in care. The project also linked in with iStumble App and Whzan telehealth to provide data on a person's health before lifting them.

---

## Rotherham Doncaster and South Humber FT

### **Long Covid Assessment and Treatment Service**

The Long COVID Assessment and Treatment Service combines the skills and knowledge of a team of physiotherapists, occupational therapists and psychological therapists to support those experiencing long-term effects from Covid-19. The service has established a holistic mode of care that is driven by patient empowerment and focuses on providing them with the tools to independently manage their condition and symptoms, ensuring sustainable recovery. The service continues to develop in line with National Guidance for post-COVID syndrome assessment clinics and published NICE Guidance.

---

## Tameside and Glossop Integrated Care FT

### **Digital Health Service**

Digital Health launched in 2017 to provide a new means of tech-enabled care for the care-home population, supporting community services respond to urgent care needs for care-home residents. It originally piloted in four care homes, using digital technology to enable staff to access nurse specialists for advice, guidance and care before considering ambulance or GP call-out. Following the success of this digital care model and integrated working across the Trust and Care Homes, digital-health expanded to provide a comprehensive service which prevents unnecessary attendances to ED, admissions to hospital and ensures that people receive timely care in the right setting.

---

## The Royal Wolverhampton Trust

### **Care Coordination - Hospital avoidance single point of access pathways**

The Care Coordination are a single point of access service, coordinating care for all patients across Wolverhampton, ensuring they have the right care at the right time, by the right team and in the right place - thinking community first. We recognised quickly that by working collaboratively with other stakeholders there were so many opportunities to develop better pathways to safely get the patient on the right pathway in a timely manner. This is where we created our Hospital Avoidance Pathways and our dispositions include Community rapid response, SDEC, primary care, Ambulatory care, remote consultation to name a few.

# FINALISTS

## Worcestershire Acute Hospitals Trust

### Phototherapy at Home - The way forward for Neonatal Community Outreach

Jaundice is extremely common in new-born babies and current practice is that all babies with a bilirubin level above the treatment threshold are admitted to hospital for treatment, however some babies maybe suitable for treatment at home with phototherapy. The Neonatal Community Outreach Team (NCOT) highlighted a need, developed a business case, guideline and parent training package and have successfully implemented treatment at home.

## IMPROVING CARE FOR CHILDREN AND YOUNG PEOPLE INITIATIVE OF THE YEAR

### Alder Hey Children's FT and Bluetree Medical

#### BrilliantSee Transparent Facemask

Alder Hey's Innovation Centre together with Bluetree Medical have delivered the unique innovation of a transparent face mask for use by healthcare professionals and therapists, protecting their safety whilst enabling young patients to see their faces clearly.

Speech & Language Therapist Wendy Blumenow found children in her care had difficulties in their speech therapy sessions because they could not see her face while she wore a face mask.

The mask, BrilliantSee™ is currently being used by the therapy team and is being rolled out across many other departments within the Trust and beyond.

### Black Country ICB

#### Primary Care Paediatric Respiratory Hubs

The Black Country and West Birmingham CCG Children and Young People Team collaborated with secondary care and primary care networks to establish four dedicated CYP primary care hubs.

The GP-led hubs were created in response to a significant increase in RSV cases and provide same-day, face-to-face appointments to children aged 12 and under with respiratory illnesses, to ease pressure on both primary and secondary care providers.

More than 2,635 patients have been seen in Sandwell and Dudley from 4 January to 18 March inclusive, reducing the number of hospital visits and providing crucial support and reassurance to parents.

### Cambridgeshire and Peterborough ICS

#### Keyworker Collaborative

The Keyworker collaborative is a project designed to prioritise children and young people who are living with learning difficulties and/or Autism, who have behaviour that challenges; who are inpatients or at risk of Tier 4 hospitalisation or out of area 52 week placements. Keyworker function supports inpatient avoidance, shorter inpatient stays, avoids re-admission and supports resettlement into their communities. We offer advocacy and empowerment by encouraging and including children and young people in the planning of their support. The collaborative supports the System to ensure CYP are receiving, wherever possible, the care and treatment in the community, closer to home.



# FINALISTS

---

**Evelina London part of Guy's and St Thomas' FT, King's College Hospital FT, King's College London, South East London ICB, Lambeth Council, Southwark Council, Guy's and St Thomas' Charity, South London and Maudsley FT and Lambeth and Southwark GP Federations**

## **Children & Young People's Health Partnership**

The CYPHP (Children & Young People's Health Partnership) programme is an initiative designed by families, clinicians and researchers to deliver better care for children and families. By taking a holistic approach, CYPHP explores a range of physical, mental and emotional, and social factors that are affecting a child, going beyond the simple treatment of health conditions to include prevention and early intervention. The core model comprises local integrated child health clinics and targeted early intervention and holistic care for children with long-term conditions. It improves outcomes, delivers high quality care, reduces inequalities, and saves money.

---

## **HUC and Luton & Bedfordshire Children's Community & Specialist Nursing**

### **Direct booking from 111 to children's rapid response**

Luton and Bedfordshire children's rapid response team is believed to be the first in the country to introduce receiving direct referrals from HUC, the local NHS 111 provider, for infants and young children under five in a bid to reduce hospital emergency attendance.

This referral route now provides a safe, appropriate alternative for children and young people (up to 16 years). It supports access to care that they may not have received because they couldn't get a GP appointment or because they didn't know where to go for help. It has been shown to support hospital attendance/ admission avoidance.

---

## **Kent Community Health FT**

### **Medicines Optimisation in Special Schools**

Within the collaborative commissioning structure between the NHS and Local Authorities for special schools, there has never been a formal pathway to promote or support the need for a pharmacy led medicines optimisation service in special schools. Hence, huge variations exist nationally on how this model is being delivered. Community health services play a key role in the future of health and care systems. This project has supported meeting Health Education England business priorities and the NHS long term plan through service transformation and redesign in the following areas:

- Pharmacy workforce development
  - Advanced Practice
  - Mental Health
  - Learning disabilities and Autism.
- 

## **Midlands Partnership FT**

### **Staffordshire Community Dental Service - Paediatric General Anaesthetic Service**

Midlands Partnership NHS Foundation Trust's Community Dental Service provides the general anaesthetic service to vulnerable children and young people in Staffordshire and Stoke on Trent. Over the last 12 months the service has managed to not only recover from its waiting time of 6 months, due to the Covid 19 pandemic, but supersede its pre-Covid 19 waiting list of 4-6 weeks, by initiating a revised managed patient flow therefore reducing the waiting time for patients to 2-4 weeks. This initiative has increased the quality and safety of patients and ensures patients/parents are involved in decisions made around their care.

---

## **Northern Care Alliance FT**

### **Paediatric Trans-Anal Irrigation training in the child's home instead of in a hospital setting**

Children with intractable faecal incontinence may be prescribed an Trans-anal irrigation (TAI) system to aid bowel emptying and prevent constipation/soiling. Prior to TAI invasive surgery was the only option.

Up until recently anal irrigation was taught to the families in a hospital setting, this can involve multiple hospital

# FINALISTS

visits. Our objective was to teach families in the comfort of their own home, at a time to suit the family, preventing travelling and parking costs, not needing time off work/school. Also benefits the NHS such as hospital beds not taken up and less cost if training is done in the community.

## IMPROVING CARE FOR OLDER PEOPLE INITIATIVE OF THE YEAR

### Derbyshire Community Health Services FT Dementia Palliative Care Team

The Dementia Palliative Care Team was established, in pilot, to contribute expert clinical support at the outset of the pandemic, responding to the significant volume of need for people within their own homes or care homes. The primary goal of the team is to enable improved palliative care for people living with dementia, with mental and physical health needs. The team is focussed on ensuring the person remains at home (wherever home is) and avoiding unnecessary acute care. The pilot has been and continues to be a huge success with recognition on a national level.

### East Lancashire Hospitals Trust on behalf of the system wide 'Healthier Pennine Lancashire Partnership' Care Sector - Improving Access to Community Health Services

Prior to the development of the new service offer, our older citizens who were living in Care Homes (all categories) did not have direct access to local community health services which led to a high prevalence of ambulance call out rates and attendances at A&E, especially in relation to falls. The new service provides improved access to local community services, a multi-disciplinary urgent response offer, improved falls response and prevention, effective care pathways and tackles inequalities. Data & intelligence underpins the service offer which targets those who need it most - leading to improved pathways for the care sector.

### Epsom and St Helier University Hospitals Trust GeriPall Project - bringing the best of geriatric medicine and palliative care together

People at home or hospital with Clinical Frailty Scale 7-9 identified as approaching end of life are offered the opportunity to explore what matters most to them and align treatment and care plans as closely to these priorities as possible. Having compassionate conversations with patients, their families and communicating conclusions across organisational boundaries as well as providing emotional and practical support and onward referral and handover to existing services are starting points. Measuring impact on quality of care as well as appropriate service utilisation is essential. GeriPall makes advance care planning an evolving interactive outcome from the Comprehensive Geriatric Assessment.

### Hampshire Hospitals FT, South Central Ambulance Service, Southern Health FT and Wessex Academic Health Science Network Frailty and Falls Care

Hampshire Hospitals FT and South-Central Ambulance Service joined forces to pilot an integrated frailty and falls rapid response service across North and Mid Hampshire as a direct response to Covid-19. This dedicated team of specialist paramedics and frailty specialists respond to 999/111 calls and care for frail or falling patients over the age of 65 within their own homes. This rapid assessment delivers care closer to home and reduced avoidable admissions to emergency departments. The pilot was a success and has evolved into a sustainable service through cross trust integration, delivering the right model of care for the older patient at first point of contact.



# FINALISTS

---

## London Ambulance Service Trust

### Advanced Paramedic Practitioner Urgent Care Programme

As part of our operational response since 2018, the Advanced Paramedic Practitioner Urgent Care (APP-UC) programme has been instrumental in helping people avoid unnecessary hospital conveyances and receive the support they need at home, with a dedicated programme for providing this care to older people. The advanced clinical skills of APP-UC team allows them to treat more patients in their own home, while their work monitoring 999 calls coming into LAS helps ensure colleagues are effectively deployed. The APP-UC team has reduced unnecessary hospital conveyances for older people, improved clinical support for colleagues, and boosted collaboration between healthcare partners.

---

## NHS England - East of England Region

### Winter (De)-Conditioning Game

The aim of the Winter (De)-Conditioning Games campaign was to engage and involve teams across health and care services to raise awareness of de-conditioning, encourage the testing of small scale changes to reduce functional decline and to share best practice examples. Over 170 teams took part, representing all 6 systems, with up to 150 medals awarded each month indicating the number of improvement projects that took place. The medal submissions reflect strong leadership and creativity from teams across the East of England and have resulted in preventing avoidable harm during possibly the most challenging winter the NHS has ever experienced.

---

## North Central London ICB in partnership with Training Hub

### Using Technology to improve outcomes for care home residents and staff

Over the past 2 years, starting with support from UCL Partners, North Central London (“NCL”) CCG as part of the Digital Care Homes programme in North Central London has been working in partnership with Whzan Digital Health. The aim of the largest project on the programme was to successfully embed Whzan remote monitoring technology into at least 50% of the care homes in NCL, alongside supporting them with their wider digital capability. The project has been recognised as the most successful remote monitoring project in London with significant system benefits already being seen because of the team’s hard work

---

## Surrey Downs Health and Care Partnership

### Development of an integrated frailty model

Early identification of patients living with frailty and delivery of evidence-based care through completion of comprehensive geriatric assessment (CGA) supports improved patient outcomes. We have developed a whole-system model to support patient-centered care in a setting adapted to the individual through:

- Frailty multi-disciplinary-team (MDT) meetings – supporting people to stay well for longer in community
- Emergency Department Front-Door Team – reducing unnecessary hospital admissions
- Acute Frailty Unit – MDT approach to management of complex frailty
- Home-First Team – integrated discharge function supporting patients to return home from hospital with ongoing assessment in community
- Urgent Community Response Team – crisis response for patients at-risk of admission

# FINALISTS

## IMPROVING HEALTH OUTCOMES FOR MINORITY ETHNIC COMMUNITIES

Partnered by

General  
Medical  
Council

### Cambridgeshire and Peterborough ICS

#### The Raham Project - Improving Health Outcomes for Minority Communities

A social media driven forum to engage proactively with families from a Black, Asian or Minority ethnicity. A grass root organisation that commenced in 2020 and has now developed to a Community Interest Company. Now connected to many organisations locally and nationally as well as local families.

### Clinical Research Network West Midlands

#### Race, Diversity and Inclusion Research Group

Clinicians and academics partnered with the Clinical Research Network West Midlands (CRNWM) set up systematic working to ensure that the voices of the local under-served populations are at the forefront of research. A group focused on racial disparity and ethnicity; West Midlands Race, Diversity and Inclusion Research Group (WMRDIRG) was established and plays an influential role in research undertaken with ethnic minority communities. This group has successfully partnered with our patient and public communities to enhance uptake of COVID-19 vaccines and developed a programme to enable public voice and help identify local health issues and inequalities and local research priorities.

### Healthier Together - Bristol, North Somerset and South Gloucestershire ICB

#### An insight-driven approach to maximising COVID-19 vaccine uptake among Minority Ethnic and non-English speaking communities

Analysis of public health intelligence at the start of the COVID-19 vaccination programme demonstrated that people from Minority Ethnic (ME) communities faced a triple threat of being more likely to catch Coronavirus, becoming more seriously ill, and being less likely to have the vaccine. Taking a multi-disciplined, cross-system approach, and working with our communities as equal partners at a grass root level across BNSSG has been transformative in building trust and beginning to overcome some of the deeply held, legitimate concerns held by Minority Ethnic communities.

### Humber Teaching FT

#### Reaching Diverse Populations Requiring Opioid Substitution Therapy During the Covid-19 Pandemic

East Riding Partnership (ERP) Addiction Service became aware of unmet need to provide opioid substitution therapy (OST) to a hard to reach group of patients within the East Riding of Yorkshire. Intelligence networks evidenced a cohort of people accessing the needle exchange service who were, addicted to heroin - predominantly young men who had arrived in the UK to work but due to the pandemic, faced limited job opportunities, some falling into poverty and substance misuse. This was particularly prevalent within a small rural town. Engaging these people and titrating them safely onto OST was the goal.

### Leeds City Council and Leeds Community Healthcare Trust

#### Leaving No One Behind: Women's Only Covid-19 Vaccine Offer

Following data intelligence and local insight, partners from across the NHS, Leeds City Council and the third sector formed a working group to review and improve access to the Covid-19 vaccination for women from minority ethnic groups and underrepresented groups in Leeds. A women's only Covid-19 vaccination clinic was set up in a culturally diverse area currently experiencing lower uptake rates. With a focus on providing safe quality care and harnessing community engagement, we created a women's only, private space to access the vaccine who had not done so via the GP led or citywide vaccination sites.



@HSJptsafety | #HSJpatientsafety |



@HSJ\_Awards

# FINALISTS

## **Manchester FT, gtd healthcare and Manchester Integrated Care Partnership**

### **An innovative integrated model for screening for infectious diseases in adults and children fleeing from conflict in Afghanistan**

In 2021 people fleeing from conflict in Afghanistan, Manchester expected 25% of the UK cohort. Tuberculosis is a contagious infectious disease that can be fatal. Afghanistan has a high burden of TB; usual screening was not possible. An innovative model was delivered within 3 months, the full process usually takes 2 years to complete. 561 people were screened. No cases of active TB found. 14% adults and 2% of children were identified with latent TB. 4 patients were identified with Hepatitis B. DNA rates previously over 70%, this approach reduced to 6-10%. Model developed has applicability across all hard-to-reach groups.

## **Southern Health and Social Care Trust, Northern Health and Social Care Trust and the Public Health Agency Northern Ireland**

### **Collaborative Approach to Improve Ethnic Minority Low COVID Vaccine Uptake**

April 2021: PHA identified low vaccine uptake (below regional average) within Ethnic Minority and Migrant communities- population in NI estimated at approx. 90,000, many of whom are migrant workers employed in local factories and food processing plants.

May 2021: A workplace intervention pilot was agreed, developed and delivered by the PHA, SHSCT and NHSCT with a leading poultry processor across 3 factory sites, with Trust vaccination teams setting up COVID19 vaccination clinics on site.

June/July/August 2021: Workplace delivery of primary COVID vaccinations to migrant workforce.

August/September 2021, the Company reported below average infection rates, positively attributing increased vaccination uptake.

## PRIMARY CARE INITIATIVE OF THE YEAR

### **Black Country ICB PCCLEs**

In April 2021, the 4 CCGs covering the Black Country and Western Birmingham merged. This created the opportunity to redesign clinical leadership that would be fit for the advent of Integrated Care Systems. A new form of clinical leadership model was created where clinical leads supported each other. There was a change in culture to not only become more inclusive but also decision making which had a far wider lens than just primary care. Make the system better for patient care.

## **Lancashire & South Cumbria FT**

### **Delivering a Mental Health Prevention and Promotion service within Primary Care Networks with a new workforce supply of psychological practitioners, the 'Associate Psychological Practitioner'**

In Lancashire and South Cumbria (L&SC), an innovative workforce supply solution is helping meet demand for Mental Health Practitioners (MHPs), under the new Additional Reimbursement Roles Scheme (ARRS) in Primary Care Networks (PCNs).

Associate Psychological Practitioners (APPs) are psychology graduates who complete a specifically designed postgraduate diploma and are trained in core competencies. By March 2022, there will be 33 APPs in L&SC, in 32 PCNs. They deliver a mental health prevention and promotion service in GP practices. The need for preventative mental health care is rising to support safety for all. Evaluation results demonstrated clinically and statistically significant improvements.

# FINALISTS

## **Spectrum Community Health CIC**

### **The Butterfly Project: Cervical Screening**

In April 2020, Spectrum created The Butterfly Project – an initiative which aims to increase the uptake of cervical screening amongst women in HMP Styal.

This nurse-led project uses outreach, education, 1:1 work and peer support to change the culture surrounding screening and encouraging more women to take up the testing invite. Spectrum also changed Reception processes in the prison so that screening was offered automatically and developed a 'Butterfly Board' where patients could leave feedback about their experiences.

As a result of this, cervical screening rates in Styal rose from 63% of eligible patients to 91% of women over 25.

## **Stort Valley and Villages PCN**

### **Children and Young Peoples Social prescribing and mental health coaching initiative to improve physical and mental health outcomes for 11-25 year olds**

Stort Valley and Villages PCN devised a service for addressing unmet need in the 11-25 age group.

We proposed that a model of social prescribing could be reframed for use with this cohort of patients which would empower them to take control of their own health and well-being, receiving the support and guidance of a CYPSP. The service has grown to include mental health coaching for the parents of the CYP and outreach work in the community.

We have now helped over 600 CYP find support for their mental and physical health with positive feedback from all our stakeholders.

## **DETERIORATING PATIENTS AND RAPID RESPONSE INITIATIVE OF THE YEAR**

## **Blackpool Teaching Hospitals FT**

### **Improving the Identification and Care of the Deteriorating Patient - A Quality Improvement Collaborative during the COVID 19 pandemic**

With the aim of reducing cardiac arrests, through the early identification and management of the deteriorating patient, nine teams at Blackpool Teaching Hospitals NHS Foundation Trust came together to create a suite of interventions. The IHI breakthrough series collaborative model was used. To mitigate for social distancing restrictions virtual learning sessions, action periods and quality improvement coaching were utilised with a variety of data collection and displays. Teams were supported to undertake improvement work and share learning effectively throughout the collaborative and beyond. This has led to improvements seen across the Trust, despite the pressures of the Covid-19 pandemic.

## **Kettering General Hospital FT**

### **Launching a Call for Concern© Service**

Introducing a Call for Concern© (C4C) service, offering adult in-patients/ their relative's direct access to Critical Care Outreach Team. Providing more choice about who can be consulted regarding their care, facilitating early recognition of deterioration, and acknowledging patients/families as key stakeholders in patient safety. Rollout of the service followed an implementation phase raising awareness and educating through communications and advertisement to staff, patients and public. Royal Berkshire Hospital introduced C4C to the UK following nationwide reports of deaths where families identified deterioration which was inadequately addressed by hospital teams, highlighting the need for a service where families can escalate concerns.



# FINALISTS

---

## **Norfolk and Norwich University Hospitals FT**

### **The Recognise and Respond Team - Optimising Care, Supporting Excellence**

The Recognise and Respond Team (RRT) is designed to optimise the recognition and care of deteriorating patients. The Norfolk and Norwich University Hospital is a 1200 bedded tertiary hospital with an established Critical Care Outreach Team (CCOT), functioning 12/7. The RRT, launched June 2021, as a novel re-development of this service, expanding the scope of practice to include 24/7 deteriorating response, education and quality assurance and resuscitation arms. Together, the team supports the upskilling of ward-based care by supporting the existing ward teams, providing education, training, audit, improvement as well as acute enhanced care assessment, treatments and escalation.

---

## **Northampton General Hospital Trust**

### **The Deteriorating Patient Task List**

The Deteriorating Patient task list is more than an electronic check list. It is a change in process which aims to improve patient safety by promoting the timely recognition, response and escalation of the deteriorating patient. The formalisation of this process using the electronic system, iBox, has allowed us to achieve a more consistent and streamlined response with at risk patients being flagged to team members directly. It has also provided a mechanism to identify problems in our systems before they pose a risk to patients and a platform for learning and sharing best practice from across the hospital.

---

## **Royal Brompton and Harefield Hospitals**

### **Mechanical Life Support**

Our aim has been to provide a clear approach to assist bedside nurses and junior doctors when initially responding to an emergency for a patient with mechanical circulatory support. After multiple iterations and refinement through simulation we have created a set of emergency algorithms for patients with Left ventricular assist devices, Impella & extra-corporeal membrane oxygenation. Subsequently we have developed a course following the format of other advanced life support courses to train staff members through a mixture of didactic, hands on and simulation training. Website to visit: [mls.training](https://www.mls.training)

---

## **Southern Health and Social Care Trust**

### **Rapid Access Heart Failure Clinic**

Heart failure incidence continues to rise and patients often decompensate whilst awaiting review following primary care referrals, leading to admission and worsening outcomes. Suspension of outpatient activity during the COVID 19 pandemic further delayed access to diagnostic tests and specialist assessment for suspected new HF. Responding to this, the SHSCT HF team launched NI's first primary care facing RAHFC in May 2020. This multidisciplinary team comprising: heart failure consultant cardiologist, heart failure nurse specialists, cardiac physiologists, health care assistant and administrative staff, delivers timely access to diagnosis, assessment and treatment for HF patients with resultant improved outcomes.

---

## **Stockport FT and Pennine Care FT**

### **Person Centred Community Delirium Pathway**

The introduction of the Community Delirium Pathway enables patients, suspected of delirium, to receive a rapid clinical assessment in the community, thus avoiding a hospital admission. If the patient meets the criteria, they are referred to the Stockport Crisis Response Team (CRT) with an assessment carried out within 2-hours. The assessor aims to identify the cause of the delirium & devise a management & escalation plan which can include; treatment; clinical observations; therapy intervention; support with personal care; & skilled intervention from the Mental Health Liaison Team (MHLT). Once stable, referrals are made or admission to the community mental health unit if appropriate.

# FINALISTS

## The Royal Wolverhampton Trust

### Model of an Acute Kidney Injury Service

Acute Kidney Injury (AKI) is one of the major complications of acutely ill hospitalised patients, and carries a significant risk of mortality and morbidity, including the development of chronic kidney disease and associated complications. Across the Black Country, there is a large non-white, socioeconomically-deprived population, with a high burden of chronic diseases, meaning their risk of developing an AKI is great. A multi-disciplinary AKI Service Model has been developed in Wolverhampton to improve outcomes of patients with AKI and to enhance the patient experience. This has been achieved through education, early intervention, implementation of AKI care standards and post-discharge follow-up.

## DIGITAL SYSTEM AND PROCESS DEVELOPMENT AWARD

## Alder Hey Children's FT

### Little Hearts at Home - Home monitoring solution for high risk children

Bespoke application of home monitoring with real-time analytics of clinical observations and measures in patients with complex congenital heart disease. This aims to actively identify warning signs of early deterioration, enabling timely intervention to prevent sudden death or emergency hospital admission. This home monitoring technology allows Community Nurses to perform routine vital observations and send test results to the Level 1 centre (handling most complex pathologies) in real-time. Live data is closely monitored via dashboards by the Senior Cardiac Nurse Specialist Team, with automatic risk warning algorithm. The project extends to parental data entry & sensor-based input in near future.

## Department of Health and Social Care, NHS England and NHS Digital

### Social care extended access to NHS GP Connect Data

GP Connect allows clinicians to share and view GP practice clinical information between IT systems, quickly and efficiently. It makes patient information available to clinicians when and where they need it, to support direct patient care. Having filtered access to GP Connect in a care home setting means that staff will be able to see information about allergies and adverse reactions, medications and immunisations for the person they are caring for. We've now expanded access to GP Connect in a number of adult social care settings to allow non-clinical staff to view a filtered summary of a person's GP record.

## Hampshire Hospitals FT

### E-Outcoming

Hampshire Hospitals Foundation Trust (HHFT) operates from three sites serving a population of approximately 600,000 people across Hampshire, employing around 8,600 staff with a turnover of £500 million a year. Following recent reports of a trust being fined for a patient coming to harm on an outpatient pathway, the trust decided to take innovative action to assess risks and look to enhance patient safety across its pathways. This led to the launch of e-Outcoming which has had a profound impact in terms of improving clinical practice, an initiative owned and driven by the HHFT Transformation Team.



# FINALISTS

---

## **Liverpool University Hospitals FT**

### **An integrated innovative lipid care pathway for patients with high cardiovascular risk spanning secondary and primary care**

Despite it being established that reducing LDL-cholesterol in patients with cardiovascular disease translates into reduced adverse cardiac events, it is also clear that no health systems studied to date achieve this. International guidelines for cholesterol levels are met in fewer than 50% of patients, representing a major missed opportunity for secondary prevention. Our project created an innovative pathway based in cardiac rehabilitation, combining artificial intelligence decision support to allow effective treatment of the majority of patients combined with highly specialised lipid MDT to provide advanced therapy for the minority not reaching their guideline mandated targets.

---

## **North Central London ICB in partnership with Training Hub**

### **Using Technology to improve outcomes for care home residents and staff**

Over the past 2 years, starting with support from UCL Partners, North Central London (“NCL”) CCG as part of the Digital Care Homes programme in North Central London has been working in partnership with Whzan Digital Health. The aim of the largest project on the programme was to successfully embed Whzan remote monitoring technology into at least 50% of the care homes in NCL, alongside supporting them with their wider digital capability. The project has been recognised as the most successful remote monitoring project in London with significant system benefits already being seen because of the team’s hard work

---

## **Royal Berkshire FT**

### **Deploying advanced analytics as a decision aid to improve hospital attendance by the most vulnerable groups in our community**

The Royal Berkshire NHS Foundation Trust (RBFT) in collaboration with the University of Reading have developed an innovative approach to minimize non-attendance to hospital appointments. By analyzing historical attendance data the team has put together an algorithm that allocates a “likelihood of not attending” probability to each appointment. Analysis has shown that among other factors living in areas of high deprivation increases your probability of not being able to attend your appointment. Our administrative teams successfully use this tool to offer targeted phone calls to patients identified at increased non-attendance (DNA) likelihood (anyone scored 50% or above by the algorithm).

---

## **Royal Surrey FT**

### **Implementation of daily online radiotherapy plan adaptation for patients with pelvic cancers**

Radiotherapy is a highly effective cancer treatment. At the Royal Surrey hospital, we have implemented the new technique of online adaptive radiotherapy (oART), using the technologies of cone beam computed tomography (CBCT) imaging and artificial intelligence (AI) for the treatment of cervical and bladder cancer. With this treatment technique, we are able to adapt to the patient’s changing anatomy ensuring a more targeted treatment. This more advanced and personalised approach to treatment gives the ability to focus the high dose radiotherapy on the cancer more accurately, whilst also sparing normal tissues offering the potential to reduce unwanted side-effects.

---

## **University Hospitals of Northamptonshire: Kettering General Hospital FT and Northampton General Hospital Trust**

### **Digital Tools for Management of Frail Patients**

The digital and frailty teams at the University Hospitals of Northamptonshire (UHN) have implemented new digital tools and processes to improve management of frail patients across the county, ensuring frail patients are cared for in the most appropriate setting for their needs. By implementing SystemOne’s Electronic Patient Record (EPR), CareFlow Connect electronic referrals, Arden’s Comprehensive Geriatric Assessment (CGA) template and clinical frailty scoring (CFS), we have reduced unnecessary acute admissions; standardised frailty assessment criteria; provided healthcare professionals across the county with real-time access to frail patients health records; digitalised the hospital frailty teams and promoted consistency in clinical decision making.

# FINALISTS

## EARLY-STAGE PATIENT SAFETY INNOVATION OF THE YEAR

### **Kent and Medway ICB**

#### **System Wide Response to Sodium Valproate Pregnancy Prevention Programme**

To ensure the Medicines and Healthcare products Regulatory Agency (MHRA) guidance on use of sodium valproate in girls and women of child-bearing age is implemented across the Kent and Medway system in a co-ordinated and structured way. This builds on experience from an innovative joint project between the then Medway and Swale Clinical Commissioning Group (CCG) and Medway Foundation Trust, in which a specialist pharmacist, working alongside the consultant neurologist, reviewed patients. Now in its second year, this is being adapted into a system-wide approach across Kent and Medway to enable robust and sustainable delivery of this important safety initiative.

### **Manchester FT, gtd healthcare and Manchester Integrated Care Partnership**

#### **An innovative integrated model for screening for infectious diseases in adults and children fleeing from conflict in Afghanistan**

In 2021 people fleeing from conflict in Afghanistan, Manchester expected 25% of the UK cohort. Tuberculosis is a contagious infectious disease that can be fatal. Afghanistan has a high burden of TB; usual screening was not possible. An innovative model was delivered within 3 months, the full process usually takes 2 years to complete. 561 people were screened. No cases of active TB found. 14% adults and 2% of children were identified with latent TB. 4 patients were identified with Hepatitis B. DNA rates previously over 70%, this approach reduced to 6-10%. Model developed has applicability across all hard-to-reach groups.

### **North East and North Cumbria ICS**

#### **Suicide Prevention Network**

Northeast and North Cumbria Suicide Prevention Network launched in response to the high rates of suicide across the Integrated Care System, and the devastating impact of suicide to the individual, family, friends, colleagues and wider community. The Networks overarching multi-agency shared values and approach, aims to help enhance and support all suicide prevention activity across the region. The ambition is to do everything possible to reduce suffering, prevent suicides and reduce the impact where this does happen. Priority workstreams: Developing System wide competency and compassion, Real-time surveillance and learning, Postvention, High risk/vulnerable groups, Suicide/self-harm safer communities, Suicide/self-harm safer services

### **Northampton General Hospital Trust**

#### **The Deteriorating Patient Task List**

The Deteriorating Patient task list is more than an electronic check list. It is a change in process which aims to improve patient safety by promoting the timely recognition, response and escalation of the deteriorating patient. The formalisation of this process using the electronic system, ibox, has allowed us to achieve a more consistent and streamlined response with at risk patients being flagged to team members directly. It has also provided a mechanism to identify problems in our systems before they pose a risk to patients and a platform for learning and sharing best practice from across the hospital.



# FINALISTS

## **Suffolk Primary Care**

### **Centralised high-risk drug monitoring in Primary Care**

Are all of your patients on high-risk drugs having the correct monitoring at the correct interval? It is estimated that 5-10% of all hospital admissions are medication related. We devised a system to check, track & intervene with those patients who are not having the necessary checks. We are rolling out the system across the 11 practices of our super partnership, so that this can be administered on a rolling basis by our central Care Co-ordinators. It is hoped that this will improve the safety of patients prescribed high-risk medication whilst reducing the workload associated with drug monitoring at each site.

## **The Leeds Teaching Hospitals Trust**

### **Shape Up 4 Surgery - A Perioperative Patient Campaign**

The Shape Up 4 Surgery campaign at Leeds Teaching Hospitals NHS Trust encourages individuals waiting for surgery to get in shape, physically and mentally, to support a quicker recovery with fewer complications. The aim is to better communicate with patients about their surgical pathway, to support and encourage patients to take an active role in their own preparation and to deliver holistic, person centred care across the healthcare system. Shape Up 4 Surgery specifically targets outpatients and potential future patients, before they come into hospital for surgery, signposting the public to useful and relevant information and echoing Public Health messaging.

## **Yeovil District Hospital FT**

### **Implicit Bias in Maternity Care**

The UK has huge inequities in maternal/neonatal mortality. This QI project aimed to address this by providing training on implicit bias, stereotyping, and clinical assessment of babies from black, Asian and minority ethnic families. A training package was created and delivered to midwives. Pre/post training surveys were completed. Descriptive analysis alongside thematic analysis were used to analyse findings.

Midwives rated the training highly with many unaware of the impact of bias on mortality. Post-training, they identified wanting to be more inclusive.

Training was well evaluated however more training and research is needed to improve the safety of mothers and babies.

## **IMPROVING SAFETY IN MEDICINES MANAGEMENT AWARD**

## **Buckinghamshire, Oxfordshire and Berkshire West ICB**

### **Reducing the prescribing of Oral Methotrexate 10mg tablet**

The pandemic has put inordinate pressure on healthcare workers (HCWs) and hospitals for example: chronic emotional stress and moral distress<sup>5</sup>. This can lead to lower levels of patient safety. During the Covid-19 pandemic three serious incidents occurred in Buckinghamshire between 2020 and 2021 relating to methotrexate prescribing and monitoring. This resulted in severe patient harm and one death. Buckinghamshire collaboratively worked across the ICS with support from Buckinghamshire's Medicine Safety and Quality Group (ICS committee) including Patient Safety Leads within the CCG and the medicines safety officer in the Trust to avoid future harm and reduce the risk significantly.

# FINALISTS

## Cheshire and Merseyside ICB – Sefton

### Delivery of medicines optimisation to improve patient safety

Significant improvements in people's care and safety have been achieved through various projects designed by Sefton's medicines management team (MMT) at NHS South Sefton clinical Commissioning Group (CCG) and NHS Southport and Formby CCG in the last few years. The CCG employed MMT includes clinical pharmacists, pharmacy technicians, dedicated administrative and business intelligence support who deliver expert advice and input to meet the needs of the CCGs and local authority in relation to medicines and prescribing. The integrated team enables all medicines optimisation work across Sefton to be led and delivered in a co-ordinated and efficient way.

## East London FT

### Pharmacy input into District Nursing Teams

Community health services are situated at a high risk interface working along the boundaries of primary & secondary care. They play a key role in treating & managing acute illness, long-term conditions, & providing care closer to home. Tower Hamlets is a culturally rich borough with a diverse population where older people with multiple long term conditions are living for longer. This project demonstrates the benefits of diversifying CHS skill mix with specific emphasis on utilising pharmacy technician skill set to promote medicines optimisation, patient safety & the potential for ongoing pharmacy input supporting the vision of the NHS long term plan.

## Hampshire Hospitals FT

### In the NAC of time: Reducing Length of Stay, freeing up inpatient beds with SNAP 12hr paracetamol overdose regime

Paracetamol is the UK's most common overdose drug, approx. 100,000 presentations to ED's yearly(1), one would expect that acute management should be 100% in a timely manner.

A national audit 2013/2014 highlighted MHRA/TOXBASE guidance compliance as low as 75%.

The trusts Medication Safety Group had investigated local problems with management in ED but failed to make any impactful change.

Patient's were still having unnecessary delays in timely care when presenting for management of paracetamol overdose.

We aimed to reduce error in care and improve time to discharge from the organisation.

## Kent and Medway ICB and Aspire Medical Health

### Risk Stratification in Primary Care

Medway and Swale is an area of high deprivation, and often poor patient outcomes. The CCG Medicines Optimisation (MO) team found multiple GP practices not adhering to best practice regarding routine medicine monitoring. This left a risk of medicine safety incidents for patients, or GP practice closures. Collaboration with a practice undergoing CQC review, allowed the team to develop a risk stratification tool, allowing a proactive remote review of patients. This proactive approach resulted in improved CQC ratings and the development of a collaborative quality and safety network, not only in the locality, but right across Kent and Medway.

## NHS Kent and Medway and Kent Community Health FT

### East Kent Targeted High Dose Opioid Reduction Project

Within East Kent a local service was designed to support twenty practices to reduce the dose of opioids in patients with chronic pain prescribed >120mg morphine equivalent per day. The project is phased over 2 years, targeting practices with the highest levels of high-dose items. It uses a multidisciplinary approach to identify and manage 10 patients in each practice with highest opioid load. A management plan is developed and implemented with support from a clinician from the Community Pain Team. After jointly working through these patients, clinicians were able to continue the same approach for other patients within their practices.



# FINALISTS

## South Kerrier PCN Pharmacy Team

### Audit Tool for DOAC Prescribing in General Practice

An audit tool, compatible with TPP SystemOne and EMIS, was developed to help review DOAC prescribing in General Practice. The tool rapidly ascertains whether a patient is prescribed the correct dose of DOAC (apixaban, dabigatran, edoxaban or rivaroxaban) for the indication (AF or DVT/PE treatment or prophylaxis) based on duration, renal function and other demographic properties, with reference to manufacturers' recommendations. If the patient is not being treated with the correct dose (or if unclear), some direction as to the necessary review is usually provided. Data collection and initial analysis has been reduced from several hours to about 5 minutes.

## Southern Health and Social Care Trust

### Improving Medicines Administration in Gillis Memory Centre

Correct medications can cause patient harm from accidental overdosing or inadequately treated conditions. The vision is to reduce omission errors in an in-patient setting. At multidisciplinary ward rounds, we observed consistently high numbers of omissions on the medication charts. Pareto chart demonstrated that omitted or delayed medication was the most common medication error recorded. FISH analysis identified human factors as a significant contributor to medication errors. Interventions therefore targeted the root cause of these human factors and aimed to consistently reduce average error rate from a baseline of 7.7 omissions per kardex to less than 1 omission per kardex."

## NHS SAFEGUARDING AWARD

## One Gloucestershire

### Homeless Specialist Nurse

The Strategic Housing Partnership in Gloucestershire funded a Homeless Specialist Nurse role in ED at Gloucestershire Royal Hospital. This has led to a more holistic pathway for supporting homeless ED attenders enabling access to accommodation direct from the ED. This improved process, along with dedicated support roles, has improved the standard of care experienced by homeless patients from multiple vulnerable groups, and reduced frequent and future attendances.

## Sussex Health and Care Partnership

### Operation Warren: Responding to Children and Young People's Mental Health

West Sussex has seen an increase in completed suicides in Young People, which required a multi-agency coordinated response. Operation Warren was established with the project vision to ensure a seamless multi-agency response to prevent further child deaths through suicide. The Operation Warren team brings together professionals from health, social care and charitable organisations to identify and respond to concerns, which could point to potential suicide or self-harm. Operation Warren has two distinct functions: firstly, identification and planning by a Triage team, and secondly, support and intervention delivered to educational establishments by a dedicated school's team.

## LEARNING DISABILITIES INITIATIVE OF THE YEAR

## Cheshire and Wirral Partnership FT

### Decision Support Tool to reduce premature mortality in people with learning disability

The Decision Support Tool for Physical Health (DST-PH) is a risk stratification tool developed to proactively identify those with learning disability who are at a greater risk of premature mortality or preventable death. It considers underlying health conditions and factors adversely impacting health outcomes to identify those who are at increased risks; it uses Red, Amber, Green rating to identify those at high risk and those who are at imminent risk of premature

# FINALISTS

mortality or preventable death. It allows health services to cater their response in a person centred way using a multi-disciplinary and multi-agency approach through effective health co-ordination.

---

## East London FT

### Advance Care Planning for People with Learning Disabilities

Advance Care Planning Nurse for People with Learning Disabilities coordinates care at the end of life for people with learning disabilities and supports with advance care planning, ensuring that the person has a 'good death' in the place of their choosing.

---

## Haringey Learning Disability Partnership, Community Nursing Team

### A nurse led Quality Improvement Project for effective and sustainable epilepsy care and management in the community

The Haringey Learning Disabilities Partnership (HLDP) is a multidisciplinary team which offers services to adults with a learning disability residing in Haringey.

Our team aims to make improvements in our services by using the quality improvement methodology to identify barriers and gaps within our service and explore approaches to meet agreed outcomes.

The Epilepsy pathway is a nurse led project in improving the care management and safety of individuals with a learning disability and Epilepsy diagnosis. It was agreed that there was a need for improvement in the support we offered following an audit carried out by the psychiatry team.

---

## Hertfordshire Partnership University FT

### Changes at national level to reasonable adjustments made to mental health tribunals for people with learning disabilities

To ensure that Mental Health Tribunals hearings are conducted in a way that ensures that reasonable adjustments are made throughout the process that would assist patients with learning disability in understanding proceedings and enable them to engage in a meaningful way. Tribunal hearings are held in a very formal setting before a panel of three people who make decisions as to whether patients detained under the Mental Health Act can be discharged. There were many misgivings as to whether the process was fair and engaging for patients with learning disability.

---

## Manchester Local Care Organisation

### Collaborative working to develop and promote effective self-care strategies for patients with Learning disabilities and lower limb chronic oedema

The service developed strategies and adapted practice to support patients with learning disabilities and their carers in effectively managing their condition. It is well documented that this client group can face difficulties in accessing services and require the need for services to make reasonable adjustments. We wanted to ensure that ALL patients received a high level of care in a timely and effective manner. This required collaborative working partnership with the Learning disabilities service and agencies involved with individual patient care to provide holistic management of their needs, providing them with the resources needed to promote self-care and healthy legs.

---

## Mid and South Essex FT

### Codesigning accessibility to health services and addressing Health Inequalities with LD Patients

The Understanding Inequality Programme demonstrates effective collaborative working between the Mid and South Essex Foundation Trust (MSEFT) and Healthwatch Essex (HWE). Our programme focuses on reducing inequalities for people living with LD when they access acute services. Our co-design process ensures that people with LD are engaged, prepared and feel confident to take part in co-design activities.

The application of academic theory via a simple and practical process has created a co-design environment where real improvements are being achieved, co-design continues to thrive, and our new developing Toolkit will help others adopt co-design as the preferred approach for designing change.



# FINALISTS

## **Southern Health and Social Care Trust**

### **The Dorsy Imagination Programme**

A project to optimise mental health and wellbeing of service users within Dorsy, via developing a range of visual, auditory, olfactory and tactile stimuli to create feelings of comfort and safety, where an individual can relax, explore and enjoy their surroundings

Physical activity and exercise play an important role in recovery and promoting and maintaining positive health outcomes.

Offering the option of purposeful activity and recreation activities facilitates learning and development of new skills and interests, whilst promoting a sense of achievement and building of therapeutic relationships. It would improve daily structure and positive coping skills and habits.

## **The Mid Yorkshire Hospitals Trust**

### **Learning Disability 8 Week Surgical Pathway**

People with a learning disability are classed as priority (P2) for surgical patient treatment lists (PTLs) and are offered reasonable adjustments for their appointment or any potential theatre listing. The Trust will aim to list a patient within 8 weeks of a decision to admit. All patients with a learning disability on PTLs will be contacted to ascertain what reasonable adjustments are required and to maximise what we can offer under one anaesthetic. The overarching aspect being that we have prioritised these patients with our overall elective recovery plan. This will help reduce health inequalities and improve outcomes.

## MENTAL HEALTH INITIATIVE OF THE YEAR

## **BrisDoc Healthcare Service, Avon and Wiltshire Mental Health Partnership Trust, South Western Ambulance Service FT and Healthier Together**

### **Mental Health Integrated Urgent Care Front Door**

We present the design and delivery of a pan-southwest integrated urgent and emergency care front door service for mental health (MH), across 999 and 111. It includes a strategic and operational alliance with physical health services to ensure both parity and the rapid provision of co-morbid care at the point of contact, irrespective of entry route.

The project used an innovative distributed and mobile workforce design to provide the most appropriate response to patients via the most appropriate professional(s) including;

- Blue light emergency face-to-face response
- Remote face to face and telephone assessment
- Clinical review
- Professional advice
- Prescribing

## **Cheshire and Wirral Partnership FT**

### **Mental Health Intensive Support Team**

This describes the development, ethos and early outcomes of the Mental Health Intensive Support Team (MhIST) which is a Mental Health community rehabilitation service within the Cheshire and Wirral Partnership NHS Foundation Trust.

MhIST is a diagnostically inclusive service which supports the rehabilitation of the most complex individuals presenting with high levels of risks, vulnerabilities and/or challenges in the community. It is a person-centred, values driven service that is coproduced & designed with input from a wide range of stakeholders including experts by experience. An inbuilt continuous improvement approach ensures that the design remains relevant to the population we serve.

# FINALISTS

---

## Cheshire and Wirral Partnership FT

### Integrating ethical considerations into mental health service delivery

During the pandemic, several issues relating to the service delivery were raised at CWP's Tactical Command Group. The need for independent scrutiny of ethical situations pertaining to mental health inpatients and those people under the community care teams were agreed via a Clinical Ethics Forum which started to meet in April 2020. This became the Clinical Ethics Advisory Group (CEAG) from February 2021. Positive outcomes from CEAG confirm that it has benefited patients' quality of care through individualised, compassionate and scrutinised discussions leading to efficient, co-delivered care planning with patients and families and benefits to staff and Trust partners.

---

## Haringey GP Federation

### SMI Physical Health Check Service

The service was developed to increase the uptake of holistic physical health checks for people in Haringey, North London, who live with serious mental illness (SMI). In 2019/20 only 22.6% were completed against the 60% national target. In 2020-21, it reduced to 19%.

A partnership between Haringey GP Federation, MIND and Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT), formed to deliver health improvements for clients. The service focuses on those disproportionately affected by the COVID 19 pandemic and who have disengaged from primary care. In 2021/22, 42% of all SMI / physical health checks were completed.

---

## Kent and Medway NHS and Social Care Partnership Trust

### Review and Resettlement Team

The NHS Long Term Plan and the Five Year Forward View set out that local health systems must work to reduce the number of people who need access to a psychiatric inpatient service being placed outside of their counties or boroughs. As part of a 12-month pilot, a dedicated, multi-disciplined, Review and Resettlement team (RRT) was formed. Kent and Medway NHS and Social Care Partnership Trust led this initiative and has worked to significantly reduce the number of out of areas placements by over 50 per cent and save the system a staggering £2,402,948 per annum.

---

## Lancashire & South Cumbria FT

### Reducing Restrictive Practices - 'Think Person, Think Positive Practice'

Delivering person-centred care within a therapeutic environment is key to contemporary Mental Health services. As such, LSCft identified the need to focus on reducing restrictive practices (RRP) to ensure service users experienced compassionate and safe care. Therefore, a RRP Strategy and QI Collaborative was launched. Working collaboratively with service users, the Ward MDTs, RRP and QI Teams, achieved a 49% decrease in restrictive practices (restraint, seclusion and rapid tranquillisation), across all wards. Executive sponsorship and developing policy, practice and training to support RRP has been key in upskilling staff and moving to a least restrictive culture

---

## Lancashire & South Cumbria FT

### Initial Response Service

The IRS service provides a 24/7 responsive single point of access across Lancashire for urgent and routine requests for help and advice through a single triage based trusted assessment, which people can access mental health services. Part of IRS is Street Triage where police and mental health practitioners work together, the aim to reduce demand on emergency services by triaging and treating people at the incident. The service creates effective urgent and routine crisis care pathways for people which will improve the quality of care, outcomes for patients and value for the local health and social care economy.



# FINALISTS

## Sussex Health and Care Partnership

### Operation Warren: Responding to Children and Young People's Mental Health

West Sussex has seen an increase in completed suicides in Young People, which required a multi-agency coordinated response. Operation Warren was established with the project vision to ensure a seamless multi-agency response to prevent further child deaths through suicide. The Operation Warren team brings together professionals from health, social care and charitable organisations to identify and respond to concerns, which could point to potential suicide or self-harm. Operation Warren has two distinct functions: firstly, identification and planning by a Triage team, and secondly, support and intervention delivered to educational establishments by a dedicated school's team.

## PATIENT SAFETY EDUCATION AND TRAINING AWARD

## Cheshire and Wirral Partnership FT

### Too much harm, not enough care: Better care for service users through better care and education with staff

A real life example of a co-produced training programme for staff about service users with a diagnosis of Borderline Personality Disorder. Improving safety and patient care through challenging stigma, education, and supporting staff to discuss their experiences. From initial concept within a High Dependency Rehabilitation Unit to roll out trust wide.

## Greater Manchester Workforce Bureau in partnership with Tameside and Glossop Integrated Care FT, Greater Manchester Integrated Care Partnership, Stockport Viaduct CIC and Kapoor Pharmacy Services

### Unregistered Vaccinator Superuser Pilot

- At the start of the roll-out of Covid-19 Vaccinations the Greater Manchester (GM) Workforce Bureau, in partnership with the GM Lead Employer, undertook a series of pilots to prove the concept of implementing a 'combined' Vaccination Workforce Model, across Community Vaccination Sites. This comprised the deployment of Unregistered Vaccinators (AfC band 3) across Local Vaccination and Community Pharmacy Sites.
- Due to the success of the initial pilots, and an increase in pressures on Workforce and Vaccination Delivery Models, including requests for 'pop-up' facilities, a demand and subsequent opportunity arose to develop a further pilot for this group of Unregistered Vaccinators.

## Milton Keynes University Hospital FT

### The Development and Delivery of Inter-professional Human Factors Training Workshops

Human Factors underpins patient safety and quality improvement, offering an integrated, coherent and evidenced based approach to patient safety. Milton Keynes University Hospital is embedding human factors training throughout the trust with education and training to enhance safety, quality and resilience. This unique project effectively offers consistent, accessible and inter-professional training workshops to all members of staff to develop a shared awareness of its importance. Our vision is to create common learning pathways, improving the ability of health care professionals and non clinicians to work together and share their learning and experiences of human factors in the workplace.

## Nottingham University Hospitals Trust

### Recognising and Rescuing the Deteriorating Patient - A Human Factors and Processes Approach through Simulation

The Recognise and Rescue team, alongside the Trent Simulation and Clinical Skills Centre, created a pilot role providing a combination of bespoke high and low fidelity simulation education around human factors and non-technical skills that can affect how we recognise and provide treatment to deteriorating patients. This involved training staff members through R&R simulation days or in-situ ward simulation/education opportunities, using data analysis (including audit/incident reports) alongside Clinical Educator expertise to tailor learning opportunities to each speciality. All simulations were created using themes from local cases to focus priorities of the training. A toolkit has been developed to support spread.

# FINALISTS

## Royal Surrey FT

### The SCReaM Human Factors and Team Resource Management Programme

SCReaM Human Factors (HF) and Team Resource Management is a programme developed to improve patient/staff safety and wellbeing through the understanding and application of HF. HF in healthcare is still relatively new and often misunderstood, having been historically based on crew resource management (CRM) training adapted from aviation. However the true scope of HF in healthcare reaches far beyond this and lies in understanding/applying systems thinking methodology in this complex adaptive industry. Our training programme teaches CRM principles and HF to support staff to design their system to best fit their ways of working and improve patient safety.

## Tameside and Glossop Integrated Care FT and Greater Manchester Workforce Bureau

### Paediatric webinar update to support the safe and effective delivery of Covid 19 Vaccinations to healthy 12-15 year old cohort

Development of an education package delivered via MS Teams to support the safe delivery of the Covid-19 Vaccination to the 12-15 cohort. Training package was developed in direct correlation to national drivers, current best practice and underpinned by relevant pedagogy. Training was designed and developed with safety at the forefront of the Vaccine Programme to ensure a fully competent workforce (registered & unregistered) able to confidently embrace their knowledge and transferable skills. Originally developed at a local level, the training has been successfully rolled out and shared both regionally and nationally and this training is also hosted on NHS Futures.

## University Hospital of North Midlands Trust

### National Frailty Academy

The National Frailty Academy provides free training to all grades of willing health and care staff and public; in any setting by a national faculty of experienced clinical multi-disciplinary staff. This would help improving the frail older individuals' daily life, support our health and care systems and promote standardized high level of care. The faculty has already trained over 2500 individuals by raising general awareness of frailty and delivering flexible bespoke training packages to individuals and organizations including care homes and ambulance services.

## University of Oxford, Helen & Douglas House, Oxford University Hospitals FT and Oxford Simulation Teaching and Research Centre

### Coproducing training resources to support parents caring for children with medical complexity

Families caring for children with complex medical needs have to learn to perform technically and emotionally demanding medical tasks, such as providing feeding tube care or tracheostomy care for their child at home. It is vital that these families are well trained and supported. We have co-produced a package of training and support for parents caring for children with gastrostomies (a type of feeding tube), consisting of a series of videos and additional resources for support. The project is a collaboration between families, community and hospital-based professionals and researchers. The resources are now widely used in our region and beyond.

## MATERNITY AND MIDWIFERY INITIATIVE OF THE YEAR

### Bradford District and Craven Place

### COVID-19 Vaccination in Pregnancy

A key area of the Bradford District and Craven Programme Vaccine Equalities work centres on reducing vaccine hesitancy amongst pregnant women and hard-to reach communities. We address individual needs of pregnant women and their families through virtual/group talks, organising webinars, podcasts, and videos in other languages and bespoke maternity, family and household vaccine clinics. Our partnership work is informed by our 5-step COVID-19 vaccine equalities roadmap we developed (Reference 1) and based on our Act as One guiding principles, working together with communities, voluntary and independent sectors across Bradford district and Craven, ensuring no one is left behind.



@HSJptsafety | #HSJpatientsafety |



@HSJ\_Awards

# FINALISTS

---

## **Bradford Teaching Hospitals FT**

### **Outstanding Maternity Services**

The Outstanding Maternity Services Programme (OMS) is a Peoples Programme, for them and by them. It's a large scale transformation journey to support Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) move towards being an Outstanding Maternity Service provider. Foundational values recognise service users and staff as central to safe, effective and sustainable change. Workforce and stakeholder engagement achieved a vision, strategy and five key work streams to enable delivery of their ambitions towards becoming outstanding. A new level of partnership with staff and service users has been achieved by providing a framework for shared visioning, innovation and involvement.

---

## **James Paget University Hospitals FT and Norfolk and Waveney ICS**

### **The JPUH COVID-19 fast track vaccination clinic for pregnant people**

A fast-track COVID-19 vaccination clinic was created to provide expert advice, education and support for pregnant people. Pregnant people are at high risk of becoming seriously unwell with the COVID-19 virus. Establishment of the clinic led to a 20% increase in COVID-19 vaccine uptake in this group, with 211 vaccinations between 28th June and 30th September 2021. 59% of pregnant people reported they would not have taken up the vaccination if they hadn't discussed it as part of this service. Over half of those attending (50.23%) reside within index of multiple deprivation levels (IMD) 1-4; the most severely deprived areas.

---

## **NHS England - Midlands Region**

### **Regional Maternity Escalation Policy and SitRep**

Development of a regional maternity escalation framework across the Midlands and accompanying daily maternity activity, acuity and escalation sitrep data tool to identify and aid cross boundary working and regional support to manage high peaks and provision of safe maternity and neonatal care.

---

## **Royal Surrey FT**

### **The TEACUP Framework for Escalation**

Collaboration and communication continue to be at the heart of providing good maternity care, although, as highlighted in the Ockenden report (Mar 2022), many maternity units struggle with this. Our maternity unit was experiencing a disconnect within the MDT, specifically around escalation. We utilised a Human Factors (HF) approach to better understand the causes of this disconnect. From this, we created a framework for escalation, called TEACUP, which outlined what good escalation looks like. This enabled us to identify six system based interventions to better support our MDT to work as per outlined in the TEACUP.

---

## **Royal Surrey FT**

### **Patient-Led Service Development - Hearing the True Voice of Women**

The maternity department recognised the limitations of its previous feedback methodologies; they were few in number and over-represented the voice of white British women. Prescriptive questions reduced the department's ability to understand how women viewed their experience of our service. We recognise that women share their experiences through a variety of digital forums. By using a patient experience platform, we now hear the voice of all of our population of women. This has enabled us to meet the challenges of the Covid-19 pandemic, develop our services to meet patient need, and successfully fund ventures to support maternity transformation.

# FINALISTS

## The London Maternity Clinical Network

### Optimising the 6-8 week Maternal Postnatal Check

Since November 2020, London Maternity Clinical Network has worked closely with primary care colleagues to support the NHS England funding to provide 6-8 week postnatal maternal checks. We have hosted monthly GP Webinars to incorporate learning and insights from relevant national guidance and maternal morbidity and mortality reports. Themes also include NHS drivers like NHS Long Term Plan to reduce maternal mortality, support perinatal mental and pelvic healthcare, by bringing together GP with special interests and local specialists. The meetings are recorded and now available on NHS Future Platform, as a resource for further community teaching.

## Yeovil District Hospital FT

### Implicit Bias in Maternity Care

The UK has huge inequities in maternal/neonatal mortality. This QI project aimed to address this by providing training on implicit bias, stereotyping, and clinical assessment of babies from black, Asian and minority ethnic families. A training package was created and delivered to midwives. Pre/post training surveys were completed. Descriptive analysis alongside thematic analysis were used to analyse findings. Midwives rated the training highly with many unaware of the impact of bias on mortality. Post-training, they identified wanting to be more inclusive. Training was well evaluated however more training and research is needed to improve the safety of mothers and babies.

## SAFE RESTORATION OF ELECTIVE CARE SERVICES AWARD

Partnered by  Acumentice

## Dorset County Hospital FT

### A Service Evaluation of the use of using offloading knee braces in the treatment pathway of knee osteoarthritis during the coronavirus pandemic

Following the cancellation of elective surgery, 257 patients were awaiting a total knee replacement in Dorset County Hospital's waiting list. An audit was created to supply appropriate unloader braces to a portion of this population and to assess whether this could be an effective solution to keep patients active, reduce pain, and improve quality of life in lieu of the standard surgical intervention. With follow-ups at 6-weeks and 6-months, a significant improvement in the KOOS categories of Symptoms and Quality of Life were found, which will inform the treatment pathway for unilateral knee osteoarthritis during and following the pandemic.

## Epsom and St Helier University Hospitals Trust

### Development of a Surgical Enhanced Care Unit alongside relocation of High Dependency Unit to ensure a Covid protected, safe environment to support the restoration of the surgical elective recovery programme

Shortly after the pandemic first hit, all surgical activity at Epsom and St Helier University Hospitals NHS Trust was reduced to meet the overwhelming demand placed on our hospitals. P2 activity was provided by the independent sector.

When it became a national requirement for surgery and enhanced care to be reinstated locally for Priority 2 patients, a plan was put in place to develop a Covid-secure hybrid SECU and HDU, to reliably admit patients requiring complex surgery and post-operative enhanced care.

The creation of this unit helped the Trust safely restore elective services while maintaining high-quality care.



@HSJptsafety | #HSJpatientsafety |  @HSJ\_Awards

# FINALISTS

## Liverpool Heart and Chest Hospital FT

### Cardiac Surgery Elective Care Recovery Telehealth Project

Covid-19 created a maelstrom of healthcare inequalities, forcing patients out of the usual care systems that looked after them. For cardiac surgery, that meant long waiting lists even for conditions that have poor prognosis without treatment. Difficulties accessing specialist care meant that many patients weren't able to prepare or recover in the same way from cardiac surgery procedures. Our digital pre-habilitation and rehabilitation project involves the whole multidisciplinary team who would provide care in hospital, bringing the specialist hospital into the homes of patients, with hospital-grade monitoring and feedback to patients both before and after surgery.

## NHS England - London Region

### London Endoscopy Recovery & Transformation Programme

The London region has set a vision to be both the healthiest global city and the best global city in which to receive healthcare. Through collaboration via London's Clinical Leadership Group (CLG) (comprising clinicians and project managers from each ICS and a team from NHSE/1 London region) London has largely recovered endoscopy services from the effect of the pandemic, at the same time as introducing transformational initiatives. London currently has 15,000 fewer patients waiting for an endoscopy, compared to the beginning of the pandemic where as other regions have averaged a reduction of 6,000 patients over the same period.

## Rochdale Care Organisation, Northern Care Alliance Group

### Rochdale Swabbing Pilot

The Northern Care Alliance (NCA) was at the Vanguard of an on-day LFD COVID-19 surgical pathway for elective patients in Greater Manchester in November 2021 at Rochdale Infirmary serving a population of 1.1 million in some of the poorest socio-economic areas. The existing pathway included a PCR and self-isolation for 14 days.

The 10 week pilot delivered:

- 2193 cases with 1224 on-day LFDs
- 3672 work days saved
- 95% patient satisfaction
- 100% patients felt safe with the pathway
- 0 complaints / incidents / COVID-19 readmissions

The pathway will be introduced across remaining NCA and relevant GM sites in due course.

## Sherwood Forest Hospitals FT

### Lung Function in COVID times

Lung Function is a vital part of patient care, management and diagnosis in both primary and secondary care settings. During forced manoeuvres a patient may cough or sneeze which is characterised as an aerosol generating procedure (AGP). At the start of the COVID-19 pandemic, all services were greatly reduced and some were even ceased completely. We devised an innovative way to restore most services while still protecting staff and patients, while providing vital services including 2 week wait cancer pathways and pre-operative assessment tests.

## South West Ambulatory Orthopaedic Centre

### An Integrated Care System approach to tackling the backlog in elective care by developing a revolutionary ambulatory centre for elective orthopaedic surgery

The South West Ambulatory Orthopaedic Centre based at Exeter Nightingale Hospital opened in March 2022. An ICS collaboration supporting reduction in waiting times by providing ambulatory pathways for joint replacement surgery to patients from all Devon provider trusts.

Innovative new pathways learning from best practice nationally enable ambulatory surgery to be the default for

# FINALISTS

patients undergoing lower limb arthroplasty. Multidisciplinary team working has resulted in outstanding patient outcomes. In the first six weeks of operation, 70 patients have been treated. 100% have been discharged within 24 hours of surgery with a 55% day case rate. Patient feedback has been exceptional.

## **The Leeds Teaching Hospitals Trust** **Neurosurgical Higher Observation Bay**

Our aim was to establish a Higher Observation Bay in order to, improve elective and acute patient flow within Neuroscience and reduce demand for Critical care beds. Within six months, a purpose built, self-sufficient Neurosurgical/Spinal HOBS has been developed; specifically designed to care for this patient group and improve patient flow. As a result of its successful development and implementation, we have seen extensive improvements in the re-introduction of elective surgery and reduction in both patient cancellation and patient length of stay; subsequently, ensuring that patients receive high quality care, at the right time and by the right people.

## **SERVICE USER ENGAGEMENT AND CO-PRODUCTION AWARD**

### **Cheshire and Wirral Partnership FT** **Too much harm, not enough care: Better care for service users through better care and education with staff**

A real life example of a co-produced training programme for staff about service users with a diagnosis of Borderline Personality Disorder. Improving safety and patient care through challenging stigma, education, and supporting staff to discuss their experiences. From initial concept within a High Dependency Rehabilitation Unit to roll out trust wide. London Ambulance Service Trust Frequent Caller Team “Since 2009, the London Ambulance Service’s (LAS) Frequent Caller Team (FCT) has worked with high-intensity users who contact emergency services five or more times a month, or 12 or more times in three months, to ensure they receive the support they need. FCT members identify high-intensity users, working with these patients and teams across London to build care plans. The actions of the FCT have ensured patients are deeply involved in the design, delivery and commissioning of our services. The team has spearheaded greater collaboration between agencies across London, resulting in lasting improvements to the care received by these individuals.

### **London Ambulance Service Trust** **Frequent Caller Team**

Since 2009, the London Ambulance Service’s (LAS) Frequent Caller Team (FCT) has worked with high-intensity users who contact emergency services five or more times a month, or 12 or more times in three months, to ensure they receive the support they need. FCT members identify high-intensity users, working with these patients and teams across London to build care plans. The actions of the FCT have ensured patients are deeply involved in the design, delivery and commissioning of our services. The team has spearheaded greater collaboration between agencies across London, resulting in lasting improvements to the care received by these individuals.

### **Oxford Health FT** **Forensic Recovery College**

The Forensic Recovery College provides courses and projects that aim to support people dealing with mental health issues detained in the Forensic setting. We differ from other services in the Forensic service in that co-production is at the heart of everything we do. Each course or project is designed and run by two tutors, one a tutor by experience and the other a tutor by training. We take an educational view of recovery believing that the more we can learn about ourselves, a particular diagnosis or tried and tested strategies the more we can look after ourselves and each other.



# FINALISTS

---

## **Royal National Orthopaedic Hospital Trust** **Co-Producing our Patient Charter Together**

The Royal National Orthopaedic Hospital's Patient Experience Co-Production Group was conceived and developed by eight patients and eight staff working as equal partners. This diverse and representative group brings their mutually acknowledged expertise to bear on fundamental opportunities for improvement. Our first year's programme has delivered a new co-produced Patient Charter and patient-centred update to our ward accreditation assessment tool. We ensured patient members became core team partners alongside clinical and operation leaders on our improvement programmes. In the coming year we aim to make co-production our way of working throughout the Trust.

---

## **Spectrum Community Health CIC** **Health Champions Programme**

In 2020, Spectrum introduced a Health Champions Programme in HMP Deerbolt, a prison and young offender institution in County Durham.

This Programme supports young men to undertake healthcare training and become Health ambassadors for their peers, as well as supporting health promotion and outreach. It provides valuable training and work experience for young offenders and benefits their future learning and career opportunities after leaving prison.

This project has been expanded to six prisons in the North East region.

---

## **Sussex Health and Care Partnership** **Experts with experience shaping a service for looked-after children**

The use of experts by experience in looked after children health settings is an under-utilised resource. We have created two participation roles within the team which demonstrates first hand co-design and co-production. Having care leavers as paid employees with the service involved taking a risk and pushing boundaries but has led to an innovative, multifaceted project where these roles are infiltrating into every aspect to promote a culture of service users being at the fore front of all we do.

---

## **University of Oxford, Helen & Douglas House, Oxford University Hospitals FT and Oxford Simulation Teaching and Research Centre** **Coproducing training resources to support parents caring for children with medical complexity**

Families caring for children with complex medical needs have to learn to perform technically and emotionally demanding medical tasks, such as providing feeding tube care or tracheostomy care for their child at home. It is vital that these families are well trained and supported. We have co-produced a package of training and support for parents caring for children with gastrostomies (a type of feeding tube), consisting of a series of videos and additional resources for support. The project is a collaboration between families, community and hospital-based professionals and researchers. The resources are now widely used in our region and beyond.

---

## **Wirral Community Health and Care FT** **INVOLVE - Youth Participation Group**

Wirral Community Health and Care NHS Foundation Trust (WCHC) is committed to working alongside communities to engage and co-design services to ensure we are getting it right for everyone. We are proud of our public participation groups, representing both our adult services as well as those for our children and young people. Our successful and dynamic INVOLVE Youth Group represent the diverse voices of young people across Wirral, Cheshire East, St Helens and Knowsley and enables our organisation to develop and sustain services that support the health and wellbeing of young people and their families.

# FINALISTS

## HARNESSING A HUMAN FACTORS APPROACH TO IMPROVE PATIENT SAFETY

Partnered by



### Guy's and St Thomas' FT

#### Failure Mode & Effects Analysis in the Covid Vaccination Service

Used extensively in automotive and aerospace industries, Failure Mode and Effects Analysis (FMEA) is a powerful, proactive assessment that identified and improved steps for Covid Vaccination service to reasonably ensure safe and clinically desirable outcomes.

The approach, promoting MDT teamwork helped to identify and mitigate risks which could potentially result in harm to staff and patients.

FMEA, employing human factors thinking, directly led to lower Risk scores against high risk prioritised process steps and resulted in dramatic fall in number of Datix recorded. This was underpinned with positive engagement from staff and patients before, during and after the workshop.

### Royal Surrey FT

#### The SCReaM Human Factors and Team Resource Management Programme

SCReaM Human Factors (HF) and Team Resource Management is a programme developed to improve patient/staff safety and wellbeing through the understanding and application of HF. HF in healthcare is still relatively new and often misunderstood, having been historically based on crew resource management (CRM) training adapted from aviation. However the true scope of HF in healthcare reaches far beyond this and lies in understanding/applying systems thinking methodology in this complex adaptive industry. Our programme encapsulates CRM principles, QI methodology, and HF methodology to enable staff to design their system to best fit their ways of working and improve patient safety.

### Serious Hazards of Transfusion, SHOT

#### Improving transfusion safety by applying human factors principles in the UK

Serious Hazards of Transfusion (SHOT), the UK's professionally led haemovigilance scheme, analyses c4000 serious events annually from over two million blood components transfused. Education, toolkits and resources were developed to support understanding and application of human factors and ergonomics (HFE) and enable UK-wide transfusion staff to implement HFE into local practices. A bespoke tool in the reporting portal prompts reporters to examine HFE elements, complemented by a distance-learning package. A variety of platforms for learning and continuous feedback increase the knowledge and skills needed to embed HFE in local practice and contribute to the ongoing aim to improve transfusion safety.

### Southern Health and Social Care Trust

#### Improving Medicines Administration on Gillis Memory Centre

Omitted medications can cause patient harm from accidental overdosing or inadequately treated conditions. The vision is to reduce omission errors in an in-patient setting.

At multidisciplinary ward rounds, we observed consistently high numbers of omissions on the medication charts. Pareto chart demonstrated that omitted or delayed medication was the most common medication error recorded. FISH analysis identified human factors as a significant contributor to medication errors. Interventions therefore targeted the root cause of these human factors and aimed to consistently reduce average error rate from a baseline of 7.7 omissions per kardex to less than 1 omission per kardex.



@HSJptsafety | #HSJpatientsafety |



@HSJ\_Awards

# FINALISTS

## Southport and Ormskirk Hospital Trust

### Human Factors Introductions Training Programme

Southport and Ormskirk Hospital NHS Trust has recently redesigned their human factors training offering to staff, encompassing real-life scenarios and a tailored approach to the training. Three members of the Integrated Governance team enlisted on advance human factors train the trainer course. They then created a programme aimed at providing an introduction to human factors for colleagues, providing clear and consistent information and changing the agenda within the Trust to Human Factors.

## West London Trust

### Improving the Patient Experience through Storytelling and Creation of Bespoke Audio Visual Educational Tools for Staff Development

In patient facing acute services, Violence and Aggression and the propensity of Risk towards Patients and Staff can be unfortunate outcomes as a result of negative staff cultures and behaviours which can be embedded and over time difficult to address and change.

The Practice Development Team (Local Services), with a view to improving the Patient Experience and reduce Risk in acute services, innovated the idea of creating short impacting audio visual scenario films. Films rich with relevant content derived from co-productive statements/testimonials from service users, woven together by powerful storytelling to produce educational tools for staff to optimise emotional engagement.

## QUALITY IMPROVEMENT INITIATIVE OF THE YEAR

Partnered by  Wolters Kluwer

## Central and North West London FT

### Easing the pressure: taking time out for reflection to engage staff and improve care

In line with the Trust Programme, we set out to achieve a further 10% reduction in incidence of category 3 pressure ulcers developed in service over the 12 months to June 2022. By the end of February 2022, we had achieved a 35% reduction, and were also seeing benefits in terms of team cohesion, deeper understanding of patient needs, improved incident reporting and the strong foundations of a learning culture that would continue to support a culture of safe, quality practice for the future.

## East Kent Hospitals University FT

### System optimisation in times of crisis - sustainable, patient centered improvements, delivered rapidly during the COVID pandemic, using multiple innovative technological solutions

In April 2020, to free up >50 acute medical beds to support the wider COVID-19 response, East Kent Hospitals collocated two acute stroke services onto one non-A&E hospital; incorporating multiple innovative technological solutions which have now been scaled nationally. It was planned and delivered rapidly over 10 days, delivering sustainable improvements in stroke care, mitigating health inequalities whilst also supporting the wider health care response to COVID-19. A population of 750K now benefit from SSNAP level A care, length of stay reduction of >30% to 11 days and statistically significant low Stroke mortality (HSMR) at <50; making it one of the safest stroke services in the country.

# FINALISTS

---

## **East Lancashire Hospitals Trust**

### **Improving End of Life and Bereavement Care**

Our Quality Improvement programme is to improve the care and support provided to patients and those important to them during the last days and hours of life.

We developed a bespoke year-round Bereavement Survey (Slides 12-21) which enables the continuous monitoring of performance (at ward, directorate and divisional levels) against national standards.

Furthermore, it identified specific areas of focus for improvement initiatives and details our progress against our 5 End-of-Life and Bereavement improvement priorities (Slide 22):

- Bespoke Model (CARE)
  - Individualised Plan of Care
  - 7 day Bereavement and End-of-Life support service
  - Level 1 Induction training
  - Advanced Communication skills training
- 

## **East London FT**

### **Improving Access to Hackney Integrated Learning Disabilities Service**

This initiative on access to adult learning disabilities services in a community setting managed to reduce wait times by 93%. This initiative gives a concrete example for other similar services aiming to set time frames for eligibility assessments to meet guidelines set out by the Royal College of Psychiatrists and improve their services. We also suggest important considerations that could lead to vast improvements, namely the use of a Quality Improvement framework with input from all stakeholders.

---

## **Hampshire Hospitals FT**

### **In the NAC of time: Reducing Length of Stay, freeing up inpatient beds with SNAP 12hr paracetamol overdose regime**

Paracetamol is the UK's most common overdose drug, approx. 100,000 presentations to ED's yearly(1), one would expect that acute management should be 100% in a timely manner.

A national audit 2013/2014 highlighted MHRA/TOXBASE guidance compliance as low as 75%.

The trusts Medication Safety Group had investigated local problems with management in ED but failed to make any impactful change.

Patient's were still having unnecessary delays in timely care when presenting for management of paracetamol overdose.

We aimed to reduce error in care and improve time to discharge from the organisation.

---

## **Lancashire & South Cumbria FT**

### **Reducing Restrictive Practices, 'Think Person, Think Positive Practice'**

Delivering person-centred care within a therapeutic environment is key to contemporary Mental Health services. As such, LSCft identified the need to focus on reducing restrictive practices (RRP) to ensure service users experienced compassionate and safe care. Therefore, a RRP Strategy and QI Collaborative was launched. Working collaboratively with service users, the Ward MDTs, RRP and QI Teams, achieved a 52% decrease in restrictive practices (restraint, seclusion and rapid tranquillisation), across the 18 wards in the collaborative. Executive sponsorship and developing policy, practice and training to support RRP has been key in upskilling staff and moving to a least restrictive culture.



# FINALISTS

## South London and Maudsley FT QCen Safety Workstream

This project commenced during the pandemic to systematise how improvement is delivered and to facilitate organisation wide application of the model for improvement to reducing restrictive practice. Our theory of change was the systemic creation of roles, structures and spread of Quality Improvement skills embedded in organisational assurance structures, this would all be required to build enough momentum and support to impact culture and practice. Since the development of specific change ideas and innovative ways of working, reductions have been seen in prone restraint, all restraint, violence and self-harm.

## Stockport FT Improving Ambulance Turnaround Times in the Emergency Department

The purpose of this project was to reduce ambulance queuing & improve the handover times by implementing a new Rapid Assessment Unit (RAU), with a new nursing model, & rapid handover process. Baseline performance provided by NWSA in 2019 indicated that SFT was 21st out of 30 trusts in terms of handover times (slide 2). As a result, a joint transformation project was established between SFT & the NWSA in November 2019, with support provided from NHS England and Improvement (NHSEI). With key deliverables achieved, SFT ambulance handover performance improved dramatically & saw the Trust ranking 14th & then 6th for the region (slide 3).

## University of Birmingham, University Hospitals Birmingham Trust, Sandwell and West Birmingham Trust, and Walsall Hospitals Trust DEKODE: Establishing a regional registry for diabetes-related emergencies through quality improvement project

Diabetes related ketoacidosis (DKA) is an acute metabolic complication of diabetes requiring hospitalisation. DEKODE (Digital Evaluation of Ketosis and Other Diabetes-related Emergencies) is a cloud-based management monitoring system which aims to bring uniformity in DKA management through identifying best practices. The project includes six hospitals across the West Midlands. Data regarding various aspects of DKA management were collected. Data comparison and aggregation enabled identification of best and suboptimal practices. DEKODE proved to be an effective system that helped standardise the management of DKA across different centres by guiding interventions specific to suboptimal practices.

## VIRTUAL OR REMOTE CARE INITIATIVE OF THE YEAR

Partnered by **maxims**

## Cwm Taf Morgannwg University Health Board, Betsi Cadwaladr University Health Board, Life Sciences Hub Wales and Huma Therapeutics

### Digital-first nurse-led cardiac care using Remote Patient Monitoring

This pilot, at two Welsh health boards (Cwm Taf Morgannwg and Betsi Cadwaladr), assessed if an award-winning remote patient monitoring (RPM) platform could proactively, remotely and safely manage heart failure patients. Evaluation of 6000+ data points, conducted using WHO guidance, found:

Very positive patient feedback (equivalent net promoter score: 88)

Admission avoidance rate of 10%

Early discharge rate of 5%

4x faster medical optimisation than historical baseline

19% fewer outpatient attendances over 6 months

This project adds to Huma's peer-reviewed evidence base, was showcased in national media, led to awards for the lead nurses and has enabled new clinical trials.

# FINALISTS

---

## Hampshire Hospitals FT

### Virtual health hub

VHH developed new virtual services and clinical pathways enabling safe clinical care for patients in their own homes. The service had proven benefits including, reducing pressure on primary and secondary healthcare, enabling rapid clinical support for carers and residents in care homes, preventing unnecessary ED attendances and hospital admissions, aiding early discharges from inpatient wards, and streamlining access to secondary care.

The services implemented under the VHH umbrella are:

1. Telemedicine for care homes across Hampshire and Isle of Wight (HIOW)
  2. Clinical Communication Centre for healthcare professionals
  3. Virtual wards, step-up and step-down across the North and Mid ICP
- 

## Moorfields Eye Hospital FT

### Home Vision Monitor

Moorfields Eye Hospital launched a virtual A&E service just 48 hours after the first Covid-19 lockdown was announced. The service was designed to be easy-to-use and accessible, and within just a couple of clicks and in minutes, patients would be connected to world-leading ophthalmologists without the risk of exposure to Covid-19. Almost eight out of ten patients were able to receive the care they needed without travelling into hospital, and doctors were able to deliver care while isolating or shielding. The service has now even been found to deliver similar safety levels to an in-person triage.

---

## NHS Lothian and vCreate

### Secure video integration, efficient interdepartmental communication and innovation

To improve patients' and families' access to specialists and ensure the continued diagnosis and management of children's health throughout the pandemic, NHS Lothian worked in partnership with vCreate on secure video sharing innovation.

The vCreate service, which allows the secure sharing of videos into clinical teams and out to families, is now being utilised across NHS Lothian, including Edinburgh's Simpson Centre Neonatal Unit and the Royal Hospital for Children and Young People.

These new digital pathways are improving family-integrated care, increasing access to specialists and empowering patients throughout their healthcare journey.

---

## Sutton Provider Alliance which includes Sutton Primary Care Networks, Epsom and St Helier University Hospitals Trust, Sutton Health and Care Community Services, South West London and St George's Mental Health Trust, London Borough of Sutton and South West London ICB

### Community Virtual Ward

Sutton Primary Care Networks (PCNs), in partnership with Sutton Health and Care Community Services and Epsom and St Helier University Hospitals NHS Trust, developed the Sutton Virtual Ward to support patients aged 18 and over who are frail, COVID positive or have multiple long-term conditions in their place of residence.

The integrated Virtual Ward aligns the accountability of local GPs for their patients with enhanced care and monitoring that is required to prevent hospital admission or avoid hospital readmission post discharge. The virtual ward adopts a hybrid model that combines home visits and remote monitoring to ensure patient safety



# FINALISTS

## Tameside and Glossop Integrated Care FT

### Digital Health Service

Digital Health launched in 2017 to provide a new means of tech-enabled care for the care-home population, supporting community services respond to urgent care needs for care-home residents. It originally piloted in four care homes, using digital technology to enable staff to access nurse specialists for advice, guidance and care before considering ambulance or GP call-out.

Following the success of this digital care model and integrated working across the Trust and Care Homes, digital health expanded to provide a comprehensive service which prevents unnecessary attendances to ED, admissions to hospital and ensures that people receive timely care in the right setting.

## The Lewisham Health and Care Partnership

### Reducing A&E attendances and non elective admissions by up to 79% for people living with diabetes and respiratory disease

Lewisham in South East London has particularly high rates of diabetes and respiratory illnesses, which is placing pressure on acute service, as patients are not always effectively supported to manage their own care.

To help improve patient outcomes and reduce hospital admissions, Lewisham Health and Care Partnership worked with digital healthcare company, HN, to carry out a pilot which included a remote monitoring and virtual wards service for people living with COPD and diabetes.

The pilot resulted in a significant reduction in A&E and hospital admissions, improved patient outcomes and lowered costs.

## University Hospitals Birmingham FT

### OPAL+ Avoiding unnecessary hospital admissions

OPAL+ is a multi-disciplinary geriatrician-led service which helps people to avoid unnecessary hospital admission. Based at the University Hospital Birmingham's Queen Elizabeth Hospital, OPAL+ uses advanced technology to enable virtual consultations.

OPAL+ launched in January 2019. In January 2022 it significantly expanded its reach to collaborate with 15+ community health and care partners across Birmingham. From April 2022-April 2023 it is forecast that OPAL+ will support 2,200+ patients to remain in their home.

OPAL+ is part of Birmingham's new integrated health and care programme, Early Intervention (EI). Since March 2020, EI has helped to prevent 20,000+ unnecessary hospital admissions.

## CHANGING CULTURE AWARD

Partnered by



## Blackpool Teaching Hospitals FT

### Creating a Culture of Improvement

Blackpool Teaching Hospitals NHS Foundation Trust wanted to do something completely different to achieve its aims and create an enduring culture of continuous improvement. So, as part of a whole organisation approach to improving patient safety, it launched the very first Blackpool Clinical Quality Academy (CQA). The CQA invited applications from medically led teams with patient safety ideas from across the Trust, to join an education programme that would support them to achieve their ambitious goals. The CQA creates the conditions to stimulate critical thinking, teaches the very latest in improvement science and inspires the next generation of improvement leaders.

# FINALISTS

---

## **BrisDoc Healthcare Services**

### **Employee Owned Social Enterprise providing NHS Primary Care Services 24/7**

BrisDoc is an Employee-Owned Social Enterprise providing NHS Primary Care Services 24/7 to over one million people. Before and during the pandemic, our focus has ensured patient safety is a priority. We employ over 350 colleagues across nine locations and have successfully progressed a cultural transformation during recent years. This has included pioneering clinical audit software called Clinical Guardian (described by CQC as 'outstanding'); the creation of a supportive learning environment with 'permission to fail'; the development of an innovative communication skills course for leaders; the launch of a coaching culture; and a strategic commitment to become employee owned.

---

## **Kettering General Hospital FT**

### **Yokoten: Learning through Sharing - Removing the Boundaries**

Inspired by the Japanese concept of 'Yokoten' - Learning through Sharing, we have designed and launched a boundaryless learning platform for our organisation and beyond. These ground-breaking, interactive, and easily adaptable virtual sessions provide a unique opportunity to all staff to share learning from excellence, innovation and celebrate achievements together. Yokoten is creating a compassionate inclusive culture, while empowering staff and boosting their morale when they present and share together. Our Moto - 'Share your sparkle so the whole of healthcare can shine'.

---

## **Kettering General Hospital FT**

### **Compassionism - A culture change programme to embed civility, respect and compassion**

We created Compassionism - a culture change programme to embed a culture of respect, civility, and psychological safety in our organisation and beyond because 'Respect Empowers' and 'Civility Save lives. In traditionally hierarchical, fast paced, and stressful teams in the NHS when incivility creeps in it can go unchecked for a long time posing a risk to patient safety and staff wellbeing. Two prong approach of Compassionism: the self-challenge with 'Is this the Best of Me?' and peer challenge to 'call out incivility with compassion' using peer messengers focuses on tackling incivility and strengthening team harmony.

---

## **Lancashire & South Cumbria FT**

### **Moving to a Least Restrictive Culture**

Delivering person-centred care within a therapeutic environment is key to contemporary Mental Health services. As such, LSCft identified the need to focus on culture to enable embedding of reducing restrictive practices (RRP) and ensure service users experienced compassionate and safe care. Therefore, a RRP Strategy was launched, working collaboratively with service users, Ward MDTs, the RRP Team and QI Team, a 49% decrease in restrictive practices (restraint, seclusion and rapid tranquillisation) was achieved across the Trust. Executive sponsorship and developing policy, practice and training to support RRP has been key in upskilling staff and changing culture to be least restrictive.

---

## **Lancashire & South Cumbria FT**

### **Freedom to Speak Up Campaign to Change Culture**

At LSCft we are committed to culture change and quality improvement. Our aim is to create an open and honest culture, which is just and dedicated to learning through continuous improvement. Historically our speak up culture has been poor. Staff chose to raise their concerns externally, engagement in the staff survey was low, and staff did not feel safe to speak up. In the staff survey 2017, 60% of 500 staff felt safe to raise a concern. Let us now share how our speak up journey has achieved 78.5% of 3500 staff survey (2022) responses feel safe to raise concerns.

---



# FINALISTS

## North Manchester General Hospital

### Enacting Cultural Change

Historically, North Manchester General Hospital has had a reputation as a poor place to work; staff aimed to avoid the site. The hospital was unable to retain highly-skilled employees, and trainee experience was extremely low, impacting on patient safety metrics. The hospital was desperate for site-wide cultural change – so the senior medical leadership team took action. The last two years have seen significant improvements in staff and patient experience, leading to 91% of medical consultant vacancies being filled. Staff are supported in initiating service transformation projects, as well as being encouraged to speak up for themselves, colleagues, and patients.

## Royal Surrey FT

### The SCReaM Human Factors and Team Resource Management Programme

SCReaM Human Factors (HF) and Team Resource Management is a programme developed to improve patient/staff safety and wellbeing through the understanding and application of HF. HF in healthcare is still relatively new and often misunderstood, having been historically based on crew resource management (CRM) training adapted from aviation. However the true scope of HF in healthcare reaches far beyond this and lies in understanding/applying systems thinking methodology in this complex adaptive industry. By introducing HF into our Trust we have started to change the culture of how staff think about improving theirs and their patient's safety and wellbeing.

## PATIENT SAFETY PILOT PROJECT OF THE YEAR

## Central and North West London FT

### Digitalisation of the National Early Warning Score 2 (NEWS2), escalating physical health observations

To Improve the recognition of a deteriorating patient with abnormal National Early Warning Scores (NEWS2) through the implementation of a NEWS2 Digital Application that is synchronised with the inpatient electronic records. The digitalisation of the NEWS2 scoring system would allow timely interventions through an inbuilt escalation protocol, allowing clinicians to clearly view and respond promptly to any abnormal scores, as seen on an inpatient dashboard.

## East Midlands and West Midlands Academic Health Science Networks, with East Midlands and West Midlands Associations of Directors of Adult Social Services, and NHS England (Midlands)

### Managing deterioration for people with learning disabilities living in supported living settings

This innovative, multi-organisational collaboration between adult social care, support providers, and the NHS (community services, primary care) worked across the East and West Midlands to pilot an approach for managing deterioration amongst people with a learning disability, living in supported living settings.

The pilot was supported by people with a learning disability, their families and carers, who were willing to get involved and test different tools and methodologies. The results will inform future work to reduce health and social care inequalities for people with a learning disability, enabling them to live better and longer lives.

## Greater Manchester Workforce Bureau in partnership with Tameside and Glossop Integrated Care FT, Greater Manchester Integrated Care Partnership, Stockport Viaduct CIC and Kapoor Pharmacy Services

### Unregistered Vaccinator Superuser Pilot

- At the start of the roll-out of Covid-19 Vaccinations the Greater Manchester (GM) Workforce Bureau, in partnership with the GM Lead Employer, undertook a series of pilots to prove the concept of implementing a 'combined' Vaccination Workforce Model, across Community Vaccination Sites. This comprised the deployment of Unregistered Vaccinators (AFC band 3) across Local Vaccination and Community Pharmacy Sites.
- Due to the success of the initial pilots, and an increase in pressures on Workforce and Vaccination Delivery Models, including requests for 'pop-up' facilities, a demand and subsequent opportunity arose to develop a further pilot for this group of Unregistered Vaccinators.

# FINALISTS

## **Milton Keynes University Hospital FT** **A SAFE approach to reviewing incidents**

Learning, from excellence or incidents, to improve patient care is our utmost priority. Sadly, most NHS staff fear being involved in an incident. They worry what it will mean for their career, what colleagues will think, that their confidence will drop, what the process of investigating the incident will involve but most of all, the impact on our patients. Our SAFE (Support & Action Following Events) approach to incident investigation supports staff from day 0, includes their account and that of the patient and their family, and values everyone's voice in a collaborative approach to co-creating learning and improvement to care.

## **Moorfields Eye Hospital FT** **Diagnostic Hubs**

Moorfields Eye Hospital has launched three diagnostic hubs, most recently at Brent Cross, aimed at transforming ophthalmology diagnostics.

Diagnostic hubs are one-stop shops in patients' local communities and are a convenient way for them to access diagnostic care. Upon arrival, a patient undertakes various tests in just 45 minutes. Their results are reviewed by a consultant and their team and then sent to the patient. At all times patients will be socially distanced, have far fewer interactions and spend less time indoors – reducing the chance of transmission of Covid-19 and other viruses.

## **Northern Care Alliance FT** **Chronic Subdural Hematoma Referral Prediction Neural Network**

Chronic subdural hematoma (CSDH) incidence and referral rates are rapidly increasing. Many referrals are inappropriate and utilize significant clinical time for both the referring doctor as well as the neurosurgical team. Furthermore, acceptance of a CSDH referral is a subjective clinical decision influenced by several baseline prognostic variables. Accurate and automated evidence-based referral decision support tools are thus required to prevent unnecessary referrals and unwarranted interventions. Thus, we aimed to create reliable machine learning algorithms capable of safely predicting the acceptance of a CSDH referral. Our best performing artificial neural network model is publicly deployed at <https://medmlanalytics.com/neural-analysis-model/>.

## **Royal Papworth Hospital FT** **Introduction of Multidisciplinary Antimicrobial Stewardship Ward Rounds for our Cardiothoracic Patients**

Regular antimicrobial ward rounds with the surgical team commenced on 1/12/2020. During the multidisciplinary ward round the antimicrobial pharmacist and microbiologist reviewed all surgical inpatients on antimicrobials with the surgical registrar. This ward round formed a forum to educate and guide the team in best antibiotic prescribing along with emphasising diagnostic stewardship. We developed a good rapport with the team which enabled us to start a regular teaching program as a way of discussing difficult cases with key learning points. An additional benefit was medication errors were identified and corrected which avoided patient harm and reduced costs on unnecessary prescriptions.

## **West Suffolk FT** **Improving Fluid Balance within an Acute Renal Ward**

Following an increase in incidents related to fluid balance observed locally and through wider Trust learning, the renal nursing team reflected on their practice and recognised that within their patient group fluid balance, was not being measured effectively, potentially impacting on the quality of their patient care.

After engaging with service users, staff and our Quality Improvement team (QI), the Renal team implemented multiple interventions including multi-professional education and training, patient empowerment and community outreach. The results improved accurate fluid balance from a baseline of 10% compliance to 85%.



# FINALISTS

## PATIENT SAFETY TEAM OF THE YEAR

Partnered by



### **Buckinghamshire, Oxfordshire and Berkshire West ICB** **Reducing the prescribing of Oral Methotrexate 10mg tablet**

The pandemic has put inordinate pressure on healthcare workers (HCWs) and hospitals for example: chronic emotional stress and moral distress(5). This can lead to lower levels of patient safety. During the Covid-19 pandemic three serious incidents occurred in Buckinghamshire between 2020 and 2021 relating to methotrexate prescribing and monitoring. This resulted in severe patient harm and one death. Buckinghamshire collaboratively worked across the ICS with support from Buckinghamshire's Medicine Safety and Quality Group (ICS committee) including Patient Safety Leads within the CCG and the medicines safety officer in the Trust to avoid future harm and reduce the risk significantly.

### **Central London Community Healthcare Trust** **Herts Bedded Units Falls Champions**

In response to an increase in number of falls, and in particular falls with harm, in the inpatient units the team worked on developing falls prevention strategies to reduce the numbers and amount of harm sustained by our patients. One of the main strategies the team used was to reintroduce a culture where Falls Prevention is everyone's responsibility. The team have been successful in reducing the levels of falls and harm, and in increasing the confidence of staff in Falls Prevention.

### **Kettering General Hospital FT** **Launching a Call for Concern® (C4C) Service**

Introducing a Call for Concern® (C4C) service, offering adult in-patients/ their relative's direct access to Critical Care Outreach Team. Providing more choice about who can be consulted regarding their care, facilitating early recognition of deterioration, and acknowledging patients/families as key stakeholders in patient safety. Rollout of the service followed an implementation phase raising awareness and educating through communications and advertisement to staff, patients and public. Royal Berkshire Hospital introduced C4C to the UK following nationwide reports of deaths where families identified deterioration which was inadequately addressed by hospital teams, highlighting the need for a service where families can escalate concerns.

### **Lancashire & South Cumbria FT** **Collaborating to Reduce Restrictive Practices**

Delivering person-centred care within a therapeutic environment is key to contemporary Mental Health services. As such, LSCft identified the need to focus on reducing restrictive practices (RRP) to ensure service users experienced compassionate and safe care. Therefore, a RRP Strategy and QI Collaborative was launched. Working collaboratively with service users, the Ward MDTs, RRP and QI Teams, achieved a 49% decrease in restrictive practices (restraint, seclusion and rapid tranquillisation), across all wards. Executive sponsorship and developing policy, practice and training to support RRP has been key in upskilling staff and moving to a least restrictive culture.

# FINALISTS

## North Cumbria Integrated Care FT

### Digital Health Records Project: Clinical and Digital Collaboration

The primary project objective was implementation of a Digital Records system supporting patient flow, nursing assessment forms, electronic observations, information boards and handovers, in response to a supplier ceasing provision of two existing systems. We successfully avoided the need for clinical and operational teams to revert to paper records with the associated clinical risks and impact on patient care, outcomes and flow. Our ambition to implement collaborative working between Clinical and Digital teams, Acute and Community wards, including Pharmacy and Allied Health Professionals underpinned delivery of a digital system providing patient safety improvements that continues to be developed.

## Royal Surrey FT

### The SCReaM Human Factors and Team Resource Management Programme

SCReaM Human Factors (HF) and Team Resource Management is a programme developed to improve patient/staff safety and wellbeing through the understanding and application of HF. HF in healthcare is still relatively new and often misunderstood, having been historically based on crew resource management (CRM) training adapted from aviation. However the true scope of HF in healthcare reaches far beyond this and lies in understanding/applying systems thinking methodology in this complex adaptive industry. Our programme encapsulates CRM principles, QI methodology, and HF methodology to enable staff to design their system to best fit their ways of working and improve patient safety.

## Rutland Health Primary Care Network

### Managing Prescribing Risk to Optimise Patient Safety

Rutland Health PCN's Prescribing Risk Project has been developed from an ambition to improve patient safety across our 42,000 patients when taking specific medication, through identification, reduction, and management of risk involved. Piloting the use of the PCN as a clinical safety net for existing GP processes, in a centralised and streamlined manner, strongly increases positive consequences for patient safety and outcomes. An MDT approach used by the ARRS staff of increased monitoring, patient contact, and medical record review, alongside patient education and analytics, not only alleviates administrative and clinical burden from the GP workforce but encourages collaboration between teams.

## Spectrum Community Health CIC

### Health and Justice Out-of-Hours Service

Spectrum's Health and Justice Out-of-Hours team comprises 10 clinicians (GPs and Advanced Nurse Practitioners) who provide healthcare to 17 secure estates across a footprint spanning Merseyside to Northumberland. This team provides remote support including acute clinical assessment, emergency prescribing and urgent operational/logistical support, 24 hours a day, 365 days per year.

Their work:

- Provides essential care and advice to both healthcare Prison Service staff
- Prevents patient safety incidents and escalations
- Supports key decision-making around mental capacity and best-interest decisions
- Offers specialist wellbeing support to staff involved in serious incidents or deaths in custody
- Protects public safety
- Reduces unnecessary hospital admissions



# ORGANISATIONS

ORGANISATION	TABLE NUMBER
Acumentice	11
Alder Hey Children's FT	89
AWP MH Trust, SWASFT Ambulance and Avon and Somerset Police	74
Black Country ICB A	39
Black Country ICB B	40
Blackpool Teaching Hospitals FT	62
Bradford Teaching Hospitals FT and Bradford District and Craven Health and Care Partnership	52
BrisDoc Healthcare Services	19
Bristol, North Somerset and South Gloucestershire ICB	76
Buckinghamshire Healthcare Trust	89
Cambridgeshire and Peterborough ICS	27
Cardiff and Vale University Health Board	8
Central and North West London FT	63
Central London Community Healthcare Trust	51
Cheshire and Merseyside ICB	80
Cheshire and Wirral Partnership FT A	9
Cheshire and Wirral Partnership FT B	10
Cheshire and Wirral Partnership FT C	1
Church Street Partnership	24
Department of Health and Social Care, NHS England and NHS Digital	83
Derbyshire Community Health Services Trust	53
Dorset County Hospital FT	85

# ORGANISATIONS

ORGANISATION	TABLE NUMBER
East Kent Hospitals University FT	68
East Lancashire Hospital Trust A	72
East Lancashire Hospital Trust B	73
East Lancashire Hospital Trust C	47
East London FT A	46
East London FT B	84
East Midlands and West Midlands Academic Health Science Networks, with East Midlands and West Midlands Associations of Directors of Adult Social Services, and NHS England (Midlands)	31
Falls and Frailty Care Southern Health FT, Hampshire Hospital FT and South Central Ambulance Service	48
Fosse Healthcare, Nottinghamshire County Council, Nottingham and Nottinghamshire CCG, Birdie and East Midlands Academic Health Science Network	30
GMC	6
Guy's & St Thomas' FT	78
Hampshire Hospitals FT	85
Hertfordshire Partnership University FT	84
HSJ A	5
HSJ B	6
HSJ C	7
Huma	67
Humber Teaching FT	65
IBOX Healthcare	64
IMS Maxims	12



@HSJptsafety

| #HSJpatientsafety



@HSJ\_Awards

# ORGANISATIONS

ORGANISATION	TABLE NUMBER
James Paget University Hospital Trust	42
Kent and Medway ICB	20
Kent and Medway Social Care Partnership Trust	3
Kettering General Hospital Trust	58
Lancashire & South Cumbria FT A	49
Lancashire & South Cumbria FT B	50
Lancashire & South Cumbria FT C	60
Lancashire & South Cumbria FT D	61
Leeds Community Healthcare Trust and Leeds City Council	59
Leeds Teaching Hospitals Trust	89
London Ambulance Service Trust	70
Manchester FT, Greater Manchester Integrated Care and gtd healthcare	87
Manchester University FT	86
Midlands Partnership FT	29
MSE Integrated Care System	21
NCL ICB, Training Hub & Haringey GP Federation	28
NHS Devon	69
NHS England	86
NHS England - London Region	54
NHS England - Midlands	36
NHS Supply Chain	17
NIHR Clinical Research Network West Midlands	66
Norfolk and Norwich University Hospital FT	44

# ORGANISATIONS

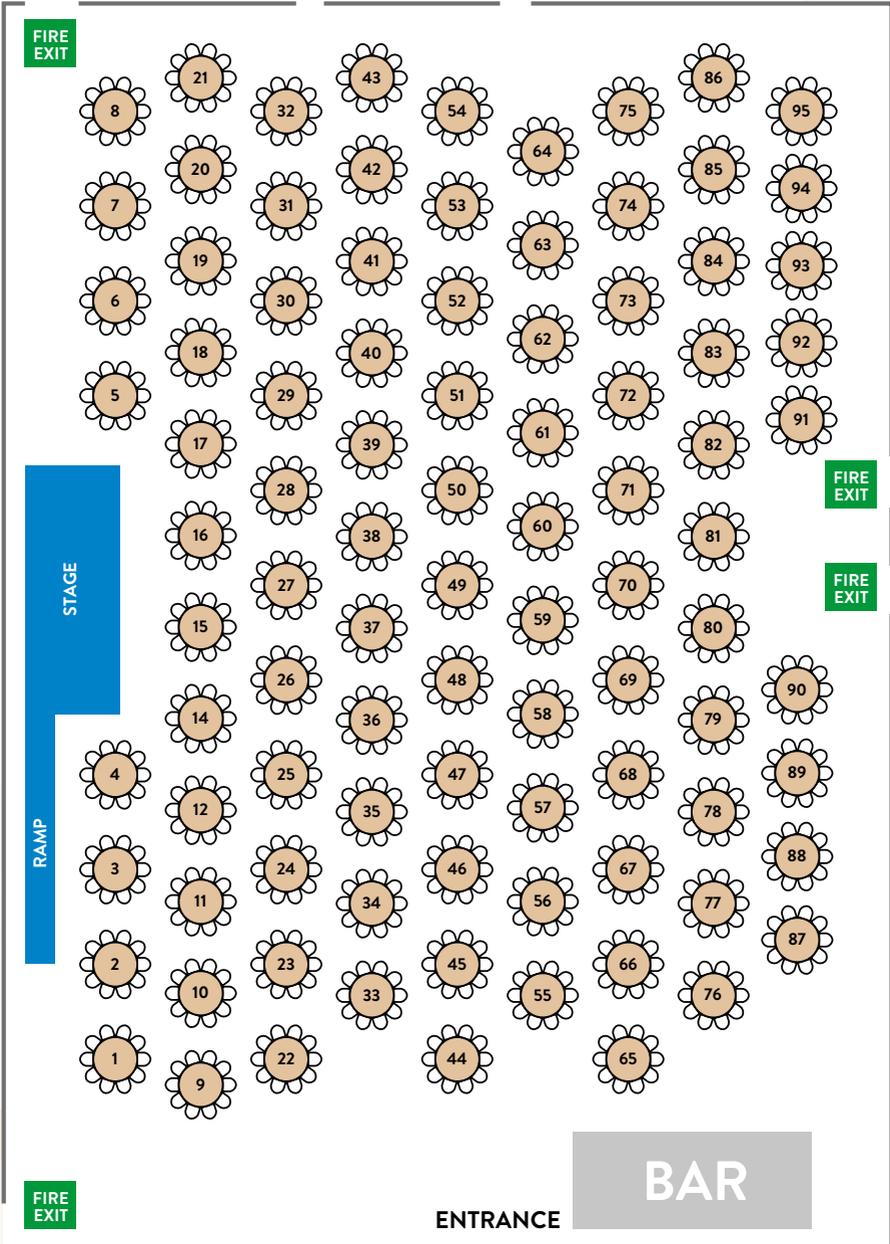
ORGANISATION	TABLE NUMBER
North East London ICB	75
Northern Care Alliance	81
Northern Care Alliance - Bury Care Org	82
Nottingham University Hospitals Trust	45
Nursing and Midwifery Council	16
One Gloucestershire	38
Oxford University Hospitals FT	86
Radar Healthcare	15
RLDatix	14
Rotherham, Doncaster and South Humber FT	43
Royal Berkshire FT	77
Royal Brompton and Harefield Hospitals	26
Royal National Orthopaedic Hospital	65
Serious Hazards of Transfusion, SHOT A	37
Serious Hazards of Transfusion, SHOT B	36
Sherwood Forest Hospitals FT	56
South Kerrier PCN	89
South London and Maudsley FT	71
Southern Health and Social Care Trust A	23
Southern Health and Social Care Trust B	22
Southern Health and Social Care Trust C	79
Southport & Ormskirk Hospital Trust	79
Spectrum Community Health CIC	86



# ORGANISATIONS

ORGANISATION	TABLE NUMBER
Stockport FT A	33
Stockport FT B	34
Surrey Downs Health & Care Partnership	41
Sussex Health and Care	32
SWAOC, Nightingale Hospital Exeter	4
Tameside and Glossop Integrated Care FT	2
The Mid Yorkshire Hospitals Trust	66
The Royal Surrey County Hospital FT	55
The Royal Wolverhampton Hospitals Trust A	25
The Royal Wolverhampton Hospitals Trust B	35
University Hospital of North Midlands Trust	77
University Hospitals Birmingham FT A	80
University Hospitals Birmingham FT B	89
University Hospitals of Northamptonshire Group	57
vCreate	89
Weightmans LLP	79
West London Trust	44
West Suffolk Hospital FT	88
Wolters Kluwer	18
Worcestershire Acute Hospitals Trust	80
Yeovil District Hospital FT	78

# TABLE PLAN



@HSJptsafety

#HSJpatientsafety



@HSJ\_Awards

# With thanks to our partners

Strategic Partner



Key Partners



General  
Medical  
Council



maxims

