NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

Quality Improvement Report

Edition 1
April – July 2018

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

Emotionally Healthy Schools Links Team's
successful roll out of self-harm pathway (see page 8)

Welcome to CWP's first *Quality Improvement* Report of 2018/19

These reports are produced three times a year, this being the first edition of 2018/19, 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 our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.

At CWP, we look at **quality** in detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through **Quality Improvement (QI)**. We are using international ways of defining quality to help us with this aim.

CWP's *Quality Account* and *Quality Improvement Report*s are available via:
http://www.cwp.nhs.uk/resources/reports/?ResourceCategory=2335&Search=&HasSearched=True

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

QUALITY					
Patient safety	Clinical effectiveness			Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving **Equity** and **Person-centred Care** through **CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES**					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

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 (QI)** projects.

Implementation of our new Quality Improvement strategy commenced in April 2018. Phase 1 of the strategy stretches across three years and describes how our people and teams who deliver and support the delivery of our services will work together to create a culture where QI can flourish.

EXECUTIVE SUMMARY
QUALITY IMPROVEMENT HEADLINES THIS EDITION

Non-Medical Prescriber initiative has reduced the risk of medication errors
⇨see page 7

Emotionally Healthy Schools Links Team has successfully rolled out a self-harm pathway and built the confidence of staff in responding to children and young people who self-harm
⇨ see page 8

Previous successes of the Red2Green pilot project have successfully been sustained and spread to other wards Trustwide, optimising patient flow and reducing lengths of stay
⇨See page 12

Trainee Nursing Associates have changed the way they think and work and fostered person-centred care approaches, supported by Lived Experience Connectors© during their two year training programme
⇨See page 16

The ECT Service at Bowmere Hospital has improved the service they provide by capturing patient feedback
⇨See page 17

Focus Groups supported by Psychosexual Therapists are empowering the patient voice through art
⇨See page 18

QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2018/19, which reflect our current vision of "**working 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**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

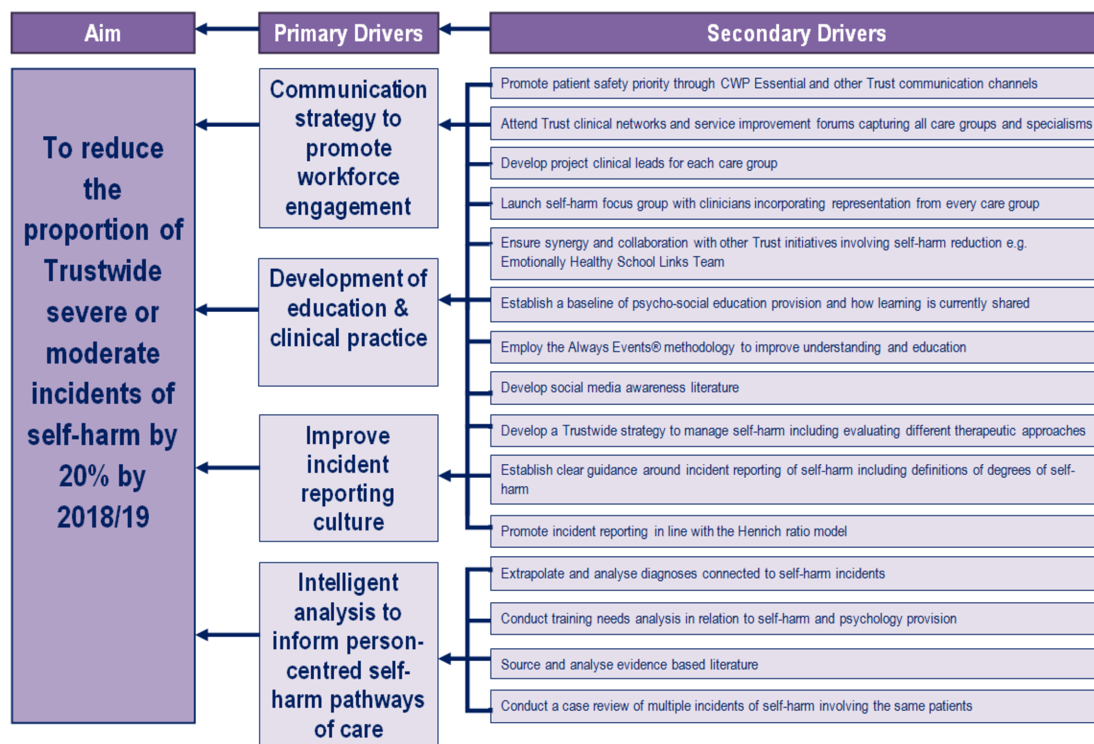
Goal driven measure for **patient safety**

Reduce the severity of the harm sustained by those people accessing CWP services that cause harm to themselves

Nationally, there is wide variation between services in the frequency of self-harm.

We want to:
Reduce Trustwide incidents of severe or moderate self-harm – because the negative impact of self-harm on people and their families can be life-changing and is also associated with a higher risk of suicide.

We have developed this driver diagram to help us describe our aim:



Steps we have taken so far to work towards achieving our aim:

✓ Developed an expert group to lead this project and to ensure robust oversight.
✓ Arranged meetings to attend Trust clinical networks and service improvement forums to engage with clinicians.
✓ Collaborate with our Safe Services Department colleagues to improve incident reporting culture.

These steps all reflect the Trust's vision to work in partnership ensuring that we maximise the potential to improve health by providing high quality care.

For more information, please contact Marjorie Goold, Consultant Nurse CAMHS, on 01244 397623 or Kate Baxter, Acting Healthcare Quality Improvement Manager, on 01244 397410

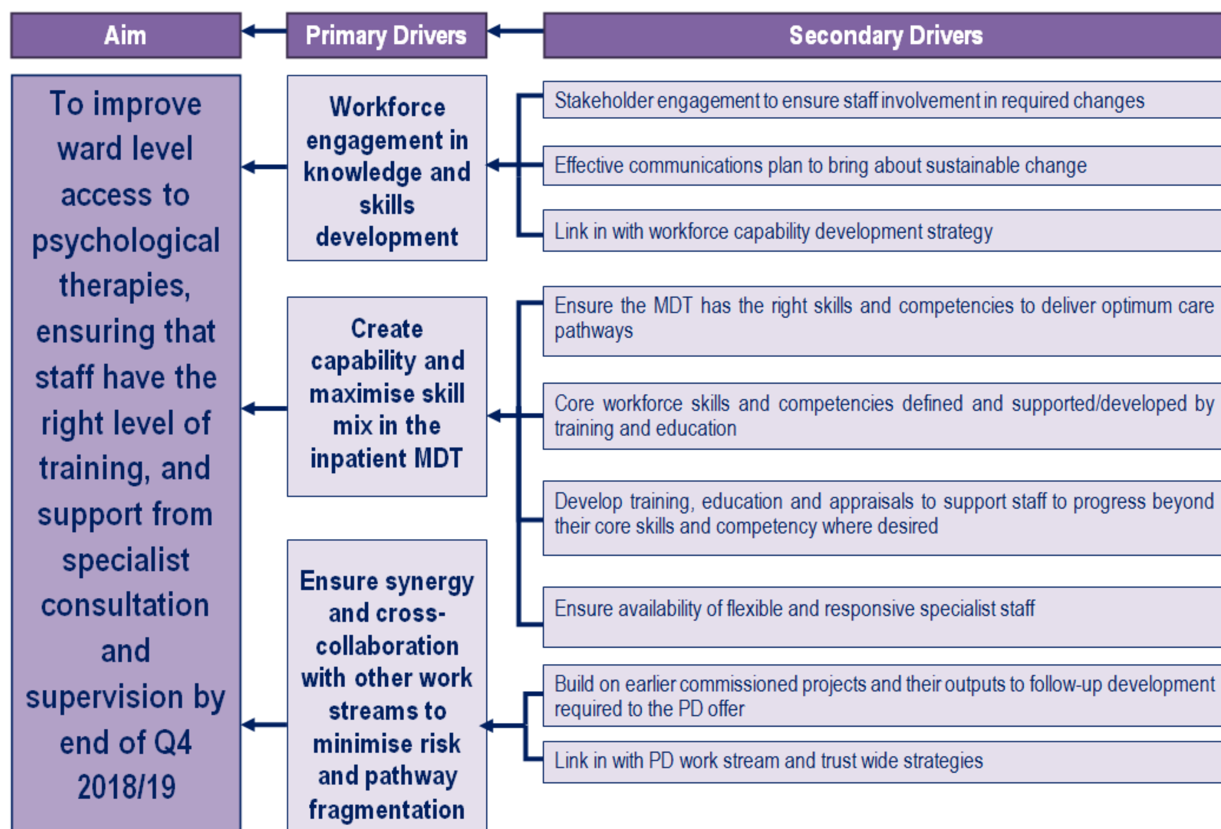
Goal driven measure for **clinical effectiveness**

Improve inpatient access to psychological therapies

Health care organisations should be assured that they are providing effective care that includes psychological interventions.

We want to:
Reduce the gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit – because by using a range of therapeutic interventions, people accessing our services are more actively able to participate in their treatment and recovery, thus reducing length of stay, improving their experience and achieving better outcomes.

We have developed this driver diagram to help us describe our aim:



Steps we have taken so far to work towards achieving our aim:

- ✓ Engaged with our Effective Services Department colleagues to link in with earlier project work to ensure partnership working.
- ✓ Attended a workforce planning meeting to collaborate with staff involved in inpatient redesign work.
- ✓ Gathered literature on the delivery of effective psychological, therapeutic input in inpatient settings.

These steps foster the principles of engagement and partnership working in order to ensure sustainable improvement to CWP's quality of care, incorporating an evidence-based approach.

For more information, please contact Kate Baxter, Acting Healthcare Quality Improvement Manager, on 01244 397410

Goal driven measure for **patient experience**

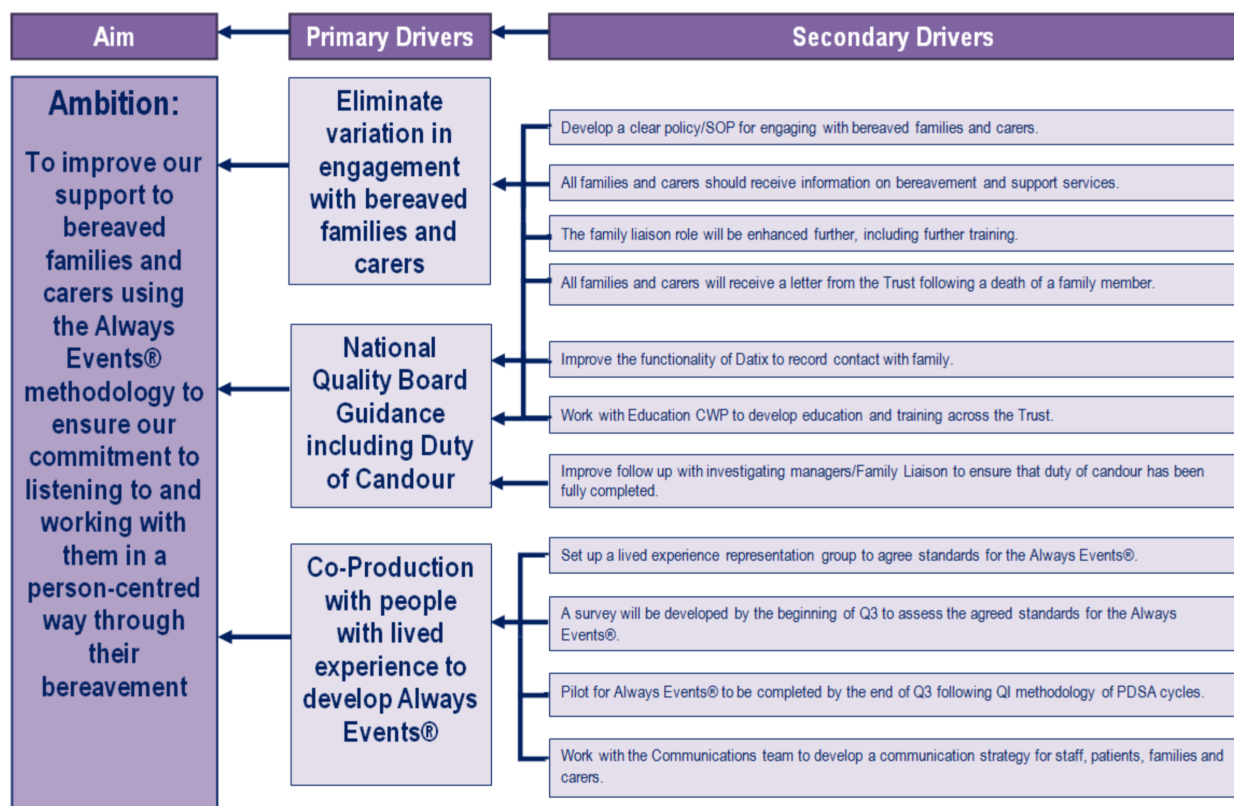
Improve engagement with bereaved families and carers

Health care organisations should prioritise working more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken.

We want to:

Reduce the variation in the current levels of engagement with bereaved families and carers by using the Always Events ® methodology to ensure our commitment to listening to and working with them to ensure that we provide support in the best and right way through their bereavement.

We have developed this driver diagram to help us describe our aim:



Steps we have taken so far to work towards achieving our aim:

- ✓ Planned a meeting of a representative group of lived experience volunteers to co-produce the project.
- ✓ Identified information to provide to families following bereavement.
- ✓ Development of a bereavement survey with supporting information.

For more information, please contact Audrey Jones, Head of Clinical Governance, on 01244 397387 or Cathy Walsh, Associate Director of Patient & Carer Experience (Interim), on 01244 393173

QUALITY IMPROVEMENT PROJECTS

Patient Safety Improvements

Delivering *Safe* care

The following projects show how CWP teams are delivering care which increases safety by using effective approaches that mitigate unwarranted risks.

Non-Medical Prescriber initiative provides safe and timely access to medicines

Background:

One of the objectives of the pharmacy team is training at least one pharmacist per year as a non-medical prescriber (NMP). Non-medical prescribing has been shown to maximise benefits to patients and the NHS by:

- ✓ Providing better access to and use of medicines.
- ✓ Better and more flexible use of workforce skills.
- ✓ Ensuring that quality and patient safety underpins this provision.

Non-medical prescribing contributes to the delivery of high quality, flexible and person-centred services. It also supports the delivery of Care Quality Commission essential standards and enables organisations to achieve access targets.

What we did:

Nina Geiger, a member of the pharmacy team in Central & East Cheshire, was enrolled onto the NMP course and has now qualified; a further member of the pharmacy team in Wirral is currently undertaking the same NMP training.

Results:

The immediate results were that the NMP within the Central & East pharmacy team has been able to facilitate the writing of new prescriptions and clarifying unclear prescriptions by re-writing them in a timely manner when no medical staff were available. This has **reduced the risk of medication errors** that could have occurred while waiting for the availability of medical staff. The NMP has also been able to undertake patient reviews with the Home Treatment team and facilitate the issuing of prescriptions at the point of patient review rather than having to rely on duty doctors following it up at a later date, which delays the implementation of the necessary interventions.

Next steps are to:

- Complete the training of further members of the pharmacy team to allow for equal use of this valuable skill throughout the Trust.
- Increase the use of non-medical prescribing where staffing allows.
- Consider expanding the use of non-medical prescribers into community teams as part of any skill mix review.

For more information, please contact Hazel Sharp, Deputy Chief Pharmacist, on 01625 508 580

Emotionally Healthy Schools Links Team – Successful roll out of self-harm pathway

Background:

As part of the work with the Cheshire East Emotionally Healthy Schools (EHS) programme, the Emotionally Healthy School Links Team were asked to support schools in their response to children and young people who harm themselves intentionally. Meeting with school leads, the team identified that schools required a clear pathway for self-harm.

What did we want to achieve?

The aim of the project was to support schools and teachers, and ultimately young people who self-harm, to respond in the best way possible where students are known to harm themselves deliberately. The intended goal was to develop a self-harm pathway to enable a consistent approach, enabling school staff to feel more equipped in situations where they encounter young people self-harming.

What we did:

The team, with primary mental health colleagues, met with school leads in Cheshire East to identify what information they would find useful to support their response to self-harm. The information was collated and a review of good practice was conducted to identify existing toolkits and pathways that could be adapted for the EHS Links pathway. A small pilot in a group of schools was undertaken to obtain feedback from school staff. Young people were consulted on the language and content and the pathway was produced and disseminated to all schools and colleges.

Results:

The self-harm pathway has been rolled out to all schools and colleges via the EHS Links Mental Health Awareness Training, which is posted on the MyMind website and the EHS Programme landing page on Middlewich High's website. **School staff have reported feeling more confident and equipped to respond appropriately to children and young people who have harmed themselves deliberately.** School staff attending training have found the pathway informative and easy to use and have valued the scripted questions that can be found in the document to drive questions around an individual's risk to themselves. They report in feedback that the self-harm pathway component of the training is the one they value the most. The team have been working closely with CAMHS, local hospitals and the Local Authority to use the pathway to reduce admissions to A&E by improving the response from school staff.

Next steps:

Since the pathway's successful roll-out across all schools and colleges, the next stages will be continuing to improve the response for children and young people. Further simulation training based on the pathway is being developed with Macclesfield General Hospital and there will be continued monitoring of A&E self-harm admissions to inform impact.

For further information, please contact Rob Lupton, Team Coordinator, Emotionally Healthy Schools Links Team Cheshire East on 07717 714851

Improving the understanding about pain management for people with Learning Disabilities through DisDAT

Background:

DisDAT is the Disability Distress Assessment Tool, which is intended to help identify distress cues in people who, because of cognitive impairment or physical illness, have severely limited communication. It is designed to describe a person's usual content cues, thus enabling distress cues to be identified more clearly.

What did we want to achieve?

To improve the understanding about appropriate pain management and encourage evidence-based practice in order to empower the support staff and families to provide excellent person-centred care to people with learning disabilities in Cheshire West and Chester.

What we did:

We identified variation in practice and liaised with support staff at day centres and agencies supporting people with learning disabilities. As some people with learning disabilities have difficulties in communicating, staff requested training to increase their understanding about pain and its management, as it was difficult for staff to identify when people were in pain to give appropriate pain relief. Staff recognised the impact on quality of life for people with learning disabilities, and how pain could have a negative effect on peoples behaviour at times. We engaged with our stakeholders, i.e. support staff, day centre supervisor, multi-disciplinary team, and co-produced the training in order to assist staff in identifying signs of pain in people with communication difficulties. Training sessions were successfully delivered by the physiotherapist with the assistance of physiotherapy assistants working in community learning disabilities team.

Results:

As a result of the training, staff increased their confidence, which has helped in the management of pain for people with learning disabilities, leading to a **reduction in behaviour that challenges** and **improving their quality of life**. Staff felt empowered to complete the DisDAT tool effectively and now have the courage to use it when attending GP reviews with people, and helping to ensure appropriate pain relief is orescribed. For some people, the pain relief was changed from "as required" to regular and for some the pain relief medications were stopped completely, which in turn supported the STOMP initiative (a national project aiming to stop over medication of people with a learning disability, autism or both with psychotropic medicines). Feedback received was excellent – 100% staff rated training as excellent, describing training as interesting, constructive, helpful and stimulating. Staff said that as a result of the training they would spend more time observing whether a person is in pain or not and record their observations on the DisDAT tool.

Next steps:

Due to popular demand, another session was delivered in East Cheshire to train all therapy assistants working in acute care, children's services, older people and Macmillan services. The plan is to deliver the next two training sessions this year and then review the content of the training as per the feedback before rolling out the training programme for next year. Another aim is to train and empower physiotherapy assistants to deliver the training with an aim to spread it across CWP.

For further information, please contact Deepak Agnihotri, Specialist Physiotherapist, or Gillian Hughes, Associate Practitioner – Physiotherapy, on 07768045789

Using psychological team formulation to improve care planning

Background:

In line with best practice, care plans should be person-centred and collaboratively developed between the multidisciplinary team (MDT) and people accessing services (Royal College of Psychiatrists, 2016). However, in practice, care plans are often nurse-led and can lack MDT input (Whitton, Small, Lyon, Barker & Akiboh, 2016). Team formulations of risk, facilitated by psychologists, are multidisciplinary meetings which allow collaborative discussion of a person's difficulties and needs, drawing on the knowledge and skills of the MDT. While this knowledge can be used to improve care planning, outcomes from team formulations are often not implemented into a person's care plan (Wainwright & Bergin, 2010; Whitton et al., 2016).

What did we want to achieve?

The aim of this pilot project was for three patients to have an MDT care plan informed by psychological formulation by the end of July 2018. This forms part of an overall aim to develop person-centred and MDT informed care plans for all people who access our services on Rosewood, one of our rehabilitation wards. The driver diagram below demonstrates what we wanted to achieve and how we were going to do it.

What we did:

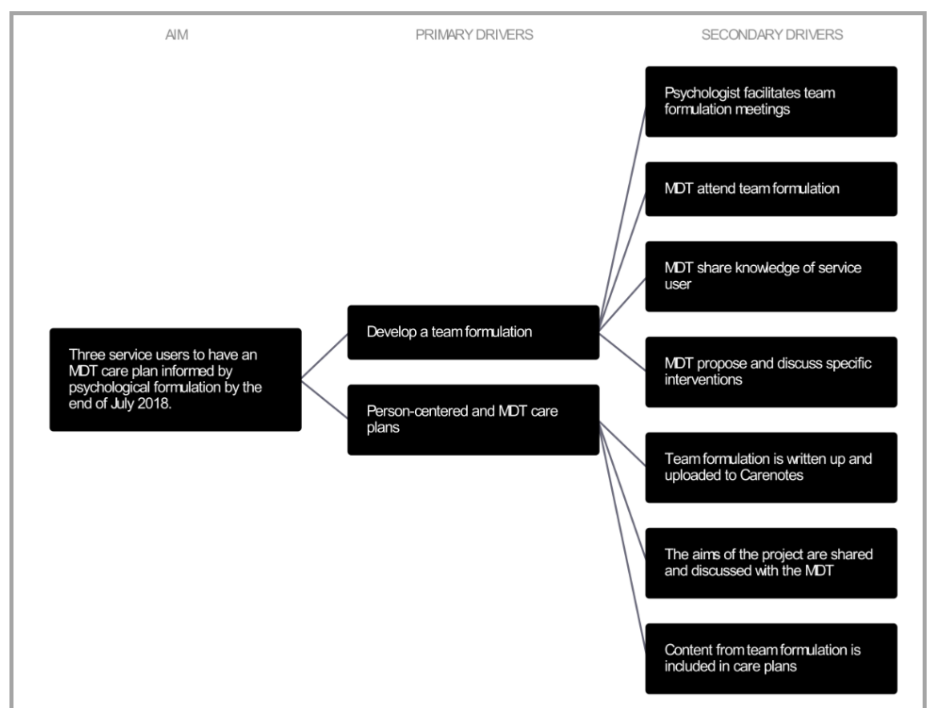
Team formulation meetings were facilitated by the psychology team for three people on Rosewood. Following this, discussions were held between the assistant psychologist and named nurses, where the aim of the project and team formulation was shared. Care plans were reviewed following a short period and were rated for difference (pre and post formulation discussions), inclusion of formulation informed plans, person-centeredness and whether specific MDT interventions were included.

Results:

Results suggested variation between care plans in the degree of person-centeredness and specific MDT intervention content. The results are reflective of the wider literature around care planning, indicating that barriers may exist around developing MDT care plans, which may not be service-specific.

Next steps:

The next phase of the project will involve investigating challenges and barriers around developing MDT care plans in order to explore a variety of methods for implementing formulation informed ideas into care plans.



For more information, contact Amanda Boland, Assistant Clinical Psychologist, at amanda.boland@nhs.net or Sian Bensa, Clinical Psychologist, at sian.bensa@nhs.net

Clinical Effectiveness Improvements

Delivering *affordable* care

The following projects show how CWP teams are delivering care which maximises use of resources and minimises waste.

Hitting the triple aim through care pathway redesign to improve access to Adult Autism Assessments

Background:

Wirral and Cheshire CCGs commission the Trust to provide an Autism diagnostic service for adults without Learning Disability. By 2016, the demand for assessments exceeded funded capacity and this was leading to increasing waiting lists. As a result, a decision was taken to redesign the pathway.

What did we want to achieve?

The Trust's aim was to deliver timely care to people trying to access our services, improving the experience of these people, increasing the potential to improve quality of life through robust diagnostic assessments, whilst assuring the financial viability of the service.

What we did:

The pathway was redesigned by reducing face to face assessment time and introducing a pre-assessment questionnaire to enable the assessment to focus on gaining relevant information that was not already available. This was co-produced with a variety of stakeholders including clinicians in the team and people who had been through the service with a diagnosis, carers and GPs to ensure that we maintained the elements that, through their feedback, were identified as key benefits and essentials. The assessment process remained NICE (CG142) compliant (i.e. evidence based to be clinically effective), multi-disciplinary and offered locally.

Results:

The triple aim in relation to improving patient experience, responding to population health need and ensuring financial viability has been achieved:

Patient experience

- ✓ **Waiting lists for assessments have reduced** and **people can access a diagnosis more quickly**. The questionnaire allows people to carefully consider the information they want to provide and they have reported that it helps them anticipate what to expect in the assessment, which **reduces anxiety** and **promotes clinic attendance and engagement**.

Population health need

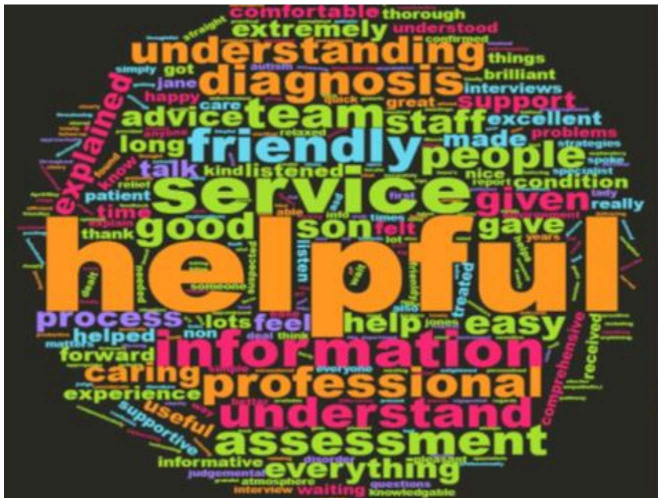
- ✓ It is known that adults with autism (without a learning disability) die 16 years earlier than the general population. Through having a thorough diagnostic person-centred assessment, the person can access an autism opinion and a psychiatric review informing them, their families and carers what reasonable adjustments are needed to access and engage in healthcare services, how to best **meet people's needs**, play to their strengths, and **support people to achieve their aspirations, optimum functioning and well-being**.

Reduce per capita costs

- ✓ The redesign of the care pathway has resulted in a **75% increase in numbers of people seen for same funding**.

Next steps:
We are developing a "go to" hub for all CWP services needing advice on working with people with autism (without a learning disability). We are working with a range of partners to **make best use of the resources in local communities** and are continuing to campaign at local, regional and national level for more funding of post diagnostic support.

'Friends and Family Test' feedback:



For more information, please contact Clair Haydon, Trustwide Strategic Lead for Complex Care, on 01244 397640

Red2Green project continues to improve quality and effectiveness

Background:
The Red2Green pilot project began on Beech ward between September and December 2017 and since then has been rolled out to other wards across the Trust to achieve similar improved outcomes in improving the quality and effectiveness of the inpatient part of the patient's care pathway, with reduced length of stay being one key measure demonstrating this.

What did we want to achieve?
Red2Green aims to **optimise patient flow** through the identification of wasted time in a patient's journey, and the **reduction of internal and external delays**. The emphasis is on patients receiving active and timely care in the most appropriate setting and for no longer than required, so that patients do not lose one more day of community living than is absolutely necessary. For inpatient settings, this is vital in **improving quality of care and freeing up capacity within the system** by reducing length of stay.

What we did:
The principles of Red2Green include a *daily* multi-disciplinary team (MDT) 'board round' to rapidly assess the progress of each patient, determine whether the current part of their journey is 'Red' or 'Green' and identify, take action on, or escalate, the internal or external barriers or delays to those identified as Red receiving active care, treatment or discharge. The Red2Green and underpinning QI principles were spread to further wards across the Trust, including:

- Upskilling acute care staff to improve quality improvement capability via bespoke Improvement Readiness Training.
- Engagement sessions held with each new ward to increase awareness of Red2Green, tailor the principles and criteria to meet the differing needs of each ward and to train staff.
- Daily 30-45 minute MDT board rounds continue to be held to rapidly assess the progress of each patient, determine whether they are 'Red' or 'Green' and identify, discuss and implement specific same day actions to address barriers or delays to active treatment and facilitate earlier discharge;
- The initial visual management system in the form of a spreadsheet, has been replaced with an electronic database to improve the ease of recording and reporting data within the daily board rounds.
- Lived Experience Volunteers and inpatients on pilot wards engaged to identify what is important to them (Always Events) at each stage of an inpatient stay. Feedback was then analysed to identify themes and action plans developed by each Acute Care Head of Clinical Services to address the issues raised and improve the inpatient pathway by ensuring that specific processes identified as being important to patients always occur.

- The success of the pilots has all been attributable to the buy-in, commitment and input of the full MDT present at the daily ward rounds. This has improved team cohesiveness and communication within and across the inpatient and community teams, due to increased focus and staff proactively identifying, addressing or escalating barriers and delays.
- Red2Green is soon to be piloted in Wirral Home Treatment (HT) Team, with engagement sessions already held with the team to adapt the principles and criteria to make them applicable to a HT setting. Data will be monitored to record outcomes and measure impact in terms of patient flow and length of stay within the team.

Following the initial successes in reducing length of stay on Beech ward, a 'spread and sustain' plan was implemented and the initiative rolled out to Brackendale in January 2018 and then on to Bollin, Adelphi, Juniper and Lakefield in June/ July 2018. Red2Green continues to be rolled out across the Trust to all acute wards as presented below:

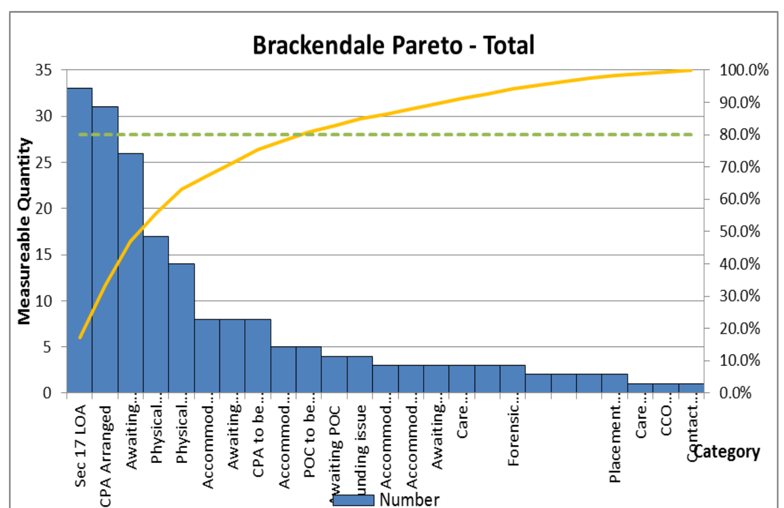
Acute ward	Stage of Red2Green implementation
Beech	Fully implemented
Brackendale	Fully implemented
Bollin	Implemented: in pilot stage
Adelphi	Implemented: in pilot stage
Juniper	Implemented: in pilot stage
Lakefield	Implemented: in pilot stage
Croft	Pilot due to commence August 2018
Cherry	Engagement session due to take place August 2018 – start date to be agreed with team
Meadowbank	Engagement session due to take place August 2018 – start date to be agreed with team

Results:

The Red2Green initiative continues to impact positively on **improving flow** and **reducing length of stay in each of the wards where it has been implemented**. This is reflected within the data analysis, which identifies a reduction in the percentage of Red patients on Beech and Brackendale wards, from 60% and 23% at the start of the initiatives respectively, to end of the pilots 32% (03/01/2018) and 16% (31/05/2018). Most significantly, the data analysis continues to identify a reduction in the average length of stay when patients are discharged (excluding transfers), from 24 days (based on data from 01/01/2017 to 22/09/2017), to 22 days (based on data from 27/09/2017 to 12/07/2018) equating to a reduction of 10% for Beech ward. The reduction in the average length of stay when patients are discharged (excluding transfers), was also experienced on Brackendale ward, from 39 days (based on data from 01/01/2017 to 22/01/2018), to 20 days (based on data from 22/02/2018 to 12/07/2018), equating to a reduction of 48% for Brackendale ward.

Initial findings of the more recent wards implementing Red2Green also demonstrate similar improved outcomes, with a reduction in the average length of stay, when patients are discharged (excluding transfers), on Bollin ward from 22 days (based on data from 01/01/2017 to 11/06/2018) to 20 days (based on data from 16/07/2018 to 12/07/2018), equating to reduction of 9% for Bollin ward.

A thematic analysis of the internal and external barriers continues to be undertaken for each of the wards and displayed in a Pareto chart to clearly present the main causes of internal and external delays and thereby inform further external escalation with partners and focus areas for further QI projects. These Pareto charts continue to highlight the importance of working at all levels (ward, Trust and with external partners) to overcome delays and barriers and thereby reduce the number of Red days and length of stay. Thematic analysis of the barriers and delays is now informing the development of a drop down list within the database for wards to select from, thus improving data recording, reporting, analysis and escalation internally and externally to ensure accountability in addressing the delays and subsequently improving flow so that patients do not lose one more day of community living that is absolutely necessary.



Next steps:

The Red2Green 'spread and sustain' plan will continue to be implemented to roll out the initiative across the Trust. Data will continue to be gathered and analysed in order to validate and monitor the impact and outcomes of the initiative over time to gather a full year effect for each ward and therefore mitigate the risk of 'regression to the mean' (where natural variation in repeated data look like real change, but may be down to variety of factors including chance) and the 'Hawthorne effect' (when people can modify their behavior because they are being observed). Red2Green is also being explored for use within the District Nursing team and rehab wards, with adaption of the criteria and principles to make it applicable to each of team and identification of the outcomes to be measured.

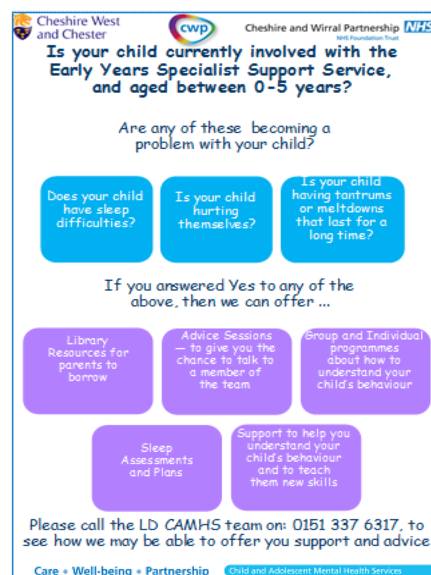
PDSA quality improvement cycles will continue to be used for each pilot and also to refine the electronic database for improved recording and reporting of Red2Green data. Further scoping is also taking place around the incorporation of Red2Green into a real time electronic bed management system solution and possible use of interactive white boards to display data in real time and further improve the recording and reporting process.

For further information, please contact Lauren Connah, Service Improvement Manager on 01244 397396. Further information regarding Red2Green can be found on the QI portal on the intranet.

Delivering *Sustainable* care

Quality services and systems include sustainability as a fundamental principle. The following projects show how CWP teams are delivering care that can be supported within the limits of financial, social and environmental resources.

Telephone triage system generates rapid access to the Early Years Specialist Support Service



Background:

Research has shown that early intervention in the care of children with learning disabilities can prevent behaviour that challenges from developing. We wanted to help parents of children with a moderate to severe developmental delay (identified through their involvement with the Early Years Specialist Support Service) to develop a set of universal strategies that prevent and manage behavioural difficulties.

What we did:

As of 2016, we developed the capacity to work with 0-5 year olds in a preventative way. We promoted the service to parents through the Early Years Specialist Support Service (EYSS) and encouraged parental self-referral. We offered a telephone triage which ensured rapid access to the service as we could direct inappropriate referrals elsewhere. We developed a stepped model of care approach: initially offering general advice sessions, followed by individualised behaviour support if needed. The content of the advice sessions was created by combining well-researched universal strategies. These strategies are promoted by experts in child behaviour to prevent and manage behaviour difficulties. Although universal in nature, parents completed a worksheet to help them individualise the different strategies to their own child. Wherever necessary, we provided parents with additional materials that they thought would be helpful. For example, creating a visual schedule for children who struggled with particular routines. We created work booklets with all the information given with the aim of empowering parents to use these strategies again in the future if necessary. In addition, we used the Friends & Family Test to ensure parents could provide honest feedback and improvements could be made whenever necessary. We collected additional feedback from parents through use of the 'Experience of Service Questionnaire'.

Results:

As a result of the increased access to the service and telephone triage, we were able to offer an initial choice appointment within five weeks from referral. Urgent referrals were seen within two weeks. By offering initial advice sessions, we have reduced the number of appointments per child whilst still **achieving increases in goal based outcomes**. On an initial audit over a 6 month period, we found an average goal change of 3.5 on a 10 point scale. Research has indicated that a change of 2.46 or above is indicative of **improved outcomes**. More importantly, feedback collected from the Experience of Service Questionnaire was really positive:

"just thank you – because the strategies are really helping"

"just really helpful – I have already recommended the service to a friend!"

"I think more parents need to be made aware of the service and the fact you can refer your own child"

Next steps:

We are still continuing to make improvements to the scheme using the feedback we receive to monitor and improve our work. Our next steps are to continue to offer the service and get more feedback from parents about what they would like from the service.

For further information, please contact Jenni Butler-Meadows, Team Coordinator LD CAMHS West Cheshire, or Carla Brown-Ojeda, Assistant Psychologist, on 0151 337 6317

Total Communication workshops reduces Speech and Language Therapy waiting times

Background:

Historically, there have been significant waiting lists for people accessing speech and language therapy in community learning disability services in West Cheshire; as a result the team have looked at innovative ways for those people referred to access support in a more timely way.

What did we want to achieve?

We wanted to provide person-centred training in relation to speech and language therapy using 'Total Communication' workshops in order to reduce waiting times for people who access services and their families. We wanted to ensure that people received the right care, at the right place, at the right time.

What we did:

We created a 'Total Communication' workshop, which involved speech and language therapeutic training and support in a group setting. People, which included the patient, family and care team, were trained in how to use a Total Communication approach and how to create a person-centred plan to ensure the person receives good quality support.

Results:

The project has **significantly reduced waiting times** for Speech and Language Therapy support using a Total Communication approach. We now offer this support within 2 months of referral compared to a previous wait of approximately 6 months.

Next steps:
We will continue to run the Total Communication workshops and hope to complete an audit on this approach. This will shape the future of the workshop. We also hope to expand the workshops, offering more sessions during the next 12 months.

For further information, please contact Claire Ashworth, Speech and Language Therapist, on 01244 397222

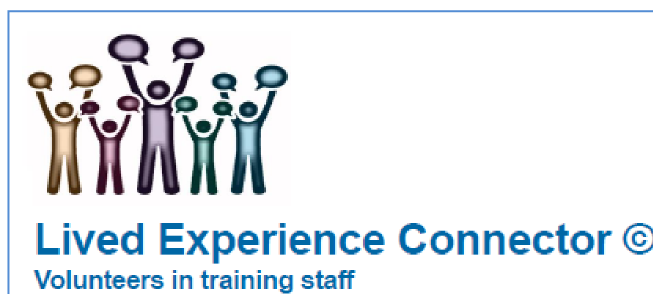
Patient Experience Improvements and Patient Feedback

Delivering *Acceptable* and *Accessible* care

The following projects show how CWP teams are delivering care which takes into account the preferences and aspirations of people. They also show how CWP teams are delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs.

Using Lived Experience Connector© Volunteers as a learning support for staff training

Background:



Relationships are at the heart of person-centred care and co-production. Stronger connections with people with lived experience, the third sector, and local communities enhance services. CWP was the lead employer in the CWP partnership pilot for the training of 44 Nursing Associates. As part of the pilot, CWP developed a role for volunteers with lived experience of long-term health conditions. These people are known Lived Experience Connectors©. To foster person-centred care approaches each trainee Nursing Associate was allocated to a Lived Experience Connector© for the duration of their two year training programme. Lived Experience Connectors© are people who have experience accessing services. They inform the whole learning experience and provide trainees with continuous support and feedback in their journey to develop person-centred practices.

What did we want to achieve?
Involving people with lived experience as part of staff training ensures that staff are taught to focus on people's journeys and individual needs, encompassing the whole patient journey from conception to end of life. Connecting trainee staff with someone with lived experience during their training programme enables them to foster person-centred care approaches. They inform the whole learning experience and provide trainees with continuous support and feedback in their journey to develop person-centred practice. Lived Experience Connector© Volunteers use their skills to describe their own experiences, emotions, feelings, fears, concerns and hopes, which will help the trainees to reflect on their practice and to build relational skills to give the best person-centred care.

What we did:
The Lived Experience Connectors© received training for the role and each connector volunteer was carefully matched up with a trainee Nursing Associate to establish and facilitate a narrative with them. Trainee staff matched with a lived experience connector volunteer during their entire training programme can learn to:

- ✓ Focus on what matters to the person in their life and why.
- ✓ Build on their strengths and capabilities.
- ✓ Support people and practitioners to have good outcomes focused conversations that create meaningful engagement.
- ✓ Use approaches to achieve outcomes and recovery in which the person, their family and support networks and all the professionals involved work together to achieve the desired outcome and goals.
- ✓ Involve a shift from service priorities to people's own priorities.

Results:

Typical examples of the shift that occurs in practitioners includes:

- Listening, not making assumptions that they know the answer.
- Involving the right people in conversations.
- Self-awareness, knowing what matters to trainees themselves to enable people they work with to identify what matters to them.
- Seeing people as individuals with their own strengths, needs and aspirations rather than defining people by their illness.

This approach has proved to be successful and feedback has been very positive with trainees acknowledging that they have changed the way they think and work. A trainee recently reported that his Lived Experience Connector© has helped him:

"look beyond the mask of illness and see the person"

This profound statement perfectly describes how our commitment to person-centredness has been the driving force behind the whole programme. There has been a significant amount of interest in the Lived Experience Connectors© role from other NHS trusts nationally.

Next steps:

With the start of the next cohort of trainee nursing associates in 2018, we have now linked these new trainees with new Lived Experience Connectors©. This initiative will continue to be rolled out over the next few years to maximise the Trust's commitment to person-centred practice and improving care for people who access our services.

For further information, please contact Lorraine Van Sluis, Voluntary Services Lead, on 01244 393130

Capturing the patient experience of ECT

Background:

Several changes have taken place within the ECT provision in Wirral and West Cheshire. The ECT suite at Bowmere Hospital has been refurbished and people from Wirral and West Cheshire now come to Bowmere Hospital for ECT. The ECT staff team wanted to understand from people accessing care – what was working well and was there anything that needed to be changed?

What we did:

A small team including ECT staff, participation and engagement staff, PALS officer and patient stories volunteers (one volunteer had experience of ECT) got together to plan the best way to capture this feedback. From this work an information sheet about the project, consent form and a consultation sheet (covering the key stages of the ECT journey) were developed. ECT staff then gave the information sheet to people who could decide if they wanted to get involved and share their experience of having ECT. Since April 2018 we have met with five people who had accessed ECT therapy, three from Wirral and two from West Cheshire.

Results:

The feedback has highlighted many examples of excellent practice:

"They've got it down to a tee here. I've had ECT in 4 or 5 different hospitals and they are easily the best. They are consistent here. There have been no occasions when it's been a bad experience. It's not a nice thing to have, but the staff make it as easy as they can"

There were a few actions identified which people felt could improve the experience for them and others. None of the suggestions will cost money and the staff team would not have been aware of these if this work hadn't taken place. A few example actions are:

✓ To ensure all staff are aware of the CWP Information leaflet on ECT, which has been co-produced with people who have received ECT.

✓ To consider the start time of ECT for people travelling from Wirral.

✓ A radio to be on low to help reduce any noise from machines and therefore help people who might be anxious.

✓ All patients to be given the aftercare information before leaving Bowmere Hospital.

Next steps:

The report and feedback will be taken to the ECT Good Practice meeting. By talking to people who are using/ have used the service, their feedback has highlighted many examples of excellent practice, particularly around the staff team and the support they offer to people coming to ECT. This is an ongoing piece of work and the ECT service along with Participation and Engagement staff and volunteers are hoping to incorporate this into routine practice.

For further information, please contact Lesley Gledhill, Participation and Engagement Practitioner on 07825 522489

Sexuality and Breast Cancer – Empowering the patient voice through art

Background:

Patient surveys undertaken by cancer charities (Macmillan, Prostate Cancer UK, Target Ovarian Cancer, and others) recognise opening conversations about sexual and relationship problems is difficult. Patients report finding it difficult to ask for help in their therapeutic encounters, if they have recognised sexual or relationship problems, whilst health professionals in studies report feelings of anxiety and lack of understanding to enable them to open the conversations. Formal educational opportunities looking at sexuality and cancer, although growing, are not readily available for either group. Wellbeing programs are being developed around the UK, but the health professionals running these groups will not always know the significance of the problems. The Health Needs Assessment tool, which is becoming more important at the end of a patient's hospital treatment, does not recognise the issues patients have in admitting to sexual or relationship problems. The question is, how can we enable health professionals to recognise this need for patients, so that they will open the conversations needed by some patients and how can we empower patients to feel able to open the conversations themselves?

What we did:

The research takes a qualitative approach with women with breast cancer to explore the effects of the cancer on their sexuality. Focus Groups of patients were developed to undertake discussions on their sexual difficulties, needs, emotions, relationship effects, body image issues, and communication difficulties and losses resulting from their diagnosis and treatments. The Focus Groups were asked to discuss/ consider several questions. The groups were facilitated by an experienced consultant psychosexual therapist and a consultant psycho-oncologist. Feedback from the group discussions were recorded and then tabulated into common themes. Volunteers from the Focus Groups were invited to work with a group of artists to produce artworks from the themes identified, which acted as a metaphor for the patient voices.

Results:

The artwork is in the process of being evaluated as a tool to enable empowerment of the patient voice in opening up conversations with health professionals. Each of the 6Cs is reflected within the work undertaken, but Communication, Courage and Compassion are uniquely reflected. Courage, working with what is often seen as a "taboo" subject in empowering women to discuss a range of issues and the psychological effects on the sense of sexual self and the impact on both the relationship and social context in which people live their lives. Evidence shows that both patients and health care staff have communication difficulties in this area. Compassion, in giving a voice to issues that often go unspoken, in a manner that is empowering.

Communication, in listening and checking out what has been said and understand what has been meant by the participants. By working with artists, the Focus Groups have been supported to represent difficult and intimate symptoms in a manner that not only representative of their experience, but also results in something that is truly attractive using the medium of fabrics, ceramics etc.

Next steps:

The resultant artwork is continuing to be evaluated by patients, healthcare professionals and the wider audience. It is hoped that a tool to aid communication between patients and healthcare professionals can be developed for use in communication around sexuality and breast cancer. It is hoped also to publish the results from the research work.

For further information, please contact Richard Linford, Psychosexual Therapist, on 01270 655240

Creation of the Memory Café supported by the Alzheimer's Society

Background:

Recognising that carers can feel very isolated looking after a loved one with dementia, the staff at Bowmere Hospital have launched a Memory Café supported by the Alzheimer's Society.

What did we want to achieve?

The aim was to offer a safe, therapeutic and supported environment for carers to engage with the person they care for and to offer and receive informal support from others in a caring role. It also created an opportunity to gain access to formal carer support through the links with the Alzheimer's Society.

What we did:

Links were built with an Alzheimer's Society representative who supported the development of the Memory Café within the Oasis Café at Bowmere Hospital. The sessions include informal carer support and a supportive environment with social activities, including quizzes and reminiscence items available for carers to engage in with the person they care for or with other carers/ facilitators. Carer supports can be identified and addressed immediately due to Alzheimer's Society representation. The session is open to all and the location was chosen to encourage and support attendance of those who have current or who have had previous involvement within the inpatient or community older adult services in Chester. This can allow for graded involvement with the hope of links being built, followed by continued support and attendance following discharge from these services.

Results:

Two sessions have taken place and both carers and those they care for have attended. Attendees have had connections to inpatient or community services or had heard through word of mouth. Carer support needs have been identified as part of the session by the Alzheimer's Society representative and referrals have been discussed and completed. A carer for a gentleman on Cherry ward had previously declined support and following a direct talk to the Alzheimer's Society, consented to a formal referral. It is possible that this would have not been taken up had the session not taken place. Other feedback has been very positive, highlighting:

It is the first time she could talk to others
"in a similar situation"

Next steps:

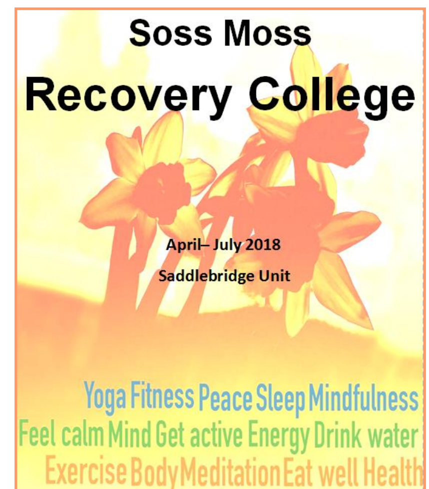
The café will continue to run on a monthly basis. Options for additional carer support are to be identified, including the Carers Trust and Citizens Advice. A formal review will take place at approximately 6 months to ascertain development strategies, feedback from attendees and what they would like for the future. Further promotion of the café will take place to widen connections to offer informal support to a wider audience.

For further information, please contact Emma McGee, Senior Occupational Therapist, on 01244 397289

Soss Moss Recovery College run workshops and courses to help people gain skills, knowledge and understanding

Background:

Soss Moss Recovery College run workshops and courses to help people who access our services gain skills, knowledge and understanding so that they can live a happier and more fulfilled life. These skills are designed to help overcome mental health challenges and provide successful self-management strategies. The Recovery College is now offering Tai-Chi sessions as part of its wellbeing programme.



What did we want to achieve?

To help build capabilities for all and develop a learning environment and ethos that stands for togetherness and taking health and wellbeing matter into your own hands.

What we did:

Through the Recovery College, a service user and our in-house fitness instructor led a group of staff and service users in practicing Tai-Chi outside in the garden. This has been running every Monday morning in July, encouraging a group of people to come together, get off the wards and do something active, positive and calming as a group. This is a great start to the working week and promotes a healthy mind and a healthy body. Staff and service users alike are encouraged to get active and develop their understanding of an exercise that promotes both physical and mental wellbeing and model this amongst their service user group, thus spreading the word of taking your health needs into your own hands, developing socialisation skills, and being at one with nature.

Results:

So far we have had between **10 and 35 people attending** this tai-chi session each week as a mix of staff and service users. Staff have reported that this 15 minute break has allowed them to take some time to relax and afterwards they feel calmer, or re-energised and have appreciated having a small amount of time to be mindful and get off the wards. Service users reported they enjoyed doing something a bit different and appreciated getting out into the garden and doing something positive as a group. The impact this programme has had on our service user who agreed to help lead the sessions has been massive. He has shown significant development in relation to his levels of motivation to do positive activity, the time he spends out of his room and the increase in his positive attitude. Not only this, but this person has developed considerably in his confidence and his levels of self-esteem. This programme has allowed people to come together and be amongst nature whilst taking some responsibility for their own health and wellbeing. This short activity promotes relaxation, mindfulness and tranquility, alongside getting out and active and has been a huge success.

Next steps:

We are currently collating evaluation sheets and following on from these, we are considering turning these sessions into a more regular occurrence, for example running it twice a month for the rest of the summer/ autumn months.

For further information, please contact Laura Aslan, Assistant Clinical Psychologist, on 01625 862457

Between April and July 2018/19, CWP formally received 1067 compliments from people accessing the Trust's services, and others, about their experience. Below is a selection of the comments and compliments received:

Learning Disabilities, Neuro-Developmental Disorders & Acquired Brain Injuries Care Group

- "You have made me feel so welcome and have encouraged my learning and development, thank you."
- "You were my total lifeline and my comforter, as a mother and carer, I cannot thank you enough for your guidance and that of your colleagues also. The clinic gave me hope and strength to cope and the ability to put in place all of your suggestions and expert guidance. My daughter also benefited by being able to talk to someone other than her father and myself. YOU REALLY CHANGE PEOPLES LIVES, THANK YOU AGAIN ALL STAFF."
- "Staff are lovely, the vicinity is very good and my son really enjoys coming to stay and is well looked after."
- "The staff always go above and beyond to cater for the client and their family and there are no words to say how much we appreciate everything they do for us."

Children & Young People (CYP) Care Group – West Cheshire 0-19

- The family fed back how useful they had found the sessions being regular, with small steps to work on each time, that were specific to the child and family. Having strategies and advice pinpointed for their child was useful for them.
- "You've been easy for us as parents to work with (through some pretty tricky times) and built a lovely relationship with our child."
- Parent thanked Speech And Language Therapy team for input with the family in supporting her and her family with her child's communication and supporting her mental health.

CYP Care Group – Wirral CAMHS

- "I want to say that I could not have gone on without the support of (staff member). I felt hopeless, that no-one was listening to me or willing to help me. He has been amazing."
- "Thank you so much for all the time and effort you've put in to help me get where I am today. After just a few sessions I've become so much happier and confident in myself and others."
- "Thank you so much for everything you have done for me during this difficult time. I feel lucky to have support from somebody who has used every effort to understand me and not stopped at anything to help me. I think it's fair to say you're a one off and one of the main reasons I'm still here today and I will never forget it."
- "Clear, friendly service. Helped find the correct treatment for me."

CYP Care Group – Tier 4 CAMHS & Outreach

- "Thank you for everything you have done for me. I appreciate all the work you've done with me! Your support has really helped me."
- "Thank you for getting me to a place where I am not scared to talk anymore. You have taught me the skills I can use to help me do this. Thanks for making me feel okay about speaking out and accepting myself"
- "You taught me that it doesn't matter what has happened in the past and that it should not affect the person I could be in the future. I loved how you got to know your patients and talked to me about difficulties I have in my life. You and my stay at Ancora has changed me and I now feel more optimistic that things can get better, thanks for not giving up on me, it means everything."
- "Thank you for being there when I was at my lowest. You don't understand what that meant to me. I didn't feel alone or scared or sad. I felt cared for, for once."

Neighbourhoods Care Group – Integrated Teams

- "What an amazing service you provide. Rapid, compassionate and caring. You made a huge difference to dad and us at the end of his life and we can't thank you enough."
- Patient described the service as wonderful, informative and supportive and said the family benefitted enormously from physiotherapist professional involvement.
- Patient described the care provided as outstanding and said the nurse was kind, informative and very gentle when completing the task.

Specialist Mental Health (SMH) Care Group – Place-Based (East Cheshire)

- "Without the fantastic efforts of the team, my father would not be here with us today. He is recovering well and we are truly grateful for everything the drug and alcohol team have been able to offer. This service and team members definitely stands out within Cheshire East. The drug and alcohol team at present are by far the most efficient and effective service currently provided to help people in these situations. Every member of staff dealt with in the team has been respectful, understanding and extremely helpful in every aspect of my father's rehabilitation. The people within this service are a true representation of what CARE is about. And they obtain results."
- "Without your support, understanding and genuine willingness to get to know him as a person, without which his progress would have been far more complex and drawn out, he would undoubtedly still be struggling to fathom out his troubles. He has made huge progress, we are very proud of him and forever grateful to you and the services you represent."

SMH Care Group – Placed-Based (Wirral)

- "She helped me, with no pressure, she understood and made me feel like I could achieve things, see things differently, and deal with them in a different way. She has helped me become a better me."
- "I wanted to take an opportunity to personally thank you on behalf of my family for all the care and attention you and your team showed to my father during his final years. We can't thank you enough. You all do an amazing job at what is a very very difficult time for patients and their families."
- "Just a little card to let you know just how much your help is appreciated. It's good to know that the support is there. Once again that your very much."

SMH Care Group – Place-Based (West Cheshire)

- "Many thanks for all your help as I attended clinic. I was incredibly nervous coming for a diagnosis but your professionalism, kind manner and great communication made it really straightforward and reassuring. Thank you so much."
- "The sessions have helped me identify many issues which I now feel more equipped to deal with. Overall, I have become a much more confident and empowered person. I have learned a lot about myself and hope to continue this progress going forward. Thank you very much."
- "Therapy has helped me overcome my mental battle and helped me develop the skills I already had but had forgotten how to use them when I needed them."

CYP Care Group – Cheshire CAMHS

- "I think (staff member) is fantastic, knowledgeable, and consistent, all things that made a big difference to our family. I can't thank her enough and now knowing I can call if things change gives me strength."
- "The support was tailored to meet my daughter's individual needs and her personality."
- "Good communication and flexible arrangement of appointments. Positive impact on my son, he was very engaged in the process."
- "We have always been listened to, supported through everything that has happened, and offered additional services."

Neighbourhoods Care Group – Front Door

- "He reports that since his discharge from detox he has returned to work, is attending AA groups, playing badminton and basketball. He stated his life has improved no end and he is eternally grateful for the support he received from HALS."
- "She has helped me deal with my anxieties in a positive way and I hope I will continue to do so. She is a very good listener and is also very easy to talk to. She talked through my anxieties with me each week and was always patient and supportive, never making me feel inadequate or silly – a brilliant therapist".
- "I am so grateful for the services I have had , both the talking therapy and CBT Both therapists always really listened and understood my issue and helped me work through a really difficult period in my life, thank you."

SMH Care Group – Bed Based (East & West)

- "I can't thank all the staff enough for their kindness and patience with all the patients and particularly my husband. Nothing was too much trouble. I was always kept in the picture and felt very supported."
- "The staff have worked so hard to help our son. He has made excellent progress in many ways and we could not have managed this at home. The support will breakthrough to the community. The staff introduced a traffic light technique/ system which our son found very useful."
- "I found the art therapy session to be very helpful in my recovery, painting in the group relaxes me. Sitting with peers and chatting is a big help."

SMH Care Group – Bed Based (Wirral & PICU)

- Thanking staff for everything they did for patient. Staff offered help even when she didn't want it, staff never gave up on her, turned a light on when all she could see was darkness, all played a part in rebuilding her piece by piece. Very grateful to staff.
- "With their (HT team's) intervention I am now on the way to living again with a positive approach to my future."
- "All the staff were friendly, helpful and informative. Meadowbank felt like a very caring and safe place for my mother to stay. I think the service you provide is wonderful. Thank you."

SMH Care Group – Forensic, Rehab, CRAC

- "I can't thank the staff at Saddlebridge enough for looking after me and taking time to talk to me. I now feel ready and able to move forward."
- "Thank you for all your help and support over the last 4 years."

SMH Care Group (Place Based – South Cheshire & Vale Royal)

- "Thank you for all your help, it has really made a big change in my life."
- "You have taught me such powerful skills to help me and I am very grateful to you, and for being such a kind and patient listener, thank you."
- "I'm absolutely amazed at the difference in my mood and overall life. The way that I have been shown to overcome problems that may arise has not only worked in the present but can definitely be followed in the future."

Share your stories

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 397410

Look out for more about Quality Improvement in Edition 2 2018/19 of the Quality Improvement Report

© Cheshire and Wirral Partnership NHS Foundation Trust (2018)