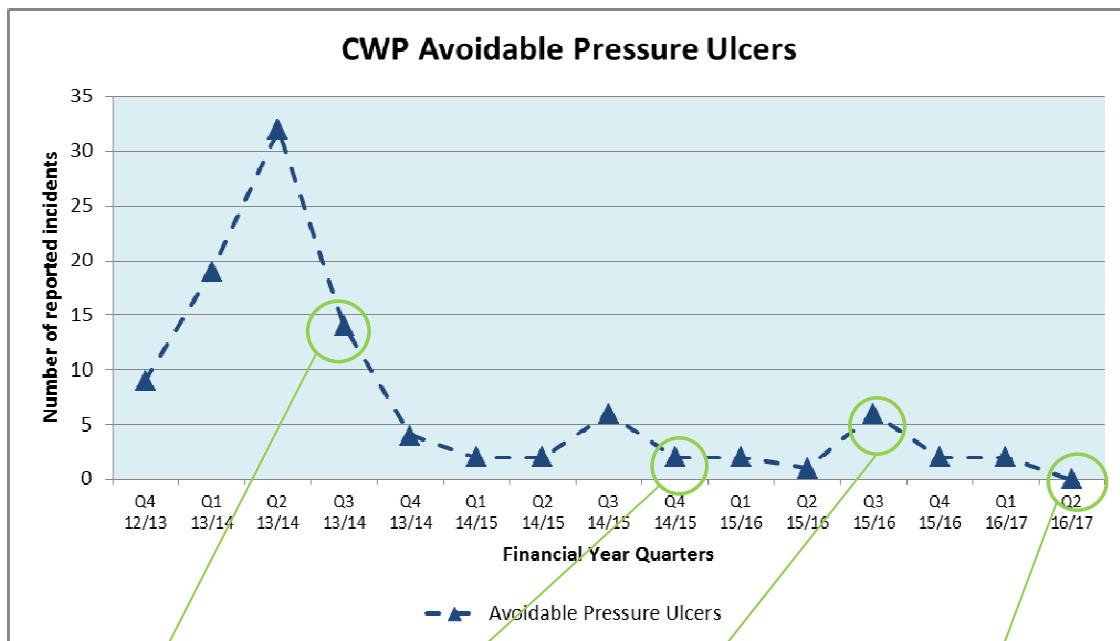




Quality Improvement Report

Edition 2
August – November 2016

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



CWP Pressure Ulcer Action Group established in November 2013 in response to high numbers of avoidable pressure ulcer incidents

Work on new electronic pathway began in March 2015

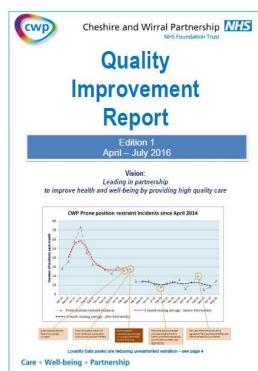
New pathway launched on International Stop the Pressure Day November 2015

For the first time since the start of 2013, the number of avoidable pressure ulcer incidents has dropped to zero

Successfully reducing the number of avoidable pressure ulcers – see page 4

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

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



CWP's *Quality Account* and *Quality Improvement Reports* are available via:

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

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

At CWP, we are starting to look at **quality** in more detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through **quality improvement**. The next edition will focus in more detail on other areas of quality such as the **accessibility**, **affordability** and **sustainability** of care.

| 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 which minimises 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 |
| <i>"Being treated in a safe environment"</i> <i>"Being protected from harm and injury"</i> | <i>"Receiving care which will help me recover"</i> <i>"Having an improved quality of life after treatment"</i> | | | <i>"Having a positive experience"</i> <i>"Being treated with compassion, dignity and respect"</i> | |

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

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

EXECUTIVE SUMMARY

QUALITY IMPROVEMENT HEADLINES THIS EDITION

CWP Tissue Viability team sustain continuous reductions in the incidence of avoidable pressure ulcers

➔ see pages 4

Best Practice Event showcases quality improvement

➔ see page 8

Recognition for CWP for its care and quality improvement at North West Leadership Academy Awards

➔ see page 9

CWP's Suicide Prevention Strategy

➔ see pages 10

Specialist perinatal community mental health service secures funding to support new and expectant mums by providing access to high quality care

➔ see page 13

High quality standards of care and facilities for CWP patients demonstrated through patient-led assessments of the care environment

➔ see page 14

CWP wards sign up to national dementia campaign, supporting person-centred care

➔ see page 15

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

Tissue Viability team successfully sustain continuous reduction in avoidable pressure ulcers in the community

Our front page shows how we have used **Quality Improvement** to significantly reduce the numbers of avoidable pressure ulcers occurring in the people we provide care and treatment to in the community.



#CWPZeroHarm

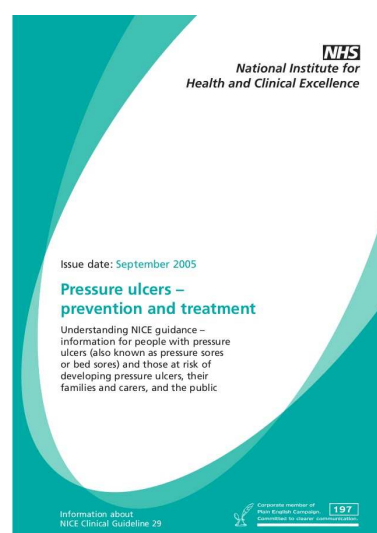
Figures for quarter 2 of 2016/17 show that there has been a further **sustained improvement** in the number of avoidable pressure ulcers reported by the Trust. In the twelve months to June 2015, 13 out of 95 stage 3 or 4 pressure ulcers were deemed avoidable (which equates to 14%). Stage 3 and 4 pressure ulcers are the most severe stages where there is significant skin and tissue damage and risk of infection. In the twelve months to June 2016 (i.e. one year on) the corresponding figures were 10 out of 111 (or 9%). In other words, the number of pressure ulcers being identified and treated went up, and the proportion of avoidable pressure ulcers went down. This shows sustained improvement in the care we provide and demonstrates how our **staff are learning from incidents by reflecting on their practice**. What's more remarkable is that, prior to November 2013 when the CWP *Pressure Ulcer Action Group* was set up, the number of avoidable pressure ulcers was running at an average of 6 a month.

In this November's incident analysis, it demonstrates the longest run of months without a single avoidable pressure ulcer incident reported. None were reported for six months – in June, July, August, September, October and November.

To-date, the project has successfully achieved:

- A reduction in the proportion of serious pressure ulcers, which were deemed avoidable, of five percentage points, from 14% in the 12 months to June 2015 to 9% in the 12 months to June 2016.
- Increasingly long runs without an avoidable pressure ulcer being identified.

This is one example of many in the Trust that shows how our staff are embracing our Zero Harm campaign, which is about **supporting people to deliver the best care possible**, as safely as possible and in doing so reducing unwarranted avoidable harm. Through **collaboration, learning, sharing knowledge and listening and responding**, we have achieved real improvements in the way we deliver care to people and we attribute this success to:



Setting up the Pressure Ulcer Action Group in November 2013

Using quality improvement methodologies such as driver diagrams and PDSA cycles to drive the project.

Ongoing statistical support from Quality Surveillance Analysts to monitor progress.

Developing the interactive pressure ulcer pathway

In conjunction with a software design company, and CWP IT services, the team developed a pathway for use in the community and made it accessible using iPads (see page 5).

The pathway has all the relevant information about the management and treatment of pressure ulcers.

Staff now have instant up-to-date information and guidance on the management and treatment of all stages of pressure ulcers and discharge care.

A comprehensive training programme on pressure ulcer prevention and treatment

Monthly Zero Harm meetings to learn lessons and share good practice

Early in 2017, the team will share their project with representatives from *NHS Improvement*. The Head of Mental Health Policy and Strategic Advisor for Nursing from *NHS Improvement* will be visiting the Trust to see for themselves the quality improvement that has been achieved and sustained. The Tissue Viability team has also had their project accepted for a poster presentation at the *International Forum on Quality and Safety* conference to be held in London in April 2017 (see next page).

Interactive Pressure Ulcer Pathway Project recognised at international conference

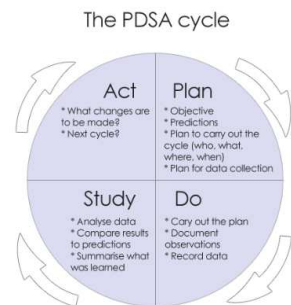
The Tissue Viability Team has had a poster accepted for presentation at an international conference. The **International Forum on Quality and Safety in Healthcare** is one of the world's largest gatherings of healthcare professionals committed to improving patient care and their safety. In April 2017, the International Forum will be held in London and will be attended by over 3,000 healthcare leaders and practitioners from around 70 countries.

Background:

The Tissue Viability Team wanted to provide Community Care Teams to have 'at a glance' pressure ulcer information and guidance using iPads. The work was undertaken by the Tissue Viability Team who, amongst other duties, provides support for community staff in the prevention and treatment of pressure ulcers. Pressure ulcers are a significant health risk which cause pain and suffering to the individual and significant expenditure to the NHS in terms of staff time and expenditure. The number of avoidable pressure ulcers is a key quality measure and our aim was to reduce variance so the number reduces.

What did we want to achieve?

Routine monitoring of pressure ulcers against national figures indicated that there was scope for reduction. Using PDSA cycles, we worked with key stakeholders to identify causes of variance and to explore potential solutions. As part of the Trust's Zero Harm strategy we had monthly meetings where we looked at practice and drew lessons, which fed into driver diagrams and PDSA cycles. The findings from this stage were that paper-based policy approaches were impractical, potentially out-of-date and not easy to use in a domestic setting. The old system did not facilitate action plans and made it difficult to capture, thus increasing strain on staff.



What we did:



In conjunction with the developers of CWP's intranet, an interactive pressure ulcer pathway was designed for use in the community and made accessible using iPads. The pathway has all relevant information about the management and treatment of pressure ulcers. Community Care Team staff were involved in the workshops and the team also worked alongside the CWP IT department to deliver an effective product.

It was decided early on that an electronic solution was the way forward. The electronic pathway was designed using further PDSA cycles. The pathway was discussed in focus groups and iteratively developed with internal and external partners. A dummy site was created to test the practical application of the theory. Further iterations led to a final agreed model. In order to ensure the launch was successful, the pathway was tested by focus and preparatory groups.

Funding initially came from a relative of a patient who had been positively treated for pressure ulcers in the community. The IT department built an electronic tissue viability pathway using relevant documents, photographs and information supplied by the Tissue Viability team. The process took around 8 months. The pathway was launched on the global **STOP Pressure Ulcer Day** in November 2015. All staff were involved in the development and were able to feedback via the **Zero Harm** meetings. Data was routinely gathered on avoidable pressure ulcers and monitored in monthly meetings and the same method was used pre and post intervention.

Results:

The aim of the project was achieved and there was **reduced variation, with the benefits of patients receiving evidence based care and staff being supported in their clinical decision making**. Using an electronic pathway facilitated new starters' induction and continuing professional development. It also enabled the Tissue Viability team and the IT department to look for solutions for the IT issues faced by rural teams. **Staff now have instant, up-to-date information and guidance on the management and treatment of all stages of pressure ulcers and discharge care.**

Successful year for CWP Research Team

What did we want to achieve?

Research, and its evidence translated into practice, is vital in transforming services and **improving patient outcomes** across the NHS. CWP embraces its mandate to prioritise and grow research as part of its core business and has identified the following three priorities to be addressed during the period of the approved CWP Research Strategy for 2015 – 2018:

Priority 1 Raise the profile of CWP research internally and externally

Priority 2 Strengthen links with external partners

Priority 3 Secure external funding from academia and/ or industry

What did we do?

The Trust's annual research report for 2015/16 has recently been published and this demonstrates CWP's commitment to supporting ground breaking research. In the last year, the Trust has:

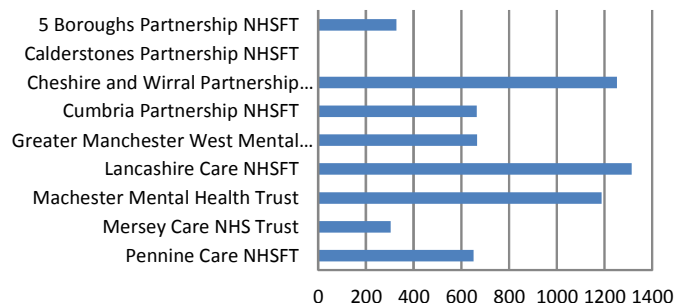
- Participated in a high number of studies including:
 - a prestigious “first in man” trial testing a vaccine to determine if it slows the progression of Alzheimer's disease
 - a genetic study examining the risk of developing Dementia in those with Down's syndrome
 - an agitation in dementia study
- Undertaken work to increase the number of staff undertaking 'Principal Investigator' training, increase the number of staff being actively involved in research and encourage publications in high impact journals
- Developed a “consent to contact” process by which people are able to express their interest in taking part in research within the Trust and agree to research staff checking their eligibility against study protocol inclusion/ exclusion criteria
- Hosted a very successful research conference which provided information in respect of research that has taken place in CWP related to:
 - Adverse drug reactions to clozapine.
 - Memory Assessment Service.
 - The benefits of Minocycline on negative symptoms in psychosis.

Results

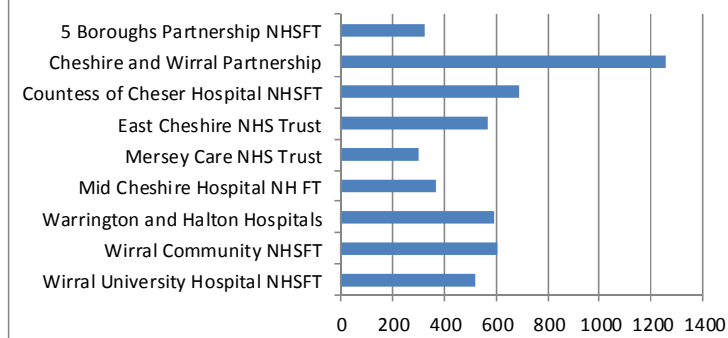
The 2015 – 2018 Strategy outlined a target of 500 participants for the financial year but **CWP successfully recruited over double this number** achieving 1,253 participants by year-end. This is an increase of 684 over the previous year's figures. The graph to the right demonstrates that **CWP is one of the highest recruiting mental health trusts in the North West Coast Area**. (Figures taken from the NHS Portal.)

During 2015/16, there were 17 new studies and 34 existing studies to recruit to.

North West Mental Health Trusts: Number of patients recruited in 2015-16



Local mental health, acute and community trust recruitment for 2015-16



In the context of the Cheshire and Wirral Local Delivery System (LDS), CWP is, by far, the **highest recruiting organisation** for 2015/16, as evidenced by the graph to the left.

Next Steps

CWP will aim to maintain its high standards of recruitment to research studies and will continue to encourage staff to take part in and use research in their practice in the coming years to **facilitate improved outcomes**.

CWP Prone Position Restraint Reduction work to be published and presented

In February 2015, CWP identified an “Accelerating Restraint Reduction” **Quality Improvement** project, sponsored by the Medical Director. This was in response to national benchmarking data which suggested that we were reporting more incidents than the national average. Through implementing the project, as well as significantly reducing the number of prone position restraint incidents, there is clear evidence that staff are progressively using more de-escalation techniques. Quality Surveillance Analysts from the Safe Services Department continue to monitor ongoing progress and improvements are being sustained to-date.



An academic paper describing CWP’s approach to reducing prone position restraint has been accepted for publication in the *International Journal of Health Governance*. A multidisciplinary team, led by Dr Elizabeth Shaw (previously a trainee grade doctor at CWP), and sponsored by Dr Anushta Sivananthan, Medical Director, audited CWP’s approach to using prone position restraint, which in turn has significantly and sustainably reduced the number of restraint incidents. The paper entitled “**Use of prone position restraint within a mental health trust – a clinical audit of psychiatric practice and methods for improvement**” was co-authored by Elizabeth Shaw, Anushta Sivananthan, David Wood, James Partington, Alison Reavy, and Helen Fishwick. The published version will be available in April 2017.

A poster describing this project has also been accepted for presentation at the *International Forum on Quality and Safety in Healthcare* and is summarised below:

Accelerating restraint reduction – A Zero Harm approach



What we did:

The extent of CWP’s outlying performance in relation to prone position restraint was assessed through analysis of incident reporting at ward levels via the Learning from Experience report to Board. Frontline clinical staff were involved in the project via task and finish groups, and there was

Trustwide communication about the project. A meta-analysis, including the clinical audit mentioned above, was undertaken to fully understand the issues associated with the Trust’s practice and to identify improvement actions. In addition, Matrons undertook a 72 hour reflective review of each restraint incident, including staff de-briefs, and patients were asked about their experience of being restrained.

Results:

As well as an initial 50% reduction in the use of prone position restraint, which monitoring has demonstrated has been sustained, the project has also resulted in a behavioural change, with incident reporting demonstrating increases in de-escalation techniques to manage challenging behaviour. This indicates a number of positive benefits for patients, since the evidence highlights the psychological and physical harm that prone position restraint can cause.

We have attributed the sustained improvements and spread to a number of factors, not least reflective practice reviews driving up data quality and **enabling learning to be shared and implemented**.

Lessons learned:

The success of the project has been linked to the following factors:

- Medical Director **leadership**
- A **collaborative approach** between clinicians and corporate support services.
- An effective initial meeting which involved all key stakeholders and gave a **focused and practical project plan**.
- Clinical staff and patient **engagement**.
- **Robust and complete data**, trusted by everyone, showing results of the intervention, pockets where work was still needed, and good practice examples.
- Using **PDSA cycles** to refine and carry out the change.

Best Practice event showcases quality improvement



Over 100 people who access/ have accessed CWP services, staff, partners and members of the public attended the annual Best Practice event at the Floral Pavilion Theatre in New Brighton in September.

The event included an exhibition of the most innovative and inspiring work carried out over the past year to ensure the best possible outcomes for people who access CWP services, their carers and families.

Over 35 different services from across the Trust showcased their achievements at the event.



Angie and Tony Russell, co-directors of the *Positive Practice in Mental Health Collaborative*, attended the event. The collaborative is a multi-agency organisation with a membership of over 80 professional bodies aiming to raise the profile of mental health. Speaking about the Best Practice event, Tony Russell said:

What an inspiring event! We believe it's important to identify and share best practice in mental health. We therefore commend CWP for their excellent work and are proud to have them as key members of the Positive Practice in Mental Health Collaborative."

The annual Best Practice event is inspired by the Trust's Zero Harm campaign, which involves supporting everyone to deliver the best care possible, as safely as possible to reduce unwarranted avoidable harm and variation.

Dr Anushta Sivananthan, Medical Director and Executive Lead for Zero Harm, said:

"I'm absolutely thrilled that we have an event that allows our nurses, doctors and therapists to share our achievements with the wider community. Knowing what good looks like is vital to improving all areas of the NHS, and it's so important that we are able to share learning gained from the achievements of others. That's what our Best Practice event is all about."

Just some of the teams showcasing their projects are pictured right. For more *best practice* stories, please see the **Big Book of Best Practice** or the Best Practice webpage.



Recognition for CWP at NHS North West Leadership Academy Awards 2016

Linda Johnstone (pictured right), Lead Nurse and Clinical Director, Substance Misuse Service, was the winner of the **Inspirational Leader** category at the *North West Leadership Academy Recognition Awards 2016*. Linda has 20 years' experience working in the field of substance misuse. She was one of the first nurse prescribers in Britain. She is committed to **providing quality care** to drug and alcohol users and works to **reduce the stigma** attached to people living with dependency. She believes in therapeutic partnerships with service users. Speaking about her nomination, Linda said she couldn't believe she had been nominated for an award and was very humbled by it.



The Safe Services Department was also shortlisted as a finalist in the category of **"Team Outstanding Achievement – Non-Clinical"** in the *NHS North West Leadership Academy's Recognition Awards 2016*.

The Safe Services Department leads the delivery of a "safety management system", underpinned by the Trust's "Zero Harm" strategy. Developed by the team's Associate Director, David Wood, it is an evidence-based framework to help clinical teams and the Trust to improve in their safety objectives. The project is delivered through an implementation plan, which has evidenced the achievement of many measurable benefits for people accessing and delivering the Trust's services, for example:

- Production of regular team-level "data packs" to promote **positive, safe** and **efficient** variance, aggregated to service-level to bring about improvement through benchmarking. One example of a clinical impact is described earlier in the report (a reduction in stage 3 and 4 pressure ulcers as monitored through the physical health community team data packs).
- Implementing a "patient safety improvement review" process to provide **a view of safety that is rounded, accurate and in real time**. It replaces traditional ways of testing reliability by instead measuring and monitoring care processes through a "healthcare quality improvement" approach.
- Implementing Human Factors education to help staff identify behavioural aspects that **promote a continuous improvement** approach – over 150 staff are "culture carriers" that jointly have made 200 pledges to promote safe care.
- Leading a **quality improvement** project to accelerate restraint reduction (described earlier in the report) using Human Factors principles – resulting in a sustained reduction of 50% in the use of prone position restraint across the Trust's inpatient services.
- Leading the Trust's CQC inspection, using tactics such as "share learning" bulletins to help staff to focus on care delivery rather than be distracted by compliance processes – resulting in an "Outstanding" rating for the Caring domain.
- Supporting staff to deliver good care by **sharing best practice and evidencing what good looks like** – through an electronic "best practice portal" and the aforementioned annual "Big Book of Best Practice" showcase event/ publication.



David Wood, Associate Director of Safe Services, pictured left with colleagues from the Safe Services Department at the ceremony, said:

"We were delighted and honoured to be nominated for the award. As a non-clinical team, it is an absolute privilege to support and enable our clinical colleagues to be the best they can be, and we are so proud of all of our collective and significant achievements in providing safer care."

QUALITY SUCCESS STORIES

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

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

This year, as well as setting a number of areas for overall continuous quality improvement, a number of goal driven measures aligned to the dimensions of the Trust's safety management system, and to the Trust's forward operational plan for 2016/17, have been set.

Patient Safety News

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

Suicide Prevention Strategy



CWP marked **World Suicide Prevention Day** (10 September) with a suicide prevention workshop, drawing over 80 attendees, with speaker Angela Samata, former head of *Survivors of Bereavement by Suicide* (SOBS) and presenter of a BBC documentary *Life after Suicide*.

Speaking at the event, Angela said:

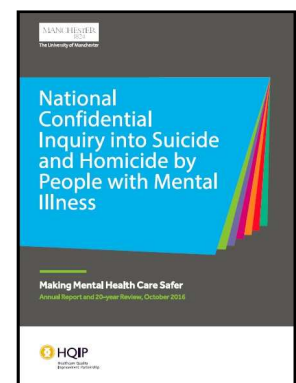
“World Suicide Prevention Day can be the catalyst to an incredibly important conversation. Talking and sharing our stories is not the whole answer, but it's such a first positive step. Be honest and open – it's okay not to be okay.”

Dr Anushta Sivananthan, Consultant Psychiatrist and Medical Director (pictured above, far left), said **“In the UK, there is a suicide attempt every 20 minutes and 70% of people who die by taking their own life are not in touch with mental health professionals – take that first positive step towards help, even if that means simply talking to a loved one.”**

As part of its Zero Harm strategy, CWP is committed to reducing the risk of suicide and has developed a four-year Suicide Prevention Strategy with partners across Cheshire and Merseyside. Audrey Jones, Head of Governance, has led this project, which is aligned to both national and regional strategies.

Suicide Strategy for CWP 2016 – 2020

The University of Manchester has led a *Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. The annual report and a 20-year review 2016 presents findings from 2004 to 2014, and reviews 20 years of data collection. It provides the latest figures on suicide, homicide and sudden unexplained deaths and highlights the **priorities for safer services**.



Key messages include:

- Nationally, there are now around three times as many suicides by patients accessing care through Home Treatment teams as in inpatients.
- Many people who died by suicide had a history of drug or alcohol misuse, but few were in contact with specialist substance misuse services.
- More patients who died by suicide were reported as having economic problems, including homelessness, unemployment and debt.
- There has been a rise in the number of suicides by recent UK residents: those who had been in the UK for less than 5 years, including those seeking permission to stay.
- Most patients who committed homicide had a history of alcohol and drug misuse.

CWP's priorities for Suicide Prevention

CWP's four-year strategy is aligned to both the *National Suicide Prevention Strategy – NSPS* (Department of Health, 2012) and the Cheshire and Merseyside Suicide Strategy 2015 – 2020.

Year 1 priorities for CWP:

- Agree the education strategy.
- Set the direction of travel for transformation of services.
- Work with our partners to help Cheshire and Merseyside to become a "suicide safer community".
- Develop a suicide prevention e-learning module.

Cheshire and Merseyside NO MORE zero suicide strategy 2015 – 2020 main areas for action include:

- A. Cheshire and Merseyside becomes a "suicide safer community".
- B. The healthcare system transforms care to eliminate suicide for patients.
- C. Support is accessible for those who are exposed to suicide.
- D. A strong, integrated Suicide Reduction Network provides oversight and governance.

Safe and Effective Handovers and Transfers of Care

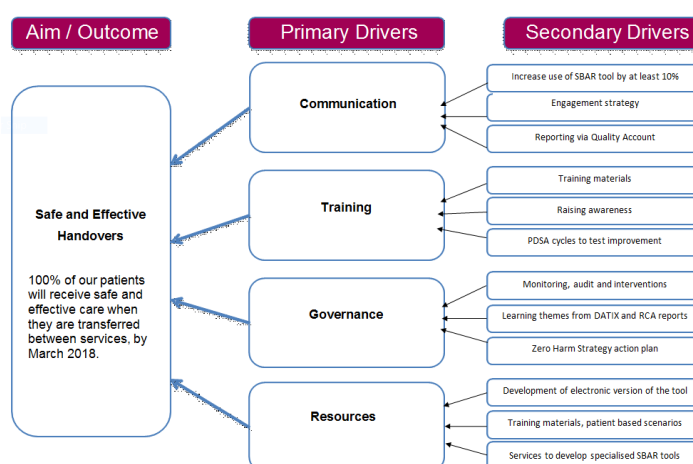


A multidisciplinary group are working on a project to improve transfers and handovers of care using 'SBAR' principles. SBAR stands for Situation, Background Assessment and Recommendation, and is a widely used communication tool which can be used to facilitate patient transfers and is evidenced based to **decrease the incidence of harm**. Members of the group have recently completed the *Applied Human Factors* training course facilitated by the *Advancing Quality Alliance*, and are applying their learning to different types of transfers and handovers of care throughout the Trust.

Pictured left are members of the group: Julie Acton, Kate Chapman, Nicky Robinson and Helen Fishwick, at Liverpool Medical Institution as part of their training course.

A safety challenge facing CWP teams are issues around communication associated with handovers and transfers of care. This is a recurring theme in learning from incidents in teams throughout the Trust. The group will be using their training to apply Human Factors thinking and approaches to this issue. Improving the safety of patient transfers and handovers of care by increasing the use of the SBAR tool is a goal driven measure for patient safety which is part of CWP's Quality Account for 2016/17.

Using Human Factors approaches has helped the group to understand and influence behaviours that will support safety improvements. These include systems and processes, policies, culture, resources, patterns in errors, and education and training.



For staff interested in improving transfers or handovers of care in their team or ward, and becoming involved with the group, please contact Helen Fishwick on 01244 393325.

Safe Services Department

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Clinical Effectiveness News

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

Education CWP receives ‘Highly Commended’ in the Care Coordination Association Good Practice Awards



The effective care planning e-learning programme produced by Education CWP has received a **Highly Commended award** in the CCA good practice awards, in the category “Improving Service User Care through Effective Learning and Development Strategies”.

Ruth Gaballa, Education Manager, explains: “Our aspiration was to develop the effective care planning e-learning programme and make it useable for all CWP staff in all clinical areas.”

Recommendations to improve patient safety in the NHS in England were made in the document ‘A promise to learn – a commitment to act’ and CWP responded to this with the Trustwide Zero Harm strategy. Don Berwick – founder, and former president of the *Institute for Healthcare Improvement*, shared his vision for investing in the growth and development of all staff and promoted the idea of ‘All teach – All Learn’ as a way to continually develop our learning.

Matthew Crouch, Education CWP’s e-learning developer, incorporated good practice examples sent in from clinicians within CWP. Clinical areas were invited to share best practice and examples of “what good looks like” with others in order to reinvigorate care planning throughout CWP and ensure safe and effective outcomes for people who have care plans.

The e-learning package has been co-produced by the care planning task and finish group, led by Liz Matthews – Associate Director of Patient and Carer Experience, and CWP’s Clinical Expert Champion for Zero Harm – Dr Ian Davidson.

Speaking about the learning package, Ruth said:

“It is a dynamic learning package and we want staff and people in CWP to be involved with sharing best practice with us. The e-learning will also be available on the Education CWP SharePoint as a resource for staff to access anytime and not just as a once a year mandatory training. We want to move away from e-learning as a ‘have to do it’ and move towards learning as a ‘want to do it’ way of learning and to do this we need your support”.

Autism screening work to improve criminal justice liaison



CWP Forensics department have teamed up with the *National Autistic Society (NAS)* to improve screening for autism at Cheshire’s custody suites and prevent those with learning difficulties from re-offending. The partnership plans to implement screening measures whereby everyone who enters the custody process is assessed for autism using a tailored questionnaire. Individuals who require support will then be referred to the relevant team. CWP Special Forensic Lead, Gordon Leonard (pictured left) said:

“It’s all about identifying autism at the earliest opportunity, so that adjustments can be put in place to support people during their time within the criminal justice system”.

Specialist community mental health service to support new and expectant mums across Cheshire and Merseyside



Dr Tania Stanway was supported by the CWP Effective Services Department and other mental health trust partners to secure more than £3million of *NHS England* funding to develop a Specialist Perinatal Community Mental Health Service. The service will be delivered through three locality teams provided by CWP, *5 Boroughs Partnership NHS Foundation Trust* and *Mersey Care NHS Foundation Trust*, and will support women with serious mental health problems during pregnancy and in the first year after birth. The funding from the Perinatal Mental Health Community Services Development Fund is the first successful bid for the Cheshire and Merseyside Sustainability and Transformation Plan (STP) footprint. The perinatal development fund, set up by *NHS England*, is part of a £365million plan to expand perinatal support to an extra 30,000 women a year by 2020.

Women are more likely to suffer from mental health issues during the perinatal period than at any other point in their lives. Securing this funding has provided CWP and its partner trusts with the opportunity to **greatly improve access to evidence-based treatments**, as well as training for other front-line services caring for local women. It will improve early intervention in perinatal mental health care to prevent local women and their children from experiencing potential problems in the future and **build capacity and sustainability** across the workforce to **ensure consistent, high-quality care** across the region.

Thousands of women from across Cheshire and Merseyside will benefit from the additional funding. Rebecca Brook, a teacher from Macclesfield (pictured with her daughter, above), was diagnosed with depression shortly after giving birth to daughter Eleanor last year; she said:

“I struggled to breastfeed when Eleanor was first born. This made me feel like I had failed as a mother, which led to strong feelings of depression and anxiety. I knew about the dangers of mental health to women during the perinatal period, but I never realised just how bad it makes women feel. I was lucky to have such fantastic support from my Health Visitor, as well as local mothering group, SMILE. However, I understand that some people aren't so lucky. The funding announcement is brilliant news as I'm sure it can really help to change stigma around perinatal mental health and provide consistent levels of support to local women.”

Introduction to Improvement Training

As part of CWP's approach to **continuous improvement**, the Effective Services Department has started to deliver improvement training to staff. The training aims to introduce or refresh our workforce's improvement skills and raise awareness of CWP's approach to continuous improvement. The course is delivered in partnership with *Advancing Quality Alliance (AQuA)*, a North West NHS health and care quality improvement organisation which CWP are members of.



Safieh Fraser, Service Improvement Manager, and Andy Hayward, Service Improvement Officer, completed AQuA's level 3 Advanced Improvement Practitioner Programme in 2015. They have worked with AQuA to deliver two cohorts of their level 1 Introduction to Improvement training to 35 members of staff.

At the end of the course, trainees complete a poster, sharing the improvement methods they have used to improve their service and contribute to building evidence of continuous improvement. Examples of posters from the training will be shared in the next edition of the Quality Improvement Report. **For more information, please contact Andy Hayward on 01244 397391.**



Wards sign up to a national dementia campaign

Three older people's wards at CWP have signed up to a national campaign to enable the families and carers of patients with dementia to stay with them in hospital. **John's Campaign** is named after Dr John Gerrard who passed away from Alzheimer's disease in 2014. Meadowbank, Croft and Cherry wards have all pledged their support to the campaign after recognising the important role that families and carers play in putting people with dementia at ease during their hospital stay, demonstrating their commitment to person-centred care.

Christine Turnbull (pictured above), said:

"Cherry ward pledges to build on our approach to welcoming relatives and carers to the ward regardless of the time of day. We will recognise relatives and carers as more than visitors and will support and enable them to be as involved as they wish to be in their loved one's care."

John's campaign

'We are calling for the families and carers of people with dementia to have the same rights as the parents of sick children, and be allowed to remain with them in hospital for as many hours as they are needed, and as they are able to give. Caring can be an exhausting business – we are asking only for the **RIGHT** for carers to continue to care, not the **DUTY**.'

www.johnscampaign.org.uk

Maurice Egan, ward manager (pictured below left), added "On Croft ward we are committed to supporting carers and recognise them as full partners in their loved one's care from first contact. We want to ensure that carers receive empowering support, and continue to inform decisions as expert partners in care."



CWP believes support from family or other carers is essential for anyone to live well with dementia and it makes no sense to impose limits on this support during the stressful and disorientating experience of a hospital admission. *John's campaign* is supported by national newspapers, the Chief Nursing Officers of England, Scotland, Wales and Northern Ireland, the Alzheimer's Society, Patient Opinion and carers organisations. It has also received clear political support.








Tracey Myers, ward manager on Meadowbank ward in Wirral, said: "**We are committed to including carers in supporting their loved ones from the moment of admission to our ward. We encourage their contribution and expertise in providing person-centred care for their family.**"

The pledge for support comes after the Trust had an article published in the Guardian Newspaper about 'John's Campaign' and the importance of person-centredness in delivering balanced care.

Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patient to give their views after receiving care or treatment across the NHS.

THE NHS FRIENDS AND FAMILY TEST 

| Extremely Likely | Likely | Neither likely or unlikely | Unlikely | Extremely Unlikely | Don't Know |
|---|--|----------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | | |  |  |

Thinking about your response to this question, what is the main reason why you feel this way?

Since its launch in 2013, more than 25 million pieces of patient feedback have been submitted. The FFT has been rolled out across most NHS services, including community care, hospitals, mental health services, maternity services, GP and dental practices, emergency care, patient transport and more.

Goal driven measure for patient experience

CWP has set itself the target to increase uptake of the Friends and Family Test each quarter. The aim is to improve Trustwide uptake by 10% or better by March 2017. Overall results for April to December 2016 show that 2,646 CWP patients have responded, of whom **78.6% were extremely likely, or likely, to recommend the service**. The PALS (Patient Advice and Liaison Service) Officer and Voluntary Service Lead have visited the wards to discuss with the ward managers and the occupational therapists how to improve the response rate for FFT. The PALS team will monitor on a monthly basis the percentage of FFT responses versus discharges to identify gaps and where wards need support with implementing FFT. An exercise to support the community teams with FFT will be undertaken in the New Year.

Crisis and Reablement team celebrate training achievement

Eight members of the Crisis and Reablement team have now successfully completed the Care Certificate. The team comprises fourteen Community Health Support workers, many of whom are part-time, and this achievement represents a significant proportion of the team.



The team provides assistance to patients in their own homes who have a new health crisis and are at risk of hospital admission. The team also supports the work of the District Nurses by supporting patients who have a palliative diagnosis and are often in the final days of life. Care for these patients must be of the highest standard in order to fulfil their wishes of a preferred place of care which is home.

Completing the Care Certificate has helped the team focus on the core values of the Trust and the ethical and moral values of the team. The team receives a high level of compliments, and in their Friends and Family test results **100% of respondents were extremely likely to recommend the service**.

Pictured above with her team Sue McGuigan, team manager said:

“Although the Care Certificate does require an amount of time and effort to ensure that all of the elements are addressed and assessed, this time has been instrumental in building the relationships of staff with their colleagues and managers and contributes to the overall spirit of the team and in turn the standards of care set and maintained”.

Developing the Person-centred Framework

CWP's **Person-centred Framework** is a new set of overarching principles that will ensure that person-centred thinking runs through everything we do.

The initial principles were designed in partnership with people who access our services, involvement representatives, volunteers, staff and members of the public. A workshop was held in October to start to populate the framework with person centred approaches and tools. The framework is planned to launch in January 2017.



Person-centred care “takes into account service users' needs, preferences and strengths. People who use mental health services should have the opportunity to make informed decisions about their care and treatment, in partnership with their health and social care practitioners.” (NICE Guidance CG136)

Between August and November 2016, CWP formally received 972 **compliments** from people accessing the Trust's services, and others, about their experience of the Trust's services. Below is a selection of the comments and compliments received:

Learning Disability Services – CWP East

Parents wanted to thank staff for the support given over the years to their child accessing respite services. They said the staff have worked in a person centred way, maintained independence and it was a great relief to them that their child was settled when accessing respite, they said this has enabled their child to remain at home for all these years – all have done a fantastic job!

Early Intervention Team – CWP Wirral

“This email is just a simple 'thank you' and a showing of my deepest respect to you and your staff, i.e. the early intervention team, the home treatment team, the doctors, the nurses, the cognitive behavioural therapist and anyone else who has had anything to do with improving the wellbeing of my mental health.”

Physical Health – CWP West

“Delighted with the extended hours service, particularly (member of staff) who is the nurse that dealt with us. We have been attending for several weeks and felt the service we received was fantastic. Nothing was too much trouble for (staff member).”

West Cheshire IAPT – CWP West

“I had a very positive experience with CBT – I have learned a lot and feel I am looking forward to the future. The time taken and breadth of material covered with (member of staff) shows how much importance she gives to her clients to ensure they have maximum return so they can help themselves in the future. Thanks so much.”

CAMHS

“I just wanted to let you know that I liked today's appointment, it made me feel more relaxed and less anxious.”

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 393138

Look out for more about Quality Improvement in Edition 3 of the *Quality Improvement Report*

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