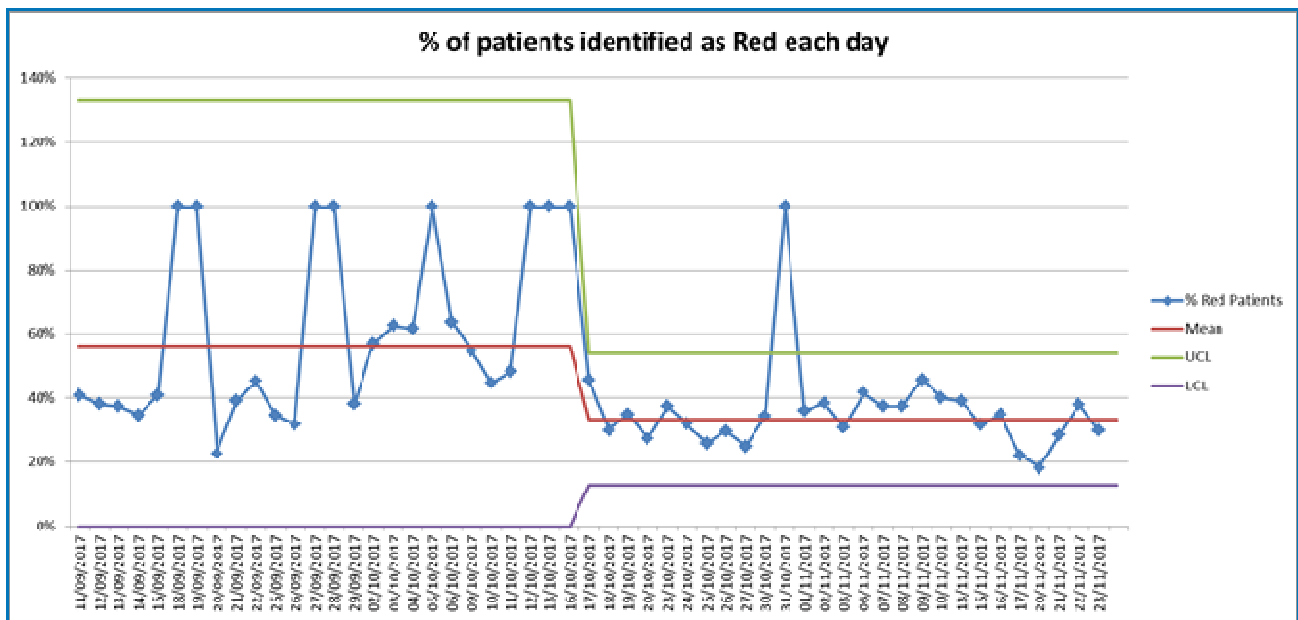




# Quality Improvement Report

Edition 2  
August – November 2017

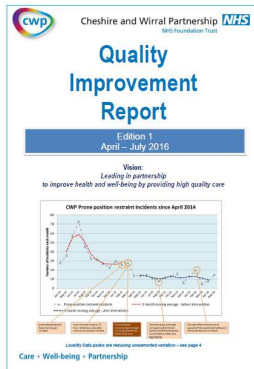
**Vision:**  
*Working in partnership  
to improve health and well-being by providing high quality care*



Red and Green Bed Days project successfully reduces “Red” days and lengths of stay (see page 9)

## Welcome to CWP's second *Quality Improvement Report of 2017/18*

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 our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.



Our annual Best Practice event took place at Macclesfield Town Hall on 5 October 2017, and was a showcase for the most innovative, exciting and joined up work done by CWP over the past year to ensure the best possible outcomes for people who access our services, their carers and families. The event also launched our Big Book of Best Practice for 2017/18.

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.

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 (QI)**. We are using international ways of defining quality to help us with this aim.



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

This *Quality Improvement Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide. It also provides examples of **Quality Improvement (QI)** projects. This edition includes some of our QI projects which demonstrate the dimensions of quality which we have added to our Quality framework, such as *affordable*, *sustainable*, *acceptable* and *accessible* care.

Our new Quality Improvement strategy will be implemented in April 2018. It describes how we will deliver and implement our framework for QI. For this framework to be effective, it is really important to acknowledge that not everything will work – QI is about trying, succeeding or failing, reflecting and learning from things that are successful and things that are not. Many of the projects in this edition show how our teams are using our principal QI methodology, *Model for Improvement*, which tests change ideas using PDSA (Plan-Do-Study-Act) cycles, which will help us identify what does and does not work before we redesign.

## EXECUTIVE SUMMARY

### QUALITY IMPROVEMENT HEADLINES THIS EDITION

Community learning disability teams have used Quality Improvement methodology to develop a Dynamic Support Register of people with a Learning Disability and/ or Autism who are at risk of admission to increase safety by better managing risks

➔ see page 6

A review of deaths in adults with learning disabilities in Cheshire has been completed, improving our local services and reducing premature death in this population

➔ see page 8

The Pharmacy team, supported by the Healthcare Quality Improvement team, have worked on a project that has successfully improved risk assessments to reduce prescribing risks associated with sodium valproate and the risk of birth defects

➔ see page 12

The Red and Green Bed Days project is having a positive, sustained impact, both in terms of progressing the patient journey so that they receive active care and interventions, as well as reducing length of stay

➔ see page 9

Central and East Recovery College have promoted innovative approaches to improving health and well-being, with a joint initiative to provide yoga classes

➔ see page 17

The crisis and reablement team have developed a collaborative approach to providing palliative care, which has helped with providing faster discharges home

➔ see page 18

## QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2017/18, which reflect our current vision of “**working in partnership to improve health and well-being by providing high quality care**”. They are linked to the Trust’s strategic objectives, and reflect an emphasis on **patient safety, clinical effectiveness and patient experience**.

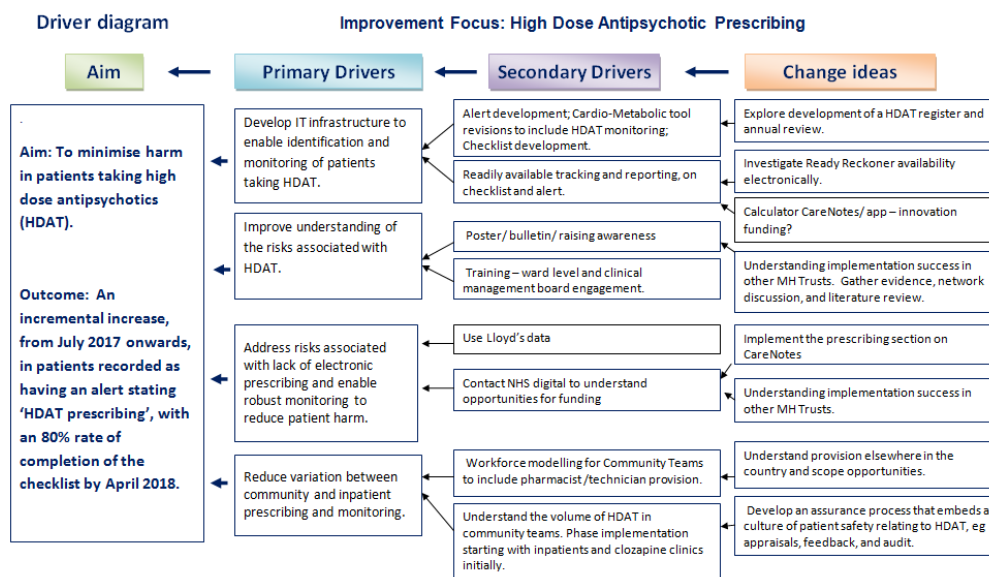
We have made a commitment in our *Quality Account* to monitor and report on these in our *Quality Improvement Reports*. This year, the common focus across all the priorities is **reducing unnecessary avoidable harm** to help reduce avoidable variations in the quality of care and to improve outcomes.

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 our **safety management system**, and to the Trust’s forward operational plan for 2017/18, have been set. These are described below.

### Goal driven measure for patient safety

**Increase in the identification of patients taking monotherapy or combination antipsychotic treatment, in which daily doses exceed the recommended maximum limits (according to the British National Formulary) to improve monitoring of the associated risks**

At the start of 2017/18, we set a goal to minimise harm in patients taking high dose antipsychotic treatment (HDAT). There are greater risks, including serious physical side effects, when antipsychotic drugs are taken in high dose or in combination.



This project aims to increase the identification of patients on this treatment so that we can **improve monitoring of the associated risks**. The driver diagram, left, details the range of QI activities being developed to achieve this goal. We have adopted a QI approach and our progress is regularly assessed. For example, CWP participated in the *Royal College of Psychiatrists’* audit of this issue earlier in 2017. The results have now been published and show the following:

- The proportion of patients in acute adult wards or psychiatric intensive care units for whom HDAT was prescribed, was similar to the national average at 22% (national levels: 21%). This was a **reduction from 49%** as audited in 2012.
- The proportion of patients in forensic and rehabilitation/ complex needs services, for whom HDAT was prescribed, was 14%, which was lower than the national average and a **significant reduction** compared to 56% as audited in 2012.
- The main clinical reasons for regularly prescribed antipsychotic combinations in rehabilitation/ complex needs settings was clozapine augmentation, or poor response to monotherapy, and 8% of cases were long term without a clear reason documented.
- **Improvement is required** in recording when and why HDAT is being prescribed (only 29% audited in adult/ PICU were recorded as HDAT prescribed).

- Physical health checks, however, exceeded or equalled the national average and the results for this are **very positive** for blood pressure, temperature, pulse, body mass index, and full blood count. Improvement will be made for ECG (electrocardiography) tests, lipids, glucose, and movement disorder assessment.

In Quarter 2, 2017/18, an HDAT alert and checklist was introduced on CAREnotes (our electronic record system) and this is being adopted for all inpatients prescribed HDAT initially, with phased implementation for depot prescribing, clozapine prescribing and outpatient teams. Over Quarter 3, 16 alerts have been added to CAREnotes which is **good progress in line with the QI approach for this work, for incremental change to reduce the risks with this area of prescribing.**

**For more information, please contact Jasmeen Islam, Acting Chief Pharmacist & Associate Director for Medicines Management on 01244 397380**

## Goal driven measure for **clinical effectiveness**

### Improvement in the Trustwide average bed occupancy rate for adults and older people

Very high bed occupancy rates can affect the quality and safety of patient care. We have set ourselves the target of reducing the average Trustwide bed occupancy rate to 85% by the end of December 2017 on our adults and older people's inpatient wards. This target is taken from the *Royal College of Psychiatrists'* research into the optimal level of bed occupancy (*Looking Ahead – Future Development of UK Mental Health Services, 2010*). Bed occupancy rates are a main driver of inpatient care standards, and a rate of 85% is seen as optimal. December 2017 data will be available in Edition 3.

CWP has identified a centralised 'bed hub' to optimise use of our bed stock and ensure everyone needing an inpatient bed is in the best bed for their needs that day. A number of projects are underway to support a reduction in our bed occupancy levels, and in this edition we are providing a progress update on one of these projects, the *Red and Green Bed Days* which is detailed on page 9.

**For further information, please contact Sarah Quinn, General Manager on 0151 488 7444**

## Goal driven measure for **patient experience**

### Improvement in embedding a person-centred culture across the organisation

At the start of 2017/18, we set ourselves a goal to demonstrate that 90% or more of our staff are able to respond positively in the *NHS Staff Survey* that they are able to deliver a person-centred approach in their practice/ delivery of care. Following the successful implementation of the person-centred framework, CWP has put in place the following measures to enable us to meet this goal. These include:

- A dedicated page on the Trust's intranet.
- Face to face training sessions facilitated by the nurse consultant for learning disabilities and the participation and engagement lead. To-date **over 200 staff have attended and feedback has been positive.**
- The Interim Associate Director of Patient and Carer Experience is working with the Care Programme Approach (CPA) lead as part of the workstream in person-centred care, and reviewing the CPA/ care planning policy. This will link with the actions from the national community mental health survey and we will also build in the work of 'Always Events' that is due to start in February. 'Always Events' are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.

The *NHS Staff Survey* is an annual event and took place during September and October 2017. Results are expected in spring 2018, and a further update will be reported in Edition 3 of the Quality Improvement Report.

# QUALITY IMPROVEMENT PROJECTS

## Patient Safety Improvements

### Delivering Safe care

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

## Support for people with learning disabilities or autism who are at risk of admission

Community learning disability teams, led by Sue Williamson, team manager (pictured below), have been working on a QI project to support people with a learning disability (LD) or autism who are at risk of admission. This is one example of many in CWP that demonstrate how our staff are using QI methodologies to ensure we provide the best care possible.

### Background:

In line with the national guidance under Transforming Care on *Care and Treatment Reviews* (CTR), Clinical Commissioning Groups are required to keep a *Dynamic Support Register* (DSR) of individuals with LD and/ or autism that were at risk of admission. A scoping exercise showed a wide variation, inconsistency, and subjectivity in the use of DSR and CTR.



### What did we want to achieve?

With a lack of existing objective tools, we set out to develop a tool that would help professionals to proactively identify individuals with current level of risks of admission.

### What we did:

We used PDSA to develop the objective tool. Baseline assessment was around consistency, attitude and understanding of staff on the use of DSR and CTR processes. A working group identified potential screening questions to be used in a DSR tool. Questions were given weighted scores with cut off for total scores to identify Red, Amber and Green (RAG) ratings.

The initial screening tool, with weighted scores was piloted. Based on the feedback, scores were adjusted and the tool was eventually used to screen people known to community LD teams. To improve objectivity, the working group developed guidelines on the use of tool.

### Results:

Development of the tool resulted in staff feeling more confident in identifying individuals for the DSR and resulted in **improved use of appropriate care pathways in the community**. The screening tool allows for rapid objective rating, early identification and timely **management of risks** of admissions and supports the use of CTR process.

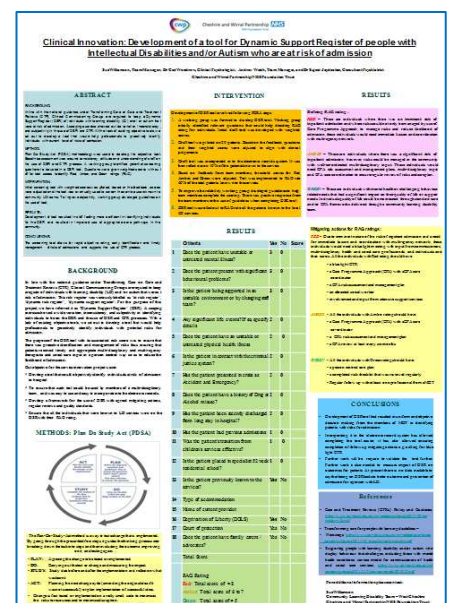
In addition:

- There is uniform and objective decision making from the members of the Multi-Disciplinary Team.
- The tool is easy to use and fully incorporated into the electronic record system.

### Next steps:

The tool is being adapted for children's services Trustwide, and being written up for publication. To view the poster presentation with further details of the project, please see the Best Practice portal on the intranet.

**For more information, please contact Sue Williamson, Team Manager, 01244 397222 or 01606 288850**



# Improving the quality of handovers at Bowmere Hospital

At CWP, everyone has an important role to play in improving quality. As part of our QI strategy, we will be revisiting the contribution that our medical trainees (junior doctors) can play, as this project demonstrates.

## Background:

Whilst spending four months working as a trainee doctor on an acute adult psychiatry ward, Dr Jack Keogan completed a project to **improve the quality of handover** for patients being escalated to the on-call doctor. The quality of a handover is of vital importance. It allows staff to prioritise, request action and give advice effectively, **improving patient care and reducing delays**. Poor handover can waste time, leave people without assessment or treatment unnecessarily, and damage working relationships.

The SBAR tool is a commonly understood, succinct framework for communicating clinical information in order to obtain a response. It structures information into four categories: Situation, Background, Assessment, and Recommendation. It has been validated, widely taken up and is recommended by the *British Medical Journal* and *Resuscitation Council (UK)*.

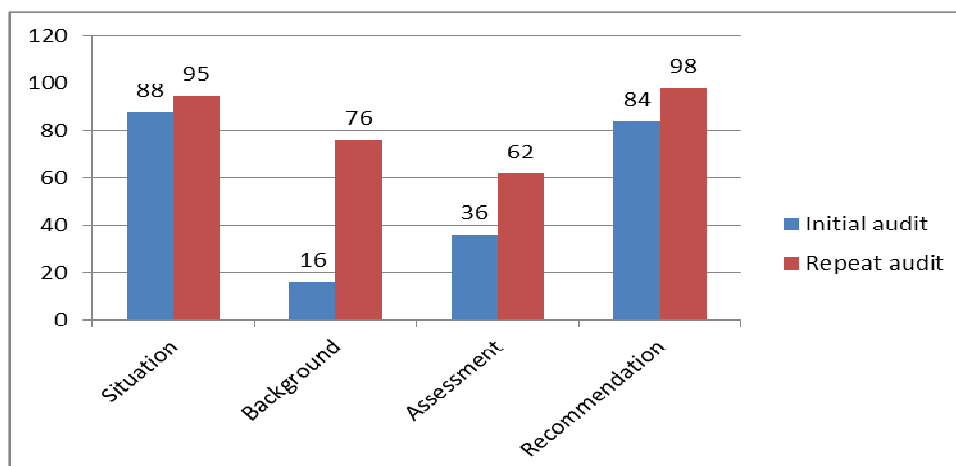
## What did we want to achieve?

The aim of this project was to improve the quality of handover to the on-call junior doctor to allow better prioritisation, increase the possibility of advice being given over the phone, and ultimately improve the patient's experience and outcomes.

## What we did:

Across a weekend on-call (36 hours), all calls to the on-call doctor were recorded using an audit tool to identify which areas of information were volunteered and which were lacking, as well as what further information was required in order for the job to be prioritised or advice to be given. Action was taken to encourage structured handover. The next weekend, bleeps were again recorded to assess improvements following the intervention, and suggest areas for possible further improvement. An SBAR reminder was created and situated near to phones commonly used to make referrals during the initial audit. Alongside this, the SBAR framework was opportunistically discussed with team members to remind them of its role and how to apply it, as well as to gain feedback regarding its use and possible barriers to this.

## Results:



The initial audit showed that team members referring to the on-call doctor commonly explained the *Situation* and made a *Recommendation*, but an *Assessment* and especially *Background* information were poorly supplied.

The re-audit showed improvement in all areas, with the greatest gain being made in *Background* with an almost five-fold increase. The proportion of calls in which *Assessment* was given almost

doubled, showing a smaller but still very significant step forward. A brief reminder of the importance and structure of a clear handover has been enough to prompt **dramatic improvement**. Specific areas identified as requiring further work were the provision of physical observations when patients were unwell, and the rarity of patient names featuring in a handover.

Staff at Bowmere Hospital are skilled at delivering handover in a structured and concise way, but have benefited from a reminder to prompt a structured handover when appropriate. There remains work to be done to improve handover, but **this simple intervention has made a dramatic improvement in the quality of communication to the on-call junior doctor**.

For more information, please contact Dr Jack Keogan, [jack.keogan@nhs.net](mailto:jack.keogan@nhs.net)

## Improving the lives of people with learning disabilities



Learning Disabilities Mortality Review  
(LeDeR) Programme

### Background:

Research has shown that people with a learning disability have poorer health than people without a learning disability, including a higher rate of respiratory disease, gastrointestinal conditions, and mental health conditions amongst others. In addition, people with a learning disability have historically tended to have poorer health outcomes due to inequitable provision of health care. This combination of factors



means that people with a learning disability often die younger, and sometimes die in situations where their death could have been prevented, had they received better quality or more effective health care. Over the last 15 years, a number of national reports have highlighted this inequality (see table above). A review of deaths

amongst people with a learning disability had not been attempted previously in Cheshire; however partners from across health care commissioning and provision expressed support for a local review of deaths based on the principles of CIPOLD and the national mortality review programme. The Learning Disabilities Mortality Review (LeDeR) programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

### What did we want to achieve?

Working with our commissioners and with public health partners, we wanted to ensure that people with a learning disability that access and use our services, receive the best possible care. The aim of the project was to complete a review of deaths in adults with learning disabilities in Cheshire with a view to improving our local services and reducing premature death in this population.

### What we did:

We reviewed deaths that had occurred in adults with learning disabilities in the Cheshire East, Cheshire West and Chester localities, between 2013 and 2015. We completed a retrospective case review of 81 people with a learning disability who had died, looking at their journeys across primary, secondary and CWP care. The review examined the care people had received in the period leading up to their death, and determined whether it was in line with expected standards. We also identified good practice, key learning themes and opportunities for improvement.

### Results:

The results of this project have provided an overview of some of the health care issues experienced by people with a learning disability in Cheshire, and their families, during their last months and weeks of life. As well as identifying examples of good practice, the project has identified several areas for local quality improvement, including five priority areas for action and a

2004: Mencap report, "Treat me right!"

2007: Mencap report, "Death by Indifference"

2012: Mencap report, "Death by indifference: 74 deaths and counting"

2013: Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD)





further 19 recommendations, all of which seek to reduce morbidity and mortality in people with learning disabilities in Cheshire. The five priority areas include (i) improving the handover process between children's and adult services, (ii) raising the local profile of CWP, (iii) improving understanding of the Mental Capacity Act, (iv) reviewing local pathways that aim to reduce the risk of pneumonia, and finally, (v) the need for a well-supported and sustainable mortality review process going forward.

### Next steps:

We are now working to share best practice from the review, and also to look at how we can target areas of practice that require improvement. For example, we are looking at specific issues such as the care of people who died from respiratory problems.

**For more information, contact Michele Bering, Consultant Nurse, on 01270 656335 or Karen Somers, Specialist Health Facilitator, on 01625 712043**

## Clinical Effectiveness Improvements

### Delivering Affordable care

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

### 'Red and Green Bed Days' pilot project reduces length of stay

#### Background:

The 'Red and Green Bed Days' pilot project began on Beech ward between September and December 2017. The initiative aims to optimise patient flow through the identification of wasted time in a patient's journey, and the **reduction of internal and external delays**. The Service Improvement team ensured **that QI methodology was utilised throughout, with driver diagrams, PDSA cycles and run charts used to address any issues identified**.

Broadly speaking, a **Green** day is a day when the patient has received care or an intervention in accordance with their care plan to support their journey to discharge. A **Red** day, however, is a day when a patient does not receive the care or intervention which was requested or planned, or that the care or intervention the patient is receiving that day could have been delivered safely and effectively in a non-acute setting.

#### What did we want to achieve?

Due to increasing pressures on inpatient beds, it is vital that patients are receiving active care and treatment in the most appropriate setting, and for no longer than is clinically necessary. This is vital in **improving quality of care and freeing up capacity within the system** by ensuring that patients are discharged as efficiently as possible back to the community once they no longer require acute care; thereby reducing length of stay.

This initiative was identified by the 'Bed Hub' as one of the suite of projects to help reduce bed occupancy rates by reducing length of stay (on a pilot ward). Although the process has been successfully used within acute care settings, it is not currently well established within mental health inpatient settings and we wanted to apply the principles and process to our wards in order to achieve the same successes.

#### What we did:

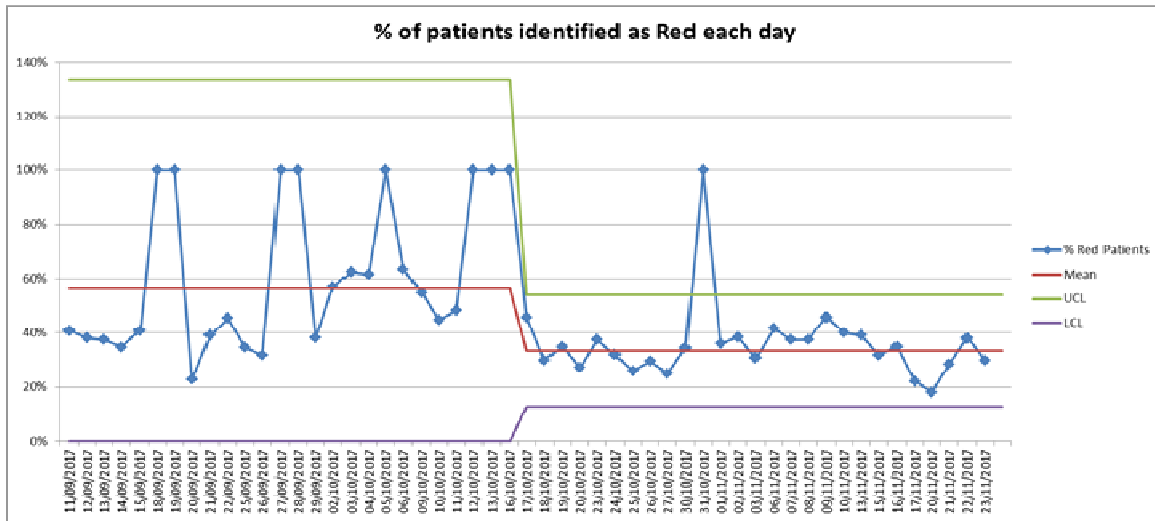
The principles of the Red and Green Bed Days process were implemented, including:

- Daily 30-45 minute multi-disciplinary team (MDT) board rounds were held to rapidly assess the progress of each patient, determine whether they are 'Red' or 'Green' and identify, discuss and implement specific actions to address barriers or delays to active treatment or discharge at an earlier stage.
- Longer more in-depth meetings were then also held each week to discuss more complex cases and have team ownership of risk. The success of the Beech pilot is attributable to the buy-in and input of the full MDT present at the daily ward rounds.
- An 'Away Day' was held in August to engage inpatient staff, and help to translate the process and criteria established within an acute setting, to a mental health inpatient setting.
- A visual management system, in the form of a spreadsheet, was developed to record patient status on a daily basis, monitor performance of the process, identify internal or external barriers, and target unnecessary delays by allocating actions to individuals that will progress the patient's journey to receiving active care, interventions and ultimately, timely discharge.

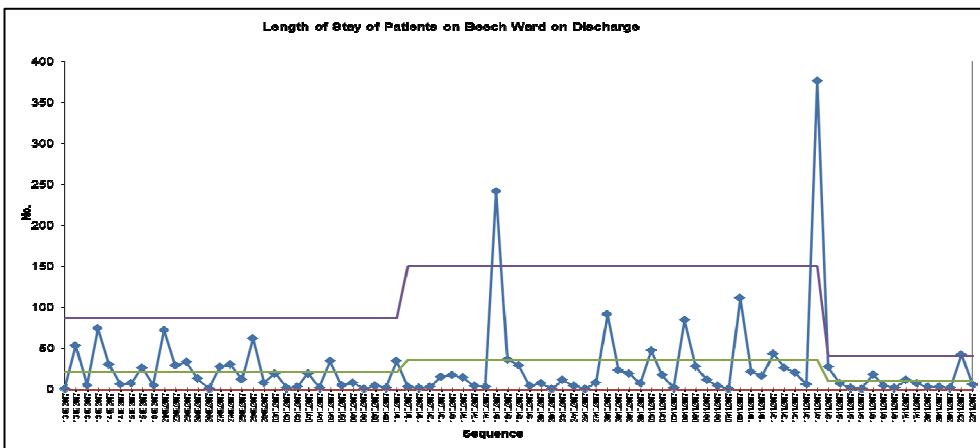
A number of rapid PDSA cycles were implemented which focused on further developing and improving the spreadsheet to increase the validity of the data collection by ensuring that it was fit for purpose, collected all relevant information and enabled the reporting of data on a daily basis via statistical process control charts and Pareto charts, as appropriate.

**Results:**

The Red and Green Bed Days process has resulted in information on patient delays no longer being hearsay, but supported by relevant reported information that results in specific action and escalation to reach a solution and expedite the patient journey towards receiving active care, treatment or discharge.

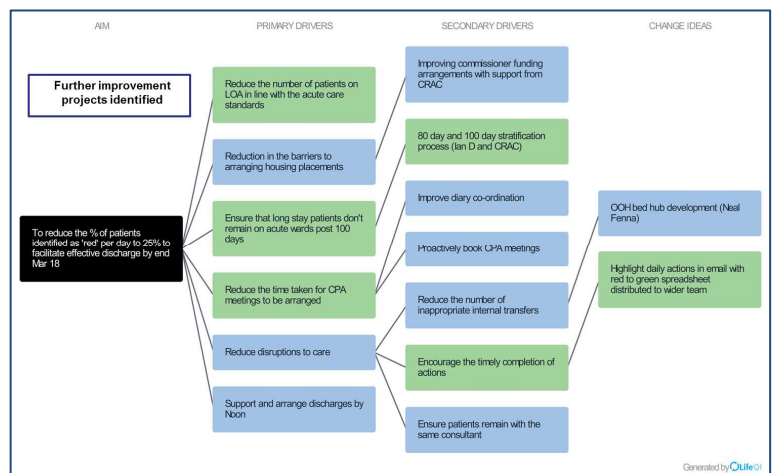


Early indications from the data and staff feedback identify that the Red and Green Bed Days project is having a **positive impact, both in terms of progressing the patient journey to receiving active care and interventions, but also in terms of reducing length of stay.** This is reflected within the data analysis, which identifies a reduction in the percentage of Red patients, from 56% at the start of the pilot, to 33% at week 6 of the pilot, where it has remained since.



Most significantly, the data analysis identified a **reduction in the average length of stay** when patients are discharged, from 20 days at week 5 of the pilot (11.10.2017), to 9.6 days at week 9 (15.11.2017), where it has remained since.

A thematic analysis of the internal and external barriers was undertaken throughout the pilot. This highlighted the importance of working at all levels (ward, Trust and with external partners) to overcome delays and barriers and thereby reduce the number of Red days and length of stay. A Pareto chart was used to clearly present the main causes of internal and external delays and thereby inform further external escalation with partners and focus areas for further QI projects.



**Next steps:**

Data will continue to be gathered and analysed in order to validate the length of stay of discharged patients over a longer period to identify whether performance continues to be sustained going forward. Phase 2 of the project begins in January 2018, with a pilot project on Brackendale ward using the refined criteria and process flow chart, and the piloting of a database on Beech ward to improve the efficiency and effectiveness of reporting Red and Green data. Further scoping will take place into the possible use of interactive white boards or an app to display data in real time and improve the recording and reporting process.

**For further information, please contact Lauren Connah, Service Improvement Manager on 01244 397396. A full version of the report can be found on the Best Practice portal on the intranet.**

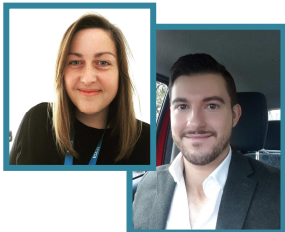
**Delivering Sustainable care**

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

**Prize winning clinical research at CWP**



In October this year, Dr Peter Wilson (trainee psychiatrist at CWP, pictured left) won the prize for the best trainee oral presentation at the *Faculty of General Adult Psychiatry Annual Conference*. It was here he presented a research project he conducted at CWP under the leadership of Professor Taj Nathan (Director of Research, Development & Clinical Effectiveness at CWP) and with the support of the Research Department at Churton House. He was assisted by co-authors Dr Liz Shaw and Dr Tomos Williams, pictured below, who also work in the *Health Education North West* training scheme.



The research focused on how practitioners in front line services, here at CWP, interpret symptoms that might be considered on the psychotic spectrum. Not only did this give the team a useful snapshot of current practice from a service evaluation perspective; it also allowed the team to consider bigger questions such as the boundaries of diagnosis in mental health and current classification systems.

**Next steps:**

The team is now planning to pursue this line of empirical research further in partnership with local universities.

Dr Wilson commented:

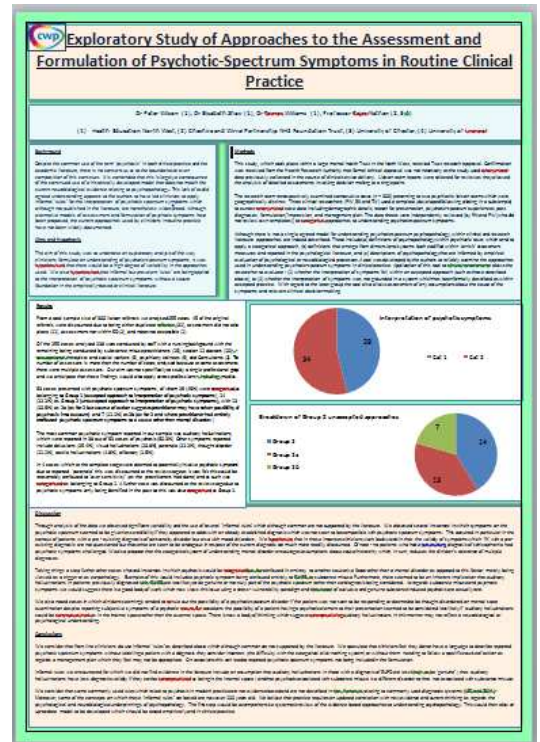
**'It is really exciting to consider the big questions of diagnosis and classification because it involves the work we do in clinic and on the wards every day.'**



Professor Nathan, pictured left, went on to say:

**'This project demonstrates that it is possible to do meaningful empirical research while being a practicing clinician.'**

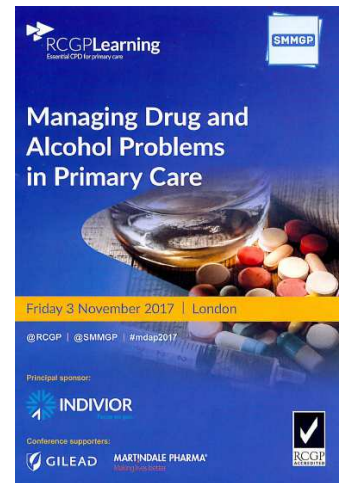
**For more information, please contact Dr Peter Wilson, [peter.wilson@cwps.nhs.uk](mailto:peter.wilson@cwps.nhs.uk)**



To view the poster presentation, please see the Best Practice portal on the intranet.

Professor Nathan has also presented a research paper at the *Managing Drug and Alcohol Problems in Primary Care* conference, in London in November. The research, entitled '**Improving identification and engagement in dual diagnosis**', describes the dual diagnosis assessment model used within the service. The initial pilot of this model over a period of 6 months has been **received favourably by patients and professionals** and has led to the increased identification of psychiatric disorder and to referrals into secondary mental health services

For more information, please contact Professor Nathan, on 01625 862518. To view the poster presentation, please see the Best Practice portal on the intranet.



## Reducing the risks of prescribing sodium valproate in women of childbearing age



### Background:

**Sodium valproate** is a medication primarily used to treat epilepsy and bipolar disorder. When sodium valproate is taken during pregnancy, it can affect how the baby develops in the womb and cause birth defects. A QI approach has been implemented to reduce prescribing risks associated with sodium valproate and the risk of teratogenicity (birth defects).

### What we did:

- 67 'alerts' and respective 'checklists', promoting discussion around patient consent, have been implemented Trustwide by clinicians between February 2017 to December 2017.
- **Rapid PDSA cycles have been employed to further improve performance and this is ongoing.**
- In Quarter 3 2017, an education session was provided by the Pharmacy Team at the CWP Perinatal 'Grand Round' meeting.
- In October 2017, it was established that some risk still remained in community teams and so data was analysed, cleansed and distributed to individual clinicians for review. **This resulted in a significant increase in reviews (33) undertaken by clinicians in November 2017.**

### Results:

- 100% of inpatients of child bearing potential prescribed valproate had a checklist and alert documented (Pharmacy team audit: June 2017).
- Prescribing rates of sodium valproate have decreased since the programme of work started in November 2016.

### Next steps:

The **sustainability** of this QI prescribing initiative has been factored into the approach for this work, and the data will be reviewed and circulated to teams to support a reduction of risk.

For more information, please contact **Jasmeen Islam, Acting Chief Pharmacist & Associate Director for Medicines Management** on 01244 397380



## Community pharmacy project shows the benefits of working together



An ongoing Community Pharmacy project in Nantwich has been bringing enormous benefits to some of the most vulnerable people in our area.

### Background:

Dr Sabu Oomman is Clinical Director of Adult and Old Age Services in Central and East locality, based at Delamere Resource Centre in Crewe. He and his team have been working closely with the team at a local GP surgery, Kiltearn Medical Centre, to improve the care that is being provided for high risk patients in the local population.

### What did we want to achieve?

The project, which has been ongoing for 8 months, aims to **improve the efficiency** in which older people living with conditions such as dementia, psychosis, depression or severe anxiety, amongst others, are treated. Caring for such people can involve a lot of multi-organisation working, as they may encounter other health issues that need to be treated on top of their pre-existing ones. By Dr Oomman and Anna Drinkwater, a Clinical Pharmacist at the Practice, working together directly, this project cuts out a lot of the middle management that can sometimes cause delays in their treatment. As well as this, by dealing with each other directly there is **better communication and better coordination of care plans**.



### What we did:

Dr Oomman said: "The joined working initiative between the Community Mental Health Team and the Clinical Pharmacist began as a multi-disciplinary meeting, between health professionals. We decided to move things forward by establishing quick access between the two services via email or telephone, with an option of face-to-face meetings. Since then, we have had the opportunity to manage, jointly, clients with unique complicated medical problems. This has **helped manage unnecessary reviews** by reducing the need for GPs to always be involved, reduce prescription of excessive medication and **improve the consistency of care plans** that we have implemented."

### Results:

Currently, this project, established by CWP, is only involving one GP practice. However, such has been its success, members of staff from other practices have expressed an interest in adopting something similar. Indeed, Dr Oomman has invited other health workers, such as pharmacists and matrons, to come along to shadow meetings between staff involved in the projects. They have been invited to the meetings in an observational capacity, to see what this dynamic way of working involves and how the **improved communication** is implemented.

### Next steps:

Describing plans to extend the project, Dr Oomman said:

"We are currently planning to extend joined-up working with high-risk cohorts of patients who present with management difficulties."

Anna Drinkwater, the Clinical Pharmacist from Kiltearn Medical centre also stated her enthusiasm for the project, saying:

"This project has resulted in more timely and effective management of specific patients' medication, and has also resulted in less demand from these patients on the surgery and ensures that the medications prescribed are more consistently monitored and adjusted. This consistent approach ensures that the patients feel more supported and improves their clinical management."

**For more information, please contact Dr Sabu Oomman, Consultant Psychiatrist on 01270 655298**

## The 'Q' Community – National Quality Improvement event



**Q** is a national initiative connecting people with improvement expertise across health and care services in the United Kingdom. Q's mission is to foster **continuous and sustainable improvement in health and social care by creating opportunities for people to come together to create a community to share ideas, enhance skills and collaborate on improvement projects.** A number of CWP staff have already joined the community and attended the national event on 29 November in Liverpool

### Why was the Q Community established?

Our health and care system is facing major challenges, with the need to improve at significant scale and pace and in the face of considerable financial pressures. Q was established in

response to a recommendation from Don Berwick's 2013 report, 'A promise to learn – a commitment to act: Improving the Safety of Patients in England', that we urgently need to enhance the 'bottom up' capacity of the health and care system to identify and respond to new ideas. It is hoped that creating a diverse and well-connected community will encourage innovation and help develop solutions that have the buy-in of different groups. Over the past decades, thousands of people in health and care have been trained in, and are now delivering, structured approaches to improvement. Providing long-term support for people with improvement expertise makes the most of that investment already made.



The vision for Q is to create a large-scale, connected improvement community, making it easier to share ideas, enhance skills and make changes that benefit patients. Q offers members flexible development, practical networking and collaboration opportunities. There is no membership fee or minimum time commitment. Talking about the event, Helen Fishwick, HQI manager, commented:

"This excellent event provided me with opportunity to connect with others interested in quality improvement, and identify opportunities for collaboration. It allowed me to explore ways of thinking and doing things differently, and I've shared these ideas with my team. I'd encourage anyone to join this community."

As part of our QI strategy, we will encourage CWP staff to participate in the Q initiative to nurture **continuous and sustainable improvement in health and care.** There will be more opportunities to join Q in spring 2018; more information will be posted on the **Best Practice portal** on the intranet.

**For more information, please contact Helen Fishwick, Healthcare Quality Improvement Manager, on 01244 393325**

## Effective Services Department provide *Improvement Surgeries*

### Our Quality Improvement strategy states:

*"To sustain Quality Improvement, it must be part of our culture and our everyday work. We will build an effective QI infrastructure by providing education and training to ensure we have the right number and level of people who are able to use QI skills, and are actively engaged in QI projects."*



### Background:

The Effective Services Department are coordinating Improvement Surgery sessions that will be two hours every month. These will be held at a variety of locations across the Trust; they are drop-in sessions available to all members of staff, and all staffing levels are encouraged to attend.

### What did we want to achieve?

We wanted to provide an opportunity for staff to receive advice and guidance on improvement ideas and projects. The Effective Services Department can provide staff with information on how the Service Improvement team and other clinical support teams can help staff to implement improvement ideas and to find out more about QI tools and techniques.

### What we did:

Two improvement surgeries have been held so far. Following poor attendance at the first improvement surgery, we reflected and the communication plan has been revised and locations reassessed to ensure they are appropriate.

### Results:

The second Improvement surgery in Chester had five attendees from a variety of professions and these are examples of the projects we are supporting teams with:

- We are supporting a clinical facilitator in a CMHT with embedding QI methodologies within her team, and building the capacity to implement improvement projects, as well as providing support for her complex improvement project. We will be providing her team with an *Improvement Readiness* course at the team's away day in February.
- We are supporting a specialist physiotherapist, in learning disability services, with a project to **improve accessibility** to physiotherapy for those with a learning disability. Process mapping and improvement coaching sessions have been arranged to progress the improvement ideas.
- We are supporting the PA to the Chief Pharmacist to achieve a more sustainable approach to collating information about specific drug requests.
- We are supporting the Criminal Justice and Liaison Diversion team with developing person-centred team working.

### Next steps:

The Service Improvement team will provide updates on these pieces of work, and the outputs achieved as work progresses. Please contact the Effective Services Department on 01244 397390 for more information on training dates.

**For more information, please contact Safieh Fraser, Service Improvement Manager on 01244 397618**

## Junior Doctors' 'Improvement Readiness' Training



### Background:

The Service Improvement team was approached by the Teaching Medical Education Manager to deliver a bespoke 'Improvement Readiness' training session for Junior Doctors.

### What did we want to achieve?

The team aimed to increase awareness and understanding of CWP's approach to Continuous Improvement and to equip trainees with basic improvement techniques. All the training that the Service Improvement team delivers ensures that the feedback is considered and the training is adapted for future cohorts.

### What we did:

An initial short improvement introduction session was held to introduce the team and the support available, as well as to seek the Junior Doctors' prior knowledge and experience of improvement to inform our 'Improvement Readiness' session. Service improvement managers then devised a bespoke 3-hour session focusing on developing an understanding of the foundations of QI and the basic improvement tools to use when undertaking an improvement project. There was also a focus on engaging and motivating people for improvement, and developing an improved understanding of measurement for improvement.

### Outcome:

The Effective Services Department has received positive feedback. The overall average score that the team received for delivering the session was 4 out of 5. The feedback included positive comments such as:

“Very enthusiastic. A good sense of humour during the presentation. Engaged audience.”

“A good overview of a topic which we have little knowledge or experience of. Good presenters and group activities to break the presentations up.”

“A good recap of quality improvement and PDSA cycles.”

For more information, please contact Safieh Fraser, Service Improvement Manager on 01244 397618

## Patient Experience Improvements and Patient Feedback

### Delivering *Acceptable* and *Accessible* care

The following projects illustrate 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.

## Substance Misuse Service Bereavement pack

CWP's **Person-centred Framework** is a set of overarching principles that ensure that person-centred thinking runs through everything we do. This project exemplifies how one of our teams has applied these principles to provide care and support to the families of people who have used their services.

### Background:

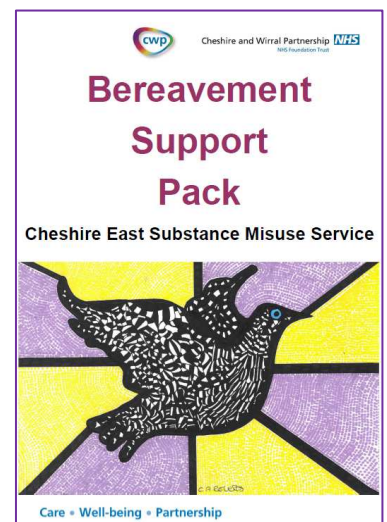
Bereavement through a loved one's drug or alcohol misuse can be a devastating, challenging, and often an isolating experience. The Substance Misuse Service (SMS) has developed an information pack to provide support for families following bereavement. The project was inspired by Paul and Hilary Jamieson, following the loss of their son Alex. The SMS had asked the family if there was anything that could help them at such a difficult time. Suzanne Jones, the SMS Lead, decided to start to bring together useful information in one place. Cathy Roberts, who had previously accessed support from the SMS, provided the artwork (see below), and a poem used in the pack.

### What did we want to achieve?

We wanted to give people information to help them cope after bereavement and we wanted to bring it together in one place.

### What we did:

We worked with the Communications and Engagement team to design the packs to support bereaved people on a range of practical issues, and offer advice on all aspects of bereavement from registering the death, to Coroners and post mortem examinations, and who to inform. They provide a wealth of information and resources to those unsure where to turn or what to do in such a difficult situation.





The Bereavement Pack's features include advice on:

- How people normally grieve after a loss, helping people through the grieving process by looking at the emotions they might be experiencing and how to overcome them.
- Unresolved grief.
- Places to get help, outlining where and how to access appropriate support and links to useful resources and organisations.
- Practical advice and help with things people will have to deal with as a result of their loss.
- How friends and relatives can help.

### Results:

The Bereavement Pack has been piloted and it is hoped that similar packs can be made available Trustwide to provide support to families following the loss of a loved one.

**For more information, please contact Suzanne Jones, Substance Misuse Service Lead on 01270 656 301 (Crewe)/ 01625 712000 (Macclesfield)**

## Central and East Recovery College promote innovative approach to improving health and well-being

CWP's Quality framework emphasises the importance of delivering care in ways which are **acceptable** and **accessible** to those who use our services. The following project demonstrates how our teams are putting this into practice, by using innovative approaches to engage people in physical activity, who would not normally participate. There has been recognition that sometimes the health service has been prone to operating a limited approach to engaging the community and partnership working, as well as underdeveloped action on the broader influencers of health and wellbeing, for example physical activity. This project demonstrates CWP's commitment to working with partners to develop a new approach.



### Background:

NHS England (2014) recommends that all adults should undertake muscle strengthening activity such as yoga. Following outcomes from a commissioning for quality and innovation (CQUIN) project:

*Sustaining health and promoting exercise (SHAPE)*, Central and East Recovery College worked alongside Health Facilitator, Donna Davies, to offer yoga sessions to people accessing CWP's services in order to increase their physical activity engagement. The project involved joint working across many teams and organisations, with the piece of work being funded by both CWP's Central and East Early Intervention (EI) team, and *Active Cheshire*, who are a health and wellbeing charity who work with partners to find new ways to get people active.

Further to this, the 'Ministry of Yoga', a yoga studio in Crewe, facilitated the yoga sessions, alongside Central and East Recovery College. The Recovery College is a resource for users of CWP services, offering educational courses around self-management, mental health conditions, and workshops to **improve health and wellbeing**. It operates in Macclesfield, Crewe and Winsford.

### What did we want to achieve?

Research shows exercise and physical activity can have a positive impact on mental health and improve wellbeing. Indeed, a review of randomised controlled physical activity interventions, found exercise improves the negative symptoms of schizophrenia. The study showed small increases in physical activity could have health benefits, and enhancing quality of life (Department of Health, 2016). This shows how beneficial the project could be to those accessing EI services. Feedback from the SHAPE CQUIN suggested that people wanted to get more active, but often environments like gyms could be daunting, and





make the journey as comfortable as possible for these people as well as their families, who in the final days of life, chose home as their preferred place of care, to go home from hospital to die. This is a time pressured activity where hours can make a difference to achieving the desired outcome for the patient and their family.

### What we did:

- We worked with the Countess of Chester Integrated Discharge Team (IDT) to see how we could take a patient needing palliative care home within hours of referral, and have CART support workers visit the same day.
- A *Care Matrix* (care plan document) was produced between Discharge Liaison, Continuing Health Care and CART teams that provides details on the patient's condition, mobility and care needs.
- A hospital bed is provided at home ready for the patient's return, and a referral to Continuing Health Care is made at the same time.
- A copy of the Care Matrix goes home with the patient, and a copy is sent to CART. The Care Matrix is triaged by the team's clinical service manager and the information given to the staff who will be visiting. Technical terms are explained and a concise evaluation of the situation, including health and safety concerns, is discussed with the team.
- The patient makes a very important return home and CART support workers provide care for the patient that same day. Patients are followed up within 24 hours by the District Nurses.

### Results:

CART has facilitated a **much faster discharge home for the patient** from hospital. Using a "trusted assessor" model, there are no delays in waiting for an assessment and subsequent care plan to be carried out by the community care teams (CCTs) before referral can be made to CART for palliative care. **Our expertise in providing care to patients needing palliative care has helped patients achieve their dying wish, which is important to themselves and to their family.**

The process has improved the discharge planning for the IDT and helped to relieve the pressures on the CCTs. CART staff have improved information with regard to the patient, their environment and home circumstances, making them feel more comfortable with dealing with a complex and emotional situation. Feedback has been very positive:

"I was unable to cope both physically and emotionally with my husband being terminally ill. I cannot emphasise how wonderful the team has been, not only with him but with support for me. They've all become like friends and we look forward to them coming. We cannot thank them enough!"



### Next steps:

We are in the process of developing a similar process for patients needing palliative care being discharged from Arrowe Park Hospital. We would also like to develop a pathway for patients being discharged from Hospital@Home.

**For more information, please contact Sue McGuigan, Team Manager, on 01244 977346**

Between August and November 2017, CWP formally received 1203 **compliments** from people accessing the Trust's services, and others, about their experience. Below is a selection of the comments and compliments received:

#### **CWP East**

**Croft** – "I would like to thank you all for the care you gave (person) during his stay in your ward. I appreciate very much all you did for him. THANK YOU again - all my very best regards."

**Adelphi** – Family of a service user emailed the consultant and team to thank them for the care received, and how the family would not have coped without the support from the team.

**Macclesfield CAMHS** – A mum thanked (person) for supporting her daughter with her eating disorder during the difficult times they had gone through and for always been there in sessions, but also on the end of the phone if needed.

**Crewe Recovery** – A member of a care agency complimented (person) for his lovely manner, patience and attention to detail. She observed that on several occasions she has witnessed (person) dealing with patients in a very compassionate and respectful way.

#### **CWP West**

**Juniper** – "It helps to talk to you; it calms me down, thank you."

**Indigo** – "Thank you so much for all of your kindness and support during my time at Ancora and I hope you know how grateful I am. You have been so understanding and helped make me laugh on my worst days. Thank you for helping me to feel like myself again."

**Primary care mental health services** – "Excellent service really calmed me down and helped tremendously to come to terms with things. Thank you."

**Ellesmere Port and Neston Recovery** – At the end of the outpatient clinic (person) said "You are a very nice man and always listen to what I have to say."

#### **CWP Wirral**

**Wirral Home Treatment team** – Note received which stated: "Dear staff at home treatment team, I'd like to thank you for all your lovely hard work; it means a lot to me. You are all lovely, kind and considerate."

**Wirral Home Treatment team** – Service user thanked (person) for telephone advice and support given when she contacted HTT over the weekend period experiencing anxiety. (Person) spent time discussing coping and breathing techniques to help the client manage her emotional distress.

**Brackendale** – Wife of patient complimented staff on compassion shown during telephone conversation.

**Brooklands** – Thank you card received for ward manager from patient. "Just a little card to say thank you for everything you have done for me. I will miss you and our little chats you are a 'boss man' and I will never forget you."

### **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 2017/18 of the *Quality Improvement Report*

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