

Quality Improvement Report

Edition 3
December 2018 – March 2019

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



**Bowmere's successful 'Sign up to Safety'
Kitchen Table Week**
(see page 7)

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

These reports are produced three times a year, this being the third edition of 2018/19, to update people who access and deliver the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.

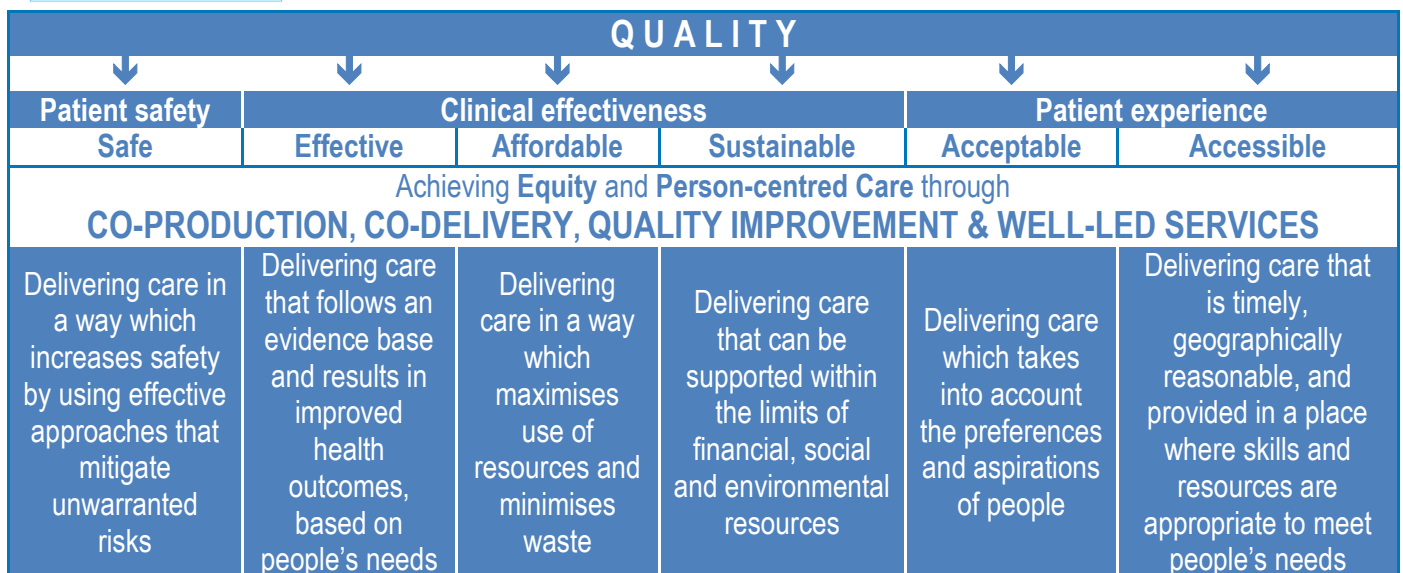


At CWP, we look at **quality** in detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through **Quality Improvement (QI)**. We are using international ways of defining quality to help us with this aim.

CWP's *Quality Account* and *Quality Improvement 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 that its services provide. It also provides examples of **Quality Improvement (QI)** projects.

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

EXECUTIVE SUMMARY

QUALITY IMPROVEMENT HEADLINES THIS EDITION

Bowmere's successful 'Sign up to Safety' kitchen table week raises awareness of staff psychological safety and patient safety

⇒ see page 7

Having reached its first birthday, CAMHS Out of Hours Advice Line describes the positive impact the service is now having on children, young people and their families

⇒ see page 8

Improving the dementia care pathway is now enabling faster diagnoses of dementia

⇒ See page 9

The Crisis & Reablement Roadshow creates closer connections with fellow Community Care team colleagues, raising awareness around referrals and their offer

⇒ See page 12

Introduction of case management across the East Community Learning Disability team eradicates their waiting list

⇒ See page 13

Education CWP's SUCCEED programme improves capability to support person centred, professional management skills and behaviours

⇒ See page 15

Neston Community Care team improve the patient discharge experience through effective partnership working

⇒ See page 17

Access Sefton provide a holistic, person-centred approach to people with long-term conditions

⇒ see page 18

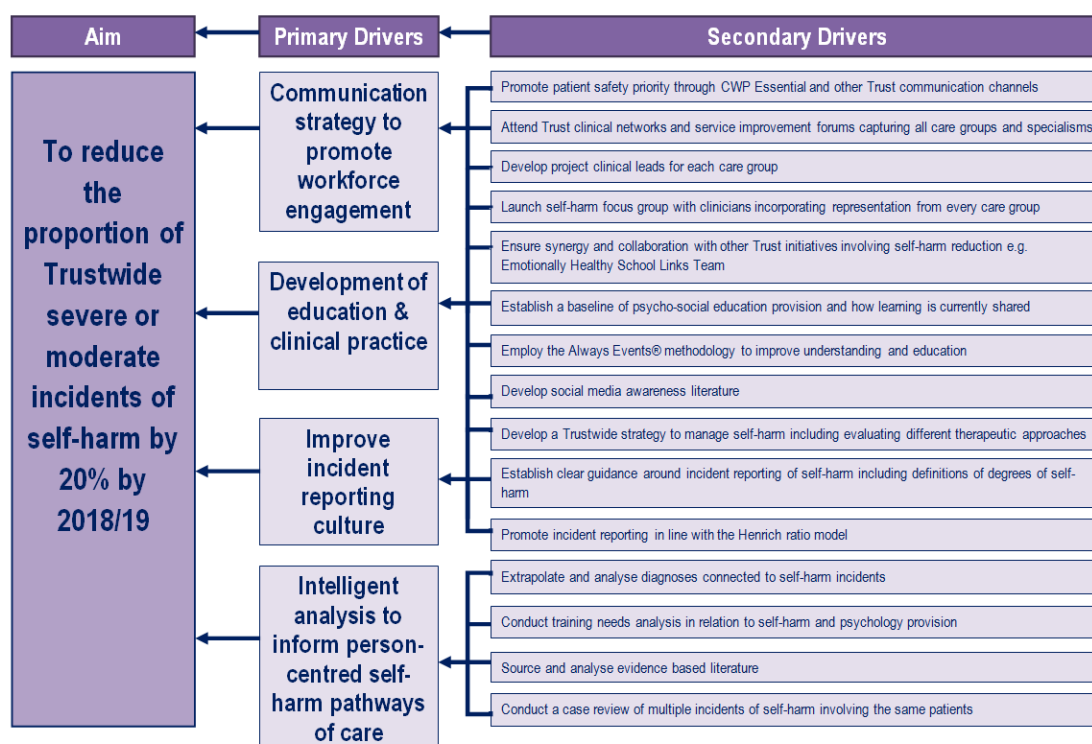
QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2018/19, which reflect our current vision of “**working in partnership to improve health and well-being by providing high quality care**”. They are linked to the Trust’s strategic objectives, and reflect an emphasis on **patient safety, clinical effectiveness** and **patient experience**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

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

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

For each of our Trustwide QI priorities, the starting point was identifying the aim, mapping the current state and identifying drivers and critical change ideas to improve care for the people we serve. The driver diagram below describes this for the patient safety priority:



The following describes the achievements the Trust has made in response to this priority this year:

- ✓ Developed an expert group to lead this project and to ensure robust oversight
- ✓ Arranged meetings to attend Trust clinical networks and service improvement meetings to engage with clinicians
- ✓ Collaborated with our Safe Services team colleagues to improve incident reporting processes
- ✓ Presented at Clinical Networks and QI events to promote this project and gather feedback from staff
- ✓ Developed a self-harm strategic steering group, collaborating closely with other related initiatives such as suicide prevention
- ✓ In-depth analysis undertaken of self-harm data to identify themes and specific areas/ opportunities for improvement
- ✓ Developed a share learning bulletin clarifying the definition of self-harm in line with NICE guidance

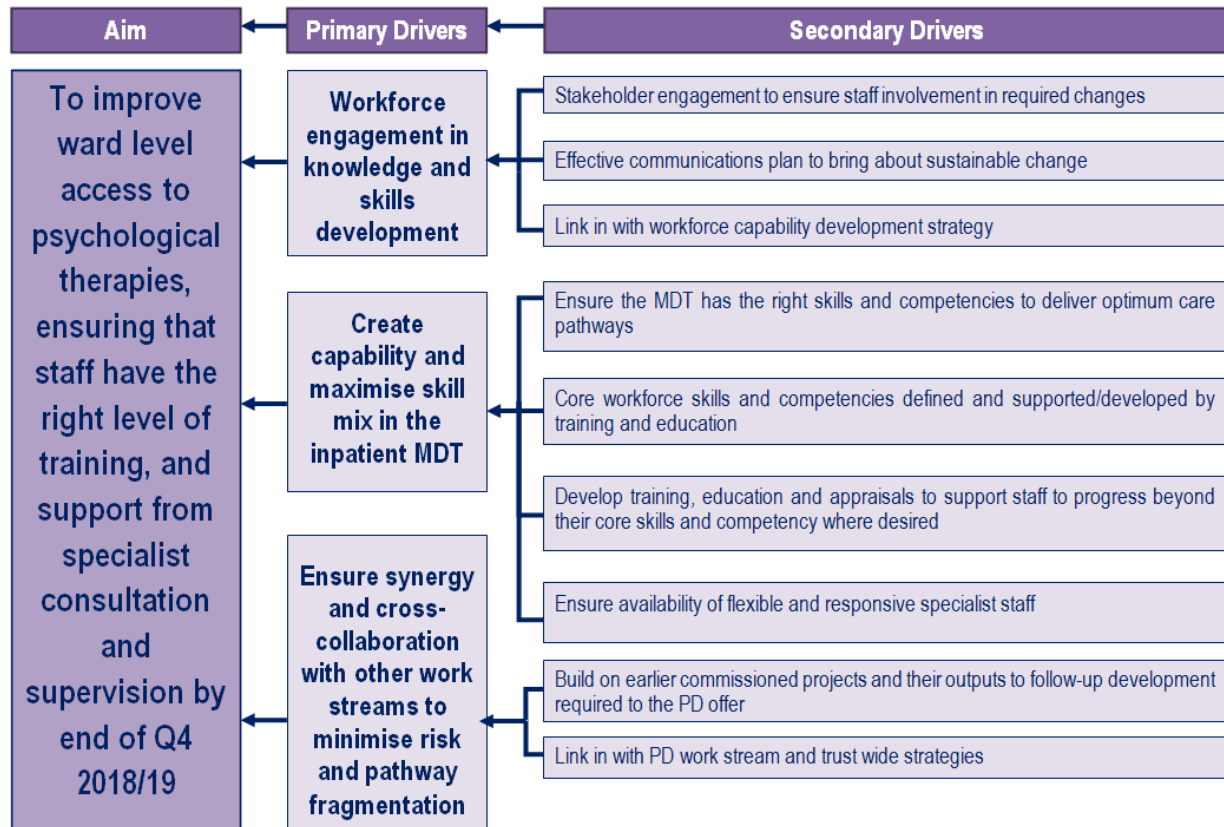
The Trust has made significant progress in reducing moderate and severe incidents of self-harm, achieving a commendable **12% reduction**. The establishment of this project has increased the profile of self-harm within the organisation and continuous improvements are being seen as a result, so we are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

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

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

To improve inpatient access to psychological therapies

As aforementioned, the starting point was identifying the aim, mapping the current state and identifying drivers and critical change ideas to improve care for the people we serve. The driver diagram below describes this for the clinical effectiveness priority:



The following describes the achievements the Trust has made in response to this priority this year:

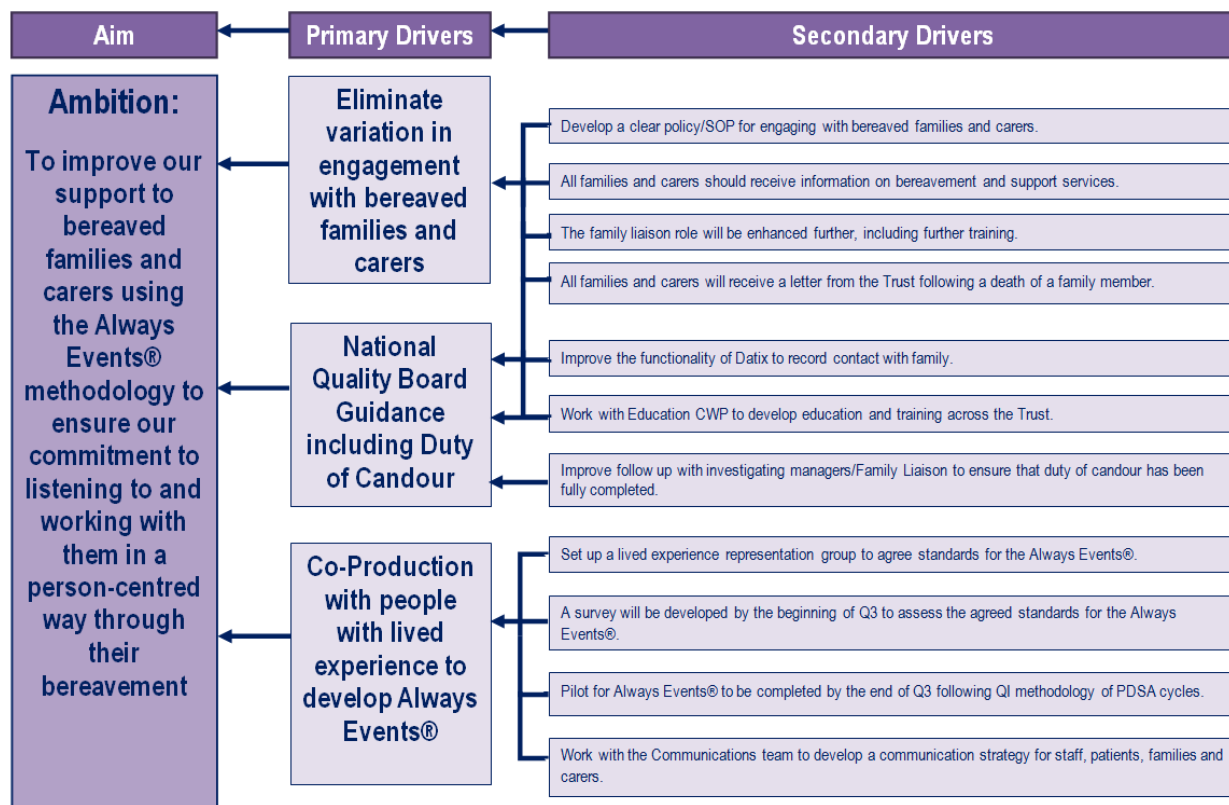
- ✓ Developed an expert group to lead this project and to ensure robust oversight
- ✓ Arranged meetings to attend Trust clinical networks and service improvement meetings to engage with clinicians
- ✓ Collaborated with our Safe Services team colleagues to improve incident reporting processes
- ✓ Multi-disciplinary psychology work stream has been convened focusing on the application of psychology skills on wards
- ✓ Developed the work stream, ensuring that it brings together people across the Trust already exploring ward psychology provision
- ✓ Linked closely with the Personality Disorder work stream, developing Trustwide guidelines to support staff in this area
- ✓ Reviewed national standards for psychology
- ✓ Reviewed role of psychology in the wards and support required by ward staff
- ✓ Confirmed Trust model for psychology support to wards, starting with cultural development and leading to short term interventions
- ✓ Business case developed outlining national standards and CWP are now determining which option to support and mobilise

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

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

To improve engagement with bereaved families and carers

As aforementioned, the starting point was identifying the aim, mapping the current state and identifying drivers and critical change ideas to improve care for the people we serve. The driver diagram below describes this for the patient safety priority:



The following describes the achievements the Trust has made so far in working towards this aim:

- ✓ A set of standards and principles were drafted to share with a lived experience representation group
- ✓ The project has ensured that these standards, adopting the concept of Always Events, include the fundamental principle that all families and carers receive information on bereavement and support services; this includes the development of appropriate and person-centred communication. The group have also commenced co-production of a survey of the experience of bereaved families and carers.
- ✓ Further training has been provided to the family liaison officers to enhance the support provided to families and those bereaved, and a further cohort of training is to be delivered in May 2019
- ✓ Incident reporting processes have been enhanced to facilitate delivery of the principles of the Duty of Candour, which includes the key aim of supporting bereaved families and carers

This project is a national priority and as such is considered by the Trust to be a critical piece of QI; as a result, this work will continue, ensuring that true co-production is realised and sustained. The overarching principle is to offer bereaved families and carers with information that is as person-centred and supportive as possible, ensuring they are able to provide feedback on their experiences in order for the Trust to learn from these and improve where concerns have been raised. Furthermore, it allows the Trust to identify, capture and sustain best practice where positive feedback has been provided.

For more information, please contact **Audrey Jones, Head of Clinical Governance, on 01244 397387** or **Cathy Walsh, Associate Director of Patient & 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.

Bowmere's successful 'Sign up to Safety' kitchen table week

Background:

Education CWP are responsible for supporting people who deliver and support the delivery of CWP's services to develop their management and leadership behaviours to ensure they have the competence and confidence to support their teams. Historically, this training has been delivered in a series of one off face-to-face workshops which staff can access at any point in their development. The 'Sign up to Safety' campaign promotes a yearly kitchen table event to raise awareness of staff psychological safety and patient safety. The matron and head of clinical service implemented this initiative on Beech, Juniper, Cherry and Willow wards.



What did we want to achieve?

We wanted to make this as relevant and applicable as possible, in particular for our clinical colleagues who struggle to get time out of practice. We were also aware that some delegates attended development programmes, but weren't confident of putting their learning into practice and didn't always have the support they needed in their day to day work.



What we did:

- ✓ We set up the kitchen table events on each ward and ensured that staff were able to attend.
- ✓ We made the sessions informal and asked staff to be open and honest with us.
- ✓ We spoke to staff about what they enjoyed about their job, what they thought could be improved for them, in relation to support, what they found difficult about their job and how we could work together to improve patient care and experience.
- ✓ We then fed back to the teams what the themes were across all areas and what ideas we had for moving forward.

Results:

All staff were engaged in the sessions and reported that they thought they were beneficial. There were a number of common themes across the wards, all of which have been developed into short term and long term goals and all of which will be fed back to the teams, as new initiatives are implemented. Staff wanted the events to continue, so we will plan to do this again in six months' time.

Next steps:

The actions have been split into short term goals and long term goals. Some 'quick wins' have already been actioned and other



work has started on some of the long term projects. The kitchen table events will be organised again in six months' time, where actions will be fed back and then further suggestions can be made for moving forward.

For further information, please contact Louise Gill, Matron, Bowmere, at louise.gill4@nhs.net

CAMHS Out of Hours Advice Line reaches its 1st birthday!

Background:

As part of the Cheshire and Merseyside Forward View, CWP were successful in securing funds to develop out of hours support for children and young people requiring support for mental health needs outside of working hours. There are currently very few out of hours services available for children and young people and their families, however, based on the success of the Wirral CAMHS Advice Line, the bid aimed to extend this CWP service out of hours and across the Trustwide footprint.



What did we want to achieve?

Wirral CAMHS developed a telephone advice line in January 2017 as part of the newly expanded Wirral CAMHS Primary Mental Health Team. The advice line is open to young people, professionals and their families in Wirral. NICE guidelines recommend that if a child or young person self harms or has severe suicidal thoughts, that they are admitted to their local paediatric ward overnight and CAMHS then carry out a risk assessment the following day, or when medically fit for discharge, as part of their discharge plan. As a result of this new service, Wirral saw a drop in the number of children and young people admitted to our partner acute trust and a reduction in paediatric bed days by over 40%. This represents a significant saving to the acute trust but also ensures children and young people are not having unnecessary admissions to hospital with all the disruption and trauma this can bring. Within a year of the Wirral Advice Line being launched, they saw a **44% reduction in children being admitted to the paediatric ward**. The success of this project was something that CAMHS wanted to spread across the Trust, ensuring that all children, young people and their families living in the Cheshire and Wirral area (including West Cheshire, East Cheshire, South Cheshire, Vale Royal and Wirral) had access to the same support out of hours.

What we did:

Once CAMHS secured the funding, a project group was set up, workstreams and leads were identified including Communications, HR, and Performance and Information, with an operational model established. The service successfully met their target launch date of March 2018 and they have now been operating for over a year.

Results:

The advice line is operational from 5pm until 10pm Monday to Friday, and 12pm until 8pm on Saturdays, Sundays and bank holidays. The team offers several types of support including mental health advice, resources, signposting and mental health support calls and consist of a



mental health nurses, counsellors, social workers and a teacher with a masters in psychology and lengthy CAMHS experience. The staff also cover four paediatric wards at the weekend, offering risk assessment to children that have been admitted via the self-harm pathway to try and discharge them in a timely way, who would have ordinarily had to wait until Monday to be assessed. Furthermore, we can also complete a mental health assessment over the phone and then this will then be passed on to the relevant CAMHS team for triage.

Thank you so so much for your help today, you really grounded me and helped me! I really appreciate it!
(Young Person)

This is exactly the high standard of clinical decision making I would expect from a service such as yours thank you! (parent)

Thank you for your very helpful interventions over the weekend (CAMHS Consultant Psychiatrist)

This is so easy to access. Health care is massively complex so for me, its all about ease of access and you have proved today how easy it is to get the help you need when you need it. You are so easy to talk to as a clinician. We've made so much progress in such a short space of time, I feel like even though this was a short consultation, we have really positive outcomes.

Being able to access you at any time of day or night would be even better (Parent)

Thank you. It is so great that it is open this late in the evening.

Thankyou so much for listening felt like for the first time someone wanted to try and get my child some support (Parent)

As part of crisis and contingency planning the out of hours advice line has been invaluable (Tier4)

I am just really grateful for all of the support we are getting from CAMHS – we just cannot fault your service

The team often have calls regarding young people that have already been referred to CAMHS and are on the waiting list, and they offer support in that period. Feedback from colleagues within specialist CAMHS have described young people finding this really helpful, and that they have recognised that **young people are attending sessions better prepared and ready to engage**, such as having goals already identified.

For children already accessing CAMHS, their team can request that the advice line makes “planned support calls” during times of increased distress or risk. Feedback is indicating that children and families appreciate “being held in mind” and **they report it helps them feel less alone** during periods other services are not available. We also hope that it provides CAMHS practitioners with peace of mind that there is a service offering that child support during a difficult time whilst they are not on duty.

Next steps:

The team are continuing to collect and analyse the data relating to their service’s activity to ensure that they are using the resources in the best possible way to meet demand, facilitating access to the right care at the right time, in the right place. A recently conducted audit of calls identified that a significant amount were made by children either diagnosed with Autism Spectrum Disorder, or there was significant evidence that they would meet the threshold for a diagnosis. This information is incredibly valuable, as it can further assist in identifying where gaps in provision of service are, that otherwise may have gone undetected. The team also wish to record a primary and secondary presenting problem, so that they can more accurately capture an overall picture of what a child and family are experiencing.

For more information, please contact Louise Smith, CAMHS Out of Hours Advice Line Team Manager, at louise.smith66@nhs.net

Clinical Effectiveness Improvements

Delivering affordable care

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

Improving the dementia care pathway

Background:

Knutsford has a higher than the national average of people aged 7 and over and 1 in 6 people over the age of 80 will get dementia, therefore the demand for dementia services in Knutsford is likely to increase. In June 2017, the wait for a new consultant was 7 to 8 weeks and there were examples of where the service for people could be improved. Therefore, a joint initiative was created, led by Dr David Hans, GP at Toft Road and supported by Josephine Worthington – Team Manager of the Older People’s Community Mental Health Team and Dr Sadia Ahmed – Consultant Psychiatrist.

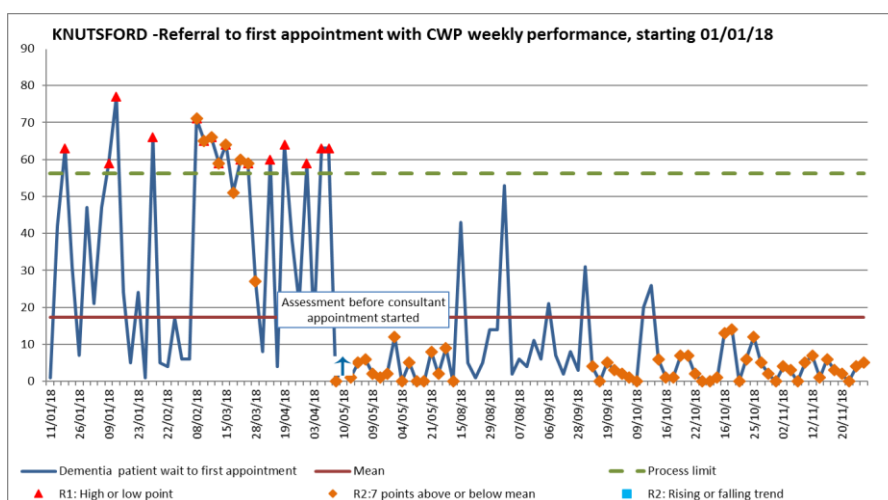


What we wanted to achieve?

The aim of the initiative was to **improve the quality of the care pathway**, enable quicker initial dementia diagnosis and, provide a local primary care review clinic, and provide greater access to consultant clinic for people with complex needs.

What we did:

We have established a CWP Consultant Clinic in Knutsford. GPs in Knutsford agreed to carry out the annual reviews of people stable with dementia. Where people had other long term conditions, their dementia review was built into their annual review appointment. CWP use the released resources of staff time to carry out an initial assessment of the person before an appointment with the consultant. These assessments are carried out in the person's home to personalise the service and provide valuable information on people's living environment and their functioning



abilities. The assessments include referral on to services such as Dementia Reablement Team, Frailty Team, Continence Service, SMART team, DVLA, plus any other services required prior to seeing the consultant.

Results:

✓ Enable quicker initial dementia diagnosis

The majority of people referred to the dementia clinic are now seen within 2 – 10 days for a thorough assessment.

✓ Provide a local review clinic

Approximately two people who are stable per month are referred back to the Knutsford GP practices from CWP. The majority of these have other long-term conditions. The annual review for people who are stable is carried out in the GP Practices by the Practice Nurse and there have been no issues raised to-date with this process.

✓ Provide greater access to consultant clinic for people with complex needs/ advanced care needs

A CWP Consultant Clinic has been established and is held each week at Manchester Road Medical Centre with the consultant seeing approximately 8 – 9 patients. This gives the Knutsford GPs greater access to the Consultant which they have found very useful in terms of learning, improving relationships and general access to consultant advice; enabling a quicker response time to queries.

Next steps:

Moving forward, the intention is to implement the dementia pathway, in a phased approach, across other surgeries in East Cheshire.

For more information, please contact Josephine Worthington, Team Manager Older People's Community Mental Health Team, or Dr Sadia Ahmed, Consultant Psychiatrist, on sadia.ahmed7@nhs.net

Broxton Community Care team - Improving communication with care agencies to promote safer care

Background:

Broxton Community Care Team (CCT), work with people in their own homes to provide safe and effective care. The team have realised over time that the care agencies also working with these people do not have knowledge of the community staff involved. They may pass each other on the street or have a telephone conversation with each other, but this is not forming good working relationships, which in turn would enable person-centred care.

What did we want to achieve?

As a community care team within the neighbourhood of Broxton, they wanted to know who the carers were in the local area, looking after their patients and build up an open door approach for the carers to access the team and for the team to access them. They wanted to **achieve seamless care**, by all parties in the person's care working to the same goals and standards.

What we did:

The CCT discussed how they could achieve open channels of communication and a thought was to have a carers' event within the neighbourhood. The team were able to utilise the waiting room within Malpas doctors' surgery and set about inviting carers that worked in the area. The team also identified some speakers from outside of the team who could attend this event to offer advice and support, the CWP Tissue Viability (TV) nurse, Urology Specialist Nurse, and a representative from Brightlife.



Results:

The event was attended by approximately 18 carers from the community, and the local care home in addition to patients and carers. Over hot and cold drinks, cakes and biscuits, introductions were made; through putting faces to names, it enabled carers to know who, how and when to contact the office, and also where the office was for face-to-face conversations in order to ensure the best possible support is provided to the people they jointly care for.



Katherine Hussey, from Brightlife, an organisation that works with partner agencies to reduce loneliness and social isolation, spoke about what they have to offer in the area and how to make referrals to service.

Corrine Caley, one of CWP's Tissue Viability Nurses, spoke about pressure relief and how best to manage in a person's home and the equipment devices available to help. A practical demonstration of the 30 degree tilt for the carers was also given so they are better informed when communicating with the CCT staff about pressure sores.

Caroline Tomlinson, a Urology Nurse Specialist gave an education session on the use of convenes in the community and the benefits to patients. A carer of a patient also spoke about how the use of the convene instead of a catheter had given them control of their life and reduced the risk of catheter acquired infections.

The event took place over 2 hours and following the brief presentations, the room continued to buzz with lots of questions to the speakers and the team. This event has **improved communication with the carers in the neighbourhood**, feedback from those that attended has been excellent and the team are looking to organising another event in the next 6 months.

Next steps:

Due to the success of this event, the team plan to continue these events twice a year and discuss with carers topics that they would like covering.

For further information, please contact Emma Lea, Neighbourhood Lead, Broxton CCT, at elea@nhs.net

The Crisis & Reablement Roadshow – creating closer connections and simplifying the referral process

Background:

The Crisis and Reablement Team (CART) visit people in their own homes who have an acute physical health crisis and are at risk of hospital admission without the appropriate care. They also support the community care teams by providing care for people in their final days of life whose preferred place of care is home and provide valuable emotional support to patients and their carers.

What did we want to achieve?

The purpose of our piece of work was to raise awareness of CART, clarify our role, the criteria for referral and to simplify the referral process.

What we did:

Our project involved visiting the community care teams (CCTs) in their own bases to promote communication between teams, facilitate discussion around how CART could better support the CCTs and their patients and improve understanding of the operational running of CART. We also wanted to become familiar with the staff in each of the teams so that a more personal approach could be used when communicating with regard to patients. The team manager, care co-ordinator and some support workers visited each base. We took cake (always appreciated) and instigated informal discussion around shared issues and concerns with regard to providing a person's care to a complex caseload over a large geographical area. The CART team had already introduced an extended "nursing & therapy" competency programme in order to provide more person-centred care and to increase support to the community care teams who also have a highly pressured workload. These competencies involve both nursing and therapy skills such as monitoring blood sugars, taking blood pressure, carrying out simple dressings, recommending therapy equipment, and fitting appropriate equipment following prescription by a therapist. Support workers are able to identify different gait patterns to assist in rehabilitation and highlight any acute changes in a person's medical condition by reporting to trained staff with clearly identifiable facts and results. Our care co-ordinator developed a leaflet for health professionals and allied health professionals to help staff identify what the team consists of, which people were appropriate to refer to the service and the telephone numbers of the various professionals within the team. By providing phone numbers, we hoped to encourage colleagues to call us to discuss patients and formulate the most appropriate plan of care including signposting to other services.

Results:

Sessions were well received and provided valuable networking opportunities. CCT staff reported that they had a better understanding of our service and the constraints we operated within. CART staff enjoyed the sessions

"The team is always very helpful on the phone; always ready with advice and very supportive"

"A team that we cannot lose, we rely on it completely when our patients are in a crisis"

CRISIS TEAM

A team of Support Workers to help with personal care in patient's home

Patients with a new health crisis, to prevent hospital admission

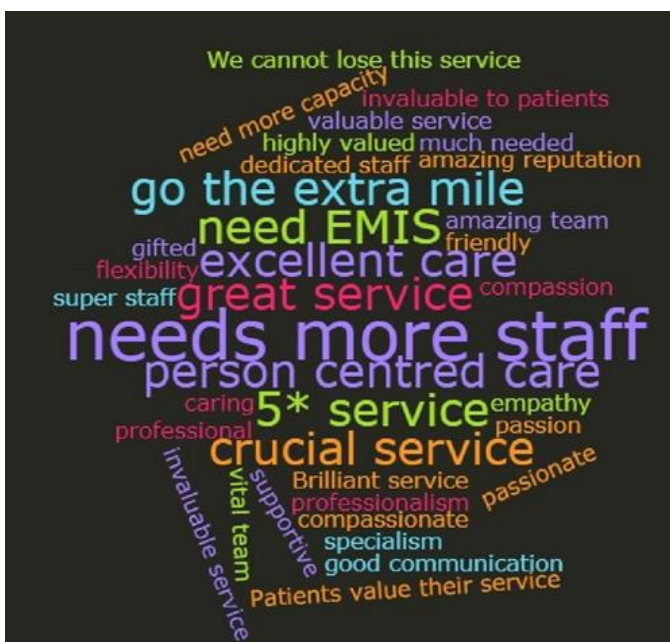
Provide palliative care to patients in their final days of life

Enable patients to be discharged home from hospital for their final days

Information for Health Professionals, AHPs, Social Workers & Social Care Assessors

GP Referrals:
0300 123 7740

District Nurse/AHP/
Social Worker/SCA Referrals:
01244 977332



and the rapport between ourselves and teams. We also enjoyed the cake! We followed up our visits with a survey to gain feedback on the sessions as well as the service and support provided by CART.

Next steps:

Due to the success of the roadshow, the team are exploring further innovative ways in which to increase engagement, partnership working and opportunities to streamline and improve processes, which they hope to report on in future QI report editions.

"I have always found the Crisis Team very helpful and supportive – thank you, we are really appreciative of all the great work you do"

For more information, please contact Sue McGuigan, CART Manager, at sue.mcguigan@nhs.net

Introduction of case management across the East Community Learning Disability team

Background:

Clinical supervision is a routine meeting held on a six weekly basis. The service recognised that every professional in the team had substantial waiting lists. The team's ambition was to completely eliminate waiting lists and in effect made a positive impact on the person's journey. The service wanted to enhance clinical effectiveness and so they introduced case management to actively engage with clinicians' caseloads and to think proactively and **improve standards of care**.

What we wanted to achieve:

The aim of using case management in a community learning disability team was to help staff to manage the professional demands created by the nature of their work. This is particularly important for those who work with people who have complex or challenging needs. Furthermore, case management helps to support managing risks and increases clinical accountability.

What we did:

We have introduced the case management form, which is based on a traffic light system highlighting the complexity of the clinical involvement. Initial pilot of the form has been implemented for 6 months after which the team collaboratively reviewed the outcomes. It was then decided that the team would adopt the case management form permanently.

Results:

Since the introduction of the case management form, the team has entirely eradicated waiting lists. **Case management has proven to be very effective** and has improved the experiences of people accessing the service. Some of the successful outcomes include assigned accountability of an individual to the person accessing the service; clarity about the clinical involvement; proactive approach to care; delivering better and more cost effective care.

Next steps:

Moving forward, the intention is to measure effectiveness using quantitative indicators and monitor feedback from people accessing the service. Ultimately, the plan is to spread the case management form to all community learning disability teams.

For more information, please contact Jill Tompkins-Gibbins, Specialist Physical Health Facilitator, jilltompkins-gibbins@nhs.net



Delivering Sustainable care

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

Liaison and Diversion team newsletter enhances team communication

Background:

The Liaison and Diversion team are geographically spread, so it is not always possible for all team members to attend the monthly team meetings. To get around this, the team manager, Shelley Saunders, offers informal staff meet-ups so that those who need help, advice or just somebody to talk to, can have the reassurance of their colleagues.

One of the team, Christina Bromfield, signed up to complete i2i training as a result of the Safe Services' patient safety improvement review of the team. The training provided Christina with the knowledge and resources to look at the Liaison and Diversion team and identify ways to improve as a team.

What did we want to achieve?

Christina already held peer reviews with the band 4 and band 6 team members, but realised there was an opportunity to improve communication within the team, particularly the staff who covered the more diverse geographic footprint.

Ensuring that all team members were kept fully up to date of events, news, information, etc., was of paramount importance to Christina. She did not want any team members, especially those located further away, or unable to attend team meetings to feel uninformed or at a disadvantage as a result of their location/ posting. Christina was aware that team meetings are a great opportunity to catch up with colleagues, but also a chance to discuss work and utilise the skills of other team members for advice. With this in mind, Christina proposed the idea of a regular newsletter to be sent out to all team members.

What we did:

Christina enlisted another member of the Liaison and Diversion team, David Bell, to work on the newsletter initiative, collating information, ideas and content for the newsletter. This includes information such as upcoming birthdays within the team, any updates relating to recruitment, compliments and thanks to staff for a variety of things. An example of this is when team member, Emily, utilised the newsletter to send out links and information for World Autism Awareness Week. Another example of the usefulness of the newsletter is when a member of the team was leaving to commence maternity leave, the team used the newsletter to wish her well and planned to meet up outside of work for the team member's baby shower.

Results:

The team manager, Shelley, is confident that the newsletter is further enhancing communication within the team. The Liaison and Diversion team underwent a patient safety improvement review in 2017 and scored highly for communication and teamwork, so the newsletter is an excellent resource to continue in sustaining this standard.

The newsletter also has a Q&A feature for staff to ask any questions that they feel they can't ordinarily ask. So far, this hasn't been used by staff, but the option is there and ensures that members of the team always have an option for gaining help/ advice.

Next steps:

Feedback for the newsletter from staff has been positive. So, the team will continue to coordinate the newsletter to ensure high levels of communication are maintained. It is hoped that the Q&A section will be utilised by those who need it.

Criminal Justice L&D Team Newsletter Apr 2019

Goodbye and Good Luck to Sarah Rowlands

practitioner Sarah who will be moving on to her new role as a Band 7 Speech and Language Therapist. Sara Had only been with the team since August 2018 but her impact on day to day operations impacted the team immediately with her specialist knowledge and drive to perform to the highest standard. All the best and good luck Sarah you'll be missed!

Q&A Sheet

On the team drive we now have a Q&A sheet that can be accessed by anyone looking to query anything anonymously that you may not feel comfortable discussing face to face.

A WORD FROM SHELLEY!
I just want to say a big thank you to all the team for all your hard work and commitment. I appreciate that staffing will again have an impact upon the team. We are still recruiting and so far have offered posts to a Mental health nurse, an Occupational therapist and a support worker. Thanks to Emily for the updates reAutism awareness!

Team Meal and Jade Maternity

The Team will be getting together on the 29th April for a meal and drinks at The Fishpool Inn: Country Gastro Pub (pictured above). This will also be one of the last chances to see Jade before her maternity leave so be sure to keep an eye out in the emails as the time is yet to be confirmed.

Birthday Spotlight

Coming up we have Nicola Wakefield-Scott's birthday on the 1st June. Only another 46 days NiCl! Be sure to send David your date of birth if you haven't already to be featured in future newsletters! and to sing happy birthday of course.

Cheshire Integrated Health and Social Care Service NHS care+custody

Staff are asked for their feedback on aspects of the newsletter and this information is captured by David to aid evaluation and inform continuous improvement and progression.

For further information, please contact Shelley Saunders, Liaison and Diversion Team Manager, at shelley.saunders@nhs.net

Education CWP's SUCCEED programme success



Background:

In Autumn 2017, a review was undertaken by the Education CWP's Personal and Professional Development (P&PD) team to inform and support a refresh of our in house Leadership and Management training programmes. The team wanted to better understand the impact of attending these programmes and how they have influenced changes in participants' leadership and management behaviour. The review looked at the 'Manager Essentials' training courses and the 'CWP Leadership Programme'. An electronic survey was distributed to all staff who had taken part in the programmes (and their managers), to gather an initial quantitative measurement of programme satisfaction. This was supplemented by qualitative feedback where individual was then invited to take part in a face to face interview.

146 relevant courses ran over the time period, comprising:

- ✓ Performance Through People
- ✓ Recruit, Select, Induct (RSI)
- ✓ Leading Staff Through Change Transitions
- ✓ Effective Appraisal and Supervision
- ✓ Managing Attendance
- ✓ Investigating Managers
- ✓ CWP Leadership Development Programme

Face to face interview feedback raised the challenge of the first step into a new role, that there was "no transition period for clinical staff to become managers". There was support and appreciation of the value of gaining management skills (both process and interpersonal skills) at the start of a management role and it was suggested that introduction to management courses with a focus on difficult conversations should become mandatory for all new and existing managers. Further feedback from managers acknowledged that equipping staff who are aspiring managers with these skills is also a good opportunity to support staff retention. There was broad acceptance that there is line management responsibility in developing new managers within teams. Whilst managers were keen to stress the need for development of new staff, there was little evidence to suggest they had taken action to enable their staff to apply knowledge gained or access development available.

While most staff believed that the 'Manager Essential' programmes gave a good overview, it was believed that there was a need for refresher courses, 'especially as policies/ processes changed and were updated'. The willingness of other members of staff to accept practice or process change in pressurised environments was noted as having significant impact, meaning on occasions, learning from these programmes has been difficult to apply. Questionnaire responses indicated that there was little or no obligation to demonstrate or feedback learning from programmes when delegates returned to the workplace. Of those who completed the questionnaire, 36% believed there were no barriers to applying their learning. However, for those who did identify issues with the application of skills and behaviours in practice, the key constraints were time, staffing levels and external pressures within the relative services.

These issues caused delegates frustrations as they were not able to spend time after the course developing the softer skills, taking time to reflect and bringing staff together to discuss objectives and aims. Delegates reported finding it hard to take time

out to reflect or find the opportunities to have meaningful conversations with their members of staff. A further barrier to application of learning in practice was the confidence which delegates had, either in themselves as a leader or in their capability to apply newly learnt skills and behaviours. There was believed to be an immediate **uplift in motivation on return to the workplace**, to ensure good working is pursued; although others described the feeling of "crawling back into a shell" or comfort zone.

What did we want to achieve?

Create a development intervention which addressed the findings of the review in ensuring that:

- ✓ Delegates both support and held to account for the application of their learning and encouraged to reflect on changes in management practice
- ✓ Line managers took an active role in the development of their staff as managers
- ✓ Learning made a genuine, lasting difference to the delegates
- ✓ Time away from practice was effectively used
- ✓ Development was valued by all parties

What we did:

We designed a 6 month development programme called SUCCEED, targeted at staff with line management responsibilities who had not previously accessed development in this area. Organising the learning into a programme enabled us to develop a 'community of learning' rather than ad hoc groups. Cohorts were encouraged to share experiences of management throughout the course and how they had applying learning in between face to face sessions.

As part of their course application, delegates were required to complete a 'Personal Development Discussion' form with their manager. This required them to agree learning objectives and specify how this learning would benefit their teams and the people they look after. This was revisited both immediately the course finished and 3 months after the last workshop to ensure delegates could evidence long term changes in behaviour. We insisted delegates commit to attending all stages of the programme and their managers commit to releasing them to attend. This meant all those concerned demonstrated they valued high quality management for their staff and managers.



We rationalised the development on offer. Splitting learning into 'procedure and policy' – delivered via self-managed e-learning and face to face 'skills and behaviours' sessions which supported application of learning. 'Skills and behaviours' could not be accessed until delegates had gained the e-learning competency and therefore had a good grasp of the processes being discussed.

Results:

The first Cohort of the SUCCEED programme launched in September 2018 and delegates attended the 3 month review session in March 2019. The programme was reviewed via standard course evaluation to give a comparison to other programmes offered; results were overwhelmingly positive in all aspects. Over the duration of the course, delegates were sharing examples of how they had used skills and behaviours they had learnt and what the outcomes had been – this not only re-inforced learning but also raised confidence levels. Due to the regular meetings, delegates were able to share their reflections of the previous session, re-visit questions, or unpick their understanding, which again delivered more effective learning than a one off session would have done. Facilitators were able to link workshops and evidence how behaviours and models had implications across subject areas. Additionally they were able to tailor the sessions for the specific needs of the cohort.

However the principal measure of success was the immediate and 3 month review of personal development discussions and the discussions of application of learning into practice. Delegates had numerous examples of how they had changed their management behaviours including:

"I've realised the 'they' that need to 'sort it out' is actually me"

" Holding regular supervision for all my team and setting proper objectives in appraisals"

"I've actually had tough conversations with my team and got a rota issue sorted that has been causing problems for months"

" I'm using the project management principles in the work I am doing now"

In addition, managers of delegates have fed back directly to Education CWP on areas such as **improved confidence in managing HR issues, tackling challenging conversations** and a **more professional approach to managing a team**.

There were a small number of delegates who didn't complete the programme due to clinical demands a few have already signed up to the second cohort and we hope to see the remainder in the future.

Next steps:

Based on feedback from the first and current cohort, we are expanding the course content to include a wider range of subject matter. In addition, as with any ongoing training, we continue to develop and review the sessions to ensure they remain fresh, engaging and relevant. The programme has received Board approval to be a compulsory part of the Trust's Leadership and Management offering, which we hope will mean new delegates continuing to come forward, and more importantly, a consistent approach to quality management across the Trust. We hope that this support will also enable us to push for more support from managers of delegates.

In addition to SUCCEED, we have also launched ASPIRE for those looking to move into a management role and CHALLENGE for clinical leaders. These have followed a similar format and been well received.

We are looking forward to launching a new senior leaders offering in the future.

For further information, please contact Anna Beaver, Senior Education Practitioner, at anna.beaver@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.

Neston Community Care team strive to deliver equitable, accessible care

Background:

As Neston borders on Arrowe Park Hospital, the majority of people accessing the care of Neston Community Care Team attend there rather than the Countess of Chester Hospital. Neston Community Care Team have engaged with the discharge team at Arrowe Park Hospital in order to initiate a discharge liaison meeting between

Arrowe Park Hospital



the two providers to try to improve the hospital admission and discharge experience for CWP patients. During this process, it was discovered that people from Neston could not access the step down beds at Ellesmere Port Hospital unless there was a side room available. As side rooms are few, this meant that CWP patients could very rarely access step down beds at Ellesmere Port Hospital.

What did we want to achieve?

We wanted equity for all CWP patients regardless of postcode. It was recognised that CWP patients were disadvantaged due to postcode, as inpatients of the Countess of Chester Hospital did not have to step down to a side room and they could access any step down bed on Bluebell and Poppy wards at Ellesmere Port Hospital.

What we did:

After negotiation with the discharge team from the Countess of Chester Hospital, and in liaison with our consultant infection prevention and control nurse, we were able to change the process of our patients needing a side room.

Results:

Now, patients from Neston and any other patients from CWP who have been inpatients in hospitals other than the Countess of Chester can access all beds as equally as other people who step down to Ellesmere Port Hospital. This has **improved the patient discharge experience** as a whole and access to step down beds, not only for patients from Neston but the wider CWP footprint from areas such as Tarporley who often are admitted to Wrexham Hospital.



Next steps:

The plan is to initiate regular meetings between the Arrowe Park Hospital discharge team and Neston Community Care Team to continue to improve people's experience on discharge and ensure that these improvements are sustained.

For further information, please contact Fran Johnston, Neston and Willaston Community Care Team Manager and Clinical Case Manager, on 0151 488 844

Access Sefton provide a holistic, person-centred approach to people with long-term conditions

Background:

Improving Access to Psychological Therapies (IAPT) services are now well established across England, and have demonstrated their effectiveness, delivering therapy in line with NICE guidelines. The Five Year Forward View for Mental Health set out the planned expansion of IAPT services to those people with long term conditions or medically unexplained symptoms, up to 70% of whom also have a common mental health problem. This therapy provision would be integrated into existing medical pathways and services.

What did we want to achieve?

Access Sefton wanted to increase the numbers of people with existing long term conditions (LTC) and/ or medically unexplained symptoms who were able to access psychological therapies in Primary Care. We wanted to develop a pathway that would deliver therapy in an environment that people would feel comfortable, and remove stigma from mental health services.



What we did:

Initially we worked with one GP practice, meeting with staff and providing training to support the identification of people who would benefit from psychological interventions. The GP practice provided a room for a therapist, who was based in the surgery for one day a week offering assessments and therapy. The practice administration staff manage the appointments, directly booking in people at the request of GPs and nurses within the surgery. The nominated therapist was given access to the GP system and is able to add brief notes to support the holistic care of each individual. Therapists working on this project have had training in working with people with long term conditions, and as we expect this to continue to expand, additional training places have been secured for the New Year.

Results:

Although this initiative is still in the early stages of implementation, the number of referrals into the service from the GP practice has increased significantly. This includes the number of people accessing the core service thought to be a by-product of the closer working relationships of the therapist and GP practice staff, as well as the general increased awareness and promotion of the service.

The development of the IAPT-LTC clinic has increased the number of referrals of people who have a long term physical health condition from the GP practice. People are now able to access therapy which will focus on the impact that an LTC may have on their psychological wellbeing, and also the effect that their psychological health has on their management of their LTC. This approach has shown to be valuable in treating the person as a whole and recognising that these two aspects are inextricably linked.

Next steps:

We will continue to evaluate the service in collaboration with GP practices and roll out the model to other GP practices within Sefton.

For further information, please contact Ryan Forrest, Deputy Operations Manager – Access Sefton, at ryan.forrest@nhs.net

Chester Older People's Community team receive a Sustainable Mental Health Service Commendation!

Background:

The Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) has developed an approach to supporting local service improvement that has proved successful in a range of settings. One of the service improvement initiatives that the



Royal College offers is the Memory Services National Accreditation Programme (MSNAP). MSNAP is a quality improvement and accreditation network for services that assess, diagnose and treat dementia in the UK. The Chester Older People's Community Mental Health team were accredited in January 2019 for the fifth consecutive time! In addition, their MSNAP accreditation by the Royal College of Psychiatry has studied their recent review and found that the team meet the criteria for receiving a Sustainable Mental Health Service Commendation.

What did we want to achieve?

Being awarded the MSNAP accreditation is a quality improvement initiative that the team wanted to be a part of and have successfully achieved from MSNAP over the past 10 years. It demonstrates that they **are working to and providing best practice against criteria for memory service provision** that is recommended by the Royal College of Psychiatrists and that services should aspire to meet. Continuing the reaccreditation is a vehicle to ensure that the team **sustain best practice and aspire continually to improve the care they provide to older people within their care.**

What we did:

For the accreditation itself, the Royal College have developed a series of audit tools to support the measurement of adherence to criteria associated with best practice, which include a patient questionnaire, carer questionnaire, staff questionnaire and referrer questionnaire, in addition to a casenote audit. On completion of the audit tool, there is a self-review by the team of their local policies and procedures, reviewing their practice against the MSNAP standards to start making the changes required to achieve accreditation. On completion of the self-review, an external peer review conducted by MSNAP and a patient or carer representative is carried out and a subsequent report is written, which summarises the service's strengths and areas for improvement.

Results:

Not only did the service achieve reaccreditation, the report highlighted some examples of excellent practice, with the **service being recognised as above and beyond with regards to their provision of care**. Indicative of this is their Sustainable Mental Health Service Commendation. The Royal College of Psychiatrists' Sustainability Committee has been working with CCQI to assess the sustainability of various mental health services. They have been reviewing memory services accredited over the past year against the sustainability standards based on the principles below:

- ✓ Prevent mental illness
- ✓ Empower patients and carers to manage their own mental health
- ✓ Eliminate wasteful activity
- ✓ Make use of low-carbon alternatives
- ✓ Empower staff in their daily work

The committee mapped Chester Older People's Community Mental Health team and have established that they have achieved at least 90% against these sustainability standards. The team have been congratulated by the committee on their high impact work and hope that the service continues to provide high quality sustainable care in the future.

Qualitative findings from the report included:

"They always remember me as a person, not a number"

"There is excellent continuity within the service; patients and carers see the same staff member for their assessment, diagnosis and follow-up reviews"

"the staff treat me as me and they are like friends"

"The service is doing a considerable amount more than what it is commissioned for"

Next steps:

The team are focusing on the actions recommended by MSNAP in order to further develop their service, whilst sustaining the excellent provision of care.

For further information, please contact Susie Green, Clinical Coordinator, at susie.green3@nhs.net

Between December 2018 and March 2019, CWP formally received 858 compliments from people accessing the Trust's services, and others, about their experience. Below is a selection of the comments and compliments received:

Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury:

- "I always like hearing your calm and friendly voice when I ring and seeing your smiling face when I come to Rosemount! It makes a big difference!"

Specialist Mental Health – Bed based:

- Thanking staff nurse for support during admission. Staff nurse gave patient so much time and help, how she listened, held her hand, mopped up her tears. Gave support in darkest moments and made patient feel safe, understood and cared for. She can never thank staff member enough for her support and care.

Specialist Mental Health – Place based:

- "I have felt so supported. It has been so helpful to be able to talk and rationalise my thoughts and feelings. I have been able to see my progress in a positive way and ask for help when needed."

Children, Young People & Families:

- "Thank you for being so kind and lovely to me. You really make me laugh. Thank you for all the support you have given me over the past month."

Neighbourhood Based Services:

- "Thank you for all the help and support you provided for me and my husband in the last few days of his life. The CART team and all DNs have been amazing. Cannot fault the service."

Joint Therapies:

- Excellent care of our mother – compassionate, keeping her dignity, treating her with respect ,and us, her family, with understanding and care we felt supported during a very difficult time.

All Age Disability

- We would be lost without you and appreciate everything you do every day to help me to get him to school. Though at times things are challenging, you all smile and do such a wonderful job. You are all kind and patient and that means so much to us and although our son cannot express it, I'm sure if he could he would say a massive thank you too!

Share your stories

We welcome your best practice stories 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 1 2019/20 of the Quality Improvement Report

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