

Quality Improvement Report

Edition 2
August 2019 – November 2019

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



Willaston Surgery implements an improved referral process
(see page 10)

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

These reports are produced three times a year, this being the second edition of 2019/20, to update people who access and deliver our services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.



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

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

<http://www.cwp.nhs.uk/resources/reports/?ResourceCategory=2335&Search=&HasSearched=True>

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



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

This *Quality Improvement Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment we provide. It also provides examples of **Quality Improvement (QI)** projects.

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

EXECUTIVE SUMMARY

QUALITY IMPROVEMENT HEADLINES THIS EDITION

Project Twilight reduces the number of incidents on Coral ward

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QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2019/20, which reflect our vision of “**working in partnership to improve health and well-being by providing high quality care**”. They are linked to our Trust strategic objectives, and reflect an emphasis on **patient safety, clinical effectiveness** and **patient experience**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

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

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

We want to:

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

The following describes our achievements in progressing with this priority:

- ✓ The recently published patient safety incident figures from the National Reporting and Learning System (NRLS) show that there is no evidence for potential under-reporting of patient safety incidents. The previous six-monthly report available showed CWP has maintained its comparative position, however it has improved to now be in the middle 50% of reporters. Whilst this means that CWP has achieved this patient safety priority earlier than expected, it needs to maintain efforts to continue to do so by year-end.
- ✓ The Clinical Practice and Standards Sub Committee discussed this priority at its August 2019 meeting and heard that the self harm group were continuing to meet to take forward improvement work, with assistance from CAMHS.

For more information, please contact Marjorie Goad, Consultant Nurse CAMHS, on 01244 397623 or Kate Baxter, Patient Safety Improvement Manager, on 01244 397410

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

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

We want to:

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

The following describes our achievements in progressing with this priority:

- ✓ The Heads of Operations for Specialist Mental Health are developing a psychological interventions strategy that will support increased access on our wards, home treatment teams and community services.
- ✓ The strategy will link in to the Structured Clinical Management (SCM) training that has been rolled out across community services, as well as the Personality Disorder (PD) guidelines written by the PD work stream and the NHS England funding for psychology intervention training in community mental health teams.
- ✓ The strategy is currently in the process of being implemented.

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

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

To improve engagement with bereaved families and carers

We want to:

Use the Always Events[®] methodology to reduce the variation in levels of engagement with bereaved families and carers by ensuring our commitment to listening and working with families and carers to ensure we provide support through their bereavement in the right way.

The overarching principle remains to offer bereaved families and carers with information that is as person-centred and supportive as possible, ensuring they are able to provide feedback on their experiences in order that we can learn and improve.

The following describes our achievements in progressing with this priority:

- ✓ We have worked with people who have been bereaved by suicide to understand their perspective in relation to our information and processes that take place. This is a sensitive time and judgement of when to involve people in this process is gauged carefully.
- ✓ We have also completed a self-assessment against the National Quality Board guidance so that we know our progress and further actions that are required. We meet many of the guideline requirements and we have applied a QI approach to review our processes for managing incidents across all our Care Groups and a number of improvements have been identified. We are currently identifying a pilot site to test the improved process for managing incidents.
- ✓ In undertaking the self-assessment, we have identified that we could improve our assurances against some standards, for example clearer recording of the actions that our Family Liaison Officers take.

For more information, please contact Cathy Walsh, Associate Director of Patient and Carer Experience, on 01244 393173

QUALITY IMPROVEMENT PROJECTS

Patient Safety Improvements

Delivering Safe care

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

'Project Twilight' reduces the number of incidents on Coral ward

Background:

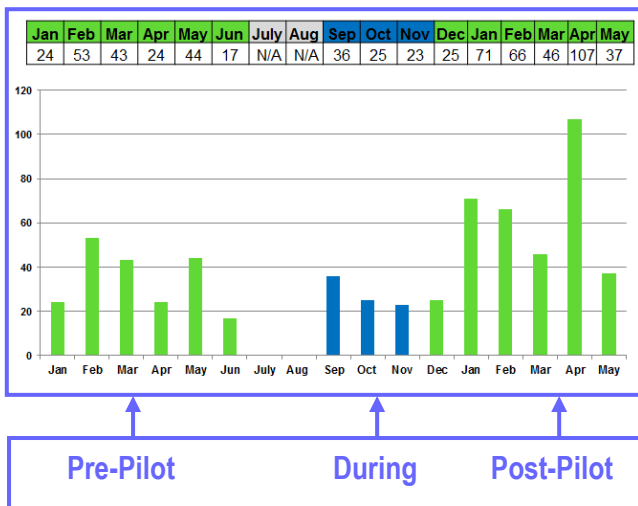
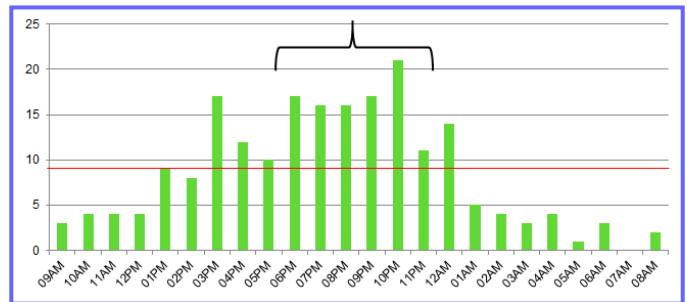
Coral ward is an acute assessment ward for children and young people with severe and/ or complex mental health conditions. The ward manager felt that there was a spike in incidents at certain times of the day, and wanted to look at why this was and what could be done to improve this.

What did we want to achieve?

The ward manager worked with clinical support services to look at the data, which included all types and severity of incidents. The data showed a spike in incidents between 4pm and 12am, the most common incident type being self-harm. This time of day is busy on the ward as the young people come back from education, staff changeover shifts and it is tea time and bed time; the young people have a structured day up until this time. The ward manager wanted to reduce the number of incidents during this time period and provide more structure for the young people on the ward.

What we did:

The most obvious change to make was to increase staff at this time; there were more staff on night shifts (7.30pm – 8am) when there were a lot less incidents after 12am. Following consultation with staff, those who wanted to take part in the pilot had their shifts changed from 7.30am – 8pm to 11.30am – 12am, which meant the same staff were on the ward from 4pm – 12am. This shift pattern was able to run for five days a week (Monday – Friday) which were the days most incidents occurred; the weekends did not have the same numbers of incidents as there was no education or meetings for the young people.



Results:

After piloting the twilight shift for three months, **the number of incidents reported 4pm – 12am dropped by 22%**. The number of moderate-severe incidents did increase, however one young person admitted to the ward during the pilot period required 2:1 observations and support from staff, and had a high number of incidents. During the project, it was identified that one young person had a peak in incidents between 10pm – 11pm, the ward manager spoke to the young person and it was agreed to increase their observations and for a member of staff to be with them during this time. The number of incidents for this young person decreased during the pilot.

The young people liked the twilight shift and there were many therapeutic benefits; the young people had more continuity as the same staff were on the ward through the evening into the night, they had more structure and felt more supported. The ward manager and a member of clinical support services recently presented 'Project Twilight' at a QI Conference in London held by the Royal College of Psychiatrists; they received a lot of positive feedback and discussions with other CAMHS professionals.

Next steps:

Feedback from the staff who took part in the pilot was that the 11.30am – 12am shifts felt too long and would not be sustainable for staff, as they were getting up at ‘normal’ time then coming to work for 11.30 to work a 12 hour shift. The ward manager has liaised with HR to look at staff working shorter shifts five times a week instead of three long shifts a week. This second phase of the project began in October 2019 and will run for six months; the data will then be refreshed to see if incidents have continued to decrease. So far, staff prefer this way of working, especially those with children as they can pick them up from school and then come to work. Some staff who were not involved in the initial pilot are now asking to work twilight shifts and in a recent recruitment drive, the advertised jobs included twilight shifts as part of the shift pattern.

The ward manager would also like to look more at therapeutic activities for the young people in the evenings; he is liaising with Ancora Education to see if the young people can have some simple homework tasks to complete outside of school hours and is speaking with the Psychology Team to look at relaxation techniques, self-soothing strategies and sleep hygiene to improve the structure during the time before bed.

For further information, please contact Alan Woodward, Coral Ward Manager at alan.woodward1@nhs.net

Implementation of the Clozapine Titration and Monitoring Booklet improves standards of care and patient safety

Background:

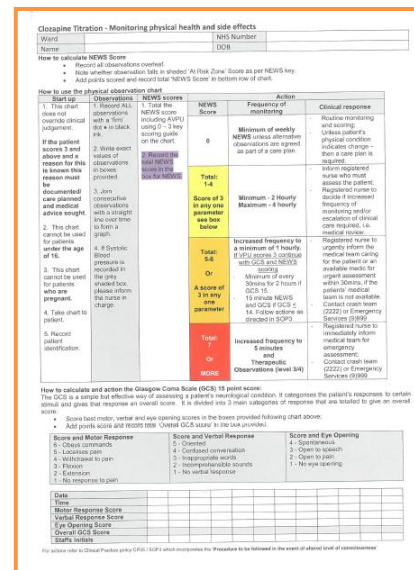
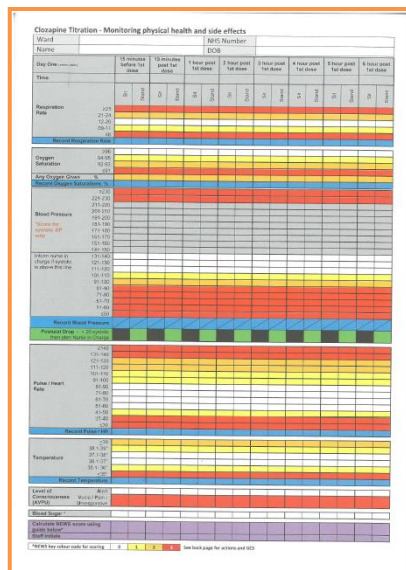
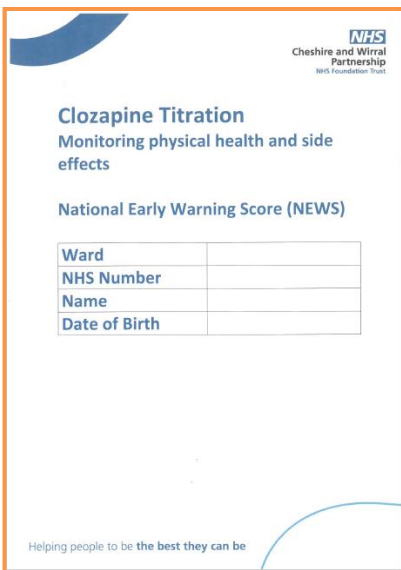
Clozapine is an antipsychotic medication used to treat schizophrenia. People who are commenced on this medication must be closely monitored for two weeks due to possible side effects on their physical health such as postural drop or infection.

What did we want to achieve?

Lisa Lawrenson, Ward Manager of Bollin ward, noticed that when the new National Early Warning Score (NEWS) form came in, the Clozapine recording was not used properly as it was a blank form. Following deaths in the community relating to Clozapine, Lisa developed a booklet to record all patient observations for the two-week period and improve the safety of people prescribed Clozapine. The Clozapine Titration Booklet enables staff to effectively monitor people’s physical health and any side effects of Clozapine to a high standard.

What we did:

The booklet was effectively trialed on Bollin ward for a three month period, the resulting evaluation proved that the booklet not only monitored the physical health of people prescribed Clozapine, but enabled staff to adhere to strict monitoring guidelines over a two week period. The evaluation also ascertained that monitoring requirements and best practice could be maintained, the booklet was rolled out across all inpatient wards. Standards of care, monitoring and overall patient safety have greatly improved for this group of people.



Results:

The introduction of the Clozapine Titration Booklet has been gratefully received by nursing and medical staff on the inpatient wards where Clozapine is prescribed; the booklet follows strict medicines management guidelines for monitoring the physical health of people accessing our services and the potential side effects of the medication. All staff using the booklet say they feel a lot more supported whilst using the booklet as they are using NEWS that has been adapted to precisely monitor this group of people. The booklet has had a **positive impact on patient safety during the two week titration period as all physical observations are monitored and recorded within a strict timeframe** that is clearly indicated throughout the booklet. The booklet also meets requirements regarding effective monitoring during the titration phase and then once the person is stabilised on the medication.

Next steps:

To continue to monitor the impact of the booklet on people's care whilst Clozapine is prescribed. There are plans for the booklet to be potentially implemented in the community mental health setting for all people prescribed Clozapine, this work is ongoing and is a large piece of work as the community teams do not currently use the NEWS charts to monitor people. The team are also in the process of trialing a similar format of booklet to monitor rapid tranquilisation in both the adult and children and young people's setting.

For more information, please contact Lisa Lawrenson, Bollin Ward Manager at lisa.lawrenson@nhs.net

DBT skills group shows significant reduction in harmful behaviours for young people

Background:

The 16 – 19 CAMHS team in West Cheshire provide treatment and support to young people aged 16-19 across West Cheshire. The team identified that some young people receiving treatment suffer with emotional dysregulation resulting in harmful behaviours and suicidal ideation.

What did we want to achieve?

The team wanted to provide an evidence based intervention for young people who have difficulty controlling their emotions and behaviours. Their aim was to replace problem behaviours with skillful behaviours and help the young people experience a range of emotions without necessarily acting on them, and to enable young people to navigate relationships in their environment and build a life worth living.



What we did:

The skills group is for young people and their parents/ carers to attend and is on a rolling programme with new young people starting every six weeks. Two CAMHS practitioners have committed to meeting every Monday and working late if necessary to accommodate the young people and their parents/ carers. The material used in the group is from the 'DBT Skills Manual for Adolescents' by Rathus & Miller, which was adapted from Marsha Linehan's 'Dialectical Therapy Programme'. The practitioners have utilised their experience and expertise to keep the young people engaged as it can often be challenging when the young people and their parents/ carers are in the same room, and their risk is monitored at all times to keep everyone safe.

Results:

Qualitative data received from parents and carers has identified that it would be beneficial for all young people to receive this training in schools and it should be included on the curriculum; local schools have been provided with information on an individual basis to enable the young person to utilise the skills taught in the group, in school. **All feedback received has been positive**; one parent commented that she had not realised how she had been invalidating her daughter until now.

Quantitative data from the Outcome Rating Scale (ORS) and the Group Session Rating Scale (GSRS) has shown a **significant reduction in harmful behaviours and suicidal ideation in the young people** and there has **not been a need for further CAMHS intervention so they have been able to be discharged from the service**.

Next Steps:

One of the practitioners has been given additional hours (1 day per week) to develop the skills group in 0 – 16 and 16 – 19 CAMHS teams. This includes increasing awareness of the group to potential referrers and identifying young people who would benefit from the intervention. They also provide training for other CAMHS practitioners to deliver the model, and are planning to secure funding for Trustwide specialist training from Michaela Swales, DBT British Isles.

For more information, please contact Jane White on jane.white20@nhs.net or Megan McMillen, CAMHS Practitioner on megan.mcmillen@nhs.net

Clinical Effectiveness Improvements

Delivering Effective, Affordable and Sustainable care

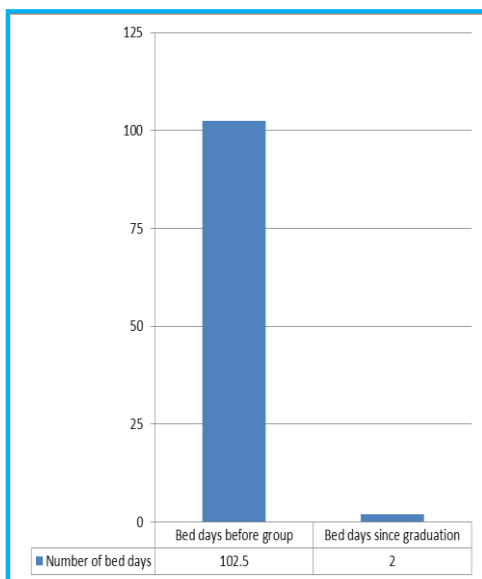
The following projects show how CWP teams are delivering care:

- that follows an evidence base and results in improved health outcomes, based on people's needs
- which maximises use of resources and minimises waste
- that can be supported within the limits of financial, social and environmental resources.

Therapeutic Community Group reduces admissions for people accessing the Complex Needs Service

Background:

The Personality Disorder Service, now the Complex Needs Service, was set up in 2015 to work with people with the most complex needs in secondary services, people who have experienced repeated and extended admissions, recurrent suicidality and self-harm. The initial intervention offered to people was an adapted version of a model that had been used in central London; this involved 'drop-in' sessions twice a week and was not appropriate for rural Cheshire, as the area covered was so large and public transport is poor.



What did we want to achieve?

The team wanted to work with people accessing the service to create an intensive intervention that effectively met their needs. The emphasis of the group was changed from a place where unwell people were treated, to one where members of the group took on responsibility and power.

What we did:

The group was moved from twice a week to one longer day and runs for two years. There is no hierarchy in the group and all members are involved in decision making on things such as how to respond to risk, whether prospective members should be offered a place and how to respond to any issues affecting

the group, e.g. if a member self-harms. Everything is collaborative as all members are experts in their own difficulties as they have lived through it, members build up their sense of belonging and all have a connection with each other as they have all experienced similar problems.

Results:

The five people who graduated from the group after two years had **102.5** bed days between them in the year before graduating from the group (410 total in the two years before and two years during the group); in the year since graduating, their total bed days are **2**. The graph above demonstrates this significant reduction.

As well as the quantitative results, **people involved in the group have a raised self-esteem and sense of belonging; they take on responsibility and are active in making decisions about their own care.** A follow-on group was created by the people accessing the service, with the support of the Complex Needs Team; the members meet at MIND in Winsford and follow

the same model as the original group. People accessing and delivering the service, including the Head of Clinical Service, have visited the group and they now attend the team's steering groups.

The team have developed and put on a free one day conference for those in the North West who are interested in the model, this was attended by renowned experts from London who already have the model embedded in their practice, and included people sharing their experiences with those at the conference. Keir Harding, Lead Therapist for the Complex Needs Service, has been voted onto the Executive Committee for the British and Irish Groups for the Study of Personality Disorder.



Next steps:

The Complex Needs Service have identified some people who would benefit from treatment in the community rather than out of area 'specialist' placements. Some people who have been treated at the out of area placements have experienced years of being detained there, potentially due to the lack of therapy available and their response to restrictive environments. The service would like to be more assertive in helping discharge people from out of area placements to access evidence based treatment such as the therapeutic community groups much closer to home.

The service would also like to raise the profile of the therapeutic community group so that it becomes embedded into practice across the Trust, as it has been successfully in other parts of the country.

For more information, please contact Keir Harding, Lead Therapist at the East Cheshire Complex Needs Service on keir.harding@nhs.net

Willaston Surgery implemented an improved referral process

Background:

Willaston Surgery is a GP Surgery in the village of Willaston. The aim of the project was to look at the time taken for referrals to be processed and sent, and if anything could be done to reduce this.

What we wanted to achieve?

A lot of telephone calls to the GP Practice were patients chasing referrals and asking if they had been sent to the relevant hospital/ department. The current Electronic Referral System, formerly 'choose and book', meant that part of the referral was completed by the secretary who was then able to provide the patient with a login to book an appointment themselves online, and the second part of the referral was the typed summary from the GP which would then be sent to the relevant hospital/ department.

What we did:

The team carried out a review of all referrals and how long it took for them to be processed and sent to the relevant hospital/ department. This showed there were delays for reasons that varied between GPs. The team trialed the GP completing the first part of the referral and giving the patient their login for the e-referral system so that they could go home and book an appointment straight away. The second part of the referral could then be completed by the secretary following the appointment and there would not be the time pressure to get this in as the patient was already 'in the system'.

Results:

The number of telephone calls to the surgery chasing referrals reduced, meaning administration staff are under less pressure to find out where referrals are and if they have been sent on or not. Although the GPs still have to send the referral letters on to the hospital, **people are immediately on the correct waiting list and able to book an appointment straight away.**



Next steps:

The team are going to repeat the review of referrals to monitor the improvement and try to improve the time taken for the referral letters to be typed and sent.

For more information, please contact Emma Lee-Moore, Office Manager on emma.moore17@nhs.net or Anna Commander, Practice Manager on annacommander@nhs.net

Patient Experience Improvements and Patient Feedback

Delivering *Acceptable and Accessible* care

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

Escape Pain Programme empowers people not to fear their osteoarthritis diagnosis

Background:

The Musculoskeletal (MSK) Physiotherapy team provide assessment, diagnosis and treatment of adult musculoskeletal conditions including osteoarthritis. Assessments are available through Physiotherapy First clinics located at GP surgeries across Cheshire. Treatment then takes place at some of the GP surgeries, Ellesmere Port Hospital, Fountains Centre and Tarporley Hospital.

What did we want to achieve?

The team wanted to carry out an initial pilot before rolling out a programme of exercise and education designed to empower and enable people with osteoarthritis of the hip and knee, so that they could understand their diagnosis and overcome fear of activity.

What we did:

The team trained Physiotherapists and Associate Practitioners to deliver a combination of education and exercise through a rolling programme aimed at people with hip and knee osteoarthritis. They trained the whole wider physiotherapy team in the criteria for the programme, and shared the information with colleagues in orthopaedic outpatient clinics. They explained that the programme could help people who are not ready for joint replacement surgery to gain strength, flexibility and independence, and crucially to learn not to fear their osteoarthritis diagnosis. Following successful pilots in Ellesmere Port and Fountains Centre in Chester, the team have run programmes in each location on a rolling basis.

Results:

The programme is a group session of up to 10 people, operating for an hour twice a week over five weeks. Attendees are able to develop a peer to peer support network and share self-management advice. Outcomes are measured using a validated questionnaire to score symptoms of hip and knee osteoarthritis, and a qualitative questionnaire that looks at changes in the impact of the osteoarthritis. People are also asked if they would recommend the programme to friends and family. The data showed that overall, **people felt more able to cope, less fearful and were more active after completing the programme**, and some of the responses from the qualitative questionnaire are shown below:

"I am seeing improvements after doing physiotherapy, I would recommend to others"

98% would recommend the programme to others

"The experience has left me more comfortable, it was good to be directed by an expert and to share the experience with others"

Next steps:

The team are looking at a link with Brio Leisure to encourage ongoing physical activity after the programme, and are working with the Clinical Commissioning Group (CCG) to look at the possibility of web-based delivery or refresher sessions for people who have previously completed the programme. One of the team, Margaret Walsh, has been selected as a National Trainer for wider roll out of this programme.

For more information, please contact Tanya Booth, Lead MSK Therapist at tanya.booth@nhs.net or Margaret Walsh, at margaret.walsh4@nhs.net

New quality standards to improve experience of transition from LD CAMHS to Adult LD teams for people and their families



Background:

The transition from LD CAMHS to Adult LD teams can present a number of challenges to young people and their families. Parents/ carers of young people with learning disabilities and complex needs play a pivotal role in the young person's ongoing care and support needs, therefore it is essential that professionals understand the parent/ carer experience of transition to ensure they respond to their needs.

What did we want to achieve?

The LD CAMHS Wirral team have participated in a national NHSI – Improving Healthcare Transition Collaborative. The aim of the project is to develop a set of CWP co-produced quality standards, based on national best practice and guidance (from NICE) to **improve the transition journey of parents/ carers of young people as they transition from LD CAMHS to the Adult Community Learning Disability team.**

The project was split into two phases, phase one was to gain an understanding of the experiences young people and their families have had transitioning from LD CAMHS to the adult team and identify the support needs that are vital for an effective transition. Phase two of the project is to generate a set of quality standards to be implemented initially in Wirral, and then consider rolling out Trustwide.

What we did:

Professionals from LD CAMHS and the Adult Community Learning Disability team who have experience of working with young people with learning disabilities and complex needs at the point of transition, developed 13 open questions relating to transition. The questions were informed by the NICE Quality Standards for Transition from Children's to Adult Services. Parents were asked these questions and the following themes were generated:

- Parents acting as advocates during a time of emotional challenges.
- Parents unaware that their child is in the process of transition, hence a sense of confusion and uncertainty.
- Unsure of professional roles and responsibilities during transition process.
- Feeling the need to fight for coordinated multi-agency support, leaving them overwhelmed while continuing to support their child's needs.
- Feeling exhausted by having to repeat their story to multiple professionals, compounded by a lack of continuity in information sharing between multi-agency professionals.
- Feeling they had to take control of the transition process due to poor co-ordination across multi-agency professionals, highlighting the need for a care navigator role to co-ordinate multi-agency person centred care.



Results:

Following the interviews with parents, the team identified the quality standards needed to encompass the following:

- Family-centred approach to facilitate the best possible experience for both parents/ carers and the young person.
- Timely coordinated multi-agency planning.
- Transparent and effective communication within and across teams.

- Effective and collaborative information sharing across agencies – in line with ‘say it once’.
- The importance of clear transition pathways and guidelines.
- Access to easy read resources informed by the agreed transition pathway.

Next steps:

The Transition Quality Standards will be implemented for the Wirral LD CAMHS and Adult Community Learning Disability teams and the long term aim is for the standards to be rolled out across the Trust.

For further information, please contact Lisa Thompson, Consultant Clinical Psychologist at lisa.thompson24@nhs.net

Between August 2019 and November 2019, CWP formally received **1118** compliments from people accessing our services, and others, about their experience. Below is a selection of the comments and compliments received:

All Age Disability

"The Social Worker has ensured the family and placement have been involved in all the decisions being made about his transition to Adult Services and the care plan. At the recent review the family talked very highly of the Social Worker and all the work he had done."

Children, Young People & Families

"I honestly cannot thank you enough for all you've done over the past couple of years. Having someone as caring and understanding as you supporting me, has motivated me to keep going and overcome things I never thought I could. I'm truly going to miss working with you and I am grateful for all your help along the way. I couldn't have done it without you."

Joint Management

"During a very sad time for our family, my grandmother was treated with dignity and with a professional and human attitude. We cannot thank the team enough for all they did making her comfortable right through. This service must continue so others get the amazing support we have."

Neighbourhoods

"Thank you so much for your great help in continuing my counselling just that little bit extra. It was so important at that time to keep me focused. I commend your amazing professionalism throughout all our sessions. After each meeting I always left feeling hopeful that I could keep calm and focused. It was so important to me that someone else cared."

Specialist Mental Health – Bed Based

"All staff very approachable and helpful. Was made to feel welcome when visiting patient. Staff very supportive and always kept me informed. I did not find a problem with the way I was treated as a carer. Staff were always on hand with a kind word etc. Patient was treated with respect and was well kept."

Specialist Mental Health – Place Based

"You have made a huge difference to me and my family and I know that this will have a long lasting effect upon me and my wellbeing. Your professionalism, sensitivity and dedication along with your warmth and compassion make you an outstanding practitioner."

Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury

"The staff are always helpful to us as a family, knowing my daughter is being well looked after is really important to us. The communication is exceptional."

Share your improvement work!

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

Look out for more about Quality Improvement in Edition 3 2019/20 of the Quality Improvement Report

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