

# HSJ AWARDS 2025

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The **2026 HSJ Awards** take place as the NHS undertakes the most consequential structural reform in a generation. Across the country, the work is already happening. **Hear from last year's winners about their journey in their own words.**

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# TRUST OF THE YEAR AND PERFORMANCE RECOVERY AWARD | WEST HERTFORDSHIRE TEACHING HOSPITALS NHS TRUST

“ *Winning the double - Trust of the Year and Performance Recovery awards - was a special moment for West Herts.* ”



It marked a remarkable journey. Just a few years ago, we were rooted near the bottom of league tables for waiting times, corridor care had become normalised and our ageing estate was crumbling. Staff morale was low. Patient satisfaction was mixed. And our financial position continued to deteriorate.

“ *Fast forward to today and we’ve moved from 102nd place in the national A&E waiting lists to consistently being within the Top 10.* ”

Waiting lists have fallen by 26%, all three national cancer standards have been met for 12 consecutive months and we’re leading the way on place partnerships and neighbourhood health. We’ve improved in all of the people promise staff survey scores, and significantly reduced our budget deficit.

These awards felt like recognition for all the hard work, passion and relentless focus on improvement that teams across the Trust had delivered.

The team who attended the awards were ecstatic to win not one but two awards on the night (that’s was a real shock).

But we also knew that these awards were not about a few people celebrating on one night, however much fun that was for those lucky enough to be there.

They belonged to the whole Trust – and we wanted to make them feel ownership and pride in what they had achieved.

## HSJ AWARDS ON TOUR

Our 'HSJ Awards on Tour' gave both clinical and non-clinical colleagues a special opportunity to reflect on and recognise the role their team played in delivering significant improvements for our patients.

The awards belonged to each and every one of our 5,600 colleagues, and we wanted to give them the chance to celebrate together in their own team.

To mark the celebrations, we created selfie frames and boards so teams could enjoy some photos with the awards and have fun in the process.

We then encouraged staff to share their snaps with us – so we can publish them on our staff intranet and social media to keep the feel-good factor going.

Over the course of 6 weeks, the tour visited all four of our sites, and more than 20 locations in total, with hundreds of colleagues involved.

**“ And it wasn't just about the frontline teams - we also ensured our support teams, volunteers, finance, HR and communications all had the chance to celebrate and be recognised for the roles they played in helping the Trust to improve. ”**

The tour began in the Emergency Department at Watford General Hospital, where we celebrated with tea and cake, and the chief executive, and chief nurse thanked staff for their incredible progress.



## BRANDING

We updated our branding to include the HSJ Award wins on a Teams backgrounds; our email signatures, recruitment packs and powerpoint presentations.

This ensures that the awards are a constant reminder (at least for the next year!) of what we've achieved together, as well as building confidence in our Trust with stakeholders, the public and partners.

## REPUTATION BUILDER AND PMQS



We shared news of our double win with local media outlets, MPs, councillors and partners, as well as our social media channels. The award wins generated positive public messages of congratulations from MPs.

The highlight was when our local MP Matt Turmaine highlighted our successes in winning 'Trust of the Year' and 'Performance Recovery' during Prime Minister's Questions.

He invited Prime Minister Keir Starmer to join him in congratulating the 'amazing team' at Watford General and thanked staff for "all the hard work they have done to achieve this admirable accolade."

Matt Turmaine encouraged parliament to 'imagine what further achievements' staff at West Herts could deliver with "a new hospital and new facilities."

**“ The Prime Minister responded saying: “I will join and thank the staff in his hospital, but also the NHS staff across the country.” ”**

# NHS RACE EQUALITY AWARD | BROWNLOW HEALTH



## ENTERING

### What was the trigger that made you think: “We should enter this year”?

We'd had previous success with awards for individuals within the team and shortlisted for the clinic model but 2yrs on, we saw a clear step-change in impact, along with growth in partnerships and collaboration.

“ This combination of measurable outcomes and external praise created a natural moment to enter, and we felt it important to share our service mapping, supporting other healthcare providers nationally, to offer a better-informed quality of care with evidence-based knowledge and the crucial element of lived experience. ”

### How did you choose the category?

The project directly addressed ethnic health inequalities, workforce capacity, and innovative primary care delivery. Liverpool sits in decile one for deprivation and has a hugely diverse population. Understanding, delivering and improving healthcare for our communities aligns with Brownlow's values and the focus on clinical improvement, equity, and workforce impact detailed within the category was suitably matched. We felt we'd evolved into a service that could confidently tick every box.

### Who was the driving force behind entering and who had to be convinced?

All of the teams within Brownlow are passionate about their work and although winning is fantastic, increasing awareness and being acknowledged on a wider spectrum opens so many opportunities for collaboration and funding so we actively seek ways achieve this as well as celebrate our teams where we can. Our senior leadership team were the driving force to entry however it's the team that deliver who enable us to create such a strong submission. We must mention our then Care coordinator and now social prescriber

Farida as she has been pivotal to the growth, sustainability and success of the clinic. Farida is humble and kind but extremely driven and dedicated with it, she is motivated by our patients and their biggest advocate.

### **What were you hoping the judges would understand about your work?**

That we not only acknowledge but react to the needs of our patients. That we want to make a difference, a positive impact and will try to overcome every barrier to achieve it. Not only for those we serve but also to help shape a model that will support better pathways and access to health for our vulnerable and underserved. That this was not just a clinic but a system-wide model addressing inequality, access, and workforce strain. The team wanted judges to see the depth of collaboration, the cultural sensitivity, and the measurable outcomes of services working together for the greater need.

### **Was there a moment you nearly didn't enter? What changed your mind?**

No, we are extremely proud of our team, our ever-growing depth of knowledge and the patients who have supported us in creating a clinic that is now fully established in its 3rd year and consistently increasing awareness across healthcare and other public sectors. We have patient volunteers with lived experience who first arrived with us now offering help to others, creating a safe, trusting environment which is invaluable to all involved.

## **WRITING IT**

### **What was the biggest challenge in getting it submitted?**

Trying to pick out the key points and fitting it all into the word count. I think I've mentioned a few times how passionate and proud we are so we could've written a book, but we had to stay focused on the criteria.

### **What took longer than expected?**

The word count and choice of evidence, capturing a complex, multi-agency pathway in a concise format. We have had success in the GP awards, presented at best practice and join monthly multi agency forums with the council, police, home office and 3rd sector so are consistent in evaluation and data collation plus we support community events so we had everything available, it was just reviewing what needed to be in the submission to do us justice.

### **What did you learn about your project by trying to write it down clearly?**

💬 *That the initiative had grown far beyond its original scope. Writing it down revealed the scale of change and made us think, what would we have done without it?* 💬

The initial impact of new arrivals to the city nearly put one of our practices in crisis managing day to day general practice and then adding a substantial number of patients with complex needs and some severe cases of trauma in such a short space of time with no warning or time for planning. We were fortunate to be a partnership of 6 practices with the ability to share resource and our teams just adapted with resilience which looking back is phenomenal and we're very lucky to have them. It also highlighted how deeply it influenced workforce culture, public health processes, and city-wide strategy.

## **BEING SHORTLISTED**

### **How did the team react when you found out you were shortlisted?**

Ecstatic – we were over the moon. We have a large workforce across Brownlow and many not working directly with the clinic but serve our refugee and asylum patients in general

practice so all felt a sense of pride and appreciated the acknowledgement. It reinforced that our efforts were recognised beyond the organisations and that we were making the difference we aimed to achieve.

### **Did being shortlisted change anything internally?**

Yes - visibility, confidence, and organisational awareness increased. We are a training hub for registrars so the ability to work alongside teams with the knowledge and experience ours have gained over the years is invaluable to their learning and supports education in trauma informed care which they will carry with them throughout their career.

## **AWARDS NIGHT**

### **What did attending the ceremony represent for the team?**

*“ A moment of national recognition. The work is emotionally demanding & often unseen, supporting traumatised and displaced people. You don't get the time to take a step back and look at how far you've come until nights like this. ”*

It exemplified the team's commitment to inclusion, equity and compassion, making such a crucial and positive impact in challenging times.

### **What did the night feel like from walking in, to the announcement?**

A mix of excitement, pride, and anticipation. Being shortlisted was amazing but winning just blew us away. It was really emotional and an honour to represent our teams. Just a fantastic night all round

### **Describe the awards night in 3 words**

Emotional, Fulfilling & Memorable.



## THE NEXT DAY

### **What's happened since the awards? Did anything shift because of it?**

The model has continued to spread and gain influence, our network is growing and we are working with some amazing CIC's & charities as well as cocreating a volunteer development programme to ensure we offer the skills to support our volunteers in future employment opportunities.

### **How did you celebrate with the wider team who weren't at the event?**

We shared the celebration at our end of year presentation, celebrating achievements across the board and showing our gratitude for another year of commitment and hard work from all our Brownlow teams.

### **Did the recognition change how leadership or other teams engaged with the work?**

Not so much change but gave us validation which strengthens leadership support and confidence for future projects

### **What opportunities came from it?**

We were invited to present at one of the mental health subgroups of NASHOG and hoping that we can help further in this area.

**“ We have also been granted some funding from the North West Regional Strategic Migration Partnership (RSMP) to deliver a free education and networking conference focusing on mental health in our refugee and asylum population which aims to offer our knowledge and experience to others, with a panel of lived experience volunteers in attendance which we hope will help wider healthcare providers and other sectors create easier, better quality and more informed pathways of care to patients on a national front. ”**

# DATA-DRIVEN TRANSFORMATION AWARD | NHS DORSET



## ENTERING

### What was the trigger that made you think: “We should enter this year”?

We realised that the work on hypertension optimisation had delivered a measurable impact on population health, alongside a meaningful reduction in health inequalities. What stood out was how fully the programme demonstrated the alignment we had been working towards for many years in Dorset, bringing together robust data, digital solutions, and clinical delivery through close collaboration between the Population Health Management team, (Dorset Intelligence and Insights Service) DiIS, and primary care clinical leadership.

💬 *When we compared our outcomes with other ICBs across England, it reinforced that this integrated approach was delivering real results, and that encouraged us to consider entering.* 💬

### How did you choose the category?

It was a difficult decision because the programme spanned clinical improvement, health inequalities, prevention, digital scaling, and population health management. Ultimately, we selected the category that best reflected the combined strengths of PHM and DiIS working with primary care to turn analytical insight into action at scale.

### Who was the driving force behind entering and who had to be convinced?

Everyone supported the idea, but operational pressures meant it stayed on the to-do list for longer than planned. The challenge wasn't convincing anyone of the programme's value, just finding the time to shape a complex piece of work into a submission.

## What were you hoping the judges would understand about your work?

We hoped they would recognise how broad and interconnected the programme was. It could be viewed through the lens of data, outcomes at scale, treatment optimisation, prevention, health inequalities, or digital adoption and the real strength was how these elements linked together. Capturing this integrated story within the submission criteria meant working out what to leave out, which was the hardest part.

## Was there a moment you nearly didn't enter? What changed your mind?

Yes, we had genuinely lost track of the deadline and realised on the final day at 5 p.m. that it was due that evening. Writing it that night wasn't ideal, but it meant we focused and simply got it done.

## WRITING IT

### What was the biggest challenge in getting it submitted?

Explaining a complex, multi-layered programme within a structured award format. We had to leave out parts we normally highlight when presenting the work because they didn't fit neatly into the criteria.

### What took longer than expected?

The writing itself, shaping a message that accurately reflected the integrated working between PHM, DiiS and primary care, without oversimplifying.

### What did you learn about your project by trying to write it down clearly?

*It reminded us that the programme was even more multifaceted than we sometimes appreciate. Writing it down helped us reflect on the sheer breadth of the work and how closely the different teams had collaborated to achieve the outcomes.*

## BEING SHORTLISTED

### How did the team react when you found out you were shortlisted?

Everyone was thrilled. It meant a great deal to see the collective effort recognised.

### Did being shortlisted change anything internally?

It brought positive attention, strengthened confidence across the teams involved, and reinforced the value of the population health management methodology used for the programme.

## AWARDS NIGHT

### What did attending the ceremony represent for the team?

Attending the ceremony was a valuable opportunity for the team to come together and celebrate what had been achieved. Even the train journey to London became part of the experience, a chance to relax, enjoy each other's company, and step out of the usual day-to-day pressures. We also met other teams on the train who were heading to the ceremony, and there was some good-natured joking about the competition, which added to the sense of fun and shared occasion.

*The whole experience offered a rare moment to pause, reflect on the scale of the work, and appreciate the collective effort behind the programme. Being there in person gave the team a real sense of pride in what had been accomplished.*

### **What did the night feel like from walking in to the announcement?**

A mixture of surprise and delight. We had no expectation of winning, although we felt confident in the strength of the programme because of the outcomes achieved.

### **Describe the awards night in 3 words.**

Rewarding, reflective, connected.

## **THE NEXT DAY**

### **What's happened since the awards? Did anything shift because of it?**

We've had some local press interest and took time to celebrate with the various teams involved. It also helped spark further conversations about how we apply the population health management approach to other priority areas.

### **How did you celebrate with the wider team who weren't at the event?**

We met locally with the PHM and DiS teams and held a celebratory lunch for those involved who were not able to attend the ceremony. We also took the trophy to team meetings to thank colleagues in person. Sharing it across the groups felt important, given the joint effort behind the programme.

### **Did the recognition change how leadership or other teams engaged with the work?**

*It reinforced system confidence in the population health management approach, and the importance of using shared data and insight as the basis for improvement in outcomes and reductions in health inequalities.*

### **What opportunities came from it?**

It has opened discussions about scaling elements of the programme, applying the same method to other long-term conditions, and strengthening partnerships across analytical, operational and clinical teams.

# PRIMARY AND COMMUNITY CARE INNOVATION OF THE YEAR | NORTH LEWISHAM PCN AND RED RIBBON LIVING WELL



## ENTERING

### **What was the trigger that made you think: “We should enter this year”?**

We entered the awards on behalf of our Health Equity Partnership because the work represented something genuinely different: a voluntary sector-led, co-designed approach delivered with primary care, not bolted on to it. The partnership overcame multiple challenges to deliver an ambitious, community-embedded programme that reached people who are often missed by traditional services. It felt important to shine a light on what’s possible when power is shared and communities are trusted as equal partners. It was also important to celebrate how far we had come as a team, and how far Red Ribbon Living Well had developed as an organisation throughout our journey.

### **How did you choose the category?**

We entered for the Primary and community care innovation of the year and the Health Inequalities categories. The category choices followed naturally from the work itself. This wasn’t a single service or pathway redesign, but a whole-system partnership focused on health equity, prevention, and access. The combination of community health hubs, community champions, and stigma reduction aligned closely with categories focused on tackling inequalities, population health, and partnership working across sectors.

### **Who was the driving force behind entering and who had to be convinced?**

Dr. Camille Hiron entered the awards with consent from Red Ribbon Living Well as joint members of the Health Equity Team. No one needed convincing and it felt important for our teams work to be recognised after all the hard work we had put in.

## What were you hoping the judges would understand about your work?

We were hoping that first and foremost the judges would see the equal partnership, shared power and heard voices of all our team. We worked hard on this and had to overcome power imbalance, trauma and cultural differences but a shared vision and open dialogue enabled cohesive working.

We also wanted to show the judges that meaningful health equity work takes time, trust, and discomfort. We wanted judges to understand that the impact didn't come from a single intervention, but from sustained relationship-building, co-design, and being present in community spaces. Success wasn't only measured in numbers, but in trust gained, stigma challenged, and doors opened between communities, primary care and collaboration.

## Was there a moment you nearly didn't enter? What changed your mind?

Yes! We had entered the year before but had not been short-listed. We were not sure that it would be worth the time and effort to enter again and there was a real moment of doubt about whether the work was "polished enough" for a national award.

*“What changed our minds was realising that the imperfections were actually the point. The project was honest, iterative, and community-led, and that felt worth sharing.”*

## WRITING IT

### What was the biggest challenge in getting it submitted?

The biggest challenge was distilling a very broad, relational and large piece of work with multiple projects into a concise narrative. Some of the impact was qualitative, trust, confidence, empowerment, and translating that into an awards format without losing its meaning took time.

### What took longer than expected?

Writing took the longest. Pulling together data from different partners, alongside community voices and reflections, required careful coordination. Ensuring that the voluntary sector perspective was accurately and respectfully represented also mattered deeply and couldn't be rushed.

### What did you learn about your project by trying to write it down clearly?

Writing it down made the scale of the achievement clearer. It highlighted how much had been delivered with relatively modest funding, and how central the voluntary sector leadership and community champions were to every success. It also reinforced how much learning had happened through challenges, not despite them.

## BEING SHORTLISTED



## How did the team react when you found out you were shortlisted?

There was a real mix of pride, surprise, and emotion. For many in the voluntary and community sector, recognition at this level feels rare. Being shortlisted felt like validation that the work and our team deserved.

## Did being shortlisted change anything internally?

Yes. It boosted confidence across the partnership and beyond within the ICB, Public Health and the next cycle of the Health Equity Teams. Being shortlisted helped legitimise the approach internally and it gave people permission and confidence to say, “this works,” and to talk more confidently about scaling and sustaining the model and approach.

## AWARDS NIGHT

### What did attending the ceremony represent for the team?

It represented visibility. It represented hard work to get there. For community organisations and champions whose work is often unseen, being present in that space felt powerful.

### What did the night feel like from walking in, to the announcement?

It felt energising and slightly surreal. There was entertainment all around, the awards felt very prestigious. Walking into a room full of people committed to improving health and care, and knowing that community-led work was part of that story, was incredibly affirming.

“When it was time to announce the winners of our category, we were all holding hands and crossing our fingers, we couldn’t believe it when we had won! It was exciting to hear the judges describe the reasons we had won and we all felt a huge sense of pride as we went to collect our award.”

### Describe the awards night in 3 words

Prestigious, validating, proud

## THE NEXT DAY

### What’s happened since the awards? Did anything shift because of it?

There was an initial flurry of celebration within our local and regional teams, the ICB, public health and the primary care network. The recognition helped open conversations about sustainability and spread. It created momentum and reinforced the value of continuing to invest in community-led approaches rather than short-term pilots.

The recognition has also helped to bring awareness to the Health Equity Programme as a whole and share the power of community co-designed solutions.

### How did you celebrate with the wider team who weren’t at the event?

We shared the news widely, thanked partners and champions directly, and made sure the recognition was framed as belonging to everyone - particularly the community champions whose work made the project possible.

### Did the recognition change how leadership or other teams engaged with the work?

Yes. It helped shift perceptions, particularly around the credibility and scalability of voluntary sector-led models. Senior stakeholders became more curious and more open to learning from the partnership.

What opportunities came from it?

“ It strengthened existing relationships and sparked interest in replication and scale. While funding conversations are ongoing, the recognition has made it easier to advocate for sustained investment, additional partnerships, and further development of the community champion model.”

## PROVIDER COLLABORATION OF THE YEAR | NORTHAMPTONSHIRE HEALTHCARE FT | EAST MIDLANDS CAMHS COLLABORATIVE



### ENTERING

**What was the trigger that made you think: “We should enter this year”?**

We wanted to showcase the work we have been doing in partnership with our collaborative partners and share the learning so we can continue to improve and grow.

**How did you choose the category?**

The Collaborative has been live for 5 years and we felt collectively that we have improved the lives of children and young people and their families and wanted to share more widely to show we are best in class.

**Who was the driving force behind entering and who had to be convinced?**

The commissioning hub has been working with collaborative partners and driving forward transformation, led by Simon Harris, Director of New Care Models for the East Midlands CAMHS Collaborative, and Clinical Lead Dr Sachin Sankar.

## **What were you hoping the judges would understand about your work?**

That the work and transformation that has been delivered can be replicated across the country to improve the lives of children and young people.

## **Was there a moment you nearly didn't enter? What changed your mind?**

*Yes, many times! Capacity to develop the submission was a challenge but we felt it was important to showcase the work we have been doing and the difference we have made as a collaborative.*

## **WRITING IT**

### **What was the biggest challenge in getting it submitted?**

Time and capacity. The work had been done but finding time to write the submission and articulate our story was a challenge.

## **BEING SHORTLISTED**

### **How did the team react when you found out you were shortlisted?**

Surprised, thrilled, amazed and very proud!

### **Did being shortlisted change anything internally?**

The team felt very proud of the achievement, and this was shared with wider collaborative partners who we are equally proud of what we have achieved together.

## **AWARDS NIGHT**

### **What did attending the ceremony represent for the team?**

It was a very proud moment.

### **What did the night feel like from walking in to the announcement?**

*Completely shocked and stunned!*

## **THE NEXT DAY**

### **What's happened since the awards? Did anything shift because of it?**

We shared the excitement with our partners who were equally thrilled.

### **How did you celebrate with the wider team who weren't at the event?**

The award was shared at the team meeting.

### **Did the recognition change how leadership or other teams engaged with the work?**

Yes, lots of other collaboratives have been in contact to ask for help and support, which we have done.

# MILITARY AND CIVILIAN PARTNERSHIP | EAST SUSSEX HEALTHCARE NHS TRUST



## ENTERING

### What was the trigger that made you think: “We should enter this year”?

Our work supporting the Armed Forces community had grown significantly over a relatively short period of time, and we started to realise that what we had developed at East Sussex Healthcare NHS Trust was something quite special.

We had moved from early conversations about how we support veterans, reservists and military families, to becoming a Veteran Aware Trust, building partnerships with military organisations, and embedding support for the Armed Forces community into our workforce and patient services.

“Entering the HSJ Awards felt like an opportunity not only to celebrate the work of our colleagues and partners, but also to share learning with other organisations across the NHS.”

### How did you choose the category?

The category felt like a natural fit because our work is fundamentally about partnership.

Our progress has only been possible through collaboration between the Trust, Armed Forces charities, local military units, the Veterans Covenant Healthcare Alliance, and colleagues across the Sussex system.

The category allowed us to showcase how military and civilian organisations can work together to improve healthcare access and experience for the Armed Forces community.

### Who was the driving force behind entering and who had to be convinced?

Entering the awards was strongly encouraged by our senior leadership team, who recognised the impact of the work and felt it deserved national recognition. Their

support gave us the confidence to move forward with a submission.

The Equality, Diversity and Inclusion team led the development of the submission. Pulling the entry together was very much a collective effort, with colleagues across the Trust helping to gather evidence, provide data, and refine the narrative so it accurately reflected the collaborative nature of the work. As with many things in the NHS, the biggest challenge was simply finding the time alongside busy operational roles to bring everything together into a clear and compelling submission.

### **What were you hoping the judges would understand about your work?**

More than anything, we wanted the judges to understand that supporting the Armed Forces community is not just about a badge or an accreditation. It's about changing culture, raising awareness among staff, building partnerships, and ensuring veterans and their families receive the care and understanding they deserve. We also hoped the judges would see that this work benefits both patients and staff, particularly colleagues who have served or who are reservists.

### **Was there a moment you nearly didn't enter? What changed your mind?**

*💧 Like many NHS teams, we debated whether we had the time to put together a submission. But as we started writing it, we realised just how much had been achieved through collaboration and determination. That process itself reminded us that the work was worth celebrating. 💧*

## **WRITING IT**

### **What was the biggest challenge in getting it submitted?**

The biggest challenge was pulling together all the evidence and data that showed the impact of the work while also telling a clear story. There were many different strands, workforce initiatives, patient pathways, partnerships, training and awareness – so it was important to bring those together into a narrative that judges could easily understand.

### **What took longer than expected?**

Gathering the supporting evidence and ensuring the submission captured the contributions of multiple partners took longer than expected. We wanted to make sure the submission reflected the true collaborative nature of the work, rather than focusing on one organisation alone.

### **What did you learn about your project by trying to write it down clearly?**

Writing the submission helped us step back and recognise how far we had come. I think that often in the NHS we move quickly from one initiative to the next, but documenting the journey helped us see the scale of change that had happened in a relatively short time.

## **BEING SHORTLISTED**

### **How did the team react when you found out you were shortlisted?**

There was a real sense of excitement when we heard we had been shortlisted. It felt like recognition not only for the Trust, but also for the many partners and individuals who had contributed to the work along the way.

Alongside that excitement was a genuine sense of responsibility. Knowing we would be presenting to the judging panel felt a little daunting, as we wanted to do the work justice and make sure we represented the contributions of everyone involved as thoughtfully and authentically as possible.

In many ways, preparing for the panel also gave us a chance to reflect on the journey and the partnerships that had made the work possible.

### **Did being shortlisted change anything internally?**

Yes – it helped raise the profile of the work across the organisation. It reinforced to colleagues that supporting the Armed Forces community is an important part of our Trust's culture and values.

## **AWARDS NIGHT**

### **What did attending the ceremony represent for the team?**

Attending the ceremony represented a moment to pause and celebrate the dedication and partnership that had made the work possible. It also represented recognition of the importance of supporting veterans, reservists and military families within healthcare.

### **What did the night feel like from walking in to the announcement?**

From the moment we walked into the room there was an incredible atmosphere, a mix of anticipation and celebration of the innovation happening across the NHS.

When our category was announced and our project was named as the winner, there was a real sense of pride, coupled with a little disbelief. The other organisations shortlisted in the category were doing fantastic work, so it felt incredibly special to have the project recognised in that way. For the team, it was a moment of genuine pride in what had been achieved together.

### **Describe the awards night in 3 words**

Proud. Celebratory. Inspiring.



## THE NEXT DAY

### What's happened since the awards? Did anything shift because of it?

*Winning the award has helped increase the visibility of the work both within the Trust and externally. It has strengthened our partnerships and helped us continue building momentum around support for the Armed Forces community.*

Since the awards, colleagues from other NHS trusts have reached out to learn more about the approach we took and to ask for advice on developing similar work within their organisations, which has been incredibly encouraging. It has also been wonderful to see the work recognised more widely, including being asked by the Veterans Covenant Healthcare Alliance (VCHA) to feature the project in their Salute! publication.

Together, these opportunities have helped us share learning more widely and continue building connections that support the Armed Forces community across the NHS.

### How did you celebrate with the wider team who weren't at the event?

We shared the news widely across the organisation and made sure to recognise the contributions of the many colleagues and partners who had been part of the journey.

While only a few of us were able to attend the awards ceremony, the work itself had been a truly collective effort, involving teams across the Trust and a number of external partners. Sharing the recognition more widely felt important, as the award really belonged to everyone who had helped make the work possible.

### Did the recognition change how leadership or other teams engaged with the work?

Yes – it helped reinforce the importance of the programme and the impact it was having across the organisation. The recognition created greater visibility and encouraged further engagement from teams across the Trust, with more colleagues wanting to understand how they could support the work and contribute to the wider ambition of improving support for the Armed Forces community.

### What opportunities came from it?

The award has opened up opportunities to share learning with other organisations and continue building partnerships that support the Armed Forces community. Since the awards, colleagues from other NHS trusts have reached out to learn more about our approach and ask for advice on developing similar initiatives in their own organisations.

It has also been encouraging to see the work recognised more widely, including being invited by the Veterans Covenant Healthcare Alliance (VCHA) to feature the project in their Salute! publication, helping us share learning across the wider NHS.

# ACUTE SECTOR INNOVATION OF THE YEAR AND MODERNISING DIAGNOSTICS AWARD | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST



## ENTERING

### **What was the trigger that made you think: “We should enter this year”?**

We had reached a point where the impact of AI on our stroke pathway was undeniable. Thrombectomy numbers had quadrupled, outcomes had dramatically improved, and we were consistently exceeding national benchmarks. It felt like the right moment not only to celebrate that progress, but to share a model that could be replicated nationally.

Importantly, this transformation was also aligned with the Government’s strategic agenda around the responsible adoption of Artificial Intelligence within the NHS. In a speech on AI in Jan 2025, the Prime Minister highlighted the role of AI in transforming public services and specifically referenced one of our stroke patients as an example of how AI-enabled healthcare can deliver life-changing outcomes. That national recognition reinforced our belief that this was more than a local service improvement - it was part of a broader movement demonstrating how AI can safely, ethically and effectively modernise patient care across the UK.

### **How did you choose the category?**

Our work sat at the intersection of digital innovation and clinical transformation. We therefore selected categories that reflected both the technological advancement and the measurable improvement in patient outcomes.

## Who was the driving force behind entering and who had to be convinced?

I initiated the entry submission, having reflected on the scale of transformation we had achieved and the importance of sharing that learning nationally. However, this was very much a collective effort. The entire multidisciplinary thrombectomy team - spanning stroke medicine, interventional neuroradiology, interventional radiology, anaesthesia, emergency medicine, radiographers, stroke nurses and operational colleagues - fully supported the submission.

Like many clinical teams, our primary focus has always been service delivery rather than awards. There was some initial hesitation simply due to time pressures, but once we stepped back and reviewed the measurable clinical impact, there was strong consensus that the story needed to be told. The submission was also formally endorsed by Trust management, reflecting organisational recognition that this innovation represents a flagship example of digital transformation and patient-centred improvement within our Trust.

## What were you hoping the judges would understand about your work?

“ *That this was not simply a software implementation. It was a whole-system transformation - cultural, operational, and clinical - driven by a clear objective: ensuring every eligible stroke patient has access to timely, life-saving thrombectomy.* ”

We also hoped the judges would recognise the human impact behind the data. Including a patient testimonial made a significant difference, because patient voices speak louder than statistics alone. Hearing directly from someone whose life was transformed by timely AI-enabled thrombectomy helped illustrate that this innovation is not about technology for its own sake - it is about restoring independence, reducing disability, and giving people their lives back.

## Was there a moment you nearly didn't enter? What changed your mind?

Time pressures were significant.

“ *However, when we reflected on the number of patients whose lives had been changed, it became clear that telling our story was more important than the effort involved.* ”

We also felt strongly that sharing our experience could benefit other UK centres. Many hospitals are facing similar challenges in delivering timely stroke diagnosis and thrombectomy access, and we believed that our pathway could be translated to other services across the country. The potential for our work to contribute to saving thousands of additional lives made the decision to submit the entry feel both meaningful and compelling.

## WRITING IT

### What was the biggest challenge in getting it submitted?

Synthesising years of work into a concise, compelling narrative while maintaining robust clinical detail.

### What took longer than expected?

Collating validated data and ensuring alignment with national metrics took considerable time, as we wanted the submission to be evidence-based and transparent.

### What did you learn about your project by trying to write it down clearly?

Writing it down made us appreciate the scale of change more fully. When viewed holistically - clinical outcomes, operational efficiency, financial value, and national influence - the transformation was even greater than we had realised day-to-day.

## BEING SHORTLISTED

### How did the team react when you found out you were shortlisted?

There was genuine excitement and pride. It felt like national recognition of years of dedication.

### Did being shortlisted change anything internally?

Yes. It reinforced confidence in the pathway and strengthened organisational support. It validated the team's commitment to innovation.

## AWARDS NIGHT

### What did attending the ceremony represent for the team?

Attending the ceremony represented far more than recognition of innovation - it symbolised national acknowledgement of the dedication, professionalism, and patient-centred ethos of the entire thrombectomy pathway team. It was a moment that validated years of clinical commitment, multidisciplinary collaboration, and relentless focus on improving stroke outcomes. Above all, it reinforced that our work was not only about advancing technology, but about transforming patient lives.

### What did the night feel like from walking in to the announcement?

From the moment we walked into the venue, there was a powerful sense of shared purpose. Being surrounded by colleagues from across the NHS who are equally committed to improving healthcare was deeply inspiring. The atmosphere was both celebratory and humbling.

“When our name was announced, it was an incredibly emotional moment - a profound sense of pride for the team, the Trust, and the patients whose lives have been changed by this work.”

### Describe the awards night in three words:

Proud. Inspiring. Unifying.

## THE NEXT DAY

### What's happened since the awards? Did anything shift because of it?

The recognition amplified national interest in our pathway. We have had increased engagement from other trusts seeking to replicate elements of the model.

### How did you celebrate with the wider team?

We shared the news widely across the Trust and held a team celebration to recognise every individual involved - from frontline clinicians to radiographers, stroke nurses, and operational teams.

### Did the recognition change how leadership engaged with the work?

It strengthened executive-level support and reinforced stroke thrombectomy as a strategic priority.

### What opportunities came from it?

“The award has facilitated new conversations around scaling AI-enabled stroke pathways, collaboration across Integrated Stroke Delivery Networks, and further research and education initiatives.”

# HSJ

## AWARDS 2026

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