

Quality Improvement Report

Edition 1
April 2019 – July 2019

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



New Leaf employment advisors, integrated into community mental health teams, are working with over 150 people to help them gain competitive employment
(see page 10)

Welcome to CWP's first *Quality Improvement Report of 2019/20*

These reports are produced three times a year, this being the first edition of 2019/20, to update people who access and deliver our 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 Reports* 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.



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 we 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

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New, innovative Nurse-led CWP Community Erectile Dysfunction Service eases pressures on secondary care

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QUALITY IMPROVEMENT PRIORITIES

We have set three Trustwide QI priorities for 2019/20, which reflect our vision of “**working in partnership to improve health and well-being by providing high quality care**”. They are linked to our Trust 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*.

The **patient safety** QI priority identified for this year is:

To reduce the number of incidents of people accessing CWP services that have caused harm to themselves

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.

The following describes our achievements in progressing with this priority:

- ✓ Continued to facilitate an expert group to lead this project and to ensure robust oversight.
- ✓ Agreed amendments with our Safe Services team colleagues to improve incident reporting processes.
- ✓ Continued to present at Clinical Networks and QI events to promote this project and gather feedback from staff.
- ✓ Continued the self-harm strategic steering group, collaborating closely with other related initiatives such as suicide prevention.
- ✓ In-depth analysis undertaken of self-harm data to identify themes and specific areas/ opportunities for improvement.
- ✓ Initiated use of Safety Crosses to plot incidents.

Last year, we made significant progress in reducing moderate and severe incidents of self-harm, achieving a commendable **12% reduction**. We have increased the profile of self-harm within the organisation and continuous improvements are being seen as a result, which is why we are going to continue with this priority this year too. Furthermore, we now established a clinical expert panel, with the strategic aim of eliminating the use of unwarranted restrictive interventions. The panel has identified this critical QI project as an interdependent workstream.

For more information, please contact Marjorie Goold, Consultant Nurse CAMHS, on 01244 397623 or [Kate Baxter, Patient Safety Improvement Manager, on 01244 397410](#)

The **clinical effectiveness** QI priority identified for this year is:

To improve access to psychological therapies for people accessing acute care services
(this priority will also aim to improve access for people accessing community and primary care services)

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.

The following describes our achievements in progressing with this priority:

- ✓ Our Specialist Mental Health care group presented a number of options for a psychological therapies model to our Quality Committee.
- ✓ The Quality Committee supported the care group's approach to identifying a preferred clinical model, by considering the benefits realisation of each option.
- ✓ The care group has identified a preferred clinical model for delivery of psychological support to the wards, funding is in the process of being identified to operationalise the clinical model.

For more information, please contact Beccy Cummings, Service Improvement Manager, at rebecca.cummings1@nhs.net

The **patient experience** QI priority identified for this year is:

To improve engagement with bereaved families and carers

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.

The following describes our achievements in progressing with this priority:

- ✓ Our Patient and Carer Experience Sub Committee is developing a task and finish group, with involvement of people with lived experience, to identify further quality improvement work for this year.
- ✓ We have identified that we will undertake a self assessment against the National Quality Board guidance, to determine progress to-date and to identify further improvements that we can make against the standards set out in this guidance.
- ✓ We are developing an improvement plan for delivery by the end of March 2020.

This project is a continuing national priority, so we will continue this year with our QI approach, ensuring that true co-production is realised and sustained. The overarching principle is to offer bereaved families and carers with information that is as person-centred and supportive as possible, ensuring they are able to provide feedback on their experiences in order that we can learn and improve.

For more information, please contact Cathy Walsh, Associate Director of Patient and Carer Experience, 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.

Reduction in AWOL incidents from Beech ward requiring Police involvement

Background:

Beech ward is a 22 bedded ward based within Bowmere Hospital in Chester. It is an open age, acute mental health ward. The initial purpose of the project was to reduce incidents of people being AWOL (Absent Without Leave) and in doing so to reduce the involvement of emergency services in helping return people to the ward.

What did we want to achieve?

Our previous system was a signing out sheet, which was not used properly and did not provide sufficient information should a person not return when expected. We therefore sought to redesign our signing out process that allowed staff to collect the necessary information. We wanted people to have contact with staff prior to leaving the ward. This contact would concurrently ensure that people received a risk assessment, and assure staff that individuals were able to keep themselves safe whilst away from the ward.

What we did:

To begin with, we discussed the aim of the project with people accessing care on Beech ward, we were clear that it was not designed to be restrictive. Firstly, we redesigned the sheet, to enable it to be person-centred. Using the Trust's therapeutic observations policy signing out sheet as a guide, we sought to make the interaction between staff and inpatients more meaningful. The first section of the form is completed by qualified staff who carry out an assessment of the person's mental state, where they are going, for how long and expected time of return including what they are wearing. Staff and inpatients then sign out and sign in on return. The second part of the sheet is a continuation, updating the person's mental state and what they are wearing (whether it has changed or not). The expectation is that people do not leave the ward before they have spoken to staff and signed out.

Results:

We have found that people are happy to speak to staff and sign out before leaving the ward and are usually patient when the ward is busy. Some people have left the ward without signing out, but did speak to staff before leaving the ward. If a person does not return in time, there is a clear marker for when they were last seen and a shorter time delay in carrying out a search of the Hospital grounds and surrounding areas, often negating the need to inform emergency services. Overall there has been a **32% reduction in the number of AWOL incidents reported to the Police** in the 6 months since we implemented the project compared to the previous 6 months. The cost saving has been reduced time for staff spent in reporting to the Police. Inpatients have stated that it gives them an extra connection with staff, which is an opportunity to raise questions they may have.



Next steps:

Next steps are to further modify the signing out sheet to include a prompt for staff to ask people if they have brought restricted items back to the ward such as illicit substances, alcohol or ignition sources for themselves or others. This will support a safer ward environment and safeguard people who are at risk of harm from others.

For further information, please contact Aoife Coyne, Ward Manager, Beech Ward, at a.coyne1@nhs.net

Implementing Dialectical Behaviour Therapy (DBT) reduces self-harm and suicidality in the community

Background:

One of the most common identifying features of personality disorder is risk taking behaviour such as intentional self-harm and suicidality, which in some instances, will result in death by suicide. The purpose of the Dialectical Behaviour Therapy (DBT) team in West Cheshire is to provide people accessing primary and secondary care with specialist psychological therapeutic support, as recommended by NICE.

What did we want to achieve?

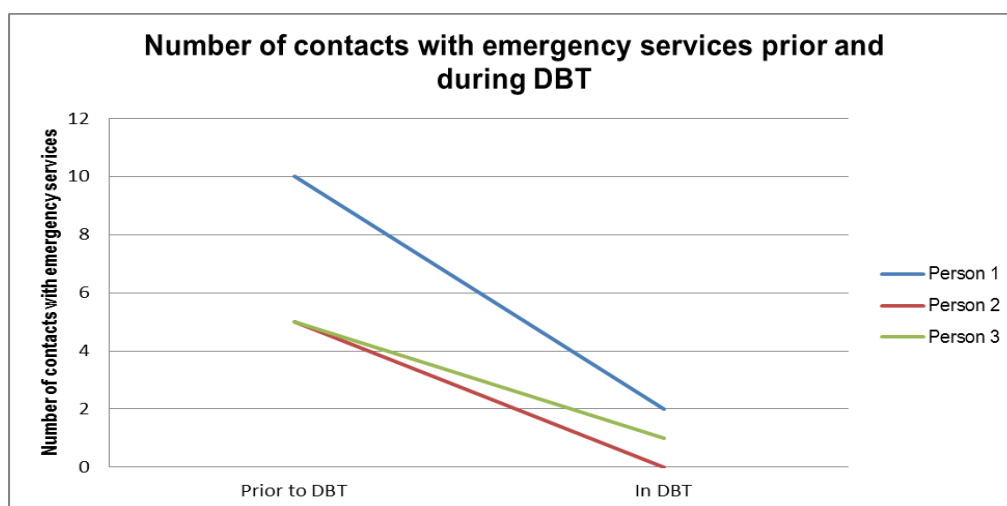
The aim of providing DBT is to reduce the occurrence of risk taking behaviours with the people we work with. We wanted to do this by delivering individual therapy, skills training and telephone coaching. The overall goal is to help people to change behaviour and their emotional thinking, interpersonal patterns associated with problems in living, and reduce life threatening behaviours.

What we did:

In the last year, a number of staff from different teams have offered time aside from their usual clinical work to ensure the delivery of this programme. This has consisted of a combination of weekly individual psychotherapy, skills training groups, therapist consultation and telephone coaching. The small team of staff have worked hard to deliver skills training sessions for people across West Cheshire who wish to engage with treatment in the community. We recruited an Honorary Assistant Psychologist to provide adaptations that can be made for people who meet criteria for Autism Spectrum Disorders as well as Personality Disorder. A person with lived experience representative has helped to support the skills training groups, providing people accessing our services with a perspective from someone who has benefitted from the strategies taught.

Results:

Self-harm and suicide attempts are tracked weekly. The below graph also shows how people presenting with self-harm are engaging with emergency services less as a result of accessing DBT. Current data tracking for the three people, below, indicates costs savings for CWP of at least £54,801.



Firstly, thank you for listening... really listening. For so many years before I met you my existence, for the most part was just painful.

I didn't think I'd verbally do justice to the amount you have helped me and the difference in my life between now and two years ago, I hope this letter portrays at least some of the changes as for the first time in my life I feel as though I'm living rather than surviving.

Next steps:

The intention is to share the outcome data with other interested professionals through the Personality Disorder clinical network day and to present the data at the next annual DBT conference.

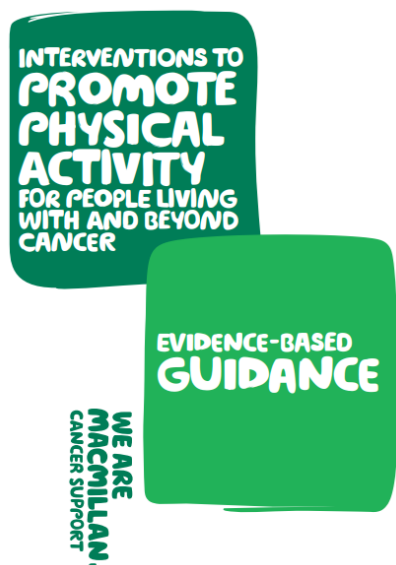
For more information, please contact Dr Katie Thomas, Clinical Psychologist, West Cheshire DBT Team, at katie.thomas14@nhs.net

Macmillan Community Palliative Care Team provide a hospice based Strength & Balance Class to prevent of falls

Background:

Our Macmillan Community Palliative Care Team provides patient advocacy, support and information about cancer treatments and the disease process. The team also gives advice on complex symptom control and provides support in future care planning, including Occupational Therapy and Physiotherapy.

What did we want to achieve?



To provide a regular class for a group of people to access in a community venue. To target a group of people at risk of falls, who have limited access to third sector services due to their complex health needs.

To maintain and/ or improve their strength, balance, mobility and general well-being.

What we did:

The Care Team arranged an appropriate time and day for the class with the Hospice. The programme and class structure was designed around appropriate exercise programmes depending on individual need. An appropriate pilot cohort of people were invited to participate. One of the team's main learning points was recognised the vast variation of patient morbidities, which prompted further re-modelling of the class structure.

Results:

The classes were well received, many giving positive feedback. The team have found that the programme has provided cost saving as it enabled them to see 6 people in an hour, reducing the travel and clinical time of seeing people in the community. Subsequently, the team also found that the programme aided the **prevention of falls** and facilitated **early identification of physical, social, psychological and environmental needs** of people with complex needs. It also encouraged **collaborative working with the hospice for signposting to their services and vice versa**. Consequently, there was a natural evolution of carers engaging on a social level whilst their people they cared for attended the class.

I do not worry about falling now, due to improved balance

I do not worry about falling now, due to improved balance

Class keeps me motivated and maintains my fitness

I feel very happy coming and seeing other carers when my partner is in the class - I have made new friends

Next steps:

Moving forward, the team aims to continue to evaluate the class due to its popularity and consider offering more specialised classes for different age ranges and conditions. Programme promotion will continue, particularly aiming to target and engage people who are at a level where third sector services are no longer appropriate.

For more information, please contact Gemma Coombes, Physiotherapist on gemma.coombes@nhs.net or Celene Morgan, Therapy Assistant, on celene.morgan@nhs.net

Journeygram – a visual picture of a person’s journey through CWP teams and wards



Background:

Our Medical Director (Executive Lead for Quality) shared a news article from the Nuffield Trust about an approach to visualise ‘patient journeys’. Whilst there are data access restrictions to NHS activity other than within CWP, Bev Tudor, one of the leads for the Quality Surveillance Team (pictured left), recognised that an adaption of this approach to show all CWP engagement and treatment within services in one view was a new concept. A new charting tool to illustrate a patient journey through CWP teams and wards, showing spells, episodes and community contacts using visualisation techniques and accompanying spot analysis, was developed.

What did we want to achieve?

Bev wished to adapt the findings in the Nuffield Trust article to show a person’s journey with CWP in a visual way. This way of representing data aims to establish patterns of engagement and other intelligence quickly, subsequently, this could aid future care planning for that particular person. There was a consultation with the Performance & Information team to discuss creation of this report. Unfortunately this was stalled due to current server design. However, Bev and Michael Croman (Quality Surveillance Officer, pictured right) used some lateral thinking and were able to devise an alternative method to deliver an Excel version.



What we did:

The first use of a journeygram supported a ‘collective crisis response’ meeting. This combined Inpatient, Liaison Psychiatry, Consultant, Psychologist, Community Mental Health Team, Home Treatment Team and social services representatives to pool knowledge and identify how different CWP teams could integrate to meet people’s complex needs. Glenda Bryan, Head of Clinical Services feedback was very complimentary, stating that the visualisation technique gave details previously unseen.

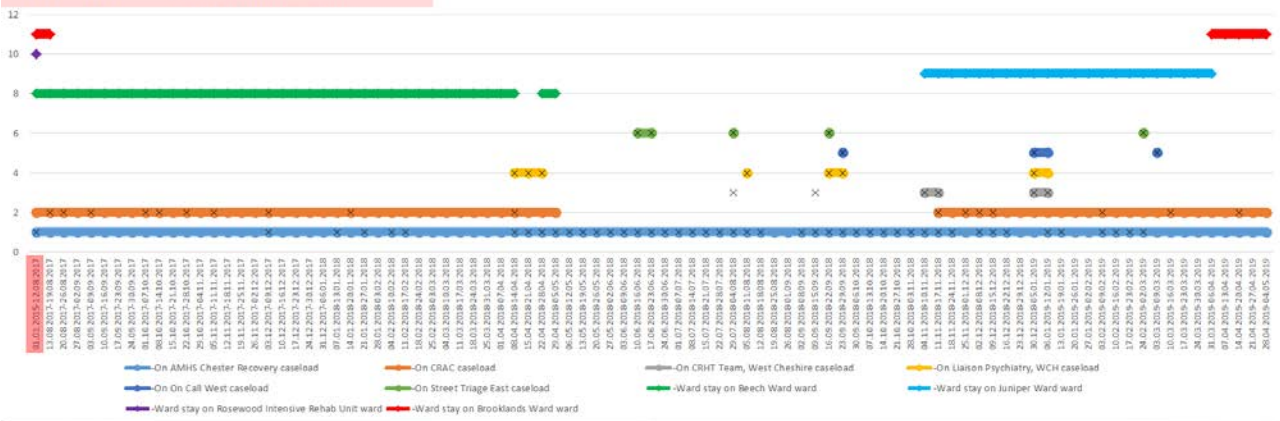
Results:

The first journeygram revealed a gap from CAMHS to Adult services, that resulted in an urgent GP referral. An approach was outlined including flexibility built into the crisis management plan for short admissions of up to 72 hours to circumvent some of the known behaviour escalation and subsequent admission/ assessment procedures. Other journeygrams have shown multiple community activity whilst a person was admitted, a person’s increasing involvement with crisis teams after discharge from a rehabilitation ward, and a person with a consistent spell under CAMHS and then shorter and frequent spells under Adult services. As the journeygram is an illustration of one patient’s journey, the results from each journeygram will be different.

Due to the length of time series the period 01/01/2015 - 12/08/2017 has been grouped for ease of reading. Within this grouped time frame the patient has been on the CRAC and Chester Recovery caseload. There was also a ward stay on Rosewood from 09/09/2015 - 01/08/2017

Journeygram for patient xx-xx-xx

Lines represent time on caseload or ward stays
X's represent contacts with that team



Next Steps:

The 'collective crisis response' meeting requests new monthly journeygrams to support planning for people with complex needs. A recent request was for a person accessing community services who makes excessive telephone calls to multiple CWP teams.

For more information, please contact Bev Tudor, Quality Surveillance Specialist on beverley.tudor@nhs.net or Michael Croman, Quality Surveillance Officer on michael.croman@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.

New Leaf employment advisors, integrated into community mental health teams, work with over 150 people to help them gain competitive employment

Background:

Employment advisors, employed under the Cheshire and Merseyside New Leaf contract, have been integrated into community mental health and early intervention teams in Cheshire since November 2018 on what is a one year project to support people with severe mental health problems into work using the evidence based Individual Placement Support model. This model provides people with intensive, individual support. A placement in paid employment is arranged and time-unlimited support for both employee and employer is provided. New Leaf is a charity organisation aimed to increase economic development in Cheshire. The organisation provides a wide range of support to people, including employment advice, money management and initiatives to improve confidence in the workplace.



What we wanted to achieve?

To increase access to employment support for people using community mental health and early intervention services. To provide another important aspect of care, recognising that gaining employment can be a significant part to recovery.

What we did:

Individual placement support (IPS) was provided by Standguide in Central and East Cheshire and by Cheshire West and Chester Council in West and Vale Royal. IPS aims to get people with mental health problems into competitive employment, this can be via training and education or directly into work. The only criteria used to access the service is that the person wants to



work and the employment specialist takes 'referrals' from any member of the team. Our employment specialists have developed relationships with local employers and provide time unlimited individualised support for the person and their employer once successful in getting a job.

Results:

Cheshire West and Chester IPS have received approximately 200 referrals and are currently working with 84 'customers' who are accessing training courses or actively job searching and 14 who have entered paid employment so far, with others in the pipeline. Central and East IPS have received approximately 150 referrals and have 78 active customers with 14 having gained employment so far, but this figure is forecasted to rise to around 30 before the end of the project. Examples of employment successfully being sustained by customers include data processing, office administration, self employed dog walker and web site designer. The feedback from staff has been excellent, with most commenting about the positive effect on people's mental health after accessing the New Leaf IPS service. One person, who is now self employed as a beautician and has weddings and party bookings until Christmas, said 'New Leaf IPS has changed my life

for the better, I am so thankful that my Community Psychiatric Nurse introduced me to the service'.

Next steps:

The current IPS project ends in September 2019, however the Wirral and Cheshire CCGs have recognised the importance of continuing to support people with severe mental health problems into work and are providing funding to ensure that IPS workers remain integral to the multidisciplinary team. Teams have begun to collect together patient stories from people who have benefitted from involvement from an employment advisor into a collection of 'good news' stories which can be shared with other customers embarking on their employment journey and with the staff.



For more information, please contact Linda Friend, Employability Consultant on linda.friend1@nhs.net

Education CWP have created the "CWP Virtual Academy" for a faster, higher quality and more user friendly e-learning experience

Background:

Recent technological innovations have opened up possibilities to greatly enhance the training and education on offer to staff, including mobile learning, Virtual Reality and Artificial Intelligence. Education CWP recognised the need to set up a more user friendly, modern learning system that takes advantage of these technologies.

What did we want to achieve?

To use technological developments to support our staff to access a more efficient system that improves user experience and learning with opportunities for a more technological blended approach now and for the future.



What we did:

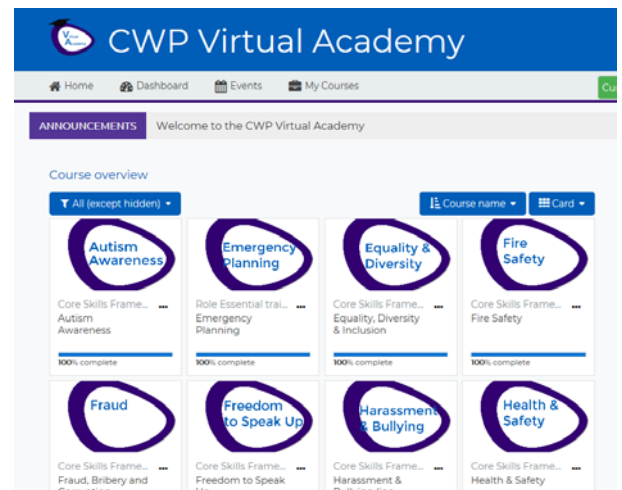
Initially a free platform (Moodle) was sourced to administer the Care Certificate programme. The potential of this site was quickly recognised and soon the team designed, developed, made and set up a number of other courses, for example, Psychopharmacology (created in partnership with the University of Chester) and STOMP – Stopping the Over Medication of People with learning disabilities and/ or autism (created with our Pharmacy team). It soon became clear the

benefits to our organisation of further developing this to have our own Virtual Academy and the possibilities this would open up for the Trust. Following a presentation at our Operational Committee in December 2018, the team have been piloting e-learning mandatory training for new members of staff using the Virtual Academy and managing our leadership and management, preceptorship (Practice Education team), and CAREnotes revalidation programmes (IT Training team). Education CWP have very recently added Quality Improvement training and Better Support, Better Lives training (in partnership with CANDDID: Centre for Autism, Neuro-Developmental Disorders and Intellectual Disability).

Results:

Education CWP have developed a system that provides a **much improved quality learning experience for our staff** as it is easier to access and navigate, more user friendly and is a free platform. We are reducing time taken to access e-learning, with a more visually appealing system thanks to the design skills of Matt Crouch, e-Learning Developer. We have been working with the Education CWP administration team to manage how we move all staff to this platform for mandatory e-learning whilst continuing to ensure quality of data transfer into the Electronic Staff Record. This is being managed alongside our mandatory training review. We can also analyse data for the courses on offer using a range of modern Learning Analytics techniques, leading to a greater understanding of our learners and their needs. Since we launched the Virtual Academy:

- ✓ 47 staff have used it to complete the Care Certificate
- ✓ 17 people have completed the Psychopharmacology programme allowing them to proceed to study non-medical prescribing
- ✓ 102 GPs across the North of England have had access to our STOMP course
- ✓ 48 staff have completed a programme of management training
- ✓ 311 staff have used the system for essential learning



Next steps:

After a successful pilot, Education CWP will, over the coming months, be moving all CWP staff onto our Virtual Academy to complete their mandatory training (e-learning). The team will continue to add new programmes to the Virtual Academy and they will be working as a team to develop a broader blended approach, for example, discussion boards, web conferencing and live chat. Sandra Johnson, Professional and Personal Development Lead and Matt are currently researching the potential for creating Virtual Reality simulation exercises and making them available via the Virtual Academy to develop this into a collaborative learning environment and experience.

For further information, please contact Sandra Johnson, Professional and Personal Development Lead on sandra.johnson10@nhs.net or Matthew Crouch, e-Learning Developer on matthew.crouch2@nhs.net

Liaison Psychiatry Wirral service provide training to Arrowe Park Hospital staff to increase mental health awareness

Background:

The Liaison Psychiatry team are a mental health service consisting of administrators, mental health practitioners, Psychiatrists and Clinical Psychologists. The Wirral team is based at Arrowe Park Hospital (APH) and helps support people presenting at A&E with mental health difficulties, as well as people admitted to physical health wards who are experiencing mental health difficulties alongside physical illnesses. Between June 2018 – May 2019, the Liaison Psychiatry team were involved in over 4000 referrals, providing assessment, formulation, diagnosis, advice/ signposting, medication reviews, and brief psychological therapy. During the same period every ward at Arrowe Park Hospital, and three of the rehabilitation wards at Clatterbridge Hospital, requested support from the Liaison team.

What did we want to achieve?

We sought to increase capability and awareness with the departments within Arrowe Park hospital. The rationale was, if staff within the hospital had more knowledge and confidence with mental health awareness, this could consequently decrease the amount of requests for support.



What we did:

The Liaison Psychiatry team provided training to medical doctors, nurses and clinical support workers within the hospital wards. This has included provision of training on suicide awareness, understanding of self-harming behaviours, medically unexplained symptoms, psychosis and motivational interviewing. Staff self-care provision has also been provided, with sessions on compassion focussed self-care, mindfulness, reflective practice and case formulation/ discussion delivered.

Results:

Arrowe Park Hospital staff described being interested in the training offered, and felt it provided new perspectives and enabled understanding of how to apply different techniques and strategies. Staff found provisions very informative and useful, and stated that it solidified knowledge and encompassed a variety of topics and issues. Psychiatrists within the team inputted into ortho-geriatric MDTs, consulted and inputted into Parkinson clinics, and provided assessment and interventions for oncology and perinatal departments. Clinical Psychologists have provided consultation, assessment and brief psychological interventions for the young person's diabetic service, and for people admitted to the acute stroke ward. The diabetes service advised that they found the provision of input from Liaison Clinical Psychology invaluable in supporting the provision of a quality service to young people with diabetes and also incredibly useful in supporting staff within their demanding roles, through the provision of staff support. **The acute stroke ward showed a 42% reduction in their referrals to Liaison Psychiatry following the provision of a Clinical Psychologist from the Liaison team.**



Next steps:

The team plans to replicate the success achieved so far across other hospital departments.

For more information, please contact **Graham Jones, Team Manager**, on graham.jones15@nhs.net or **Dr Claire Blakeley, Clinical Psychologist**, on claire.blakeley@nhs.net

Implementation of Values Based Recruitment (VBR) across CWP sees increase in quality in good quality candidates



Background:

Values Based Recruitment (VBR) helps to attract and select employees whose personal values and behaviours align with the Trust to support delivery of outstanding patient care. The questions and responses provide insight into an applicant's values, what they consider to be important, and provides insight into the reasons and motivation for their behaviour in the workplace.

What we wanted to achieve:

Developing VBR is considered a culture change for the organisation and getting the framework correct was key to successful outcomes. The Recruitment and Organisational Development Team therefore needed to establish what the values mean in practice at CWP and information was gathered from engagement across CWP with all stakeholders. The team also used our network across other NHS organisations to work

collaboratively to understand best practice. Overall, this new approach will help attract and recruit people with values that match the Trust's values which will support happy and engaged staff, increasing retention and engagement and supporting outstanding care.

What we did:

The information gathered resulted in a behaviour framework based on the 6Cs values, question bank and interview score sheet. The framework and training were co-produced with our Lived Experience Volunteers and Education CWP. A paid role was developed for our volunteers to co-deliver our training to our staff and volunteers.

Results:

The training sessions are being very well received by all of the managers, staff and volunteers who have participated thus far. One service, who have implemented the changes from advert level, reported they have already seen an increase in good quality candidates. Other managers have taken time out to praise the process stating that it is helping them assess candidates in a different way which is bringing positive outcomes. The approach is also supporting a new, rolling recruitment approach. The team's co-trainers have been approached to take part in other training across the Trust. The team have been able to share their outcomes to partner organisations who have attended the training sessions. Additionally the team have also presented to organisations such as Wirral CCG who are particularly interested in designing and implementing their own VBR.

Next steps:

- Training continues to the end of the year when all of our people who currently take part in interview selection will have been trained. Training will continue and develop on an ongoing basis.
- Continual reviews will take place to ensure our method and toolkit remains up-to-date.
- New starters and leaver feedback and relevant data such as turnover will be reviewed continually to assess impact.

For more information, please contact Joanne Wing on joanne.wing@nhs.net or 01244 393124

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.

The Poppy Factory supports veterans with health conditions into work



Background:

The Poppy Factory is the country's leading employability charity for veterans with mental and physical health conditions, helping more than 1,200 people into work since 2010. Unemployed veterans who receive health treatment on the Wirral can now get help moving back into employment through a new service launched by The Poppy Factory in partnership with CWP and other NHS providers. Ex-Forces men and women who go for treatment at the Stein Centre at St Catherine's Hospital in Birkenhead can access one to one support with career planning, training opportunities, CV writing and job application advice.

What did we want to achieve?

We wanted to bring together The Poppy Factory's long established expertise supporting ex-Service personnel with health conditions into an NHS healthcare setting for the first time. This is a three-year study and we wanted to provide a package, based on the principles of Individual Placement Support (IPS), that takes each person's physical health and mental health needs into account, with the aim of securing meaningful long-term employment that they are interested in doing outside of the Forces. The project is funded by the Forces in Mind Trust (FiMT), a £35 million funding scheme run by the FiMT using an endowment awarded by The National Lottery Community Fund.

What we did:

We worked closely with health and social care partners in the area, including local GPs, Wirral University Teaching Hospital NHS Foundation Trust and NHS Wirral Clinical Commissioning Group. We embedded and co-located an experienced local Employability Consultant from The Poppy Factory, Lynne Evans, in the NHS multidisciplinary team to deliver high quality comprehensive employment support to ex-Forces men and women who are wounded, sick or injured. Lynne grew up on the Wirral and has an extensive local network of contacts. She draws on her past employment support experience with the Shaw Trust, Gingerbread and Merseyside Youth Association to support veterans with physical and mental health conditions in the area.

Results:

This project is still its infancy and the figures will be evaluated by the Institute of Mental Health at the University of Nottingham; we anticipate that this data will reveal any gaps in knowledge and research.



Next steps:

We hope the project will contribute to the improvement of existing services and forge closer links between health providers and the Armed Forces charity sector. The team will continue to promote the service and aim to increase referral numbers via two pathways: self-referrals directly to Lynne at the Stein Centre and medical practitioners referring people who they feel would benefit from our service.

For more information, please contact Lynne Evans, Employability Consultant – The Poppy Factory, on 07387 415429 or email lynne.evans9@nhs.net

'Doing What Matters' – introducing an Acceptance and Commitment Therapy group for young people at Ancora House



Background:

Ancora House is a child and adolescent mental health inpatient unit based in Chester. The centre provides inpatient care for children and young people experiencing severe and/ or complex mental health difficulties. The aim of this project was to redesign the psychology group offering at Ancora House, to introduce a new therapeutic model (Acceptance and Commitment Therapy or ACT). ACT aims to help people build richer, fuller and more meaningful lives by (i) helping them to identify what matters to them and (ii) teaching a range of skills to help them handle the difficult thoughts and feelings that will inevitably show up when they begin to behave more like the person they want to be.

What did we want to achieve?

To provide interventions that are: up to date, in line with the increasing evidence base for mindfulness-based approaches; and applicable to the broad spectrum of difficulties we work with at Ancora House. ACT has been shown to be beneficial and accessible for young people who are

experiencing a variety of difficulties.

What we did:

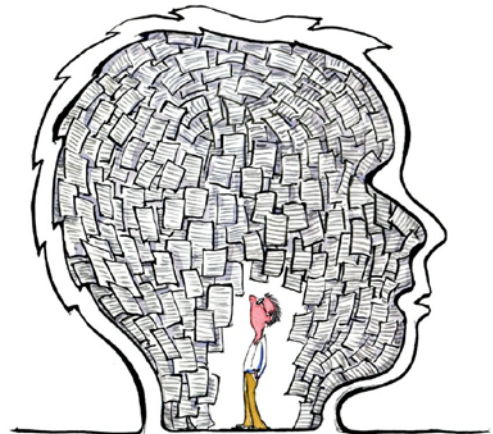
Redesigned the set-up and facilitation of psychology groups at Ancora House, based on ACT principles. The group is currently being held jointly across both wards, to encourage socialisation and feelings of inclusion. The content of the group has been designed from scratch, incorporating fun and engaging ACT metaphors and ideas such as 'dropping the struggle' and 'passengers on the bus'. The slides and accompanying workbook contain practical exercises, tips for practice and helpful internet resources that young people can refer to outside of the group. It is hoped that by learning techniques to accept difficult thoughts and feelings, young people will feel less distressed by, and more able to cope with them as they arise.

Results:

This is currently a pilot project in its very early phases of roll-out. However, the multi-disciplinary team are excited about this venture, and we believe young people will benefit from this new approach.

Next steps:

We will be reviewing the group as we go along, and adding in fun, new, exciting activities as they emerge within the wider ACT community. Over the next few months, we will be gathering feedback from young people both formally and informally and adapting the group as required. We plan for it to become a permanent feature in our timetable in September.



For further information, please contact Karen Ryder, Clinical Psychologist, on karen.ryder3@nhs.net

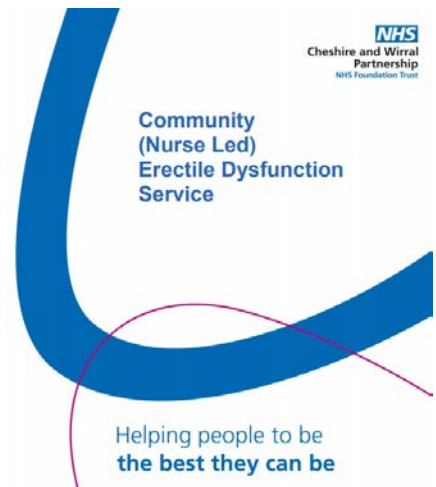
New, innovative Nurse-led CWP Community Erectile Dysfunction Service eases pressures on secondary care

Background:

Erectile dysfunction affects more than 50% of men at some stage in their lives which can affect relationships and general health and wellbeing. Historically in West Cheshire, the provision of Erectile Dysfunction (ED) services is delivered as part of the secondary care urology services at the Countess of Chester Hospital and is consultant-led.

What did we want to achieve?

The purpose of this project was to highlight the safe and cost effective implementation of a new Community Nurse-led ED service. Moving this service to the community, we hope that this will improve access as people will have a choice of community clinics to attend. Additionally this will also reduce demand on hospital resources.



What we did:

Over an 18 month period, by working with the CCG, Consultant Urologists and GPs, a community based highly specialist Nurse-led ED service was planned by developing integrated care pathways. The service was implemented in January 2019. This was achieved through expansion of the current community based continence/ urology service. The service will accept referrals from GPs, consultants and other health professionals.

Results:

This initiative has resulted in the transfer of activity from the Countess of Chester Hospital Urology service to the Community Continence & Urology Service for people who require treatment for ED. Achievements to-date are:

- A fully operational, established Community Nurse-led ED service.
- The service has stopped people requiring to attend a Hospital appointments and utilising Consultants' time which will ease pressures on secondary care resources greater scope to meet their 18 week targets.
- The new innovation is recognisable as an open, progressive service that is about care, well-being and partnership.

Next steps:

The introduction of a Community Urology Nurse Specialist has developed new services over the last 5 years. There is greater scope in the future to continue to work collaboratively with secondary care to transfer more traditional hospital based services to the community.

For further information, please contact [Kenny Henderson, Community Urology Lead Nurse](mailto:kenneth.henderson@nhs.net) on kenneth.henderson@nhs.net

Between April 2019 and July 2019, CWP formally received 1095 compliments from people accessing our services, and others, about their experience. Below is a selection of the comments and compliments received:

All Age Disability

"Thank you for your ongoing communication and joint working. Your ethics and passion for your role is lovely to see."

Children, Young People & Families

"Thank you does not really seem enough to say for your care and guidance through some extremely taxing times. A listening ear and kind words have been invaluable to myself and (young person) and we will miss you."

Joint Management

"Practical worries and apprehensions disappeared as your team arrived and got started. They have looked after my wife (and helped me) with obvious care, competence and confidence. They gave clear advice and linked well with the district nurses. They have been incredibly helpful and supportive at an extremely difficult time."

Neighbourhoods

"Thank you for helping me rebuild my confidence to face the challenges that life throws at you. It has been a difficult year but I know I have the strength to carry on and most importantly that life is full of many possibilities and to be enjoyed and I have everything to live for. I have learned a lot and when times get hard I will try and remember all the skills you have taught me."

Specialist Mental Health – Bed Based

"Thank you all for your patience and kindness shown towards me without passing judgement at what's been a scary and difficult time, words are not enough to describe how much I have appreciated you all."

Specialist Mental Health – Place Based

"This service has been extremely helpful . I learned lots of skills to cope with my anxiety. The staff listened and made me feel good about myself. Now I can recognise how to deal with anxiety and depression."

Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury

"Mum said she could not have asked for any more. The care was 'beyond expectation' and they were grateful for the physical health care that was also provided."

Share your work

We welcome your best practice examples and Quality Improvement successes; please share your work via the Safe Services Department using the QI Hub page on the intranet or contact the Patient Safety Improvement Team on 01244 397410

Look out for more about Quality Improvement in Edition 2 2019/20 of the Quality Improvement Report

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