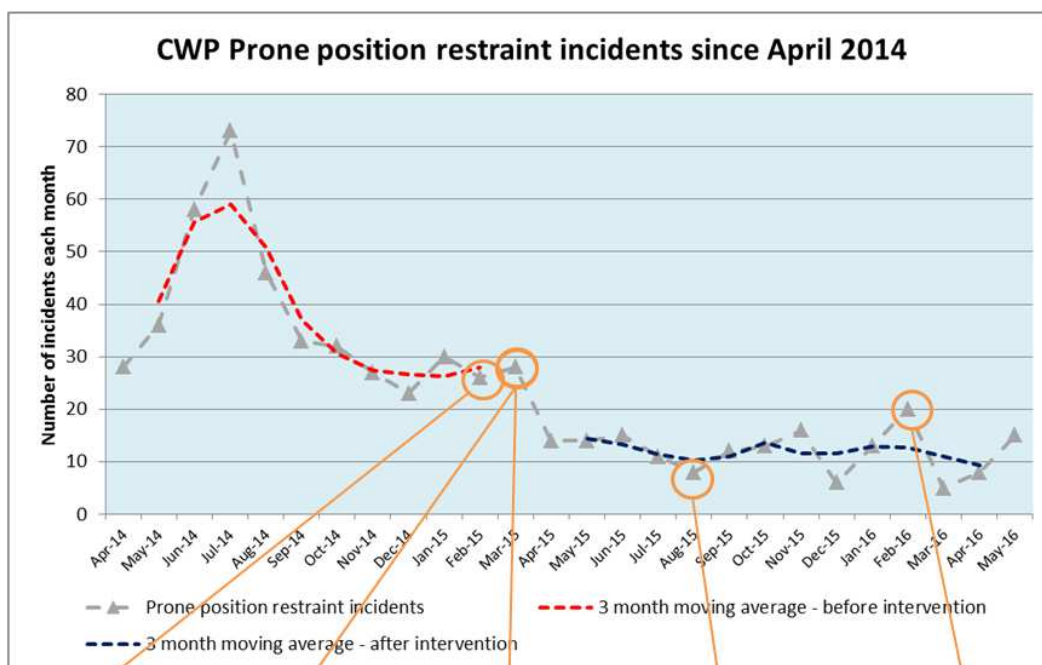




# Quality Improvement Report

Edition 1  
April – July 2016

**Vision:**  
*Leading in partnership  
to improve health and well-being by providing high quality care*



Accelerating Restraint Reduction project initiated

Start of modern matron 72 hour reflective review after every prone position restraint

Prone position restraint data included in Locality Data Packs for the first time

Restraint policy amended and approved by Patient Safety and Effectiveness Sub Committee to reflect new approaches

Revised reflective review form agreed at February Patient Safety and Effectiveness Sub Committee

Locality Data packs are reducing unwarranted variation – see page 4

## Welcome to CWP's first *Quality Improvement Report* of 2016/17

These reports are produced three times a year to update people who access and deliver the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across CWP's services, which CWP is required to formally report on in its annual *Quality Account*.



CWP's *Quality Account* and the previous *Quality Reports* are available on the Trust's internet site:

<http://www.cwp.nhs.uk/our-publications/reports/categories/431>

Reporting on the quality of the Trust's services in this way enhances involvement of people by strengthening the Trust's approach to listening and involving the public, partner agencies and, most importantly, acting on the feedback the Trust receives.

Quality in the NHS is split into three parts.

It can mean different things to different people, for example:



**This report is just one of many reviewed by the Trust's Board of Directors that, together, give a detailed view of CWP's overall performance.**

This *Quality Improvement Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide. It also provides examples of **quality improvement** projects.

**Quality Improvement** is a systematic and consistent approach that uses specific techniques to improve quality successfully and sustainably by:

- Understanding the problem, with a particular emphasis on what the data tells you.
- Understanding the processes and systems within an organisation – particularly the patient pathway – and whether these can be simplified.
- Analysing the demand, capacity and flow of a service.
- Choosing the tools to bring about change, including leadership and clinical engagement, skills development, and participation of people accessing and delivering healthcare.
- Evaluating and measuring the impact of a change.

## EXECUTIVE SUMMARY – QUALITY HEADLINES THIS TRIMESTER

**CWP inpatient teams sustain continuous reductions in the use of prone position restraint following an initial 50% reduction**

➔ see page 4

**Brain injury clinic improves outcomes for patients**

➔ see page 5

**Innovative toolkit helping young people receiving dialectical behavioural therapy is shortlisted for prestigious award**

➔ see page 6

**CWP's work on pathway for patients with autism and the Zero Harm approach to the mental health bed crisis have been presented at international conference**

➔ see pages 7 – 8

**Launch of Best Practice portal**

➔ see page 9

**National recognition for Greenways Assessment and Treatment Unit**

➔ see page 10

**CWP Shortlisted for 'Best Emerging Product or Innovation' in Patient Safety Awards 2016**

➔ see page 12

**Recognition for CWP's dementia teams**

➔ see page 15

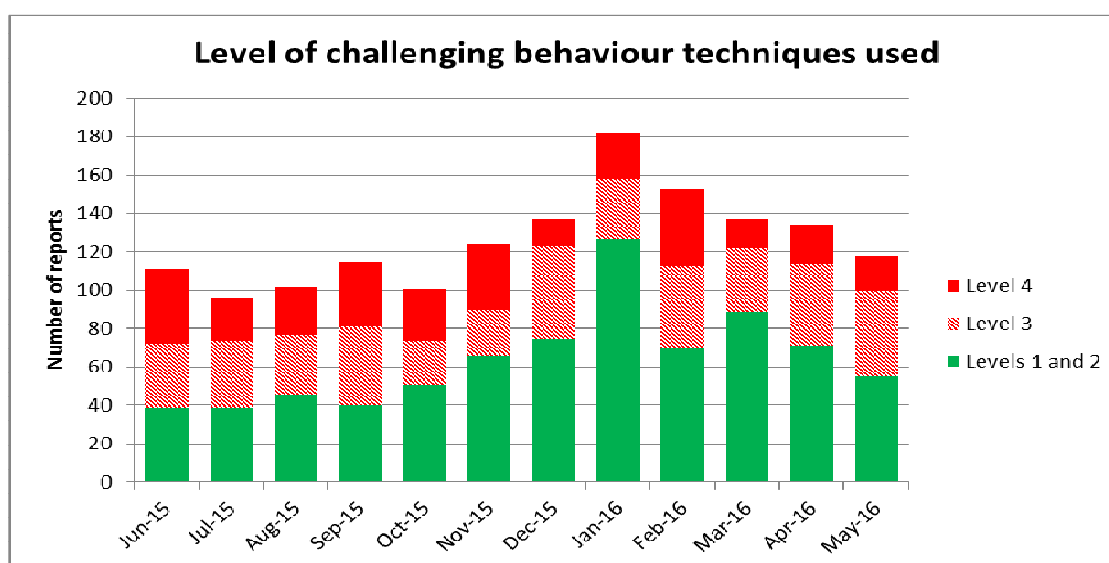
An explanation of terms used throughout this report is available on the Trust's internet:  
<http://www.cwp.nhs.uk/reports/1628-quality-reporting-glossary>

## IMPROVING QUALITY

### CWP inpatient wards sustain continuous reductions in the use of prone position restraint following an initial 50% reduction

Our front page shows how we have used Quality Improvement to significantly reduce prone position (face down) physical restraint over time. By the end of 2015/16, the number of prone position restraint incidents fell to a new low of five. In February 2015, CWP identified an “Accelerating Restraint Reduction” Quality Improvement project, sponsored by the Medical Director, in response to national benchmarking data which suggested that we were reporting more incidents than the national average.

As well as significantly reducing the number of prone position restraint incidents, there is clear evidence that staff are progressively using more de-escalation techniques (level 1 and level 2 – see the graph below) to manage challenging behaviour before it escalates to the need for use of physical restraint (level 3) and prone or supine position restraint (level 4).



This decrease in the total number of reports of prone position incidents and also overall incidents of restraint, accompanied by an increase in the use of de-escalation techniques, demonstrates that our **staff are learning from incidents by reflecting on their practice and behaviours, and using feedback from patients.**

This is one example of many in the Trust that shows our staff are embracing our Zero Harm campaign, which is about **supporting people to deliver the best care possible**, as safely as possible and in doing so reducing unwarranted avoidable harm. In this instance we took an “accelerated” approach to increase impact. Through **collaboration, learning, sharing knowledge and listening/ responding to the experience of people who access our services**, we have achieved real improvements in the way we deliver care to people presenting with challenging behaviour. We attribute the success to:

- Trustwide communication of the Quality Improvement project, linked to the Trust’s Zero Harm campaign.
- Matrons undertaking a 72-hour reflective review of each restraint incident, including de-briefs using Human Factors techniques and seeking patients’ views.
- Reporting of prone position restraint at ward level through locality data packs.
- Enabling meetings with Matrons, and representatives of the ward managers, to produce an action plan to ensure sustainability of the significant improvements achieved.

In March, the Board shared the Trust’s work with other Trust Boards in the region as part of a masterclass. Longer term outputs and outcomes are measured and monitored in a minimum data set used by teams to continue to work towards a reduction in avoidable harm in this safety critical area. **The results to-date are encouraging and if sustained should mean very few or no prone position restraints month by month over next 5 years.**

The Acquired Brain Injury team presented a poster at the 11<sup>th</sup> World Congress for Brain Injury in The Hague, about CWP's joint clinic for people with dual brain injury and mental health issues. The poster entitled 'Dual Diagnosis, singular care' was co-authored by Niall Campbell, Helen Bichard, Gavin Newby, Mahesh Odiyoor and Colin Pinder. Survivors of acquired brain injury (ABI) frequently have very complex needs, particularly given the high comorbidity with mental health problems. To address these issues and help simplify recovery for clients, CWP's ABI service developed a joint clinic which was showcased internationally and has a positive impact on outcomes for patients.

**What did we want to achieve?**

- To provide an integrated and coordinated 'one-stop-shop' to better manage highly complex ABI patients with multiple neuropsychological, psychiatric and medical problems.
- To develop a cost-efficient, timely and effective monthly joint clinic to assess and formulate presenting problems.
- For the joint clinic to be a source of expert advice for GPs and treating teams and to develop realistic action and monitoring plans with the clinicians involved.

**What we did:**

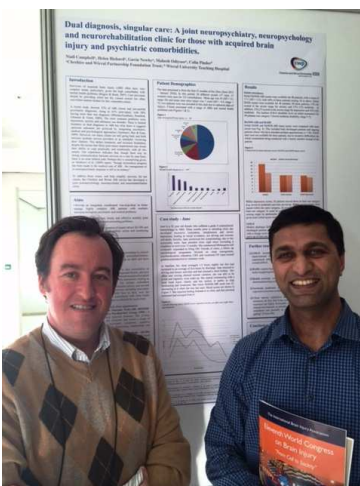


The clinic is part of a pilot project and is held monthly and is run by consultants in clinical neuropsychology, neuropsychiatry and neuro-rehabilitation. Eligible patients have suffered an ABI as an adult and have significant mental health problems. Initial assessment comprises a face to face consultation at which information is collected on background history, physical health, current functional abilities, mental/neuropsychological health, psychiatric diagnosis, and a risk assessment, leading to a multidisciplinary formulation. The actions undertaken included medical investigation, medication advice, and onward referrals and liaison with other services, including placement. Follow up consultations are held face to face, over the telephone or as spoken/ written consultancy with other health professionals.

**Results:**

The clinic has been well received, with patients avoiding multiple different consultations. The current findings show a decrease in depression and anxiety (outcome) scores suggesting that the clinic is successful in improving lives. The small number of discharged patients somewhat limits definitive conclusions; however this will be re-evaluated in the future with increasing numbers of referrals (now around six patients per clinic). In addition, further in depth analysis is recommended for more sensitive identification of improvements.

Clients attending clinic have seen a near halving of the cognitive, social and emotional issues which can impact on daily living, with a median HoNOS (outcome) score at initial assessment of 16, dropping to 9 at discharge



The clinic allows patients to access three senior healthcare professionals within one consultation, this accessibility may contribute towards a low disengagement rate of 9%, compared to reports of disengagement reaching up to 46% in some mental health settings. The clinic also provides the opportunity for the clinicians to improve and develop knowledge of each other's specialities and to integrate their skills for increased detection rates, innovative formulations, diagnosis of mental health difficulties and improved treatment and outcomes for patients.

**Next steps:**

Due to the positive impact on patient outcomes and experience, it is proposed to double clinic frequency, to twice monthly; this further development is currently being discussed with commissioners.

To see the full view of the poster, please visit the **Best Practice and Outcomes** page on the intranet.



## CAMHS recognition for innovative toolkit

The **4D toolkit** from MyMind has been shortlisted by the HSJ in the 2016 Patient Safety Awards for **Best Emerging Technology**.



[mymind.org.uk](http://mymind.org.uk) is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of children and young people across Cheshire and Wirral.

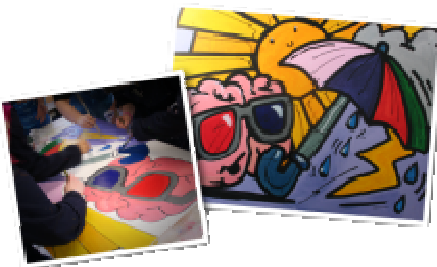
**The 4D Toolkit is a fantastic new resource developed to support young people currently or previously involved in CWP CAMHS 4D DBT skills programme or receiving Dialectical Behaviour Therapy (DBT) treatment from CWP CAMHS.**

### What did we want to achieve?

CWP CAMHS has found great benefits in using Dialectical Behaviour Therapy with young people and teaching those who have difficulty in managing their emotions or feelings. However, these skills can often be a challenge to master, especially when emotions are very big, so we wanted a way to encourage and remind young people to practice the skills they are learning, in the group.

### What we did:

- We invited those who are involved, or had previously been involved, in CWP's DBT skills programme, to work with creative facilitation experts, to develop a resource that would act to reinforce the key skill areas of DBT.
- The young people provided an understanding of the purpose and benefits of DBT, determined the structure and format of the resource, decided the resource themes, created the artwork to visually represent the DBT skill areas and choose a name that would best suit their resource.
- The result of this consultation was the '4D Toolkit' Resource: a series of 20 visual prompt cards, that can be displayed on, or stored in, a calendar case.
- Each card within the 4D Toolkit contains a unique QR code which links the young person to a respective page on the [MyMind.org.uk](http://MyMind.org.uk), where they can find extra information about their chosen topic including activities, downloadable pdfs and podcasts.



### Results:

- The 4D Toolkit gives these skills a physical presence within the young people's lives; acting as a constant reinforcement of their learning, outside of and beyond their involvement in the therapeutic setting.
- We have had great initial feedback from young people who have been using the cards.
- We have had a number of other trusts interested in using the cards to promote the use of DBT skills and assist with our evaluation.
- Those who run the UK branch of DBT are interested in disseminating the cards within their organisations, as well as taking part in the evaluation.

### Next steps:

The next step for 4D DBT is to complete its evaluation, continue to promote the use of the 4D DBT cards and DBT MyMind pages amongst young people. The MyMind pages are being re-developed to be more user-friendly, as well as placed on an app, to be more accessible and interactive. The cards will continue to be disseminated, while we continue to pursue commercial opportunities for the cards, in order to make their continued use sustainable.

Find out more about [4D Toolkit](#) and DBT on the 4D Pages on [MyMind.org.uk](http://MyMind.org.uk) or contact the team on [4dtoolkit@mymind.org.uk](mailto:4dtoolkit@mymind.org.uk)

## International Forum on Quality and Safety in Healthcare Conference in Gothenburg



The *International Forum on Quality and Safety in Healthcare* is one of the world's largest gatherings of healthcare professionals committed to improving patient care and their safety.

The recent International Forum in Gothenburg in April 2016 was the biggest conference in the event's 21 year history. The conference connected 3,400 healthcare leaders and practitioners from around 70 countries, providing an inspirational setting to meet, learn and share knowledge to **improve the quality and safety of care** for patients and communities across the world. CWP was represented by Dr Ian Davidson, Consultant Psychiatrist and Clinical Expert Champion for Zero Harm, and Clair Jones, Strategic Lead for Complex Care, who were invited to present some of CWP's key achievements.

Ian and Clair presented two successful CWP projects: the Trust's dedication to **Zero Harm** whilst tackling the rising pressures facing acute bed levels nationally; and the implementation of the new Autism Spectrum Disorder (ASD) service in Wirral and West Cheshire, which has increased diagnosis of ASD across the two areas by **700%**.

### Clearing the Pathway for Autism

#### What did we want to achieve?

There was a national issue with limited access to ASD assessments for adults who didn't meet learning disability criteria, meaning the majority of people with ASD were not having their needs and aspirations recognised. There was no local service and no clear pathway to access services. CWP were determined to give this marginalised group of people a voice.



#### What we did:

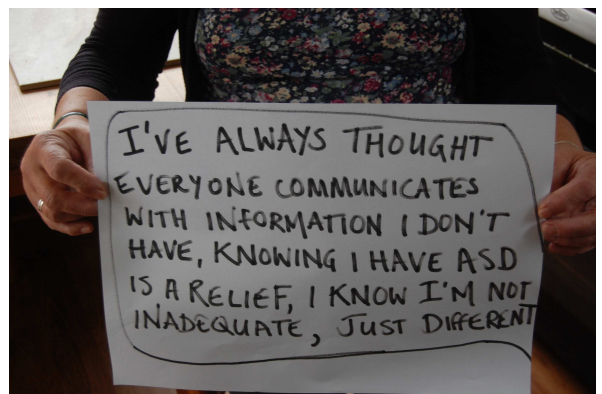
- We worked closely with innovative commissioners from Wirral and Western Cheshire CCGs and formed the CRAC Adult Autism Spectrum Disorder Assessment and Diagnostic Service.
- We adopted an iterative approach and used PDSA quality improvement cycles.
- We began with 2 practitioners completing sessional work as proof of concept. The assessment process was designed to maximise efficiency and effectiveness.
- We developed and streamlined referral pathways and expanded the team in response to demand.
- We ensured that the service was multi-disciplinary, compliant with NICE guidelines, and locally accessible and responsive.

#### Results:

- Access to an ASD diagnostic assessment **increased by 700%** compared to 2012/13 with over 300 people in total seen.
- 1/3 of the people referred and assessed have been women which confirms they have been significantly marginalised in the past.
- **Excellent feedback** from GPs and those accessing the service (see one patient's feedback right).

#### Next steps:

There is now a clear and established pathway to access an ASD diagnosis and increased expertise in ASD within CWP and in the local community. The needs and aspirations of this important group of people are now being fed into Autism Strategy Groups raising awareness about ASD with commissioners.



# A Zero Harm approach to the English Mental Health Bed Crisis



#CWPZeroHarm

**National context:** The economic realities in England have led to significant reductions in available public funding. The NHS has been relatively spared but has had to make large efficiencies to stay within budget. Nationally 1 in 7 acute admissions now go out of area increasing risk of harm. Mental Health Act 1983 (MHA) detentions nationally rose 10%.

## What did we want to achieve?

In national benchmarking, CWP has one of the lowest incomes and fewest beds per weighted head of population. Although we were operating at efficiency levels above the English average and experiencing the same cost and demand drivers, worrying trends were appearing with increased bed usage and a greater number of detentions under the MHA. The interventions described below were put in place.

## What we did:

- Each ward team designed specific reports to help them understand the issues and opportunities.
- Review of admission and discharge systems, escalation policies for risk, alongside listening to perceptions facilitated synergistic use of qualitative and quantitative data.
- The CRAC team helped shift the focus back to the interface between people accessing the service and those providing it not imposed from above.
- Staff were encouraged to think about **“what good looks like”** and to praise staff for delivering good care, not blaming them for lack of perfection.
- Better and more open discussion of what was wrong or needed fixing.
- Reinforcing that care plans need to be coproduced to take account of the individual’s strengths, needs and aspirations and need to be dynamic not form filling exercises.



## Results:

- The number of acute patients sent out of area for CWP from 2002-14 was **zero**.
- In 2014, there were 10 out of 1683 admissions, i.e. **0.59% compared to a national average figure of 14.2%**.
- The number of bed days involved was 29 out of 57802 (0.05%). CWP managed to return those patients sent out of area back very quickly.

## Next steps:

In December 2015, CWP stopped, thought and listened and recognised that despite all mitigations, bed occupancy trends are rising, so further work had now been put in place to address this.

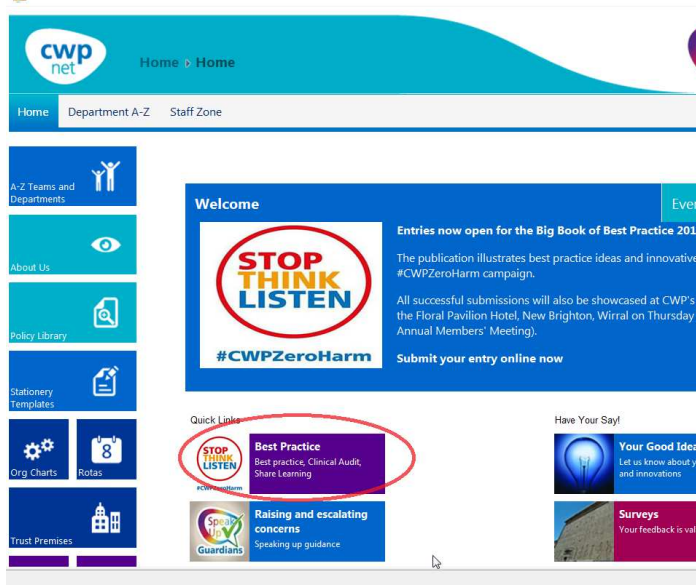
This poster details the 'A Zero Harm approach to the English Mental Health Bed Crisis' project. It includes a 'STOP THINK LISTEN' logo and a 'National context' section. The poster outlines the project's goals, such as reducing the number of acute patients sent out of area and improving bed occupancy. It also mentions the involvement of the CRAC team and the importance of listening to staff and patients. The poster is dated June 2014 and London 2015.

This poster is titled 'Clearing the pathway for Autism' and is presented by Claire Jones and Dr Ian Davidson. It discusses the challenges of autism diagnosis and the need for a more efficient and person-centered approach. The poster highlights the use of a 'Right Ask' model and the importance of listening to the needs of individuals with autism. It also mentions the involvement of the CRAC team and the importance of listening to staff and patients. The poster is dated June 2014 and London 2015.

To see the full poster presentations about these two projects, visit the **Best Practice and Outcomes** page on the intranet.



## Best Practice and Outcomes portal launched



The Trust's approach to quality, its **Zero Harm** aspirations, outlines the focus on **continuous improvement** in the delivery of **patient safety** and **effective care**. Effective clinical communication will play a key enabling role in this. In order to support and enable everyone in CWP to focus on continuous improvement, in November the Trust's Quality Committee approved a programme of patient safety improvement reviews (PSRs). PSRs will use the framework set out in the *Health Foundation* research "The measurement and monitoring of safety." The framework asks 5 key questions:

- Has care been safe in the past?
- Are our clinical systems and processes reliable?
- Is care safe today?
- Will care be safe in the future?
- Are we responding and improving?

Using a combination of desktop review, active enquiry and bespoke quality improvement activity, the Trust's Healthcare Quality Improvement team will work with clinical teams to enable them to improve their approach to patient safety. Pilot teams have been reviewed and a schedule of further reviews is being rolled out and will include all wards and teams over the next two years. The reviews will also identify **best practice** that can be shared with other teams via "share learning" bulletins and the **Best Practice and Outcomes** intranet page.

### What did we want to achieve?

To support the publication of best practice, which is vital in Zero Harm terms of helping staff to understand what good looks like and to improve staff morale, we wanted a best practice and outcomes portal to share learning and share areas for continuous improvement.

### What did we do?

We designed the site to be a portal, including all aspects of Quality Improvement, with sections on patient safety, clinical effectiveness and patient experience. As well as examples of Best Practice, staff can access advice on clinical audit, "Share Learning" bulletins, and the Big Book of Best Practice.

### Results:

Already despite only just being launched, 8 examples of best practice have already been uploaded to the portal and many more are in the pipeline.

### Next steps:

The Healthcare Quality Improvement team is developing a collection of examples where staff have submitted articles for publication. There are plans to make the page accessible on CWP's public website.

Coming up in Edition 2, we will report on some of the entries in the upcoming annual **Big Book of Best Practice**. The publication illustrates best practice ideas and innovative ways of working to support the Trust's #CWPZeroHarm campaign. A major part of this is promoting what good healthcare looks like and celebrating the positive outcomes we achieve for people accessing our services.

The Big Book of Best Practice has become a fantastic tool for sharing experiences across the Trust and has facilitated improved services and better care. All the successful submissions will be showcased at CWP's Best Practice event, which is taking place at the Floral Pavillion, New Brighton, on 22 September 2016.

## QUALITY SUCCESS STORIES

CWP has set three **Trustwide quality priorities** for 2016/17, which reflect the Trust's vision of “**leading in partnership to improve health and well-being by providing high quality care**”. They are linked to the Trust's strategic objectives, and reflect an emphasis on **patient safety, clinical effectiveness and patient experience**.

The Trust has made a commitment in its *Quality Account* to monitor and report on these in its *Quality Improvement Reports*. This year, the common focus across all the priorities is **reducing unnecessary avoidable harm** to help reduce avoidable variations in the quality of care and to improve outcomes.

This year, as well as setting a number of areas for overall continuous quality improvement, a number of goal driven measures aligned to the dimensions of the Trust's safety management system, and to the Trust's forward operational plan for 2016/17, have been set. These goals were the outputs from a “masterclass” session that the Board of Directors attended in March 2016, where CWP showcased some of its successes related to its strategic Zero Harm patient safety approach, and then went on to reflect on how to demonstrate, in an even better way, that quality of care is continuously improving across the Trust. Progress against these goal driven measures will feature in the next Quality Improvement report.

### Patient Safety News

**CWP Patient Safety priority for 2016/17 – Achieve a continuous reduction in unnecessary avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents**

### National recognition for Greenways Assessment and Treatment Unit



Greenways Assessment and Treatment Unit has received national recognition for delivering **high quality** care for adults with learning disabilities. The unit has once again met AIMS (Accreditation for Inpatient Mental Health Services) standards set by the *Royal College of Psychiatrists*. The accreditation assessed the **quality of facilities, staffing, care, patient safety and treatment processes** at the inpatient unit in Macclesfield.

AIMS is an initiative of the *Royal College of Psychiatrists'* Centre for Quality Improvement. Accreditation assures staff, people who access services, their carers, commissioners and regulators of the quality of the service being provided. Staff, carers and people accessing the service are engaged in a comprehensive process of review, through which **good practice and high quality care** are recognised and services are supported to identify and address areas for improvement.



This latest recognition marks a successful 12 months for Greenways after the unit was jointly considered “**Outstanding**” by the CQC (Care Quality Commission) in an inspection of the Trust last summer, along with Eastway, Chester. Pictured left are Ward Manager Angela Southern (far right) with staff and patients at Greenways.

Angela said:

“We're really pleased to receive our AIMS accreditation, especially following such a successful CQC inspection.

“This was a real team effort that involved everyone in the unit. We're all very proud of the high standards we maintain here and we're thrilled that our positive work is being recognised nationally.”



# Hand Hygiene Torch Tour 2016

5th May - 26th September

@IPS\_Infection | #IPSTorchTour16

## Infection Prevention and Control Service

CWP's Infection Prevention and Control (IPC) service took part in the *Infection Prevention Society's* Hand Hygiene Torch Tour held in May.



The event was part of the *World Health Organisation's World Hand Hygiene Day*, which was marked with events across the UK and abroad. The event was a fantastic opportunity to raise awareness of the importance of hand hygiene to staff, service users and the general public. The torch toured Central and East Cheshire and was handed over at Bowmere Hospital on Friday 27 May. There was a 'hands in the air' photo opportunity for service users and staff at Bowmere Hospital. Dr Faouzi Alam, Medical Director and Helen Davies, Infection Prevention & Control Specialist Nurse, handed over the torch to the Countess of Chester Hospital's Infection Prevention & Control Service.

Each year the **SAVE LIVES: Clean Your Hands** campaign aims to progress the goal of maintaining a global profile on the importance of hand hygiene in health care and to 'bring people together' in support of hand hygiene improvement globally.



The event is just one element of the Infection and Prevention and Control team's **quality improvement projects** which also includes benchmarking, audit and work around reducing anti-microbial prescribing. The team's work around anti-microbial prescribing will be featured in the next Quality Improvement report.

The Integrated IPC service covers both CWP services and has a contract with the Cheshire West and Cheshire local authority wider community services, including care homes, GPs and TB services. The main areas of responsibility for the service are to **prevent and manage all areas of infection prevention and health protection**. In addition they offer advice and support, and their quality improvement role includes the audit of all inpatient and community service areas, conducting ongoing surveillance, monitoring and updating procedures and policies and managing any outbreaks of infectious diseases. The team are proud to report that CWP has had no cross infections in the last 12 months.



## CWP Shortlisted for 'Best Emerging Product or Innovation' in Patient Safety Awards 2016

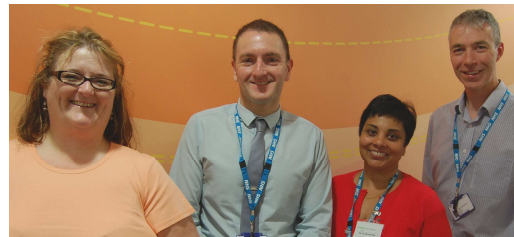
Locality Data Packs (LDPs), which are produced by the Safe Services Department, were shortlisted for a prestigious **patient safety award**. The aim of the packs is to help teams understand their safety and quality performance in a way that they find easy to understand, so that they can use the information intelligently to identify means of **improvement**. The packs

highlight and enable good practice in a succinct and simple format, including through benchmarking and reviewing past performance. LDPs are an innovation in patient safety that were born out of a commitment of the Board of Directors to invest in the **Zero Harm** strategy, which is about **continuous improvement in the delivery of patient safety and effective care through tackling unwarranted risks and variation**. Pictured below, left to right, are Bev Tudor, Quality Surveillance Support Manager; David Wood, Associate Director of Safe Services; Dr Anushta Sivananthan, Medical Director; and James Partington, Quality Surveillance Support Manager.

Speaking about being shortlisted, David said:

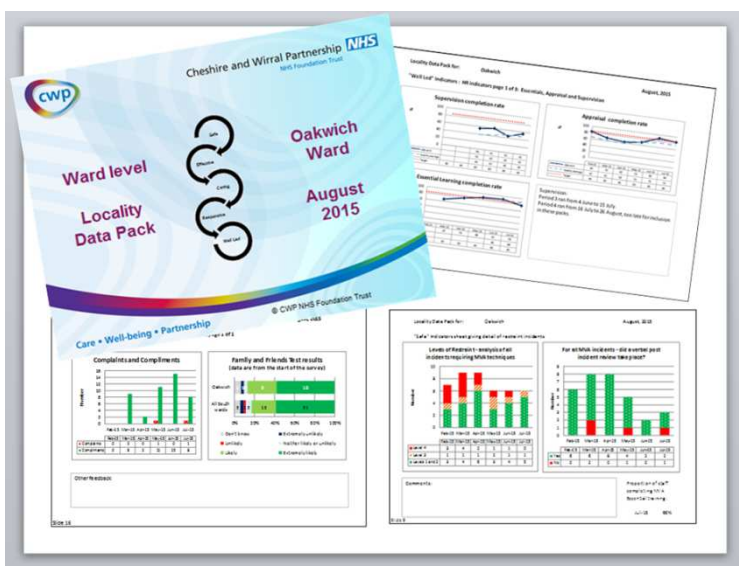
Research evidence tells us that good quality information underpins the effective delivery of the care of people who access NHS services and is essential if improvements in quality of care are to be made. Locality data packs are playing a big part in doing just that – they are already helping us in our ambitions to reduce unwarranted variation in care delivery and achieving continuous improvements to the quality of care.

As part of our Zero Harm aspirations, LDPs are playing their part in a more fundamental set of changes in behaviour and culture within the organisation, where staff now actively use data to give them the information to deliver **effective care** for people who access NHS services and identify **improvements in quality** of care.



- There is as much focus on areas of strength as areas for improvement.
- LDPs play back praise, positive comments, and show how much each team's work is valued.
- LDPs explicitly identify positive outliers, exemplar teams, success stories.
- The packs encourage teams to strive to match the best.

### Examples of feedback from staff:



“Easy to understand, can quickly share with the rest of the team, I like that performance is always measured against something whether a trust standard or previous performance”

“We use the complaints to learn and change what we do and we use the plaudits to share our success”



## Clinical Effectiveness News

**CWP Clinical Effectiveness priority for 2016/17 – Achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate**

### **Launch of a new Quality and Improvement Network across Cheshire and Merseyside**



On Wednesday 15 June representatives from the Trust's Safe and Effective Services Departments attended the launch of the Merseyside and Cheshire **Quality Improvement Network**. There was a great line up of workshops, plenaries and keynote talks ranging from human factors to system leadership, from introduction to quality improvement to organisational development.

***Ignite! Is a new local network of health professionals that will connect and support those involved in advancing quality and innovation in healthcare.***

**Ignite!** aims to **empower, educate and enthuse staff regarding quality improvement** in its widest form. It will assist and support individuals and organisations in their quest to **increase capacity and capability in quality improvement both practically and strategically**. It will also seek to be the start of a local and accessible network community that meaningfully connects and supports individuals and organisations in **advancing quality and innovation**.

The one-day event brought together like-minded professionals across Cheshire and Merseyside, to enjoy a positive and motivating day that opened them up to new approaches, opportunities and skill sets. Delegates had the opportunity to network and become part of a new local grass roots movement for **positive change** and **quality improvement** locally within health and social care. The keynote speech described the challenges facing the NHS today, and discussed the evidence base as to how the best healthcare organisations both nationally and internationally engage everyone in improving quality. Attending the event provided the CWP delegates with ideas and approaches we can use to accelerate our own Quality Improvement progress.

For further information, and presentations from the event see the Best Practice and Outcomes intranet page.

## The Five Year Forward View

The [NHS Five Year Forward View](#) was published in October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including *Care Quality Commission*, *Public Health England* and *NHS Improvement*.



Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the **health of the population, quality of care and the funding of services**.

Whilst developing long term plans for 2020/21, the NHS has a clear set of plans and priorities for 2016/17 that reflect next steps on Forward View implementation. Some of these tasks involve partial roll out rather than full national coverage.

There are a number of 'must dos' for 2016/17 for every local system, and for mental health trusts these are:

- Achieve and maintain the two new mental health access standards:
  - More than 50% of people experiencing first episode psychosis will commence treatment with a *NICE* approved care package within 2 weeks of referral.
  - 75% of people with common mental health condition referred to the Improving Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral with 95% treated within 18 weeks.
- Transforming care for people with learning disabilities, including enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews.

In July, CWP's position against the standard of IAPT referrals being seen and treated within 18 weeks was **98.7%**, 3.7% above the standard

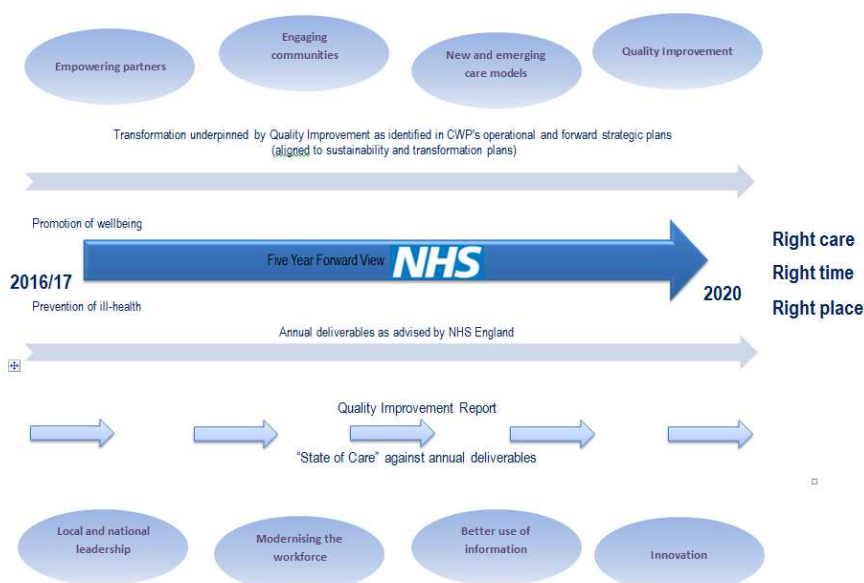
For community physical health teams, and primary care, targets include:

- Contributing to the agreed child obesity implementation plan.
- Referring patients to the Diabetes Prevention Programme.

*NHS England* is measuring progress on six key priority diagnosis/ health areas:

- Cancer
- Dementia
- Maternity
- Mental health
- Learning disabilities
- Diabetes

A key principle of the FYFV is designing and delivering **person centred care** to support people to lead fuller happier lives. CWP is developing a person centred framework which will be launched in January 2017.



A review of CWP's progress against the deliverables for each of these areas, where relevant, including across other regional partners, aligned to Sustainability and Transformation Plans (STPs), is being undertaken. **CWP is the lead for mental health for the Cheshire & Merseyside STP** and will update on this area initially. Together with looking at CWP's performance against available benchmarks and using this information to identify where quality improvement can help to do even better, this will provide a snapshot view of the "state of care" in CWP (and across regional partners) against the Five Year Forward View. As deliverables for 2017/18 and beyond are then developed, CWP will be able to update its Quality Improvement priorities.

## Patient Experience News and patient feedback

**Patient Experience priority for 2016/17 – Achieve a continuous improvement in people’s experience of healthcare by promoting the highest standards of caring through implementation of the Trust’s values**

### Recognition for CWP’s dementia teams



CWP hosted a visit from their matched hospital, *Birmingham and Solihull Mental Health NHS Foundation Trust* on 29 March. A Consultant Nurse, Clinical Director, and Modern Matron attended from Birmingham and met with Carys Jones, Modern Matron and Christine Turnbull, Ward Manager, Bowmere.

Colleagues from other dementia care wards within CWP attended and gave short presentations about their wards during the morning followed by a visit to Cherry ward during the afternoon. They discussed examples of good practice and were also able to acknowledge some of the challenges that we all share. There are discussions about a date for a reciprocal visit to Birmingham.

### Leading Change, Adding Value

Launched by Jane Cummings, Chief Nursing Officer for England, the new national nursing Framework ‘*Leading Change, Adding Value*’ was celebrated across the Trust with over 40 nurses coming together to watch the live stream.

Avril Devaney, Director of Nursing, Therapies and Patient Partnership, said:



“We are delighted with the framework, it’s inspirational and centred on things we’re concerned about at CWP. The 10 commitments area is a brilliant vehicle for us to become much more person centred in our approach. This is a very exciting time for us to really make a difference and it will help us to really concentrate on what matters to people.”

*Leading Change, Adding Value* is a framework aligned to the [Five Year Forward View](#) (see page 14) that nursing, midwifery and care staff, whatever their role or place of work, can use to lead on delivering the ‘triple aim’ measures of **better outcomes, better experiences for patients and staff**, in addition to making **better use of resources**. It shows how nursing, midwifery and care staff can help close the three gaps identified in the Five Year Forward View – the health and wellbeing gap, the care and quality gap, and, the funding and efficiency gap while retaining the well-recognised [6Cs](#) as being central to all that they do.



It highlights the need to **focus on unwarranted variation** – variations in health and care outcomes, patients’ experience and use of resources that cannot be justified by reasons of geography, demography, or infrastructure. It has been co-developed over the last nine months with colleagues from a wide range of national organisations, practitioners, people we care for, carers and the public.

## Open Day at Westminster Surgery



Westminster Surgery, which is managed by CWP, has recently been revamped to provide more clinical and waiting space. The team, which includes two GPs, nurses and administrative support team held an open event on 25 May to highlight the services on offer at the surgery.

Jude Chalmers, deputy clinical services manager, was key to organising the event and to show just how accessible local health services are. Partner organisations were invited to show how many things contribute to patient's health and well-being. Staff were on hand to explain health matters such as why blood pressure is important, and how to manage long term conditions, and how to prevent chronic disease.

Guests from local well-being groups, such as 'Mums 2 Marathons', were on hand to sign up new members and there was the opportunity to speak to health professionals about general lifestyle advice.

The construction project to double the size of Westminster Surgery in Ellesmere Port, Cheshire is now complete. The £350k programme, commissioned and managed by *NHS Property Services*, extended and transformed the surgery by utilising space from two adjacent and vacant retail units, and doubled the size of the waiting area and increased clinical space available.

All work was carried out in isolated phases to ensure services were not disrupted, enabling the surgery to remain operational throughout. This presented a number of challenges along the way but thanks to the patience of patients and surgery staff, contractors were able to complete the scheme in March 2016 and provide much needed space and an **improved environment for the surgery and the local community**.





Between April to July 2016, CWP formally received **1267 compliments** from people accessing the Trust's services, and others, about their experience of the Trust's services. Below is a selection of the comments and compliments received:

**Physical health services – CWP West**

*"To all the Nurses on Neston District Team, many thanks for looking after my mum and allowing her a peaceful and dignified death and pain free. You are a great team of people and your care and kindness is much appreciated. Thank you."*

**Adult mental health services – CWP East**

*"Just want to say many thanks indeed for helping me to learn and understand the information you have taught me, it helps me to have a better quality of life by being able to manage better. Thank you for taking the time to teach me and help answer questions it's really wonderful that you help people – thanks."*

**Child and Adolescent Mental Health Services – CWP West**

*"A massive thank you from the bottom of my heart for everything you have done for me. It has been a long, hard and tiring journey but it hasn't been without lots of smiles and laughter along the way. Without Pine and the staff that have worked with me I really don't know where I would be. You made me feel safe for the first time in my life. I will treasure the help, kindness, generosity, support given."*

**Learning Disabilities Services – CWP West**

*"Felt that the service user needs were well catered for and thought given to their needs. Staff were very friendly & proficient at all levels. Facilities were very good and a quiet place was always available when needed."*

**Older adult mental health services – CWP Wirral**

*"Very lucky on the Wirral to have such a wonderful mental health care and thank you very much to all staff at Clatterbridge."*

We welcome your best practice stories and Quality Improvement successes; please share your work via the Safe Services Department using the Best Practice and Outcomes page on the intranet or contact the Healthcare Quality Improvement Team on 01244 393138

Look out for more about Quality Improvement in Edition 2 of the *Quality Improvement Report*