

Quality Improvement Report

Edition 1
January – April 2021

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



CWP launches a COVID Vaccination Site (see page 6)

Welcome to CWP's first Quality Improvement Report of 2021/22

Our Quality Improvement reports update people who access and deliver our services, carers, the public, internal groups, our NHS and non-NHS partners, commissioners, and external scrutiny groups, on our progress in improving quality across our services.



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.

What is Quality Improvement

QI is the use of methods and tools to continuously improve quality of care and outcomes for people who access and deliver our services

QUALITY					
Patient safety	Clinical effectiveness			Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving Equity and Person-centred Care through CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

This edition focusses on **accessibility** and **acceptability** as specific quality themes

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.

Our current Quality Account (2019/20) is available to read on our public website and NHS Choices:

NHS Choices website: <https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2807>

CWP's public website: <https://www.cwp.nhs.uk/resources/reports/quality-account-201920/>

QUALITY IMPROVEMENT HEADLINES FOR THIS EDITION

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QUALITY IMPROVEMENT PRIORITIES

We set three **Trustwide QI priorities** for 2020/21 that will be carried forward to the end of quarter 2 of 2021/22 to align with revised *Quality Account* publication dates. They 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*.

	QI priority	Progress update	
Patient safety priority	<p>Improvement in team level patient safety systems and culture, as rated by the people who deliver our services.</p> <p>We want at least a 10% improvement in the percentage of survey participants grading their team as excellent or very good</p>	<ul style="list-style-type: none"> ✓ Our next “team around the team” project was launched in January 2021. ✓ A mobilisation plan has been developed and is at the implementation stage, which includes the delivery of focus groups, patient safety culture surveys, cultural assessment tools and reflective sessions. ✓ Our approach continues to focus our support on systems and culture, in addition to strengthening partnerships within clinical support services to widen the breadth of support to clinical services. 	<p>Patient Safety is about increasing the things that go right and minimising the things that go wrong for people who access our services</p>
Clinical effectiveness priority	<p>Improved and consistent recording and use of outcome measures across inpatient, community, EI, CAMHS and perinatal services.</p> <p>We want to reduce the gaps and variation in the current recording, reporting and use of outcome measures.</p>	<ul style="list-style-type: none"> ✓ An inpatient pilot has been progressing and ward managers’ feedback is being collected and responses will be assessed. Due to the impact of the pandemic, this will take longer than originally anticipated. ✓ A dashboard has been developed and this will be assessed to establish usefulness and effectiveness. ✓ All community teams are now part of the 7b element of the CQUIN (including Home Treatment). These will be progressed as part of the Community Mental Health transformation programme. 	<p>Clinical Effectiveness is a range of activities that support practitioners to examine and improve the quality of care</p>
Patient experience priority	<p>Improvement in asking people who access our services about their experience of care, and learning from what they tell us to make changes to our services and improve their experience.</p> <p>We want to promote the revised Friends and Family Test (FFT) survey, in addition to using a variety of opportunities to ‘Ask, Listen, Do’ in relation to what people say matters to them. Services will report changes they make as a result of feedback they receive from people by publishing posters.</p>	<ul style="list-style-type: none"> ✓ People with lived experience are currently involved in some ongoing research. We are also supporting the recruitment of people to work with us and the charity, Rethink, on the Community Mental Health Service review. Also, as our volunteers start to get involved in activities, we are using opportunities to include them in ongoing development of our volunteer offer. This is a further way of gathering people’s experiences. ✓ Staff and patients helped co-produce the new FFT forms to ensure the Trust use forms that are both appropriate for system use but also coproduced. ✓ QR codes for all inpatient areas have been created to enable completion of FFTs remotely; this enhancement is at no extra cost and will enable the QR codes to be printed on posters, newsletters and any other material sent to inpatients and their families. ✓ The new FFT questions were relaunched in December 2020. Data has only recently been required to be submitted to the national data point. ✓ The PACE team now attend care groups meetings and present their data to them and support them to think about how to action improvements. 	<p>Patient Experience is what the process of accessing and receiving care and what treatment feels like</p>

QUALITY IMPROVEMENT PROJECTS

CWP delivers a coronavirus vaccination programme to ensure access to the vaccine in a timely way

Background

CWP were approved as a Pillar 1 – hospital hub provider for the delivery of a vaccination programme to the health and social care workforce across Cheshire and Wirral.

From 11 January 2021, CWP opened its doors to its staff and wider workforce to administer first doses of coronavirus vaccine. In February, CWP commenced the vaccination of inpatients and supported Primary Care Networks (PCNs) to widen the programme to include those priority groups 1-4 in care homes, the community and those able to attend the Pillar 1 site, adding capacity for GP practices to vaccinate their patient populations.



Nationally, the direction of travel is for the operationalisation of mass vaccination centres across the country to deliver the vaccination programme at pace. Mass vaccination centres will work within the Joint Committee on Vaccinations and Immunisations' (JCVI) guidance for priority cohorts and contribute to the national picture for first and second dose delivery.

What we wanted to achieve

CWP's aim was to develop a Pillar 1 clinical model which enabled people to access a vaccination in a timely way to offer 100% of staff a vaccination and contribute to the regional goal of vaccinating 46,000 health and social care workforce. Our secondary aim was to be poised ready to scale up delivery of the mass vaccination programme, as required.

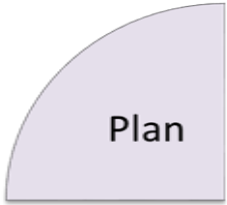
What we did

The clinical model was developed in line with national guidance for Pillar 1 Hospital Hubs. The model ensured good flow through the system, without wait times (waste) and efficient administration of the vaccine including the issuing of second appointments prior to leaving.

The site implemented a soft launch to test the system and flow the day before 'go-live' on 11 January; this enabled the team to make operational tweaks in line with the Plan-Do-Study-Act (PDSA) quality improvement methodology. This improvement approach underpinned the delivery of the system, and improvements were made where required to improve quality until the team were assured of a smooth and effective process.

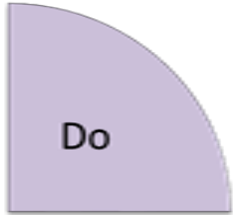
Below presents the initial PDSA cycle leading to the second cycle

The initial model was developed in line with national guidance for a Pillar 1 site, and also from operational learning shared by neighbouring NHS trusts.



Plan

Part of the planning was reviewing different scenarios, e.g. arrival on foot and arrival by car to inform the approach to the triage process relevant to the site. All people attending would be issued with an assessment form for completion prior to accessing the site. This aimed to limit people within the site at any one time in line with COVID secure guidance, reduce queues and progress people through the system for the vaccination in a timely way. Assuring clinic flow was the priority and key to the success of the centre.



Do

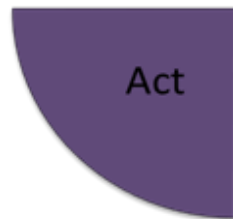
Following planning, the 'soft launch' was implemented to test the initial clinical model and system in an attempt to identify and mitigate issues prior to opening the site to the workforce. Following this stage of the process, learning was identified in key areas.



Study

The 'study' phase of the model identified a number of elements to inform further improvement:

- Approx. time of 7 minutes per person to pass through the system
- Increased numbers led to delays – queues
- Information and Computer Technology issues causing delay in flow resulting in queues



Act

This led to a change in workflow (PDSA cycle 2)
As a result of the study phase, the operational model was refined to reflect the learning.

The following changes were implemented:

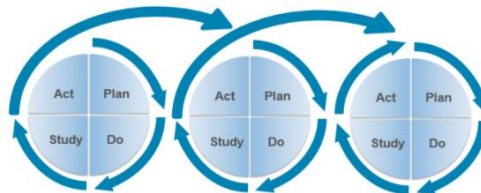
- Re-organisation of the vaccination bays to provide more space
- Scale-up readiness to respond effectively to demand
- Implement paper process for inputting onto the system post vaccination

PDSA
Plan, do, study, act (PDSA) cycles are used to test an idea by trialing a change on a small scale and assessing its impact

The PDSA model allowed the project team to swiftly assess clinic operation and make effective changes in the clinical microsystem.

The following PDSAs included:

- ✓ Clinical workforce
- ✓ Booking system
- ✓ Clinic assessment form
- ✓ Vaccination of inpatients
- ✓ Support to PCNs



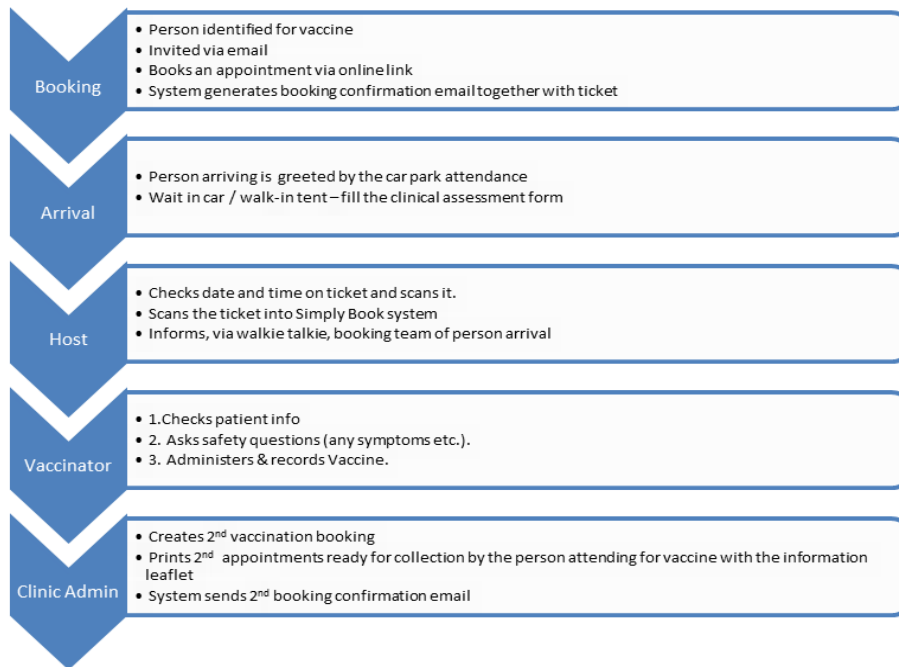


Figure 1. Initial clinic flow

Results

The clinic made an excellent start to rolling out the COVID-19 Vaccination Programme to the health and social care workforce, care homes, community patients and inpatients.

Over a 4-week period, a total of 6818 people received their first dose of vaccination, 2297 of these (34%) were CWP staff. 60% of CWP staff had their first dose of vaccination over a four week period. See Figure 2.

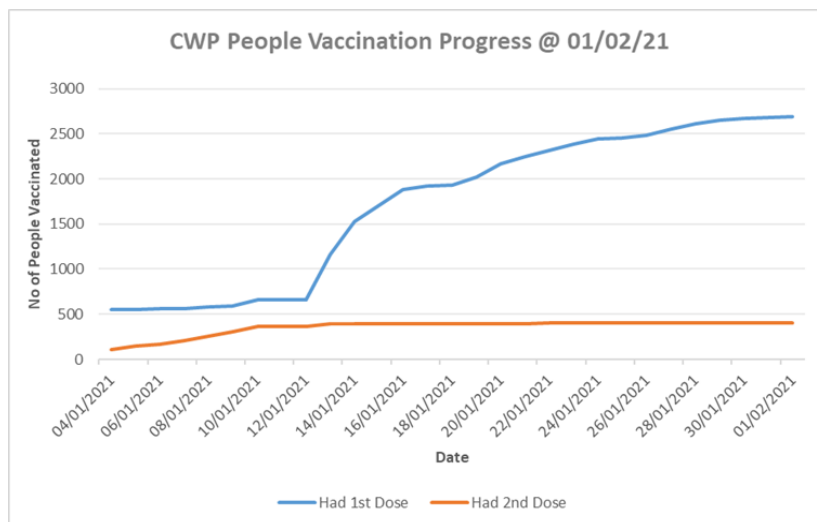


Figure 2. Vaccination progress

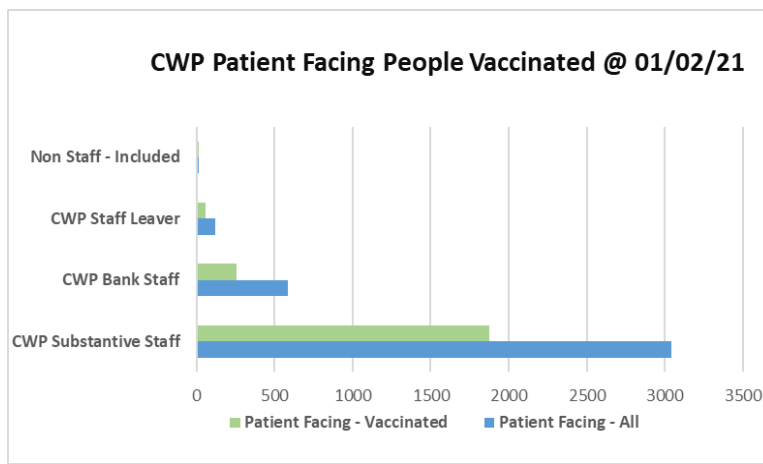


Figure 3. Patient facing staff that received first dose of vaccination

Achievements

- ✓ CWP were approved as a Lead Provider for a Mass Vaccination Centre at Chester Racecourse.
- ✓ Mass Vaccination 'Go Live' date was 16 February 2021.
- ✓ Partnership agreement developed with Cheshire Fire and Rescue for Workforce deployment as vaccinators.
- ✓ Working with PCNs to broaden offer to members of the public in line with JCVI priorities.

Next steps

- Based on the data provided by Cheshire CCG, the proposal is to look at moving the Mass Vaccination site to Ellesmere Port due to the high proportion of individuals within cohorts 10-12 being located within this area.
- Roving mobile offer to ensure that maximum uptake is achieved for all people inclusive of hard to reach communities.

For further information, please contact the Vaccination Project Team, at cwp.covidvaccinations@nhs.net

CWP sets up the 'Hot Hub' coronavirus assessment centre to provide access to care for those with coronavirus

Background

The Chester Primary Care Assessment Centre (PCAC), or sometimes referred to as the "Hot Hub" as they are the central point for many GP sites to direct to, is located on the Countess of Chester Health Park in the 1829 Building.



What we wanted to achieve

The Chester Primary Care Assessment Centre was set up to provide a hot site to treat people confirmed to have, or have suspected coronavirus. The service aimed to support 21 surgeries across West Cheshire and offered face to face appointments in the PCAU as well as home visits.

What we did

The Primary Care Assessment Centre went live on 16 November 2020. The service was open from 12:00-18:00 Monday to Friday and offered at least 16 face to face appointments in the assessment centre and 4 home visits by a GP or Advanced Nurse Practitioner each day.

The car port was set up outside the building, where people would receive a phone consultation, after which it would be decided if it is necessary to come into the building. The consultation room was designed for a guided self-assessment, equipped with a screen and a camera attached to it, so people could see and speak to the health professionals.



Results

Between November 2020 and April 2021, the service saw 995 patients. Referred people were given an appointment date and time within the same day of referral. From 1 April, the Primary Care Assessment Centre has reduced the number of sessions from 16 to 8 face to face appointments and 4 home visits, due to a reduction in demand for the service as the COVID-19 infection rate has reduced.

Next steps

Moving forward, the intention is to review the service in May 2021 to confirm if the service will still be required after 30 June 2021.

For further information, please contact Andy Reed, Operational Manager, at andy.reed@nhs.net

Access to pulse oximeters at home to spot COVID-19 deterioration

Background

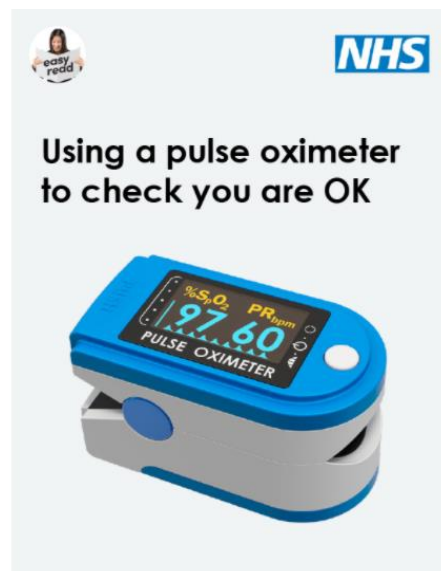
The COVID Oximetry @home programme is led by NHS England. It is intended for people with COVID-19 who don't need immediate hospital attention, but are at high risk of developing serious symptoms so are given pulse oximeters to use at home to spot deterioration.

What did we want to achieve

The ultimate aim of the programme is to spot those people who may be deteriorating earlier in the disease process and provide them with rapid access to clinical support. This will potentially avoid the escalation to needing more invasive supportive therapy (e.g. invasive ventilation) and reduce the associated morbidity and mortality.

What we did

The COVID Oximetry @home went live on 29 December 2020 to be available 7 days a week from 09:00 until 18:00. The service involves remote monitoring of people with coronavirus symptoms. People use a pulse oximeter, a small monitor clipped to their finger, to measure their oxygen saturation levels three times a day. They record their results using one of the following:



Oximetry is a procedure for measuring the concentration of oxygen in the blood. The test is used in the evaluation of various medical conditions that affect the function of the heart and lungs.

- smartphone app
- web portal
- paper diary

People are supported by clinical staff, so that if they need further treatment they can be admitted to hospital at the right time. The team work closely with the Primary Care Assessment Unit and Out Of Hours clinicians to ensure that any person who needs to be review can be seen quickly to ensure correct actions are taken.

Results

The service was busy during January and February 2021, but has seen a decline in people being referred to the service since early March 2021. The service has received numerous compliments from patients and family members around the support and reassurance the team has offered to people accessing this service. We were the only regular contact for some of these people during a difficult time self-isolating at home.

Next steps

The team will continue this safe and effective practice and will re-evaluate the effectiveness of home oximetry in May 2021, which will confirm if the services will still be required after 30 June 2021. The team is collecting a dataset on a weekly basis which will be used to evaluate the service.

For more information please contact Andy Reed, Operational Manager, at andy.reed@nhs.net

Starting Well improves access to early help for families residing in Cheshire West and Chester

Background

The Starting Well service use Team Around the Family (TAF) as a framework for supporting families to manage their unmet needs as a preventative early help offer, reducing the likelihood of any need escalating further.

Previously, TAF documentation was recorded on paper but in 2018 the system changed to an electronic application (ETAF) which required a new skill set within Starting Well.

The council (Cheshire West and Chester) manage the ETAF system and have provided training and support post implementation, however, the number of TAF assessments initiated as a supportive multiagency tool was still lower than expected within Starting Well by the end of 2019.



What is the 0-19 Starting Well Service?

Our Starting Well Service aims to deliver a high quality preventative service to improve the health and wellbeing of children, young people and their families across Cheshire West and Chester

What we wanted to achieve

We wanted to build internal confidence and competence in the use of the ETAF system and use of the Team Around the Family tool within the Starting Well workforce. As well as this, we wanted to improve on the skills needed to increase the number of TAF initiations recorded from our service and therefore the level of early help and prevention accessed by local families.

What we did

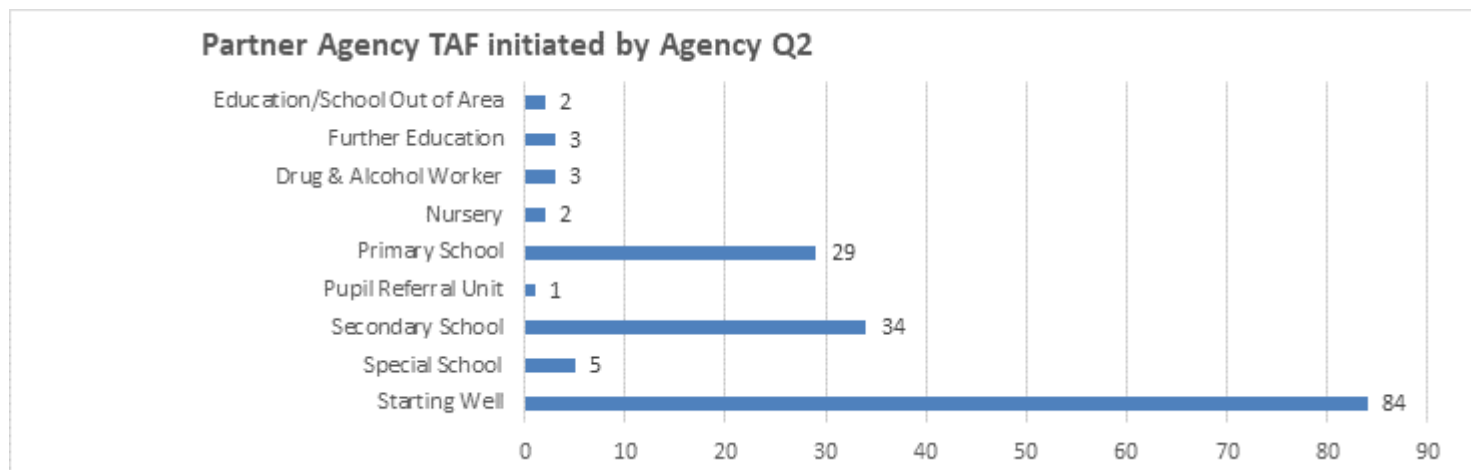
The Starting Well service created and implemented their own support plan, training and

supervision model to increase staff confidence in the use of TAF within targeted contacts:

- ✓ We introduced an internal supervision model led by Starting Well District Leads that ensured basic 'level 1' access support initially for all ETAF users, then 'level 2' support aimed to help practitioners to identify families that would benefit from TAF initiation and facilitate their assessments.
- ✓ We worked with Early Help and Prevention to ensure regular reporting was available to Starting Well on their ETAF recording (timelessness and effectiveness of TAF assessments already in place). Information was used by Starting Well District Leads to target support in supervisions.
- ✓ We held MS Team sessions to promote the new Starting Well TAF supervision model.
- ✓ We created and employed new Starting Well TAF Practitioners, who helped embed processes as well as initiating some TAF support for families with low level unmet need.
- ✓ We created and held internal TAF workshops.
- ✓ We shared TOP TAF TIPS monthly with helpful learning collated.
- ✓ We put up TAF boards in all offices with supportive information (plus saved all documents in a virtual file for remote access during business continuity).
- ✓ We created a shared learning experience in relation to TAF/ ETAF.

Results

2020/21 saw an improved and sustained use of the Team Around the Family tool within Starting Well. During the emergency response to the COVID-19 pandemic, Starting Well managed the highest level of early help for families via TAF compared to all other agencies, as demonstrated in the chart below:



Next Steps

- Create a Starting Well Early Help Lead role to support with the increased management required to sustain and further improve increased initiation of assessments.
- Improve the process for TAF recommendations into Starting Well from I-ART to ensure these are allocated and initiated effectively.
- Follow up any further Starting Well personal professional development needed through midterm appraisal process.
- Audit TAF action plans to ensure SMART targets are being created with families.
- Audit TAF plans to ensure that the wishes and feelings of children and young people are captured throughout the assessment and action planning.

For more information, please contact Joanne Hall at joanne.hall15@nhs.net

Utilisation of visual control methods to improve dementia care policy

Background

The Dementia Care Pathway policy was identified for an update as part of CWP's usual policy review cycle. The existing policy didn't include the inpatient pathway information or any of the changes in guidance to dementia care from 2016. The previous document outlined the dementia care pathway for community services only and was using guidance from 2011. The Trust's Policy Support Officer saw an opportunity for this policy to be redesigned to convey the information needed in a more efficient way, making the guidance more accessible to the reader.

What we wanted to achieve

The aim of the project was to expand the main content of the Dementia Care Pathway whilst maintaining the length of the main document to 9 pages or less. The aim was to use visual control methods to enable quicker and easier information location for clinicians. Using this methodology would reduce the length of the policy. These plans included creating a "visual map" of the Dementia Care Pathway as one of the first things a clinician would see when consulting the policy. This would give an overview of the patient pathway without having to digest a lot of information first. Additionally, we wished simplify the content of the policy by reducing jargon and avoid repeated information. Therefore, this project also involved systematically going through all of the word content and rewriting, or rewording anything that could be explained in simpler language.

What we did

All information that needed to go into the policy was reviewed. Different visual control methods were explored and trialed to find the most suitable and best to meet the aims of the project. This resulted in using flow charts at the start of the policy to convey the pathway and to allow quick access to different sections of the policy. Tables were changed into colour coded diagrams with relevant information coded in the same colour to increase accessibility. All text was scrutinised and simplified if possible. Any duplication throughout the policy was removed.

Results

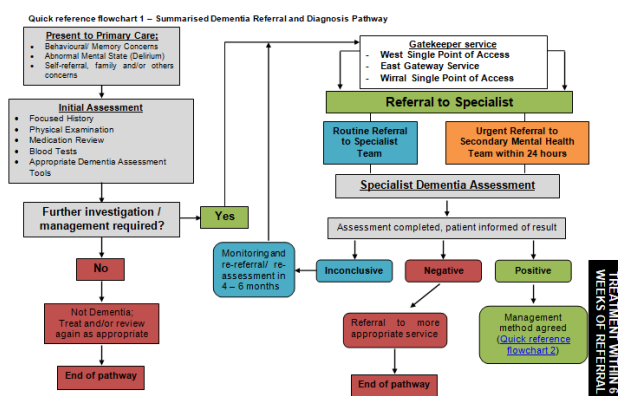
The policy was updated and amended to include up-to-date guidelines. The word count did increase, however this was due to the amount of new guidance that needed to be included in the policy. However the main section of the policy was explained via flow charts and tables.

What is dementia care?
Dementia care is a specialist support system which is designed to support those living with dementia

Before

Detection	Prevalence: 3% of people aged 65 20% of people aged 80 Means of detection: Self-referral Family and others concerns Screening tests
Initial Assessment (see also Cognitive and Delirium Pathways)	Focussed history Onset and pattern of symptoms Progression of illness Effect on Activities of Daily Living (ADLs) Principal risks (fire, neglect) Current support (spouse, family, statutory and voluntary agencies) Behavioural and Psychological symptoms (wandering, aggression, psychotic) Family history of dementia It is always useful to speak to an informant (Carer, relative or friend)
	Physical examination To exclude physical cause for illness and maximise physical health
	Medication Review To consider medication as a cause of symptoms and to rationalise drug treatments e.g. anticholinergic burden Consider alcohol and illicit drug use
	Blood tests FBC, U+E, LFT, TFTs, B12, folate, Vitamin D
	Appropriate assessment tools 6 item Cognitive Impairment Test (6-CIT) Mini-Mental State Examination (MMSE) Montreal Cognitive Assessment (MoCA)

After



Next steps

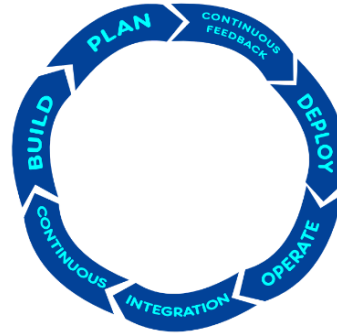
The policy document is now subject to usual review processes. Positive feedback has already been received regarding the pathway flowcharts. Once any amendments have been made, the policy will be presented for approval.

For more information please contact cwp.policy@nhs.net

Clinical Quality Assurance & Improvement Group Launch in Neighborhoods' Care Group

Background

A need was identified within the 'Neighborhood Based Care' care group for a clinical forum where clinicians could come together to share best practice, identify challenges, discuss clinical pathways, enhance patient safety and collaborate with quality improvement. It was important that this group was diverse with its membership and accessible to all colleagues across the care group. Therapies, specialist teams, community nursing, Advanced Clinical Practitioners, medics and primary care have all been invited.



What we wanted to achieve

The group aimed to improve the communication and collaboration between clinical teams in the care group. It was important that the clinicians could lead on the agenda and discussions. Quality improvement, patient safety, evidence based clinical practice, professional development, collaboration, critical analysis and person-centred outcomes are just some of the achievements the group are striving towards.

What we did

Quality measures were devised which enabled teams to look at baselines of clinical practice. They support us as clinicians to understand what we do well rather than what we may get wrong. They focus on patient outcomes rather than performance measures of a service. The benefits of this can be motivation and innovation. It can also generate curiosity between teams and services in their systems, processes and delivery of care.

The quality measures reported on:

- Frequency of person-centred care plans per team
- Occurrence of pressure ulcers per category and the time to heal
- The leg ulcer assessment, pathway and healing rates
- Understanding fluid caseloads
- How many people were able to access self-care or family/ carers being supported to meet a person's needs

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

The group has also discussed the evolution and implementation of the peer review process where clinical leads from across the care group spend time in each other's teams. This aims to be a sharing network where clinicians can analyse practice and sense check with each other. It may give teams assurances of their systems and processes and may identify gaps in the way care is

delivered. Peer review may support with professional development and quality outcomes. It needs to be a two way process. 'I observed, I learnt' and feedback is provided.

Results

There have been many positive outcomes from the group; an example of this was Rachel McDonald, Palliative Care Consultant, attending the group to start conversations about administration of medication to people deteriorating at the end of life. Following this discussion, a task and finish group was set up to work through the challenges that had arisen with a number of workstreams identified for both non-registered and registered staff.

It has also become apparent from the group meeting that lots of outstanding work has been going on in silo within teams and services. This clinical forum enables practice to be shared, understood and replicated to support high quality person-centred outcomes in all Neighbourhood Based Care teams.

Also, during the height of the COVID-19 pandemic, an item was added to the agenda to discuss how teams were working differently and had adapted services during peak pressures. Clinicians appreciated hearing each other's responses to COVID-19 and staff reported a greater understanding of each other's roles, feeling less isolated in their practice.

Next steps

The peer review process will be implemented across the 'Neighbourhood Based Care' care group in May. Reporting on the four quality measures will continue and it is now being replicated and shared Cheshire-wide. The diverse group membership is still very much in development and the group wants to welcome more colleagues from primary care and have further medical representation.

For more information, please contact Caroline Jones at c.jones19@nhs.net

COMPLIMENTS

Between January and April 2021, CWP formally received 491 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 parents of a young person thanked the social worker for his support and his ability to build a relationship with their son, sometimes under challenging circumstances.

Children, Young People & Families

"I can't thank you enough, it's only been since we came to see you it has made us understand. You explained for us how to teach him and we've been able to run our lives smoother. This is really going to help people understand him at school and for his GCSEs and everything."

Joint Therapies

"The ladies in the crisis team have all been extremely cheerful, compassionate and supportive when we really needed help and guidance getting through our family emergency. Thank you for taking care of us."

Neighbourhoods

"The service is incredible, it has gone over and above every expectation. I have felt fully supported and gave me a huge confidence. I can never thank you enough."

Specialist Mental Health – Bed Based

"The staff and all the teams here within the ward have been outstanding and attentive to not just my needs but all the other patients as well. The food has been excellent as well with such a variety on offer. All the staff have been very helpful in getting me well and back on my feet. Nothing has been too much trouble. I know that at times I have not been the best of patients but I have appreciated the time and effort they have put in to helping me get better. The nurses have been very kind and considerate to me during my stay. Also the Dr has been very clear and helpful in understanding my position and I feel a lot better than when I came into hospital. All the staff should be commended as I am really grateful for all their efforts."

Specialist Mental Health – Place Based

"I was impressed with the service from the initial assessment which was comprehensive and she listened and understood and clarified that my needs were being met. Communication was always good and I was kept informed. I had assumed that EMDR would not work and was sceptical but I am impressed with how effective EMDR has been in helping me to process the past trauma. I felt that my therapist had expert knowledge that was evident through her communication during the sessions, and this made a difference to the outcome of the therapy."

Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury

"I continue to be forever grateful to you for helping him to overcome his extreme needle phobia which helps to keep him well. All your hard work has paid off especially when we needed it to in this pandemic. So thank you again for being there for us when we needed the extra mile, patience and understanding it has truly made a difference to our lives."

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 at cwp.patientsafetyteam@nhs.net

Look out for more about Quality Improvement in Edition 2 2021/22 of the Quality Improvement Report

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