



# **HSJ** PARTNERSHIP AWARDS 2019

SHOWCASING THE MOST EFFECTIVE  
PARTNERSHIPS WITH THE NHS

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**PROJECTS SHOWCASE**

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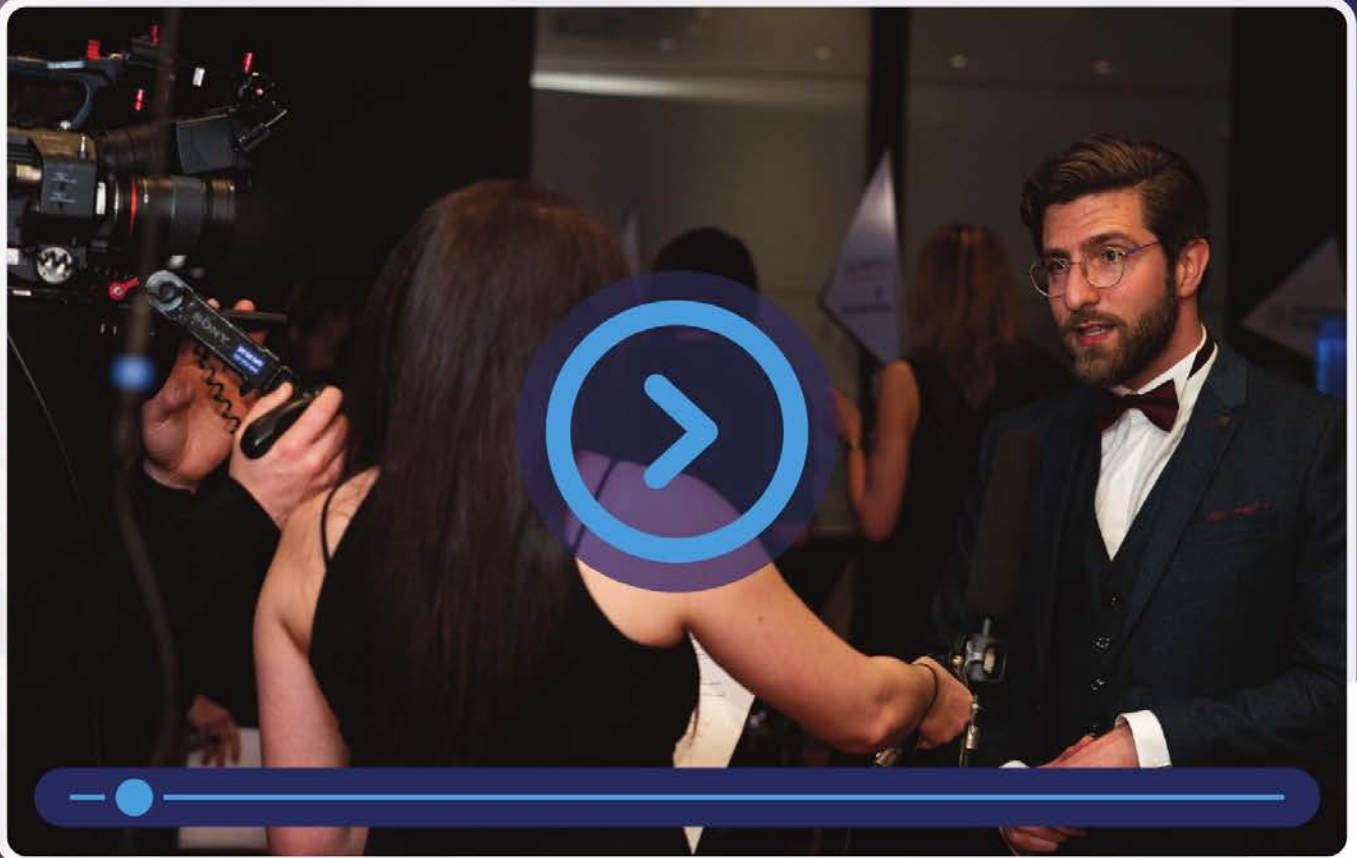


## What is the HSJ partnership awards projects showcase?

As part of the HSJ Partnership Awards programme, HSJ has created the 2019 Project Showcase. The showcase features full write-ups of the most effective partnerships between the NHS and private sector whilst detailing the projects and their outcomes for patients and the NHS.



# Awards Highlights Video



## What are the HSJ Partnership Awards?

**On 20 March 2019, HSJ hosted the HSJ Partnership Awards at Park Plaza, Westminster.**

The awards showcase the most effective partnerships between the private and third sector and the NHS. Collaborations that are making a substantial difference delivering value for money and improving patients' lives through sector leading innovation and exceptional dedication to top quality service.

The room was filled with 700+ healthcare professionals from a range of industries including pharmaceutical MedTech, consultancy, recruitment, procurement, technology, legal, clinical and private providers. They all came together for one evening to celebrate and learn about the projects helping the NHS deliver better services.

# Audience Breakdown



Total Attendees

**700+**



Game Changing  
Companies

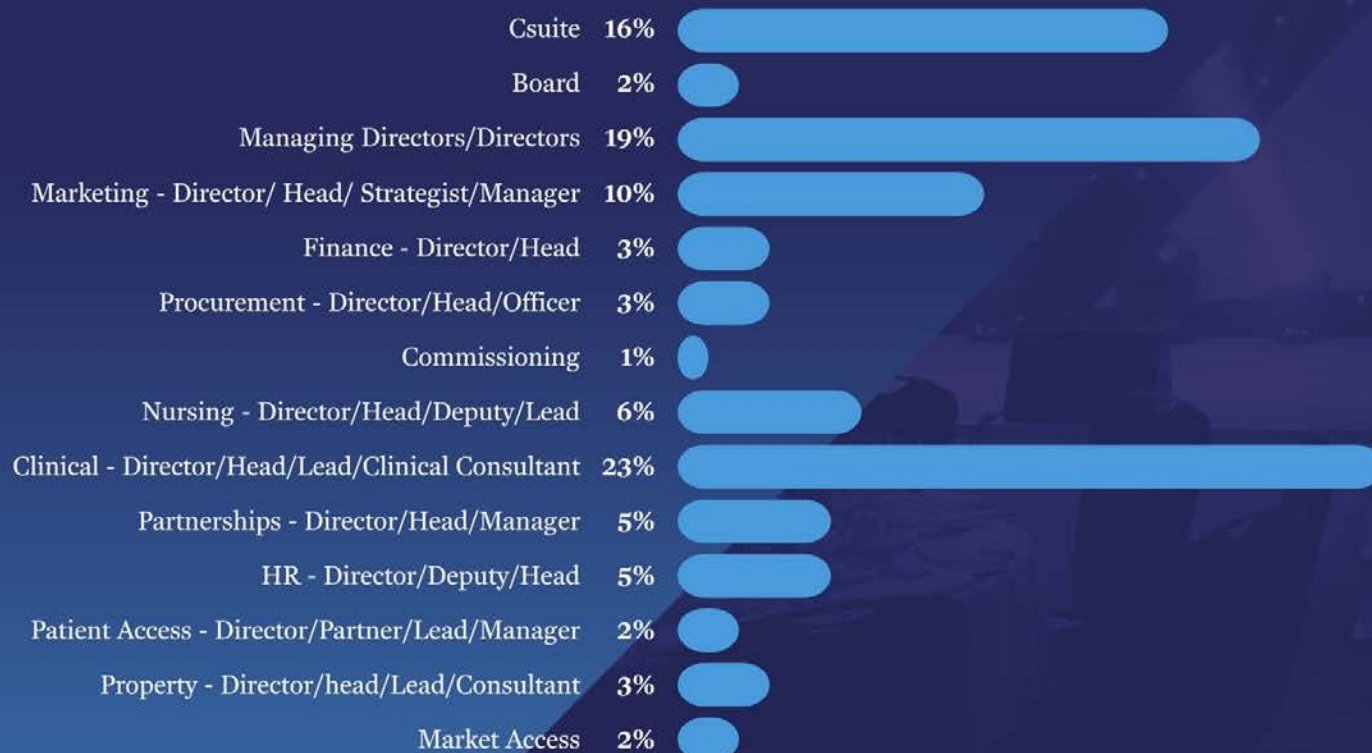
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Judges

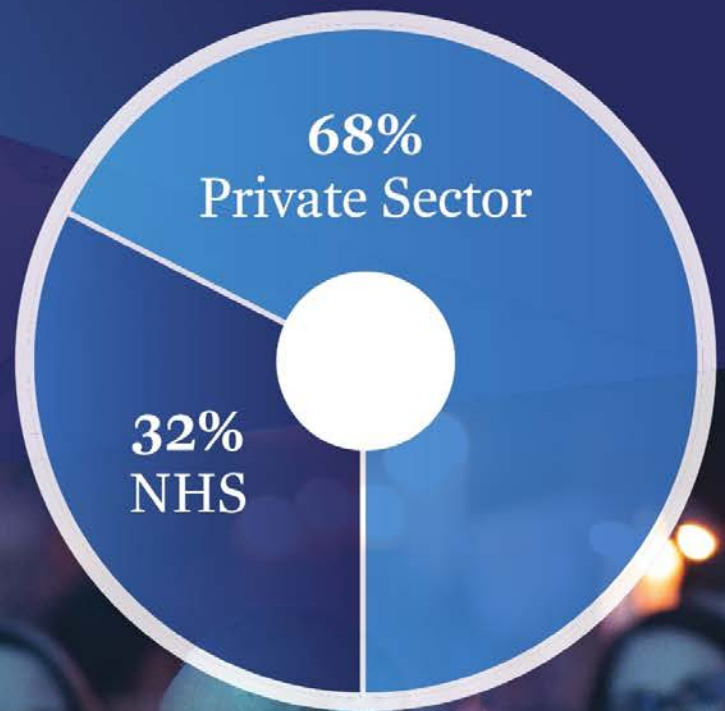
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## Audience by Job Title

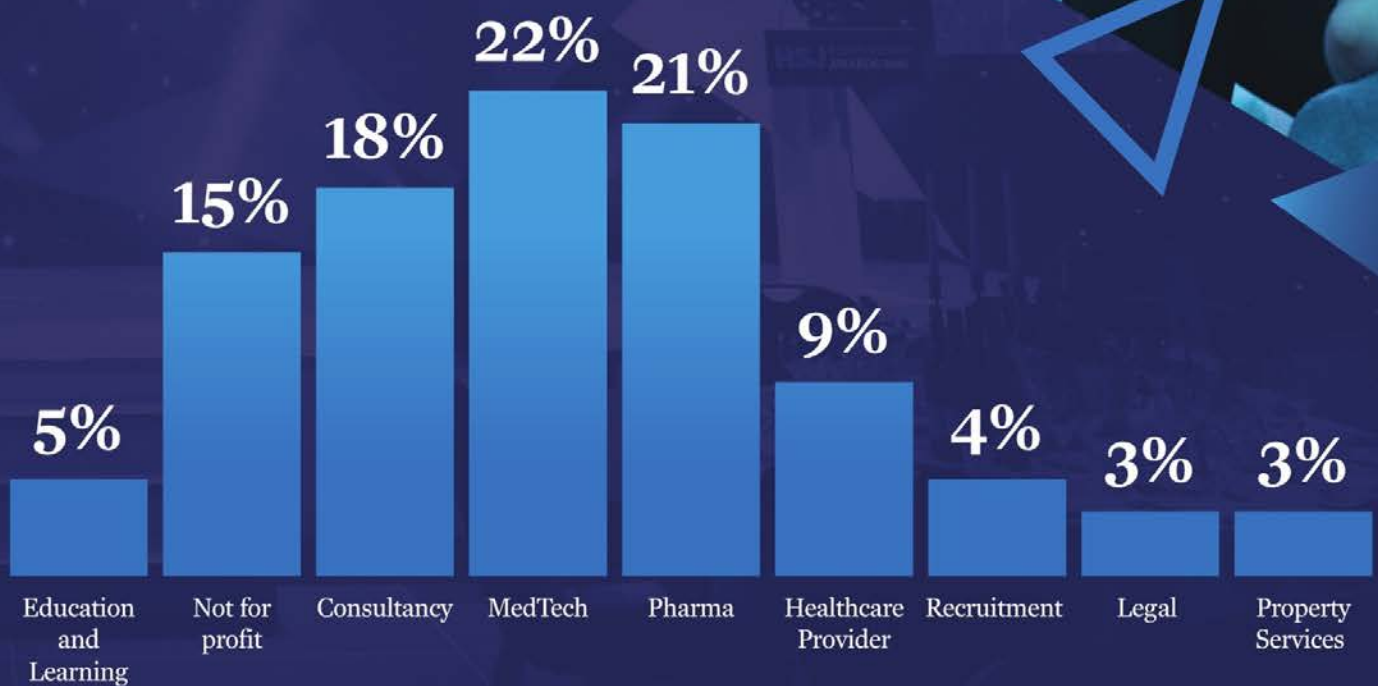




## Private Sector and NHS Breakdown



## Audience by Industry







# Best Clinical Service and Treatment Pathway Transformation Project

**PwC and North Bristol Trust**  
Digitally Enabling Patient Flow

The winter of 2017-18 was incredibly tough for North Bristol Trust with bed occupancy above 100 per cent, average four hour performance of just 71 per cent and outliers at well over a hundred. Something had to change – but the trust realised that an approach which engaged staff from across the trust, not just those in A&E, was needed to produce a sustainable solution.

The trust articulated an ambition of “OneNBT” with a series of commitments – valuing patients’ time; ensuring empty beds each morning and eliminating delays in care; always having a patient bed available; enhancing its reputation as a surgical centre of excellence; and using the full skills and capabilities of staff.

It worked with PwC to introduce “Perform” which was designed to change behaviours across ward, site and discharge teams. The aim was to make individual members of staff realise their role in patient flow, use the tools which were available to them to improve this, and to redefine roles and responsibilities. Data was to play an important part in this, helping staff to make decisions and encouraging accountability.

The programme was launched through 10 one day simulation events, bringing together more than 1,000 staff from porters to consultants – and also involving partners, such as the local authority. Many members of staff then went back into their own areas and started to use the tools they had been shown to make changes.

A “Perform Academy” of staff from all background trained in the techniques started to deploy the approach in other areas of the trust. Staff are seconded to the team but then carry the knowledge back into their own areas. Each ward has an “executive buddy” to provide feedback and support.

The initial phase of the programme ran from April to June 2018. Shortly after that, the programme went into its sustainability phase with the gradual withdrawal of PwC staff and the Perform Academy taking over.

Communication was essential to all of this – as has been celebrating the success of staff in bringing about change.

Challenging targets were set to reduce length of stay, bed occupancy rates and the number of stranded patients. In four months this winter, length of stay was reduced by 13 per cent compared with the same period last winter and 50 beds were released. The impact on A&E performance was marked, with an improvement against the four hour target by more than 10 per cent, but the trust was also able to admit more elective patients. The number of outliers and “stranded” patients also decreased and patients are now more likely to be discharged in the morning.

But the positive outcomes go beyond this. Staff talk of enjoying coming to work again and that seems to be affecting morale and ultimately patient experience. Family and Friends test scores have improved.

Judges’ comments: “This compelling project was an impressive demonstration of staff engagement around change. It focused on flow that then helped to transform the way staff feel about their organisation and in the confidence to make decisions to take control of where they work. The golden thread of clinical service and treatment pathway was throughout.”



# Finalists

## **Transforming chronic heart failure management through digitally driven workflow optimization and patient engagement**

**Boston Scientific with Accenture at Blackpool Teaching Hospitals FT**

Introduction of the Enhanced Support Programme Heart Failure programme (ESP-HF) was designed to deliver enhanced post-discharge support, engaging patients to better understand and be coached to make positive changes to their lifestyle to improve their outcomes.

Results included a reduction in 30-day readmission rates by 37 per cent and cost of care reducing by at least £319 per patient.

## **Accelerated Theatres Optimisation Model** **Deloitte and Hull & East Yorkshire Hospitals Trust**

ATOM model at Hull and East Yorkshire Hospitals Trust introduced the Accelerated Theatres Optimisation Model (ATOM) to improved efficiency, operating model.

Among other benefits, introduction of the model has meant that utilisation of theatre sessions (sessions used versus plan) improved by 4 per cent, patients reduced by 3 per cent.

## **Emergency Care Improvement** **EY**

EY has supported 11 trusts to improve their accident and emergency department performance against the four-hour standard.

The results from this project have included improving access to timely and quality care for over 350,000 patients and delivering an average 10 per cent improvement in four-hour performance per trust.

## **Greater Manchester Oesophago-Gastric Surgical Service**

**NHS Transformation Unit, Greater Manchester Health and Social Care Partnership and Salford Royal FT**

The new service has centralised all oesophago-gastric specialist cancer and benign surgery from across Greater Manchester, to be hosted at SRFT. It is now the largest single OG service in the country.

The service has achieved an OG on-call service covering over three million people and surgery clinics at different hospital sites, so patients receive most of their treatment close to home.

## **Digitally Enabling Patient Flow** **PwC and North Bristol Trust**

PwC partnered with NBT to introduce Perform - a behavioural change methodology, to reduce outliers, bed occupancy and rising demand. They deployed patient flow transformation discharge teams to help staff at all levels.

The impact of the programme included releasing 50 beds, reducing length of stay by 13 per cent and enabling a 10.2 per cent increase in the four-hour performance.







**HSJ PARTNERSHIP  
AWARDS 2019**

**WINNER**

# Best Educational Programme for the NHS

**Sussex MSK Partnership (Central),  
Here (Care Unbound) and Sussex  
Community FT**

**Shared Decision Making - Sussex MSK  
Partnership "Putting Patients in Control"**

Musculoskeletal problems affect one in four adults in the UK. Many of them may not be aware of the pros and cons of the different treatment options available for their conditions, and both patients and clinicians tend to overestimate the benefits of treatment and underestimate the harms.

With more than 61,000 referrals a year, the Sussex MSK Partnership brings together diverse organisations delivering a £45m pa contract, covering 650,000 people.

The "putting patients in control" programme aimed to introduce true shared decision-making by training clinicians to help patients understand the options and what the potential outcomes are for them. For example, 35 per cent of hip replacement patients and 44 per cent of knee replacement patients report no improvement or worse general health after their operations.

Evidence shows that patients want more involvement in decisions about their own healthcare. However, as the Sussex project demonstrated, that does not necessarily mean they opt for more or the most expensive treatment.

Healthcare professionals can be used to a more paternalistic approach to decision making and need support to change their practice to one which helps patients become more engaged in the process. The education programme used in Sussex included whole service workshops, training for clinicians around shared decision-making with follow up masterclasses, training in motivational interviewing, and peer support and reflective practice.

This can represent quite a change in the way healthcare professionals work and involves them acknowledging there are two experts in the room – they may be the clinician, but the patient is the expert in how their condition impacts on their lives and their own preferences for the future.

Staff were enthusiastic about this change in their practice, tailoring information to patients and focusing on how they felt about their condition and what they wanted to know. Learning to frame questions in a different way and listening more led to more effective assessments.

The programme has led to seven per cent fewer patients being referred into secondary care – suggesting more patients were being managed satisfactorily in the community and were not choosing to go forward for surgery. The percentage of hospital outpatients "converted" to surgery increased from 70 per cent to 95 per cent which suggests that the "right" patients were being seen in secondary care. Because fewer patients were being referred, secondary care waiting times went down. But overall surgical spend in secondary care reduced – a saving of £8.2m over two years. Patient satisfaction – measured by the Family and Friends test – increased from 86 per cent to 90 per cent. This has all been achieved despite an increase in referrals – from just under 55,000 a year when the project started in 2016 to over 60,000 two years later.

Judges' comments: "A cost effective, experiential learning programme, leading to whole system culture change. The judges loved that patients were involved in both the design and delivery of the programme. This project is about empowering patients aligning exactly to the ambition of the NHS Long Term Plan. The model could be applied to other patient pathways."



# Finalists

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## **Excellence in leadership delivering excellence in patient care**

### **Chelsea and Westminster Hospital FT and Healthskills**

An educational partnership to embed a culture committed to improve leadership capability, resulted in 16 leadership programmes, supporting 233 individuals with their development and undertaking 121 improvement projects.

A major strand of the CWFT vision was to develop its diverse workforce. A key aspiration was to have visible, approachable leaders who inspire, enthuse, motivate and who are positive role models for others across the organisation.

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## **TOPICAL: Delivering education for the management of Type 2 Diabetes**

### **Eli Lilly and Company**

TOPICAL - Treatment of Patients, Individualised Care Locally – is a two-module RCGP/RCN accredited learning course covering key topics of T2 diabetes. Diabetes educators co-facilitate the delivery with local multi-disciplinary HCP speakers establishing relationships across health systems.

The education programme increased knowledge and confidence of clinicians, GPs and health care professionals in diabetes management, empowering them to deliver better services and enhancing patient experience.

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## **Addressing variation in MS services nationally through clinical engagement and collaboration**

### **Neurology Academy**

The Neurology Academy developed educational programmes to eliminate variations in multiple sclerosis (MS) services nationally through clinical engagement and collaboration.

The MS academy helped upskill neurologists to better manage neurological disorders, empowering them to produce service delivery projects and standardise care.

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## **Energising Education**

### **Olympus**

Running approximately 40 courses per year, Olympus' professional education is designed to support all clinicians working in the clinical environment. The training events cover areas from gastroenterology through to surgery.

The training programmes increase knowledge sharing among surgical specialities and enhance clinicians' confidence, resulting in growing attendees and excellent feedback.

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## **Commissioning Capability Programme Optum Alliance - consisting of Optum UK and PwC Strategy+**

As the NHS moves towards developing new models of integrated care, it has identified strong commissioning skills as a foundation to manage recognised population health challenges and deliver better care and health at lower cost.

NHS England commissioned the Commissioning Capability Programme to develop these leadership skills.

The programme empowered participants to explore actions at an organisational level and review strategies to execute CCG plans effectively, reporting progress in personal development objectives and achieving positive feedback on coaching.

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## **Shared Decision Making - Sussex MSK Partnership "Putting Patients in Control"**

### **Sussex MSK Partnership (Central), Here (Care Unbound) and Sussex Community FT**

Putting Patients in Control is a multi-faceted education programme for MSK specialist practitioners. It is designed to involve patients in care planning for reducing preventable surgical intervention and improve access times for patients deciding on surgery.

The programme empowered patients to take control of their musculoskeletal care, reducing referrals to secondary care and waiting times, thereby enhancing patient and family experience.

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# Best Healthcare Provider Partnership

**Roche Diagnostics and Oxford AHSN**  
Changing Clinical Practice

## WINNER

Pregnant women who develop hypertension are often hospitalised for a long period while doctors try to work out if they have pre-eclampsia, a serious condition which can go on endanger them and their babies.

This hospitalisation can cause them unnecessary anxiety and disruption to their normal life, and can mean hospital beds are not available to other patients. But identifying the women who will then develop pre-eclampsia has been difficult.

Roche Diagnostics worked with the Oxford AHSN and the John Radcliffe Hospital in Oxford to introduce a new test – the Roche Elecsys sFlt-1/PIGD ratio test – along with standard clinical practice to identify women who would not develop pre-eclampsia within a week. This allowed them to be sent home and resources to be concentrated on those who needed monitoring. This is allowing women attending three hospitals to be sent home with 99.3 per cent accuracy; in the past 70 per cent of those admitted were eventually told they would not develop pre-eclampsia but faced a worrying wait in hospital before this was clear.

The challenge in adopting this across the hospitals within the Oxford AHSN has been twofold – getting buy in from clinicians and building a case for funding of the test. The lack of reimbursement for diagnostic tests is a major financial barrier for trusts

The initial collaboration with the John Radcliffe Hospital has allowed evidence to be built to overcome much of this resistance. A local randomised control trial is providing evidence to influence clinical practice: validated clinical and health economic evidence from this will shortly be published and Roche Diagnostics has facilitated discussions between clinicians. Working as a partnership allowed new conversations between clinicians, midwives, laboratory heads and finance directors.

Roche Diagnostics has also worked with individual hospitals to build a bespoke business case for the adoption of the test. This has now spread beyond the Oxford AHSN area; since the John Radcliffe went live with the test in October 2018, four hospitals in the Oxford network and beyond have adopted the test. Roche Diagnostics is working with two other AHSN networks to develop business cases which could lead to adoption shortly. Ten other hospitals are at various stages of adoption. The Oxford AHSN collaboration has produced various tools to add adoption, including clinical education plans for all stakeholders.

What has been achieved was down to partnership working between different stakeholders. The Oxford AHSN wanted to improve maternity services and used NICE evidence to look for potential ways of doing so – which led them to the Roche test. Project lead Julie Hart acted as a catalyst to unite stakeholders across the network, and, together with consultant obstetrician Dr Manu Vatish at the John Radcliffe, the AHSN was able to gain the trust and support of clinicians.

Judges' comments: "This project showed high levels of innovation and sophistication. This evidence based project delivered demonstrable improvements in patient experience."



# Finalists

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## **New Care Homes**

### **Age UK Nottingham & Nottinghamshire and Nottinghamshire Healthcare FT**

The Short Stay Reablement Unit is designed to provide care for patients medically discharged from hospital but not yet capable of returning to their own home independently.

Patients received compassionate, person-centred care from the integrated team, allowing them to recover and rebuild their strength and confidence to return home within 14 days - a minimum of seven days reduction on the previous services.

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## **Providing psychological support for GPs in England**

### **Efficacy and NHS Practitioner Health Programme**

PHS is a confidential, free, self-referral NHS service for doctors and dentists with mental illness and addiction problems.

Efficacy and the NHS Practitioner Health Programme have worked in partnership since 2010 in the Greater London area and in 2017, the partnership was significantly extended to encompass all NHS PHS England-wide referrals. A telephone triage and other digital platforms directed patients to either face to face therapy, phone therapy or an online support therapy. This led to rapid assessment and clinical recovery with improved patient experience.

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## **Ambulatory leg ulcer in primary care service support and improvement**

### **HARTMANN and Herts Health GP Federation**

The project aims to provide clinical education and competency certification for practice nurses in the area of leg ulcer management. Nurses were upskilled to recognise wounds earlier, leading to fewer referrals to external services. In addition, nurses were trained on-site, saving working hours. Subsequently, patients received optimum treatment with best outcomes.

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## **Online Logistics Ordering System**

### **HARTMANN and Manchester University FT**

This partnership aimed to ensure that clinicians had the right dressings, in the right place, at the right time to meet the needs of their patients.

The HARTMANN Advanced Logistics Ordering (HALO) System monitors supply and optimise use of wound dressing products. It is a non-prescription ordering/delivery system, distinguished using RAG (Red, Amber, Green), that enables control over usage of restricted product groups. This reduced waste and allowed control over high value items.

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## **Radiology Management Solutions working in partnership with Betsi Cadwaladr UHB to reduce radiology waiting lists**

### **Radiology Management Solutions**

RMS worked in partnership with Betsi Cadwaladr UHB to minimise waiting lists and accelerate patient pathways to recovery or treatment.

The out of hours radiology department enhanced the utilisation of existing scanning resources, achieving over 440 additional scans per week, thereby reducing waiting list and improving patient experience.

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## **Changing clinical practice**

### **Roche Diagnostics and Oxford AHSN**

This partnership evolved measures to protect pregnant women in risk of developing preeclampsia (PE). It included, implementing an accurate diagnostic test; conducting a randomised trial; developing a toolkit to support clinicians, midwives, patients, pathology services; and building bespoke business cases with each hospital to fund the innovation. Women free of PE, were discharged within a week, directing resources to monitor patients in need. It reduced unnecessary hospitalisation and helped reallocate beds for better purposes.

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## **Integrated discharge wards and management to improve patient flow and capacity**

### **Villa Care and Leeds Teaching Hospitals Trust**

This partnership saw Villa Care create a discharge focused plan by using the trust's underused ward space and staffing capacity. It further developed the Discharge to Assess service for tackling Delayed Transfers of Care. This reduced average stays and readmission. Also, super-stranded patients were effectively discharged within 21 days of admission.

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# Best Not for Profit Working in Partnership with the NHS

**Breast Cancer Care,  
NHS Trusts and Health Boards**  
Moving Forward

Undergoing treatment for breast cancer is a gruelling time for many patients – but when they are discharged from treatment relief can often be mixed with anxiety about what happens next and possible reoccurrence.

Meeting these emotional needs and empowering patients to self-manage is the impetus behind the Moving Forward course devised by Breast Cancer Care and delivered in 70 trusts and health boards.

Patients approaching the end of treatment are referred into the course, which is usually held at the hospital over three to four weeks. An expert speaker leads each session covering aspects of how to manage ongoing concerns and side-effects.

The aim is to build patients' self-confidence and empower them to self-manage the physical, emotional and social effects of treatment, where appropriate. They will be given information about where to access help and support in the future. Sharing of experiences and coping strategies also helps to combat the isolation that many cancer patients feel as they leave treatment: peer support is a key part of the programme.

Evaluations of the Moving Forward programme has shown that it has positive "social return on investment" of £4.50 for every £1 invested. Patients' self-confidence rose from 45 per cent before the course to 91 per cent afterwards, with 92 per cent saying they had an understanding of the side effects of breast cancer treatment. There was also a 10 per cent increase in the people at highest level on the Patient Activation Measure – indicating they had a high ability to adopt behaviours which would support their health in the future. 87 per cent of participants felt that the course had met their needs.

If patients feel more self-confident and able to manage their own health, there may be other benefits too – including the potential for fewer episodes of emergency care.

The programme is delivered in conjunction with trusts and breast care teams including dietitians, physiotherapists, psychologists and lymphoedema nurses. At Sheffield Teaching Hospitals Trust, for example, clinical nurse specialists run a "breast and body awareness" course and a "managing menopausal symptoms" session. Breast care teams speak to patients and gain consent for Breast Cancer Care to invite them. Breast Cancer Care also advertised the courses on its own website to ensure as many people who have gone through treatment as possible are aware of the courses.

Research on Moving Forward has been presented to the Westminster and Holyrood Parliaments and in the Welsh Assembly. Breast Cancer Care staff liaise with Cancer Alliances, health boards and lead cancer nurses to ensure wider understanding and support for the delivery of the service. Relationships with breast care teams in individual hospitals are key to the success of the programme.

Breast Cancer Care is keen to roll out the programme to more trusts, and reach more primary breast cancer patients and those living with and beyond cancer. This would not just offer support to more people but would also reduce pressure on the NHS.

Judges' comments: "An excellent example of a not-profit partnership, in that it was delivering something that the NHS would struggle to do on its own, but very much sees the need for. The understanding and responsiveness to the wider context and how to get around the barriers were impressive. Their evaluation and impact measurement was also exemplary."



# Finalists

## Side by Side

### Alzheimer's Society and Royal United Bath Hospitals FT

Side by Side volunteers visit patients across the hospital and are a 'friendly face' during the patients' stay. The project also provides various volunteer led sessions on the wards, including a movement class, and singing group. The volunteer is there to engage with and empower patients. Through reassuring and calming patients, volunteers can help reduce their anxiety and stress.

## The dementia guide: Living well after diagnosis

### Alzheimer's Society, NHS England and others

The Alzheimer's Society publication 'The dementia guide' was created to support patients and their families and carers post diagnosis. The guide provides a summary of key topics and signposting for more detail or who to turn to for help. NHS organisations, patients and professionals have been central to the guide's development and distribution.

## Moving Forward

### Breast Cancer Care and NHS Trusts and Health Boards

The Moving Forward course was designed to support the recovery of breast cancer patients. It offered sessions delivered by expert speakers on potential side effects, educating people about signs and symptoms of recurrence. This met the needs of 87 per cent participants, equipping them to selfmanage their health and wellbeing.

## Care and Support Planning for Long Term Conditions

### British Heart Foundation

The care and support planning approach facilitates healthcare professionals and people with long term conditions to come together. The programme conducted a collaborative conversation between patients and professionals, helping them understand their conditions better. Patients said they were happier with the information and support received, leading to efficient self-management.

## 'Working with' membership programme - transforming lives by providing a long term safety net for NHS nursing professionals

### Cavell Nurses' Trust

In 2017 Cavell Nurses' Trust launched a membership programme for organisations which share the organisation's core belief; that nurses, midwives and HCAs must get the support they need when in personal crisis. By joining 'Working with' organisations can clearly demonstrate how much they value the nursing professionals they all rely on. Of the nursing professionals supported by the programme 91 per cent agreed it positively impacted their mental health and 76 per cent agreed that it helped them get back to or stay in work.

## NHS Together

### NHS Charities Together

A coalition of charities created a 70th Anniversary tea party event, The Big 7Tea, to thank every NHS worker and to be run in all participating NHS hospitals, and set out to bring in as many participating charities as possible.

Ultimately, 137 charities participated - a UK record for charities working together on one project - running more than 4,000 tea parties around the UK, and raising over £250k, split across all charities.

## HIGHLY COMMENDED:

### Positive Steps Thamesmead Peabody

Positive Steps Thamesmead is a social prescribing project developed to reduce pressure on the GP practice and other public services by proactively working to identify and address underlying issues residents may be facing. A team of volunteers ensure residents can access the appropriate advice within 10 working days.

In the last three years volunteers met with 2,463 clients and over 4091 referrals have been made to partner organisations.

## Working together to improve mental crisis health care

### Richmond Fellowship and Lancashire Care FT

This partnership is developing alternative ways of providing support for people requiring mental health treatment. Together, the organisations have opened two crisis houses in local communities with a small number of beds and a home-like environment.

The partnership has also developed an innovative model of supporting people who attend A&E in crisis, Mental Health Decision Units, and providing apprenticeship opportunities for people recovering from mental ill health to help them get back into employment.





# Best Pharmaceutical Partnership with the NHS

## Gilead Sciences, CGL and the NHS

Gilead partnering with Drug Treatment Services (and the NHS) to support eliminating Hepatitis C (HCV)

Change Grow Live (CGL) is a voluntary sector organisation which is the largest provider of drug treatment services in England. It worked with Gilead Sciences, a biopharmaceutical company that discovers, develops and commercialises medicines in areas of unmet medical need.

Hepatitis C is one of the main causes of liver disease, the third most common cause of premature death in England. With the arrival of new drugs which can effectively treat hepatitis C within 12 weeks in 95 per cent of cases, NHS England wants to eradicate it by 2025.

But to do that an estimated 160,000 patients who have become infected need to be identified and treated. Many of these will be injecting drug users who may be challenging to chase and engage with – a particular challenge as the care pathway for HCV is often fragmented and under resourced. 54 per cent of injecting drug users are HCV+ - usually as a result of sharing injecting equipment – but as they often have quite chaotic lifestyles they may not attend hospital appointments.

Contact with drug treatment services such as CGL is an opportunity to test and refer on those infected by HCV but pathways between the NHS and CGL were not always linked effectively, meaning some injected drug users did not progress down the route to treatment.

Gilead Sciences worked with CGL to provide an expert “patient access to care” team, and resources to build capability. Initially this work was targeted at 18 sites but was later expanded to all 65 CGL services.

This included work to ensure data integrity, training for CGL staff, and monitoring of monthly performance. In addition, there was a focus on raising the awareness of service users about testing, treatment and future harm reduction through targeted events.

It worked with NHSE’s operational delivery network to remove barriers and make the referral pathway simpler. This included training 64 CGL nurses to take blood to ensure that service users who initially test positive for HCV antibodies can have blood taken on the spot, without needing to go to hospital. 85 per cent of CGL services now have an onsite clinic.

Individual clinics have seen a rapid increase in testing and identification. At Stockton-on-Tees fewer than 15 service users a month had been tested but within three months 300 – half its caseload – had been tested. CGL Morecambe went from zero testing to testing all services users and identified 32 cases.

Results have included a 36 per cent increase in HCV testing among service users (an additional 1700 tested) and a 45 per cent increase in referrals.

Every three months the results are shared with the 22 NHSE operational delivery units to look at outcomes and decided on further interventions. This year, Gilead Sciences is looking at how the approach could be rolled out to other drug treatment services across the country.

Judges’ comments: “The winning project was very patient focused and clear outcomes were demonstrated. It was a great example of improving care to a chaotic and hard to reach population with real needs. They have created opportunities for developing local leaders and to provide sustainable relationships with stakeholders.”



# Finalists

## **Review of out of hospital systemic anti-cancer therapy services across Wessex Baxter Healthcare and Wessex Cancer Alliance**

The Wessex Cancer Alliance partnered with Baxter Healthcare Limited as part of a formal joint working agreement for a review of Systemic Anti-Cancer Therapy out of hospital services across Wessex. This resulted in a series of recommendations, enabling chemotherapy activities being delivered at home and using mobile cancer care units. This reduced patients' travel time, leading to better care, experience and satisfaction.

## **Innovating the delivery and capacity expansion of macular services for the people of Greater Manchester**

### **Bayer and Manchester University FT**

Patients on treatment for macular disease require regular review - many as frequently as monthly. Manchester Royal Eye Hospital had a capacity challenge, so a joint working initiative led to two clinics being set up in the north and south of the city in high street locations. Over 95 per cent of patients are seen on time with more than 95 per cent patient satisfaction.

## **Excellence in AF**

### **Bayer, Oxford AHSN and Buckinghamshire CCG**

This partnership developed the Excellence in AF project to reduce morbidity and mortality for Atrial Fibrillation (AF) related stroke. It audited/reviewed patient records, providing intensive and responsive support from pharmacists and GPs. Outcomes of the project included 266 patients initiated on anticoagulation, 260 patients having their anticoagulation control optimised and 300 patients added to the AF register.

## **Stoma Partnership Programme**

### **Coloplast, Northumberland CCG and NECS**

The Stoma Partnership Programme provides GP practice level audits to identify patients and invite them into clinics for specialist nurse reviews. These focused on identifying incorrect use of products or clinical issues related to the stoma and, through patient education and potential product adjustments, solve these. It also established the Catheter and Antibiotic Review Programme.

## **Gilead partnering with Drug Treatment Services (and the NHS) to support eliminating Hepatitis C (HCV)**

### **Gilead Sciences, CGL and the NHS**

A Patient Access to Care (PAC) team was deployed to remove barriers and simplify the Hepatitis C (HCV) referral pathway. It comprised staff training, pathway review and on-site service development. This led to a 36 per cent increase in HCV testing, 45 per cent increase in referrals, and close to home care delivery.

## **UK first memorandum of understanding between the NHS and pharmaceutical industry**

### **Health Innovation Manchester and ABPI**

Greater Manchester signed the UK's first memorandum of understanding with the pharmaceutical industry. This underpinned the creation of the Greater Manchester and Pharmaceutical Industry Group which brings together NHS expertise alongside industry to address barriers to collaboration, improve the use and safety of medicines, and utilise the digital capabilities of the NHS to discover and deploy new medicines and treatments.





# Finalists

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## **Working together to improve the management of CAT patients**

### **LEO Pharma and ABMU Health Board**

LEO Pharma funded a pharmacy led position to support the improvement of Cancer-Associated Thrombosis (CAT) care. Study days for HCPs were launched and an online patient support website raised awareness of symptoms and treatment. The impact of these interventions have been assessed by ABMU and the new clinic pathway was found to improve patient's knowledge of CAT and their treatment and reduce their anxiety.

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## **Diabetes Inpatient Project**

### **Lilly and City Hospitals Sunderland**

This partnership was designed to address problems the hospital was experiencing in managing patients with diabetes. The project reduced overall length of stay for patients, and associated costs, saved 100 bed days per month, and reduced re-admission rates for those admitted with diabetic ketoacidosis. Specially designed patient reported outcome measures also showed improvement in patient satisfaction.

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## **Shingles Immunisation Programme**

### **MSD UK and Suffolk Primary Care**

This partnership focused efforts on implementing the National Immunisation Shingles Programme (NISP) to improve awareness and uptake of the shingles vaccination. It conducted telephonic calls, made postal recalls for eligible patients and established dedicated shingles clinics. During the project 850 patients from SPC practices have been vaccinated.

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## **Chelwest Heart Failure Collaborative Novartis and Chelsea and Westminster Hospital FT**

The Chelwest Heart Failure Collaborative established 48 nurse-led virtual review clinics to prioritise patient segments and developed a live HF dashboard to pro-actively register, report and monitor spend and outcomes. This improved patient coding, with 100 missing HF patients being identified, leading to proactive patient management and treatment.

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## **Value Based Partnership Working**

### **Novartis Oncology and the NHS**

Joint working projects identified a clear gap in patient pathways where issues with capacity and patient experience existed. The focus of these collaborations were clinical nurse specialist-led clinics or oncology pharmacist-led clinics. These innovations have assisted in reducing the work burden on hospital staff while optimising existing skill sets. The clinics have freed up clinicians' time in order to manage patients with more complex conditions.

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## **Multidisciplinary Level Balanced Scorecard Development**

### **Novartis Oncology and University College London Hospital**

Through this joint working project, UCLH is developing a "one stop shop" to motivate MDTs to collect, review and act on data relating to activity, performance and outcomes. The scorecards provide key data required to facilitate enhanced MDTs and enable swift changes to improve patient pathways.

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#HSJPARTNERSHIPAWARDS





**HSJ** PARTNERSHIP  
AWARDS 2019

## WINNER

Traditionally, clinical waste is collected in a container and then both container and waste are incinerated. Doing this contributes to CO2 emissions and means trusts continually have to pay for new containers.

When Salford Royal's onsite incinerator came to the end of its life, the trust decided to demolish it and dispose of waste off-site. But as part of a commitment to increasing sustainability and reducing costs, it also looked at alternative treatment of some waste.

The clinical waste disposal service from Stericycle offered a different approach to sharps disposal. The Bio Systems method used sharps containers which could be reused up to 600 times, making it more cost effective and less polluting.

When staff are used to single case containers, a change needs careful implementation. The new containers were introduced through a phased approach which gave Stericycle and the hospital a chance to refine service requirements.

It was trialled in heavy use areas such as A&E, the critical care unit and busy wards with an audit of requirements to understand what was needed in each department. Once this was done, Bio Systems was introduced in phases over the next year across the hospital. Staff were given training in how to use the containers and ancillary equipment as part of the roll out.

# Clinical Support Service Award

**Stericycle and Salford Royal FT**  
Stericycle Bio Systems - Reusable  
sharps containers service

The trust opted for a managed service which meant a service technician was onsite five days a week to deal with any problems. The technicians are the first part of call for any queries on the sharps containers and can also manage stock levels in each department and respond to changes in demand. However, Stericycle's account managers are also on hand when needed and attend "sharps safe" committee meetings, infection prevention and control meetings, and undertake waste audits.

Clinical waste is removed seven days a week and clean replacement containers are supplied daily – so there is no build up of waste. The filled Bio Systems containers are taken to a Stericycle facility where they are opened, emptied and disinfected in a three stage process before being reassembled and reused.

The containers are UN approved and have been shown to lead to a reduction in needlestick injuries and therefore contribute to improved staff safety. Porters no longer have to transport sharps containers – this is all done by Stericycle – and are freed up for other tasks.

Overall, the trust has saved money as it no longer has to buy disposable sharps containers and has reduced emissions associated with their disposal. The alternative treatment of waste has dramatically reduced disposal costs compared with incineration.

Judges' comments: "The winners have a sustainable project with demonstrated environmental benefit and real cash savings. They have successfully changed a process and there is a strong interaction between clinical staff and patients."



# Finalists

## **Successful Home Dialysis Starts Here Baxter Healthcare**

Baxter developed a purpose-built, residential education centre (BEC) designed to address the main barrier to increasing home dialysis – high quality training capacity.

On average, trusts utilising BEC have a higher prevalent PD population, supporting the ambitions of the trust to grow their home therapies programme in line with KQIP and addressing the variance identified in Peer Review and the Getting-It-Right-First-Time Renal initiative.

## **Solving the healthcare auditing headache with MyAudit**

### **Carbon Labs and George Eliot Hospital Trust**

MyAudit runs the trust's Infection Prevention & Control audit process, automating workflows, follow-up actions and reporting, bringing a simple way to collect IPC audit data – ensuring complete, consistent and rigorous reporting.

The app improved patient outcomes and reduced risk of critical failure, increased staff engagement, data accuracy and performance management, and achieved time cost-savings of £293,124 per year for the informatics team.

## **Managed Equipment Service Siemens Healthineers and Kingston Hospital FT**

Kingston Hospital partnered with Siemens Healthineers to transform its radiology department. The Managed Equipment Service was designed to deliver installation and lifetime maintenance of 58 assets plus departmental redesign for greater efficiency and a more positive patient experience.

Results have included additional CT capacity and improved reliability across all modalities. Patients also have greater privacy and dignity.

## **Stericycle Bio Systems - Reusable sharps containers service**

### **Stericycle and Salford Royal FT**

Stericycle introduced Bio Systems- reusable sharps containers services, which can be reused up to 600 times to enhance waste management within hospitals.

As a result, the trust no longer uses or buys traditional single-use sharps containers that are incinerated after just one use. This has seen the Trust eliminate its spend on non-reusable sharps containers, drastically cutting CO2 emissions and the alternative treatment of waste has dramatically reduced disposal costs, when compared to incineration.







# Consultancy Partnership of the Year

**2020 Delivery and Portsmouth  
Hospitals Trust**  
Urgent Care Performance &  
Culture Change

Every trust knows that the 95 per cent “four hour admit, transfer or discharge” target is a tough one to meet. Portsmouth Hospital Trust has had more problems than most in getting near to that – it had ranked in the bottom 10 hospitals for four hour performance for over three years when a new chief executive arrived in the summer of 2017.

He made improving urgent care a priority and 2020 Delivery won a tender to work with the trust. The issues which needed to be tackled included a need for staff to believe that the trust could deliver a 95 per cent performance on four hour waits, empowering staff so that they would own and lead further improvement projects, and the need to embed improvement methodologies so this could happen.

2020 Delivery worked with the trust on a series of targeted “sprints” designed to bring about rapid improvements with meaningful data to back this up.

Teams – including clinicians, therapists, support staff and managers – used simple improvement tools and adopted new ways of working. These sprints gave early morale-boosting successes and for the first time since 2013 the trust delivered 95 per cent four hour waits on individual days.

A key aim was to make these improvements sustainable and staff led. While 2020 Delivery ran the first sprint, it took a supporting role in the next two which were led by the trust’s associate medical direction, and the fourth was run entirely by the trust. Staff are consulted on intervention choices, take part in problem-solving and project teams come together weekly to review plans and determine next steps.

The trust saw a 4.4 per cent improvement in its four hour performance between April and September 2018, compared with the same period in 2017. This meant 6000 more patients waited less than four hours. April to September performance in 2018 was 82 per cent. Elsewhere in the hospital average

length of stay reduced by 7.5 per cent in this period, compared with the same period a year before.

Another benefit was that the trust was left with 20 trained improvement leaders. Staff were mentored and then supported to run projects, with the results being presented to the board. Staff who were not directly involved in this initial work started to ask for some “2020 magic” to kick-start their own improvement work.

The trust now runs its improvement sprints independently and the methodology has spread across its projects, with those mentored in the earlier stages supporting colleagues and sharing tools with them.

In the summer and autumn of 2018 trust staff ran unscheduled care improvement sprints, expanding their focus to improve stranded patients. A physiotherapist’s project involving the frailty interface team identifying suitable patients in the emergency department has led to an additional 1.2 discharges a day of patients with frailty. Improvements to the stroke pathway led to a 38 per cent increase in patients admitted to the acute stroke unit within four hours.

The approach needs no additional assets, services, capital investment or staff – so it has the potential to be replicated by other organisations. NHS Improvement recommended 2020 Delivery to other trusts and four other trusts in the region have started their own projects, showing significant improvements after six months. 2020 has connected some staff working on similar areas with staff in Portsmouth to enable shared learning.

Judges’ comments: “The winners showed clear passion and enthusiasm from the whole team. The project was an excellent demonstration of how all clinical professions can deliver change, from board to ward. There is further vision for developing and sharing learning from this experience beyond the trust.”



# Finalists

## **Urgent Care Performance & Culture Change 2020 Delivery and Portsmouth Hospitals Trust**

Targeting problems faced across the urgent care pathway, and subsequent staff morale, 2020 Delivery worked with senior management and frontline staff to make rapid improvements by running targeted 'sprints'.

As a result, the 4-hour performance was 4.4 percentage points higher during Apr-Sept 2018 than Apr-Sept 2017. PHT now has 20 trained improvement leaders and is cultivating a trust-wide cultural shift towards daily, proactive problem-solving.

## **Integrated Care Delivery Integrated Care Delivery CF and Kent and Medway STP**

A pan-STP integrated care programme was launched across the region to transform care delivery within local settings. A maturity matrix survey was delivered to enable self-assessment by CCGs, and results include the most advanced CCG having reduced A&E attendances by 13 per cent and nonelective admissions by 12 per cent among people over 65.

## **Mental Health Strategy and Roadmap CF and Sussex Partnership FT and Sussex and East Surrey STP**

A strategic framework was developed which set out the opportunities to improve the lives of adults and young people with mental illness in Sussex and East Surrey. This built on four areas identified to improve services for common mental health conditions, psychosis, dementia and youth services.

Results include an improvement in suicide discharges from mental health services by more than 6 per cent and slowed incidence of depression.

## **Integrated management of hospital discharge pathways**

### **CHS Healthcare, Bath and North East Somerset Council and Bath and North East Somerset CCG**

This service provides a dedicated focus on the interface between hospital and community-based care to improve relationships and functions and to provide an enhanced, supported experience for service users. Every patient is allocated their own adviser throughout and support continues through evenings and weekends.

Delayed transfers of care waiting for assessment has reduced from 114 days per month to 49.

## **Designing and implementing new structures for integrated care**

### **GE Healthcare Partners and Manchester Local Care Organisation**

In a drive to integrate public services and deliver safe, person-centred health and social care, over 2,700 staff are now working together as one team in a partnership organisation. Existing processes and procedures have been stripped back and rebuilt to enable enhanced integrated models of care to be developed and implemented, such as neighbourhood teams.

## **HIGHLY COMMENDED:**

### **Business case development ensuring stakeholder engagement LTS Health and Black Country Pathology Services**

Black Country Pathology Services was introduced to improve pathology services across the region. A framework that allowed data consistency across trusts was created, with workshops for all stakeholders.

This led to improvements in turnaround time, sample GP collections and processing and a £50m predicted cost savings in 10 years.



# Finalists

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## **Pathology improvement on a national scale** **LTS Health, Mott MacDonald and NHSI**

This partnership has identified a road map for large scale pathology consolidation and an operating model that would drive efficiency and real cost savings.

The model is designed to deliver a system with added clinical, operational, financial and patient benefits and has identified a £200m savings opportunity.

The model was tested with four different pathfinders across the NHS with lessons learned being documented and transcribed into a suite of knowledge documents for implementation guidance.

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## **Transformation and Sustainability Programme**

### **Meridian Productivity Limited and Nottinghamshire Healthcare FT**

Following a successful community nursing pilot, a county-wide programme was rolled out, designed to help the trust deliver their allocated Cost Improvement Programme target.

The programme of work was designed to allow analysis of each individual service, identify areas for improvement and thereby improve productivity. As a result, through productivity improvement the programme was able to release considerable financial savings and reduce length of stay and waiting lists.

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## **Making a real difference: Implementing value-based approaches in forensic inpatient mental healthcare**

### **PA Consulting and St Andrew's Healthcare**

St Andrew's Healthcare wanted to transform how it delivered care to over 800 mental health inpatients by transforming culture across the organisation. Newly-established Integrated Practice Units have improved patients' experience of care, reduced disruptive behaviours, and catalysed higher levels of staff engagement in quality improvement. Into the medium term, the transformation has improved operational efficiency, financial transparency, and created more direct 'ward to board' relationships.

## **Transforming Care Delivery: Radiology Performance Management Service (RPMS)** **Siemens Healthineers and Guy's and St Thomas' FT**

The Radiology Performance Management Service supported the trust in implementing proactive planning and improve staff and patient satisfaction.

Staff engagement was promoted through rapid improvement events, and lean methodology led to reduced variation and standardized procedures

A significant reduction in "did not attend" rates for ultrasound and nuclear medicine, allowed for better utilisation of the available capacity.

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## **The value of partnership - The Radiology Performance Management Service** **Siemens Healthineers and Worcestershire Acute Hospitals Trust**

The trust implemented a Radiology Performance Management Service that focused on enhancing CT, MRI and IR. Following rapid improvement events, the radiology teams implemented changes that gave patients increased safety and better experience. Results included a reduction in did not attend rates by 35 per cent and time taken for vetting reduced by 70 per cent.





**Anthony Clarkson,**  
Director of Organ Donation  
and Transplantation,  
NHS Blood and Transplant

# **HSJ** PARTNERSHIP AWARDS 2019

#HSJPARTNERSHIPAWARDS



PARTNERSHIP  
AWARDS 2019



WINNER

# Healthcare Analytics Provider of the Year

**PA Consulting Group and Leeds  
Teaching Hospitals Trust**

Theatre Scheduling - Using data to  
maximise efficiency and use of resources

Making the best use of elective theatre time is an aim of every acute trust. Underutilising theatres means patients are not treated as quickly as they should be and staff time may be “wasted”, while overruns can mean trusts have to pay overtime to staff or the next theatre session is delayed.

Leeds Teaching Hospitals Trust undertakes 41,000 elective operations a year, spread over 88 theatres in four hospitals. The NHS Improvement theatre productivity programme suggested it had the greatest opportunity in the north of England to treat more patients within its existing capacity.

PA Consulting Group was chosen to develop and deploy a new scheduling tool, linked to the waiting list so that patients could be identified and prioritised. It also had to standardise the scheduling process to ensure adoption and embedding of new ways of work, so that improvement could be sustained.

The company identified the potential to treat 2000 extra patients a year across day case, elective orthopaedics and ophthalmology, by improved scheduling. Scheduling processes were not keeping pace with changes to the consultant workforce or surgical techniques, resulting in decreasing throughput on individual lists and unused time.

To make improvements, the company and LTHT needed to understand how long a specific surgeon would need to complete procedures, what theatre time would remain unused – and which of the patients on that surgeon’s waiting list could be slotted in to fill that time.

Together they build a tool which would answer these questions and would support admissions teams and surgeons to add patients to lists. Confidence in the underlying data – and methodology – was crucial to

clinicians’ buy-in. Transparency and an iterative process helped, along with local clinical leads for each theatre suite who were both champions and problem-solvers.

PA Consulting worked with the trust to overcome gaps in the data, such as around coding. User guides were developed with the trust coding team and each admissions team was engaged to build their confidence in the coding. Everyone worked together on a new approach to scheduling which made it more standardised.

The new tools and processes were phased in. Within four months, the trust was forecasting it would operate on an additional 480 patients a year – but further improvements are still emerging. Less time was being “lost” to early theatre session finishes - reduced by 105 hours a month, the equivalent of 26 theatre sessions – and overruns reduced by 30 hours a month.

The tool gives real time information on performance within theatres but its adoption has also seen a culture change in scheduling and theatre teams who are now looking for opportunities to further improve.

The approach is being spread both within the trust and outside. Other surgical and non-surgical areas within the trusts have expressed interest in how the tool could improve their throughput and efficiency. The Leeds experience has been shared at North Region Theatres events and with York Hospitals, and further events are planned.

Judges’ comments: “The tool has had a positive impact on staff morale and patient experience which was extremely encouraging. There was a clear scope for scaling within and beyond the trust.”



# Finalists

## HIGHLY COMMENDED:

### **Demand and capacity planning for winter in Northamptonshire CF and Northamptonshire Health and Care Partnership**

Northamptonshire Health and Care Partnership implemented an integrated system plan for winter through a cloud-based Demand, Capacity, and Flow (DCF) tool. It collated patient-level demand and capacity data which resulted in 4.5 per cent improvement in A&E performance. This reduced the number of super-stranded patients by 32 per cent and patients waiting for long-term ongoing care by 65 per cent.

### **OPUS - National Outpatient Benchmarking Dashboard**

#### **Deloitte**

NHSI commissioned a national outpatient benchmarking dashboard for improving outpatient clinic efficiency and productivity. It assisted in powerful analytics, benchmarking and digital maturity assessments. Regional workshops facilitated better understanding. The opportunity identified by the diagnostic tool totaled approximately 2.4m additional appointments across participating trusts; and 1.9m reduction in hospital attendances.

### **Implementation of Patient Pathway Plus RTT Data Management Software**

#### **Insource and Salford Royal FT**

Salford Royal installed the Patient Pathway Plus (PP+) software to improve quality and efficiency of referral to treatment reporting. This application connected and clarified data from the trust's electronic patient record systems, saving and estimated 20 per cent of duplicative data entry and 15 per cent of verification time.

### **Theatre Scheduling - Using data to maximise efficiency and use of resources**

#### **PA Consulting Group and Leeds Teaching Hospitals Trust**

The trust deployed a scheduling tool to treat more patients within its existing capacity. It made forecasts of lists and signposted additional patients wherever possible. The tool provided management information, using the data for patient references. This reduced overruns by 30 hours/month with estimated 480 additional patients to be treated yearly.





## HSJ PARTNERSHIP AWARDS 2019



# Legal Services Provider of the Year

**Ward Hadaway and Tees Esk and Wear Valleys FT**  
The Roseberry Park Scheme

Roseberry Park is a major mental health hospital near Middlesbrough, offering 365 inpatient beds covering a range of services from secure accommodation to respite services. It was a PFI project, completed in 2010, but after completion a number of construction defects were discovered along with issues with the fire safety system at the hospital. To compound matters, the trust's FM provider was Carillion which went into administration in 2018.

The trust turned to Ward Hadaway which had worked with it on three PFI schemes over the previous few years, including Roseberry Park. One of these schemes – West Park – had already been voluntarily terminated in 2008, bringing savings of £1.2m a year for the trust.

Melanie Pears, the lead Ward Hadaway partner for the trust, had worked on all aspects of the Roseberry Park scheme from the start – and she and her team now had to put in innovation solutions for the trust which culminated in the termination of the PFI deal in September 2018 for default on the part of the provider.

The team helped the trust set up its own facilities management company to provide FM services after Carillion went into liquidation and the PFI provider could not offer a solution which met contract requirements. It then devised an exit strategy for the trust after the administration of the PFI company and its holding company. This included applying contract provisions, confirmation in the High Court that the correct procedures were being followed and the termination of the contract. Many of these actions were “firsts.”

Ms Pears and her team had been involved in the project since 2004-5. The challenges at this early stage included the potential insolvency of the building contractor shortly before financial close. The team helped to ensure that

safety features were built into the hospital and its operation – including the eradication of ligature risks and swift response times for facilities problems. The scheme was the first to use a competitive dialogue procedure to select a PFI provider and the first to have a post-preferred bidder funding competition. Two lawyers were seconded on an “at cost” basis which has enabled substantial savings for the trust.

The trust was able to recover substantial money in settlements and adjudications related to problems with the buildings.

Close working with the trust has been a feature of the partnership with Ward Hadaway represented at several meetings each week, and attending weekly huddles with the chief executive and senior managers.

The skills learnt from dealing with Roseberry Park have been used to help other trusts – such as Cornwall Partnership Foundation Trust, which was able to recover £3.3m after significant fire safety defects were found at one of their properties. The company has also been able to assist trusts looking to make historic recoveries on their PFI schemes – such as additional costs for items included in the contract price of misclassification of tasks reported to helpdesks. The company has also provided half-day PFI updates sessions across the UK – allowing dissemination of best practice, developments and case law.

Judges' comments: “The winners for this category demonstrated a clear and successful integration of their services with the client throughout the life of the project. The applicants provided clear evidence of significant savings for the client, which had been achieved in a creative, value-added way. The sharing of knowledge has also clearly added value to the wider NHS.”



# Finalists

## **Browne Jacobson and South Yorkshire & Bassetlaw ICS**

Creating an integrated care system which is bespoke to regional needs provides effective care.

Liaising with commissioners and providers of health and social care, Browne Jacobson supported the development of a new regional model of governance for public authorities to work through, melding central government policy with existing statutory obligations.

## **The Roseberry Park Scheme Ward Hadaway and Tees Esk and Wear Valleys FT**

Ward Hadaway assisted the trust in every legal aspect of the Roseberry Park PFI scheme from inception, at all times during its operational period and ultimately its termination for default on the part of the PFI provider in September 2018.

In addition, in 2008 the West Park PFI was the first PFI scheme to be voluntarily terminated in the UK, bringing savings of £1.2m per annum to the Trust.





## PARTNERSHIP AWARDS 2019



**WINNER**

Women who have an abnormal cervical screening test are usually referred for a colposcopy to look for evidence of pre-cancerous abnormalities. Despite screening programmes and the introduction of HPV vaccination, 870 women in the UK still die from cervical cancer each year. In some cases they will have had a colposcopy but may have been told they don't have cancer.

But interpreting the results of this is not an exact science: there is an element of subjectivity in the visual examination of cervical tissues and some pre-cancerous changes do not provide this visual evidence. Up to a quarter of patients with high grade abnormalities present with no visible indicators of disease. In other cases, women will be "false positives" which can lead to over-treatment. This carries risks – including increasing the chances of pre-term labour.

ZedScan uses electrical impedance spectroscopy as an adjunct to normal examinations to improve the detection of abnormalities. This gives clinicians additional information to allow them to manage patients better by identifying cell changes earlier when there is no visible evidence. Using ZedScan leads to increased diagnostic accuracy and delivers immediate results.

ZedScan was introduced at Sheffield Teaching Hospitals FT's Jessop Wing in 2014 and led to improvements in detection rates of high grade abnormalities – up from 85.9 per cent when colposcopy alone was used to 96.2 per cent. In women referred to colposcopy after a low grade abnormal smear result, adding ZedScan into the process led to 50 per cent more high-grade abnormalities being detected.

This helped clinicians to treat women at their first visit ("see and treat" rates increased by 74 per cent), or to recommend they continue with routine cervical screening if no disease is indicated. Both mortality and over-treatment are likely to be reduced. Patient anxiety may also be lessened but the

# Medical Device or Hardware Innovation Award

**Zilico Limited and Sheffield Teaching  
Hospitals FT**

Real-time medical diagnostics with  
ZedScan™

technology can also have positive effects for NHS providers – in Sheffield, it reduced the need for follow up appointments by 41 per cent thereby increasing clinic appointment capacity.

At Birmingham Women's Hospital clinicians identified more than 20 per cent additional cases of high grade disease than with colposcopy alone.

Potential cost savings come from fewer biopsies being needed and the release of appointments because patients don't need to come back for follow ups.

It was developed as a collaboration between Sheffield Teaching Hospital Foundation Trust and the University of Sheffield. A ZedScan prototype was developed at the Royal Hallamshire Hospital to test the model of structural changes of cervical epithelium as cancer develops.

In 2005 Medipex – the NHS innovation hub for Yorkshire and Humber – filed three patents and Zilico was founded the following year. The partnership between the company and the Sheffield Hospitals continues with work on using the same technology in other clinical areas.

Since its introduction in Sheffield, ZedScan has been adopted by another seven sites. Five more are at the procurement stage, nine are actively evaluating and 15 have evaluations agreed. At East Lancashire Hospital Trust, a protocol is being developed for its use in detecting vulval disease.

Judges' comments: "This was a truly disruptive innovation that has moved quickly from prototype to market. Judges were impressed with the integrations between device and EPR. The company shows high levels of ambition in its development and the benefits to clinicians and patients were evident beyond the original setting."



# Finalists

## ENDOCUFF VISION - Innovation and Technology Payment

### Norgine

ENDOCUFF VISION is a distal attachment that fits to the end of a colonoscope allowing improved visualisation of the colon.

During a randomised study, the device increased adenoma and cancer detection during colonoscopy, enhancing patient outcomes and delivering cost savings.

## PICO negative pressure wound therapy in plastic surgery

### Smith & Nephew and Barts Health Trust

Barts Health Trust introduced a pathway to treat complex plastic surgery wounds using a single negative pressure wound therapy device – PICO; a portable device, delivering negative pressure wound therapy to the wound for seven days.

The implementation of the PICO device allowed for a reduction in patient hospital stay; efficient bed management and wound management within an outpatient environment.

## HIGHLY COMMENDED:

### #ALifeMoreNormal

#### Tookie Limited and Yorkshire & Humber AHSN

Complications with central venous catheter (CVC) lines are common, especially that of dislodgement and gravitational pull with tubes often snagging, twisting and looping – a significant proportion of these are avoidable.

The Tookie Vest helps both renal and oncology patients who require a CVC, allowing them to go about their daily life, knowing their CVC line is secured safely and relieving pressure from the NHS as line failure requires costly revisions.

## Real-time medical diagnostics with

### ZedScan™

#### Zilico Limited and Sheffield Teaching Hospitals FT

ZedScan uses innovative EIS technology to identify cell changes that cannot always be seen with standard colposcopy and does not rely on acetowhite changes.

Integrating into standard colposcopy, ZedScan is designed to minimise colposcopic subjectivity, increase diagnostic accuracy and deliver immediate results, thereby reducing follow ups, patient anxiety, and increasing clinic appointment capacity.







# Medical Software, Systems and Technology Award

**Patchwork and Chelsea and Westminster FT**

Patchwork - Digital Transformation of the Staff Bank

## WINNER

A shortage of permanent doctors means almost all trusts in England rely on agency or bank staff to fill gaps in rotas. For some trusts the cost of this can be more than £10m a year – contributing to an overall temporary staffing bill of £3.7m in the NHS in England in 2015-16.

Agency staff typically cost more than employing a doctor known to the trust through the bank. But matching doctors and bank shifts tends to be a time-consuming task, requiring admin staff to email or cold call doctors who may be interested in a shift. These inefficiencies result in few bank shifts being filled – forcing trusts to turn to agencies or leave the rota unfilled.

Patchwork (formerly known as LocumTap) was designed to improve the bank booking process and reduce agency costs – as well as reducing the amount of administrative work associated with sourcing, booking and paying bank doctors, and freeing the staff doing this to concentrate on other less repetitive tasks. Before it was adopted the trust was only filling 30 per cent of medical locum shifts internally.

Doctors now use the Patchwork app which enables on-demand bookings and payment tracking. Making the experience easy for them was aimed at encouraging more bookings. Admin staff use a web portal. Feedback from users was used to improve the product and build buy-in.

The system was launched in the West Middlesex Hospital emergency department which was particularly reliant on agency doctors. Fill rates of available bank shifts

increased from around 35 per cent to more than 90 per cent – and the number of doctors registered with the staff bank quintupled. Bookings made at least four weeks in advance increased from 15 per cent to 78 per cent; this meant fewer rota gaps had to be escalated and there was a reduced need for expensive last minute agency bookings.

It was thought up by Dr Anas Nader, a Darzi fellow at the trust who was appointed head of temporary medical staffing. It is a public-private partnership with the trust with Dr Nader as the chief executive of the company.

The Chelsea and Westminster has benefited from an estimated £1m cost saving per year – from reducing commission on agency booking and a reduced number of cases where the trust is filling a shift at the last minute and paying premium rates.

The system is now live in seven trusts – all of whom have seen savings – and is being evaluated by the Department of Health and Social Care as part of a national pilot for flexible staff banks. Patchwork has also recently formed a partnership with the BMJ, which has joined as a strategic investor.

Judges' comments: "This was an exciting and innovative project with transformative potential. The project was well focused and able to provide important outcomes in its current setting with impressive savings. This is not just about a piece of software but working directly with teams to positively affect organisational culture."



# Finalists

## Digital Innovation Improving Patient Care Aire Logic and Leeds Teaching Hospitals Trust

PPM+ is an eForm-based electronic health record platform, to streamline clinical processes and save administrative and clinical staff time for improving efficiencies trust-wide.

The platform enabled users to access GP summaries, test results, thereby reducing calls to GPs. Also, the system helped improve patient care and save over £3 million.

## ReferBack: A simple software solution, saving millions for the NHS

### Amplitude Clinical Outcomes

ReferBack is an electronic referral system for managing patients with spinal injuries that require advice on treatment urgently from a specialist spinal centre.

The referring solution standardises the referral process, improving the speed and quality of decision making, thereby enhancing patient outcomes.

## Go Surgery

### Digital Surgery

Digital Surgery aims to help surgical teams and trusts digitise surgical processes and define protocols to drive better patient outcomes. Touch Surgery delivers an interactive training platform and Go Surgery supports and augments the surgical team within an operating room.

The digital tools helped provide intraoperative support for teams and improved surgical performance, achieving positive user feedback.

## Patchwork - Digital Transformation of the Staff Bank

### Patchwork and Chelsea and Westminster FT

Patchwork is a bespoke software system to enhance management of temporary staffing and improve efficiency of the staff bank.

The end-to-end software solution increased bank fill rates and staff bank size, generating an estimated cost benefit of over £1 million per annum. The system is now live in seven trusts.

## HIGHLY COMMENDED:

## EEG Technology: Monitoring Systems

### The William Quarrier Scottish Epilepsy Centre

The William Quarrier Scottish Epilepsy Centre designed centre-wide monitoring facilities for improving diagnostic certainty of seizures and enhancing safety for patients with epilepsy.

The wireless EEG system improved response times with 98 per cent of cases resulting in a definitive diagnosis. Further, it reduced medication demand, visits to A&E, hospital and GPs, saving an estimated of £500,000.

## HIGHLY COMMENDED:

## Transforming Urgent and End of Life Care

### InterSystems and Coordinate My Care

InterSystems created a digital platform to record and share medical details and advance care plans in real-time for delivering better quality urgent and end-of-life care.

The clinically-driven service helped to create 60,000 Coordinate My Care plans, saving over £16.8m. Further, it reduced unnecessary attendance at hospital and enabled patients to die in their preferred place of death.







## WINNER

# Patient Digital Participation Award

**Ampersand Health**

MyIBD Care: A Digital Therapeutic for  
Patients with IBD

Patients with inflammatory bowel disease (IBD) are often young and their condition can impact on their quality of life. They can feel isolated, and are sometimes not fully engaged with the clinical teams which care for them. IBD requires frequent routine appointments, ongoing tests and costly pharmaceutical intervention.

MyIBD Care, a digital self-management tool, aims to reduce the burden the condition places on the patient but also looking at the potential to reduce costs to the NHS as well – and to free up resources to see new patients.

A pilot study at King's College Hospital involved a representative sample of 54 patients with Crohn's or ulcerative colitis. 85 per cent of them said they would prefer to use the MyIBD Care app as the primary method of clinical contact for routine check ups. 63 per cent said they would use it exclusively while an additional 22 per cent said they would use it with a reduced frequency of face-to-face appointments.

The results showed savings for the trust from reduced outpatient appointments. For complex patients this was up to £435 a year and on average the savings were around £150 per patient a year. The trust also had fewer "did not attend" cases in outpatients.

Anecdotally, there has been an improvement in patient activation, with patients feeling empowered to take more control of their condition, as well as in patient experience of the hospital and their clinical care team. This will be explored more in a further trial.

Both development and adoption has involved a range of stakeholders, including patients and clinicians. Nurse specialists are involved in "on boarding" patients.

One of the challenges of trialling digital therapeutics (DTx) is the mismatch between the speed at which technology develops and the structured methodology required for a clinical trial: by the time the trial at King's had finished, the technology had new functionalities which were not part of the trial.

To get NHS adoption, Ampersand Health had to complete the information governance compliance process at the trust and this has led to a template which helps other clinical team navigate this hurdle and could lead to simpler, speedier adoption in the future. Ampersand has also produced a savings calculator which helps work out savings for other departments.

It has also organised a series of DTx roundtables to demonstrate the effectiveness of collaborative self-management as an alternative to existing models of care. More than 50 clinicians have attended these with 42 per cent expressing interest in adopting or trialling the product.

Ampersand is a social impact company which focuses on DTx. Its platform was developed by clinicians, with support from industry. It produces self-management apps for patients with a range of long term conditions, together with a portal which allows hospitals teams to see and manage patient data.

Judges' comments: "This winner showcased a very patient-focused product. It has the potential to be spread more widely across a large patient community."



# Finalists

## **MyIBD Care: A Digital Therapeutic for Patients with IBD**

### **Ampersand Health**

MyIBD care is a self-management app for patients with inflammatory bowel diseases, empowering them to take control of their long-term condition and improve health outcomes.

Patient reported outcome data was shown to reduce work up times by an estimated 30 per cent and 85 per cent of users stated they would prefer to use the app as the primary method of clinical contact for routine check-ups.

## **Digital patient letters transforming hospital communications**

### **Yorkshire & Humber AHSN, Healthcare Communications & Barnsley Hospital FT**

Healthcare Communications created secure digital letters that are instantly delivered to a smartphone enabling patients to confirm, cancel or rebook with 1 tap. Digital content converts to 99 languages and if the letter is not accessed within 24 hours, a postal letter is automatically sent.

The system has streamlined communications within the hospital, reducing did not attend rates and enhancing patient experience.







## Procurement Support or Service Project of the Year

**GRI UK and The Bristol, Weston and Bath Partnership Project (BNSSG)**  
Collaboration in Procurement

Like most trusts the country, hospitals in the Bristol, Weston and Bath area rely on agency and bank staff to deliver care alongside their permanent employees.

A year ago the six trusts in the procurement collaboration – four acute and two community – were dealing with multiple recruitment agencies and seeing significant pay variations even within the same role. They were dependent on recruitment agencies which operated “off framework” for a large fraction of their shifts. On top of all of this, it was difficult for trusts to easily see what they were spending on agency staff and there was a lack of accurate and timely information.

The trusts formed a partnership with GRI (formerly de Poel) to address this. The trusts wanted to control their expenditure better with a tiered approach to escalation/authorisation, to have a single point of contact for booking agency staff, and to have improved management information. They also wanted a solution which would be capable of dealing with changes – in effect, something which was future proofed.

To reduce costs, there was a need for fairer margins for agencies, rates to be brought within the NHS Improvement rate cap as far as possible, and a more robust approach to compliance.

GRI’s account management team has supported the collaborative’s inhouse temporary staffing teams with all bookings channelled through GRI which acts as a “neutral vendor.” Its e-tips platform provides greater visibility and control over agency staffing spend.

The outcomes for the trusts have included £2.5m of savings with close to 600,000 hours of care delivered through the agreement. The numbers of shifts filled by “off framework” agencies has reduced from 29 per cent to 18 per cent, meaning the trusts are not having to pay so much in premium rates which breach NHS Improvement rate caps. The average time to confirm a booking is within four hours.

There is a single agreement and set of rates and terms and conditions in place. Some 60 agencies have signed up to these, including many smaller agencies. Engaging agencies – some of which had been resistant to rate caps in the past – has been important. GRI and the collaborative have established a code of conduct which asks suppliers to act in a transparent and ethical way.

GRI provides data for NHSI reporting on a weekly basis and undertakes an ongoing audit of agencies, allowing any issues to be spotted and then discussed with BNSSG and agencies. The use of e-tips means that, rather than thousands of invoices, a single consolidated weekly invoice is delivered – reducing the administration burden for trusts. Fortnightly operational and quarterly strategic meetings allow areas for improvement to be spotted.

And the partners have worked together to plan for changes in legislation. GDPR was implemented successfully and discussions about the impact of Brexit are ongoing.

Judges’ comments: “The winner demonstrated true partnership working across a complex geographical area with several NHS providers and others involved across the STP. The partnership successfully delivered significant savings in cost and process and benefits to patients and tax payers.”



# Finalists

## **SmartTogether Procurement Shared Service**

### **GHX UK and Guy's and St Thomas' FT**

SmartTogether was established to provide an integrated shared service and over the last 12 months has brought together four procurement teams involving over 150 staff operating across seven hospital sites.

Results of the partnership have included increased CIP delivery for Dartford, Lewisham, and Great Ormond Street by 100 per cent, equating to an increase of £2.0m in additional savings; and implementation of automated inventory systems within 12 weeks across the main theatres (on two hospital sites) for Lewisham.

## **GS1 and Scan4Safety project**

### **GHX UK and Leeds Teaching Hospitals Trust**

Through a strategic partnership GHX supported Leeds Teaching Hospitals Trust successfully implement Scan4Safety, realising cost savings of £2,316,336 along with increasing staff and patient satisfaction, helping standardise stock, increase theatre utilisation, increasing patient safety and move towards delivering patient level costing.

## **Collaboration in Procurement**

### **GRI UK and The Bristol, Weston and Bath Partnership Project (BNSSG)**

To address challenges regarding collective non-permanent recruitment, BNSSG partnered with GRI to control expenditure, create one point of contact for booking agency staff and achieve a future proof model.

Results of the partnership include reducing off-framework fill rate from 29 per cent to 18 per cent and cost savings of over £2.5m.

## **Improved data driving better procurement**

### **Ingenica Solutions and Taunton and Somerset FT**

An inventory management improvement programme at the Trust included the implementation of Ingenica Solutions' 360; the first GS1 certified inventory management solution in the NHS, and an enabler for GS1 standards and Scan4Safety.

Key outcomes included a reduction of over 80 per cent of time previously spent by clinicians managing supplies and replenishment activities, controlled inventory levels and faster traceability of clinical consumables for product recall.

## **Booking Rate Index for NHS Directors Liaison**

Liaison's Booking Rate Index is designed to improve, by STP, the understanding of non-budgeted agency spend.

The booking data allows the board to challenge workforce costs and make changes, reducing hours or switching to bank to save costs at the point of booking. Trusts involved in the programme are able to benchmark against peers and be in a better position to negotiate on rates.

## **NECS and NHS England North**

NECS recommendation was to work in partnership to produce a fit for purpose financial evaluation criteria to adopted for all procurements regardless of contract value. The aims were to increase the number of quality bids received and also allowing an opportunity for new entrants to the market to bid.

Within a six month period following implementation, the north region realised a 21 per cent decrease in the KPI for the number of bidders failing financial assessment.





**HSJ** PARTNERSHIP  
AWARDS 2019



**WINNER**

When St Helens and Knowsley Teaching Hospitals Trust was declared “best in the NHS” in the annual patient led assessments of the care environment programme in 2017, it was a cause for celebration for the trust and its partners.

But the challenge for 2018 was to retain this accolade – and ensure the partnership continued to put the patient at the heart of everything it did. As the trust has PFI-funded hospitals, the trust has worked closely with New Hospitals, Medirest and Vinci FM.

Medirest has 90 staff at the trust including domestics, porters and catering staff, while Vinci FM is responsible for maintenance, minor improvements and dealing with any issues.

The trust knew achieving “best in the NHS” and even improving on its performance would need to be done against a backdrop of financial challenges, meeting its cost improvement programme and ever more pressurised service. Much of the work to enhance the patient environment would have to come from efficiency savings and also support from charitable funds. In addition, the partners needed to maintain the high standards of the year before.

# Property and Estates Management Service Provider of the Year

**St Helens and Knowsley Teaching  
Hospitals Trust, New Hospitals, Vinci  
Facilities, Medirest  
Best In the NHS**

Despite all these challenges, the partners were able to introduce internal LED lighting, improve the seating in A&E and increase the number of birthing pools in the maternity department. Patients with dementia can become confused and distressed in an unfamiliar hospital environment so the partners took practical steps to help them with improved signage and revised hospital menus incorporating flash cards. The hospital grounds were another focus of attention with the winning garden from Tatton Flower Show replanted in the hospital garden, a commemorative garden established for bereaved parents and improved access to the gardens.

This was achieved with strong buy in and involvement from staff, patients and volunteers, including those who help undertake the PLACE audit to nationally-set criteria. The contract and facilities team runs a weekly programme of inspections to ensure standards are maintained. Staff – and the hospital board - sample the food served to patients which is fresh, steam cooked and made to order for each patient.

The trust not only retained its “best in the NHS” title but was the only acute trust in the country to score 100 per cent for cleanliness and 100 per cent for the standard of food served on its wards. Its overall score was 98.5 per cent.

Judges’ comments: “Impressed by the winner’s ambition to be the best and to make year on year improvements. The project team are passionate and committed to their patients, delivering key benefits and improvements in the environment which impacted the whole community.”



# Finalists

## Health Innovation Partners

### Morgan Sindall Investments & Arcadis

HIP has entered long term partnerships with three trusts, spanning acute, community and mental health and integrated health care systems. These partnerships have been developed through the Strategic Estates Partnerships initiative. The organisation has worked with partners to support priority areas. For example, an enhanced model of care that incorporated supported housing and an integrated approach to wider health and care provision and outcomes.

## Vacant Space Handback Scheme

### NHS Property Services

NHSPS launched The Vacant Space Handback Scheme to help commissioners cut the cost of empty space in their buildings, freeing up more of their budgets/funds for frontline care. Since then, 35 properties have been handed back, comprising a total of 27,496 sq m, with estimated cost savings of £4.2m.

## Combined Heat and Power Plant

### St Helens and Knowsley Teaching Hospitals Trust, New Hospitals and Vinci Facilities

St Helens and Knowsley Teaching Hospitals Trust along with its PFI partners have worked in partnership to overcome the complexities of energy management provision within a PFI contractual arrangement. Funding was supported through a Salix loan to install a Combined Heat and Power Plant at Whiston Hospital to deliver cleaner energy and renegotiated a deed of variation to the PFI contract which meant that the trust will benefit from significant cost savings.

## Best in the NHS

### St Helens and Knowsley Teaching Hospitals Trust, New Hospitals, Vinci Facilities, Medirest

To continue improving standards and enhancing the patient environment, the team embarked on a number of projects including internal LED lighting schemes, access to hospital gardens for patient therapy, improved dementia signage, improved seating in A&E, and redesigning maternity services.





## WINNER

An NHS-wide shortage of doctors has led many trusts to look to recruit abroad – especially for emergency department doctors.

But recruiting abroad can be a tough challenge for time-pressurised trusts. The process requires significant input from senior staff and can result in doctors accepting offers but then struggling to achieve the level of English language proficiency required by the General Medical Council. Doctors relocating to the UK can face a myriad of challenges around moving to a different country and culture, and settling into their new roles.

London North West Trust wanted to recruit more doctors for its emergency department to help it cope with the winter pressures at the end of last year and to assist with a restructure and expansion plan. This would allow it to reduce its dependency on locum doctors.

But the trust is in a particularly competitive environment with many other options for doctors who wanted to work in London.

In June 2018, it turned to Remedium which had helped it recruit other emergency medicine doctors over the previous year. Remedium was conscious of how time poor leaders in the trust were but also the need to ensure a good “match” between overseas doctors and the trust, with an understanding on both sides of what the jobs would entail and what working environment and experience they were coming from.

Key trust staff travelled to India over a weekend to interview candidates after initial Skype interviews. Remedium ensured they gained insights into the health service doctors were coming from. It also ensured it understood the trust’s ethos, culture, compliance

# Recruitment Services Provider of the Year

**Remedium Partners**  
Overseas Innovation for the NHS

requirements and geographic challenges so that it could be matched with suitable candidates. The aim was that every hour invested in the project was beneficial for the trust.

The recruitment drive led to 20 out of 25 shortlisted candidates being appointed, all of whom accepted the offer. This represents a £2.5m saving in agency locum spend for the trust.

The doctors all had access to Remedium’s award-winning relocation platform, Red Carpet, to ensure a smooth transition of doctors into the trust as quickly as possible. A single point of contact for them and their families helped with this.

Remedium worked in a similar way with several other trusts in 2018, resulting in 84 doctors being appointed – a 99 per cent fulfilment rate. Many of these were from India but the company also looks to other countries for certain specialties. Overall this represented a saving in locum costs of £9.1m for the trusts involved.

Remedium organises the trips to minimise the time input from the trusts, with travel, accommodation and visas all arranged for them, and a robust pre-trip briefing and shortlisting of candidates. It also provides local benchmarking data including salary, training and any educational or study requirements. There is regular follow up contact between the recruitment team, the trust and the doctors, including networking events.

Judges’ comments: “Sustainable benefits were achieved resulting from an excellent process in recruiting doctors. Developing best practice from previous experience. There was demonstrable evidence and support from previous clients.”



# Finalists

## Real Staffing Group

Real Staffing specialises in helping organisations across the both the NHS and private healthcare sectors. Partners they have worked with include Midlands & Lancashire CSU, where they made 33 placements in Continuing Healthcare in 2018. This support meant that backlogs were reduced, permanent staff were upskilled and CHC processes were improved by carrying out audits with staff.

## The Finegreen Group

The Finegreen Group were appointed as the search partner to NHS Derbyshire CCGs to help source the new accountable officer and the executive team.

The team was established three months ahead of plan, which meant that the budgeted time and costs in the recruitment process were saved and the new executive team could make an impact on the system faster.

## Overseas Innovation for the NHS

### Remedium Partners

Remedium organised and facilitated an overseas “direct to source” recruitment campaign to ensure emergency medicine doctors were in post before “Winter Pressures 2018”.

The partnership enabled London North West London Healthcare University Trust to recruit 20 highly skilled emergency department doctors, reducing the reliance on agency locums. The project improved patient care and experience, with stronger clinical outcomes overall.



**Agnes Fanning,**  
District Nurse Project Manager,  
Queen's Nursing Institute and  
awards judge





## WINNER

# Workforce Innovation Award

## Doc Abode, Local Care Direct and Yorkshire and Humber AHSN

Improving workforce capacity and patient  
outcomes in urgent care through digital  
innovation

An innovative way of matching doctors who are willing to work and home visits has helped to improve response times in parts of Yorkshire.

It's often difficult to get a GP to an urgently-needed home visit and many out-of-hours providers struggle to meet national standards for this, meaning some patients will not be seen within what is decided is the appropriate time to meet their clinical need.

While many providers will have "mobile" GPs to undertake this work, they may not be able to visit all patients in an acceptable timeframe at times of high demand.

Doc Abode was designed, not just to match doctors with the nearest patient needing a home visit, but to expand the number of doctors prepared to do this work. In doing so, the software platform helps healthcare providers to deliver more responsive, cost-effective care. It was trialled in Leeds and Huddersfield in partnership with Local Care Direct, the urgent care provider for West Yorkshire.

The platform can push home visit requests to selected GPs, or to all those available through an app. GPs are given information about the patient's location, and whether it is a language or specialism match with their skills. They then decide whether to accept or reject the request.

One of the attractions for GPs is this ability to state personal preferences and availability, allowing them to accept visits when it suits their lifestyle. This boosts the GP workforce by allowing them to choose to give up discretionary time without the commitment of a full shift.

A small scale evaluation in the Leeds and Huddersfield areas over five weekend days showed the addition of Doc Abode to normal GP cover led to higher achievement against national quality standards (from 64 per cent to 79 per cent).

The Local Care Direct mobile GPs answered any calls GPs decline to take, ensuring patients were seen. The extra GP cover was aimed at ensuring patients – many of whom are frail and elderly – were seen within an appropriate time (either within an hour as an emergency within two hours as urgent, and within six hours for routine cases).

But Doc Abode has the potential to be used at other times of the week as well – to assist with in-hours home visits and in extended hours schemes. It is now being rolled out on a wider scale with Local Care Direct but the scheme could be adopted in other parts of the country. In the last few months, it has started to be presented at national conferences.

Initial funding came from the Yorkshire and Humber AHSN and the Small Business Research Initiative, and the company was founded by GP Dr Taz Aldawoud.

Judges' comments: "This was an extremely impressive innovation that could lead to whole workforce redesign. It could be expanded into many different areas and has great potential. The winners fit with the future of NHS in terms of great delivery of care at home and in the community. This may lead to a shift in the way the NHS delivers services."



# Finalists

## **Improving workforce capacity and patient outcomes in urgent care through digital innovation**

### **Doc Abode, Local Care Direct and Yorkshire and Humber AHSN**

Doc Abode software platform connects and matches multi-disciplinary clinical workforce to improve response times for urgent care patients. Patient home visit requests are made through a mobile app.

The deployment platform has improved clinical outcomes for emergency patients, reducing A&E attendances, hospital admissions and length of stay.

## **Innovative workforce solutions focused on patient care**

### **GRI UK and The Bristol, Weston and Bath Partnership Project (BNSSG)**

A partnership project was established to further support the management of non-permanent workforce. It enables access to a wider talent pool and is designed to deliver operational efficiencies and control expenditure.

The project helped deliver 600,000 hours of quality care, reduced reliance on costly agencies and achieved savings of £2.5m.

## **Powering the workforce - Improving stability, continuity and resilience**

### **Lantum and Sutton GP Federation**

The team co-designed a digital workforce bank and e-rostering solution to improve retention, increase operational efficiencies and reduce agency staff spend.

The workforce engagement programme improved bank staff recruitment and facilitated better access to healthcare professionals, reducing workforce management costs by 75 per cent.

## **The lead employer trust for North East and North Cumbria delivering a collaborative bank to the north east region**

### **Liaison**

Flexishift is a collaborative bank in the North East and North Cumbria. Trusts share the workforce supply pool before approaching agencies and vacancies are filled faster and more efficiently with no negative impact on patient care.

Better technology, including an app, means streamlined administration and reduced burden on finance and medical staffing teams.

## **Improving Data Quality Across General Practice**

### **NECS Consultancy and STPs across the Midlands and East**

The team delivered an information management program for improving the quality of general practice workforce data required for planning and monitoring purposes.

The improving data quality initiative has significantly decreased the percentage of practices submitting invalid GP and nurse data.

## **Excellence in E-Rostering: Workforce Transformation with Sentinel AI Oceansblue**

The team developed a workforce transformation programme to boost e-rostering effectiveness to improve compliance, release clinical time and reduce temporary staffing costs.

In one trust the excellence in e-rostering programme has reduced reliance on temporary staff by 25 per cent and, overall, the programme has helped the trust save £12m per annum.

## **HIGHLY COMMENDED:**

### **Patchwork - Digital Transformation of the Staff Bank**

#### **Patchwork and Chelsea and Westminster FT**

Patchwork is a bespoke software solution to improve efficiency of staff bank and reduce spend on agency doctors.

Currently live in seven trusts, the system has, in one organisation, increased bank fill rates to over 90 per cent and achieved estimated savings of £1m per annum.



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### PARTNERSHIP WINS NATIONAL HEALTH-INDUSTRY AWARD

25th March 2019

An initiative bringing together the Oxford Academic Health & Science Network (AHSN), NHS and industry to improve patient care has won a national prize.

The collaboration with Roche Diagnostics to introduce a new test for pre-eclampsia into maternity units was the winner of the 'Best Healthcare Provider Partnership' category of the HSJ Partnership Awards.

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### Winners of the HSJ Partnership Awards 2019 unveiled

The winners of the HSJ Partnership Awards 2019 were announced on 20 March at a prestigious black-tie awards ceremony at Park Plaza, Westminster.



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### Award-winning work puts patients in control

Shared decision-making between clinicians and patients is delivering significant improvements in patient care. Partnership. Physiotherapist Helen Patten shares the benefits

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3 April 2019 14:39

### Hospital Trust wins partnership award with digital innovator

RSS Print

Chelsea and Westminster Hospital NHS Foundation Trust and digital innovator Patchwork have won an award for digital transformation at the HSJ Partnership Awards 2019.

FROM THE L



delivery

Chrissy Bell, global systems, looks at what for design and communication. Read more. Chrissy Bell





**Charlotte Weston** • 2nd  
Manager- Government & Health Industries Consulting at PwC  
2w

Huge congratulations to North Bristol NHS Trust and our PwC UK team who tonight won the HSJ Partnership Award for Best Clinical Service Transformation Project for our Digitally Enabling Patient Flow programme. ...see more



**Tala Communications** @Team\_Tala · 21 Mar

Congratulations to all the winners at @hsjpartnership last night. The Awards reward inspirational work carried out for the #NHS #partnership #architects #facilities #IT #pharma #healthcare, #charities #MedTech #partnership #recruitment #legal #procurement



5 15



**Cavell Nurses' Trust** @CavellTrust · 21 Mar

We're so proud! Our amazing 'Working with' members were finalists at the #HSJPartnershipAwards last night. You're all winners in our eyes, your support means UK nursing staff can get life-changing support when facing a crisis. Thank you also @hsjpartnership for a fab evening!



**Oxford AHSN** @OxfordAHSN · 20 Mar

We won! #Preeclampsia test improving care for pregnant women developed by @RocheDialUK, tested at @OUHospitals and spread to other maternity units by @OxfordAHSN wins @hsjpartnership award for best healthcare provider partnership #HSJPartnershipAwards [bit.ly/partnerwin](https://bit.ly/partnerwin)

**WINNER!**  
Best Healthcare  
Provider Partnership  
Pre-eclampsia test



Strategic & Industry Partnerships and 3 others

1 21 37



**Sussex Community NHS** @nhs\_sct · 5 Apr

In the latest Weekly Message Deputy CEO Mike Jennings reflects on our recent win at the @hsjpartnership awards and how we do our best make patient-centred care a reality.

[bit.ly/WeeklyMessage0...](https://bit.ly/WeeklyMessage0...)

#CommunityThatCares



7 12



**UH Bristol NHS FT** @UHBristolNHS · 21 Mar

Members of the UH Bristol resourcing team and GRI took to the stage at last night's #HSJPartnershipAwards to receive the Procurement Support or Service Project of the Year prize 🏆 Find out more here: [bit.ly/2Oj1XX8](https://bit.ly/2Oj1XX8) #WorkingTogether



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