

Quality Improvement Report

Edition 3

December 2016 – March 2017

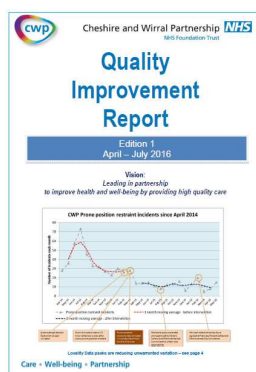
Vision:
Leading in partnership
to improve health and well-being by providing high quality care



Person-centred artwork made by young people on Takeover Challenge Day (see page 15)

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

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



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

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

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

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

QUALITY					
Patient safety	Clinical effectiveness			Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving Equity and Person-centred Care through CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES					
Delivering care which minimises risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs
<p><i>"Being treated in a safe environment"</i></p> <p><i>"Being protected from harm and injury"</i></p>	<p><i>"Receiving care which will help me recover"</i></p> <p><i>"Having an improved quality of life after treatment"</i></p>		<p><i>"Having a positive experience"</i></p> <p><i>"Being treated with compassion, dignity and respect"</i></p>		

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

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

EXECUTIVE SUMMARY

QUALITY IMPROVEMENT HEADLINES THIS EDITION

Improving uptake of Hepatitis B vaccinations and blood borne virus testing amongst people accessing Substance Misuse services improves safety

➔ see page 4

Ligature risk reduction work on inpatient wards supports staff to better manage risk

➔ see page 6

Physical health community care teams improve collaborative working with secondary care, contributing to patient safety across their journey through their pathway of care

➔ see page 8

Drop-in Clinic developed for patients with Motor Neurone Disease enables the Macmillian Specialist Community Palliative Care Team to improve quality and to focus their time on patients with the highest clinical needs

➔ see page 9

Fountains Community Care Team has been collaborating with partners to provide an innovative new service to improve the end of life care for people who are homeless

➔ see page 10

Takeover Challenge 2017 – demonstrating CWP’s commitment to person-centred care

➔ see page 15

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

IMPROVING QUALITY

Improving uptake of Hepatitis B vaccinations and blood borne virus testing amongst people accessing Substance Misuse Services

The Substance Misuse Service, led by Suzanne Jones their team manager, are working on a quality improvement project to increase uptake of Hepatitis B vaccinations and blood borne virus testing amongst people accessing their services. This is one example of many in the Trust that shows our staff are embracing our Zero Harm campaign, which is about **supporting people to deliver the best care possible**, as safely as possible and in doing so reducing unwarranted avoidable harm.



Background:

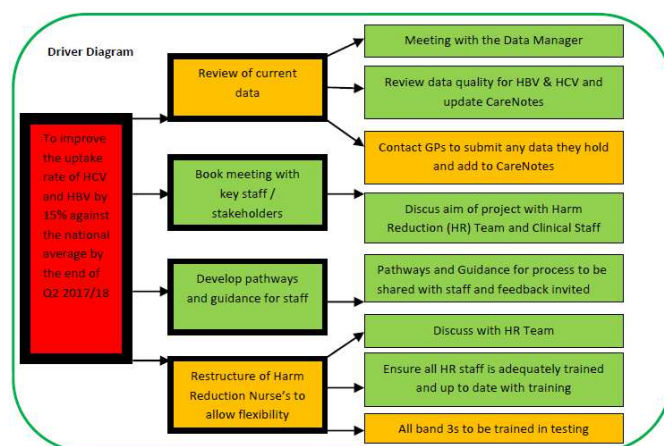
People accessing Substance Misuse Services (SMS) are at increased risk of blood borne viruses due to the risks they are exposed to and their lifestyle choices. By ensuring vaccinations are given, and testing is performed to identify early diagnosis and referral, the SMS can help prevent illness, improve well-being and protect families, and make cost savings for the NHS.

What did we want to achieve?

All substance misuse services nationally submit their data for benchmarking. When compared with other services, data for Hepatitis B vaccinations and Hepatitis C testing, the Substance Misuse service noted there was room for improvement and wanted to design a project to improve their performance. Using quality improvement methodology, Suzanne Jones, team manager, has set the team a goal to improve the rates of vaccination and testing by 15% against the national average by the end of quarter 2 2017/18. SMS performance data is also regularly monitored by the commissioners and data is scrutinised at quarterly meetings.

What we did:

A driver diagram was used to define the key aims of the project (see below).



Results:

The team has reviewed their current data; met with key staff and stakeholders; developed pathways and guidance for staff, and are in the process of restructuring the role of the Harm Reduction nurses to allow more flexibility, for example they are increasing the number of staff trained in dry blood testing.

Due to the data cleanse exercise that has been completed, it is predicted that there will be a temporary positive spike in the data for quarter 4 2016/17 followed by a period of stabilisation and then a trend of improvement.

Next steps:

As part of the next stage of the project, the team will be:

- Completing staff training
- Promoting – circulating and displaying posters to promote the service
- Measuring and monitoring data
- Reviewing and re-planning

For more information please contact Suzanne Jones on 01270 656301/ 01625 712000

QUALITY SUCCESS STORIES

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

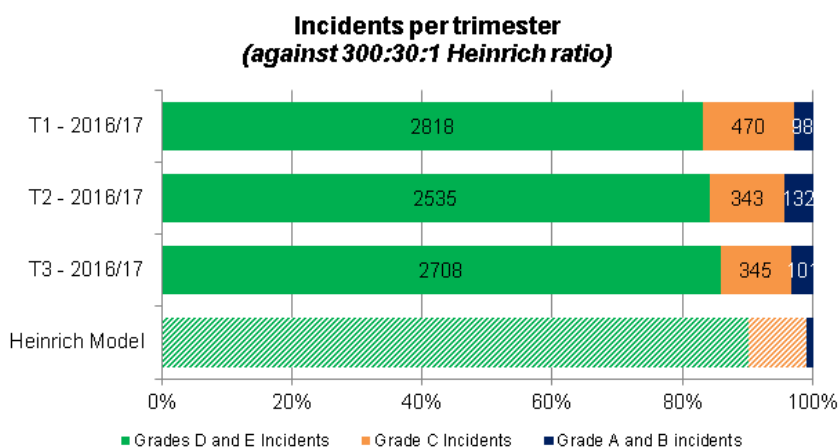
The Trust has made a commitment in its *Quality Account* to monitor and report on these in its *Quality Improvement Reports*. This year, the common focus across all the priorities is **reducing unnecessary avoidable harm** to help reduce avoidable variations in the quality of care and to improve outcomes.

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

Patient Safety News

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

Goal driven measures for patient safety



1. Incident Reporting

At the start of 2016/17 we set a goal to demonstrate an improvement of the Trustwide incident reporting profile to the so-called “Heinrich ratio”. Heinrich's theory is that by recording low level incidents, there is a better chance of identifying and rectifying risk, in other words, learning from experience. Overall results (see chart) demonstrates that the Trustwide Heinrich ratio has shown a significant improvement over time towards the Heinrich ratio, specifically notable increases in lower/ no

harm incident reporting.

For 2017/18, CWP is looking to develop the Heinrich ratio to reflect incident reporting profiles that are more reflective of healthcare provider services generally and CWP services specifically.

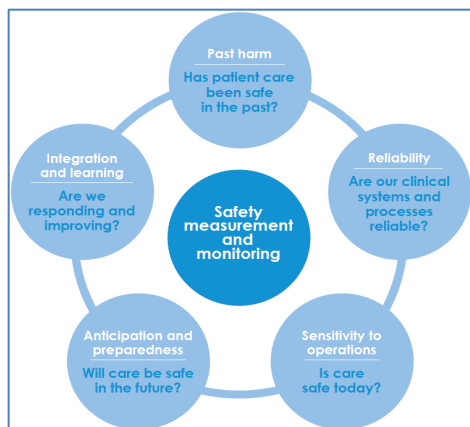
2. Handovers of Care

At the start of 2016/17, we set ourselves a goal to demonstrate an improvement in the completeness and quality of handovers between wards and home treatment teams to improve communication of key safety information as patients move from one care team to another.

Audit results have show an increase in the completeness of handovers from 55% to 75% when patients are transferred between wards, suggesting that the so-called SBAR communication tool is becoming embedded in practice. The audit showed that the SBAR forms are comprehensive, were fully completed with risk assessments and physical health information.

Home Treatment teams are consistently using an electronic form called the “Gateway Assessment form”.

Ligature risk reduction



Background:

The Healthcare Quality Improvement team has been carrying out patient safety improvement reviews (PSiRs) using the *Vincent* model illustrated left. As part of the review process, an enabling action plan is developed to support the clinical team in improving safety. One of the outcomes from the PSiR carried out on Juniper ward was a request to analyse the ligature incidents on all of the CWP West adult wards (plus Willow ward) to support staff to better manage this risk.

What did we want to achieve?

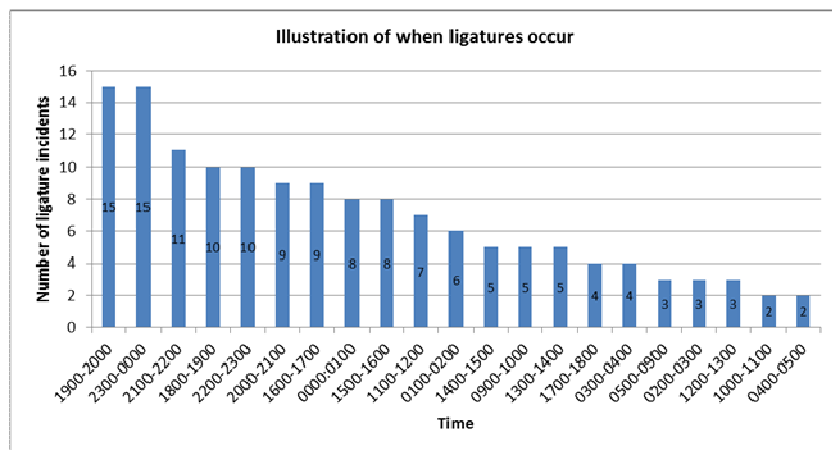
The project conducted an in-depth analysis of ligature incidents, including an understanding of time periods when they occurred, and the sex and diagnosis of patients involved. The project was also able to look at whether lack of experience within new members staff on the ward team influenced the number of incidents.

What we did:

An analysis of the data was conducted for a time period of 01/04/2015 to 31/08/2016 for incident categories of 'Death' and 'Self-harm'. The results were presented at the Inpatient Continuous Improvement Forum in March 2017, and at the CWP West locality's ward managers meeting in February 2017.

Results:

- The time of day chart sparked a lot of conversation about the numbers of ligature incidents around shift handover and medication rounds and the ward managers were asked to consider what changes can be introduced at these times of day.
- The staffing charts generated a lot of discussion about the effect on staff, and about the training and experience of those staff. Additionally, there was discussion about using analysis in discharge planning by considering self-harm in the community and as an inpatient.
- The main findings of this analysis were about the patients and their diagnoses; the perception that staff experience played a part was not founded.



Example of some of the detailed analysis undertaken by Bev Tudor, Data Quality Analyst, seen below.



Next steps:

These charts and findings generated a lot of discussion about the effect of ligature incidents on staff. The Matrons are investigating how further analysis can be done in order to enable targeted support and improved understanding of sickness absence.

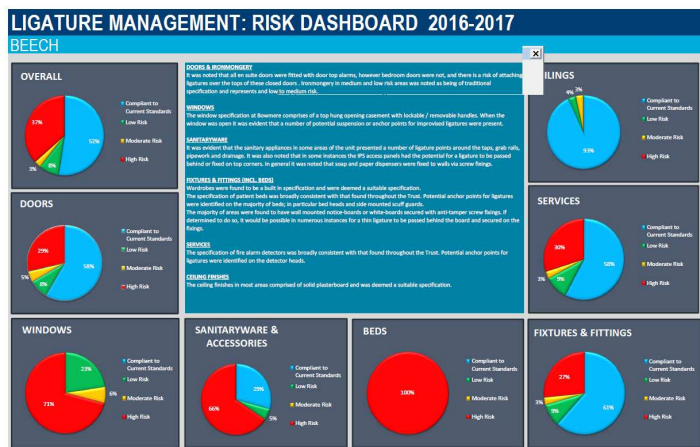
For more information, please contact Beverley Tudor, Quality Surveillance Analyst 01244 393327, or Chris Turnbull, Matron on 01244 397306.

Improving environmental risk management on inpatient wards

The CWP Estates and Facilities team has worked with clinical services on a quality improvement programme to reduce the risk of harm to patients from ligature points.

Background:

In 2011, the Trust's ligature risk management strategy was deemed no longer fit for purpose, following a review by the newly appointed Estates and Facilities suicide prevention lead, Dan Allmark. The previous system relied on ward managers auditing their inpatient environment, which resulted in inconsistent data and limitations with risk assessments.



What we did:

Since 2012, the CWP Estates and Facilities team have taken the lead on environmental risk management. This includes undertaking environmental risk assessment surveys of all CWP inpatient units, resulting in a 5-year capital investment programme of remedial works.

In co-chairing the Trust's monthly suicide prevention meeting, the CWP Estates and Facilities team have collaborated with clinicians to develop a suite of supporting information including risk management plans, snapshot reports, ward specific risk maps and dashboards.

“The suicide prevention environmental risk assessment clearly documented where the risks were, the level of risk and how they were to be mitigated.” (CQC report 2015)

The reports have been designed to provide accurate risk information in an easily accessible format (see example above). Detailed risk reports enable the Estates team to develop remedial work specifications. Management plans and snapshot summaries are available at ward level and a dashboard allows senior management/ board level to review progress on reducing ligature risk.



Justin Pidcock, Associate Director Estates and Facilities said:

“The innovative work undertaken by Dan and Graham in this area clearly demonstrates how working alongside our clinical colleagues can help achieve **the best possible patient-centred care** and how support services can make a real difference and bring added value.”

Results

CWP now has a robust risk management plan in place and is on target to achieve its strategic risk targets. The systems are considered **an example of best practice** and CWP is currently supporting neighbouring Mental Health trusts.

Pictured left are Daniel Allmark, the Estates & Facilities suicide prevention lead (Head of Capital & Property Management) supported by Graham Wood (Assistant Project Manager), with Lyn Ellis (Health and Safety Lead) presenting the ward level detailed reports.

Clinical Effectiveness News

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

Goal driven measure for clinical effectiveness

CWP has set itself the target to improve the use of service-level outcome ratings. Outcome ratings such as the Health of the Nation Outcome Score (HoNOS) enable teams to assess the impact of the care and treatment they have provided.

From December 2016, the Locality Data Packs (LDPs) produced by the Quality Surveillance team now show the change in HoNOS score between admission and discharge, for every patient discharged from the ward. All team-level LDPs show the number of patients in each team who have not yet had a HoNOS assessment. The LDPs for CAMHS teams now show the percentage of children with Goal Based Outcomes, patient reported outcome measures (PROMS) or patient reported experience measures (PREMS). The team-level Locality Data Packs (LDPs) are prepared every three months for wards and community teams. Team managers use them to compare their team against benchmarks, to share good practice and to drive further improvement.

The Performance and Information team are currently developing an activity dashboard for every mental health community team that uses the Trust's patient safety record system CAREnotes. An equivalent for physical health community teams is under development.

Physical health community care teams improve collaborative working with secondary care

Background:

CWP West Physical Health Community Care teams noted that patients with complex needs, often elderly, were being admitted to hospital without any notification to the community care team, and this led to failed community visits and lack of continuity of care for both the patient and staff.

What did we want to achieve?

The teams wanted to **improve communication and information sharing** between primary and secondary care which could in turn contribute to reduced length of stay and provide improved continuity of care for patients.

What we did:

A pilot scheme began last year with three teams having a conference call between professionals in secondary care. All of CWP's community care teams are now included in the project and a process has been formulated between CWP and the Countess of Chester Hospital. The process has now evolved so that all 9 CWP physical health community care teams receive a daily emailed list of patients with information about admissions, discharges and A&E attendances from the Countess of Chester Hospital. The community care team contacts the ward within 24 hours if one of their patients has been admitted. In addition, the scheme formed the basis of the discharge planning quality incentive scheme between primary and secondary care for 2016/17.

Results:

The team feels the project has contributed to patient safety by providing an additional safeguard. As well as improved communication between primary and secondary care, the project has resulted in a greater understanding of what each team does. There is a slicker, safer flow of the patient's journey. The project has reduced the number of failed home visits, and it has facilitated tracing the patient's journey if they haven't been discharged to their home address.

As lists of patients are now received on a daily basis, including A&E Department attendances, the community care team are able to follow up frequent attenders or potentially vulnerable patients. Local GP practices also receive the list, further facilitating greater communication and awareness between primary and secondary care.



Next steps:

Helen Cunningham, Princeway Community Care Team Leader (pictured left with her team), presented the project to the January 2017 Quality Committee.

The team is now looking at analysing the number of patients who are identified to demonstrate how successful the project has been in reducing failed visits. Colleagues at the Countess of Chester Hospital, social care, and specialist teams such as palliative care have welcomed the scheme and found it beneficial in **improving communication**. The team is also looking at whether the scheme could be developed to include other out-of-area secondary care providers that CWP patients frequently attend.

Drop-in Clinic for patients with Motor Neurone Disease

**WE ARE
MACMILLAN.
CANCER SUPPORT**

The Macmillan Specialist Community Palliative Care Team has developed a drop in clinic for patients with motor neurone disease (MND) and their families.

MND is a rare neurological condition that causes the degeneration (deterioration and loss of function) of the motor system (the cells and nerves in the brain and spinal cord which control the muscles in our bodies). This results in weakness and wasting of the muscles.

MND is progressive and symptoms worsen over time. Sadly, MND severely reduces life expectancy and most people with MND die within five years of the onset of symptoms.

Key Statistics:

- A person's lifetime risk of developing MND is up to 1 in 300
- Six people a day are diagnosed with MND in the UK
- It affects up to 5,000 adults in the UK at any one time
- Around 35% of people with MND experience mild cognitive change which can affect planning, decision making and language
- A further 15% of people with MND show signs of fronto-temporal dementia which results in more pronounced behavioural change
- A third of people die within a year and more than half within two years of diagnosis
- Six people die per day in the UK, this is just under 2,200 per year (Source: MND Association)

What did we want to achieve?

A drop-in clinic so that patients suffering with MND, and their carers, can call into the Hospice once a month for advice. This enables therapists to reassess and offer appropriate treatment.

What we did:

A focus group was set up to establish patients' requirements; this informed the creation of the clinic. The team also planned a programme of appropriate speakers to give monthly information talks.

Impact:

It has also provided patients with a social element to their care as they meet at the clinic, and they, and their carers, can provide mutual support for each other.

Next steps:

The clinic will be reviewed after 6 months, and if

appropriate, a further focus group will be arranged.

The Macmillan Specialist Community Palliative Care Team provides support and information to people with cancer and other life limiting illnesses, like MND. They also provide support for family members, friends and carers. Their focus is on improving the quality of life by offering fair and impartial specialist palliative care which is not dependent on age, gender, disease process, ethnicity or cultural or religious backgrounds.

Macmillan specialist palliative care nurses do not provide 'hands on' care but act as a source of advice and support either directly, in people's homes, or to other health care professionals. Therapists work to maximise function and enable patients to remain in their own homes where possible.

For more information, contact Adrian Bunnell, Team Leader, or Claire Jones, on 01244 315923

Improving end of life care for homeless patients



Fountains Community Care Team has been **collaborating** with St Werburgh's Medical Practice for the homeless, and Richmond Court Homeless Facility, to improve the end of life care for people who are homeless.

Background:

St Werburgh's Medical Practice for the homeless is a unique general practice that cares specifically for homeless people. Many of their patients suffer with both physical and mental health problems.

The Richmond Court homeless facility (part of Foundation Enterprises Northwest) provides accommodation for people who are trying to regain their independence and address their issues. The palliative care service is the first of its kind attached to this type of accommodation; this facility having been researched and developed with support from a range of agencies and health professionals including CWP staff. The centre has also recently secured funding for a dedicated medical room to allow its partner health agencies to provide more advanced treatment options for homeless people. CWP staff provided advice on equipping this facility. This is an absolutely vital part of the service when national statistics from the charity *Crisis* show the average life expectancy for entrenched rough sleepers is between the age of 43 and 47.

Key statistics:

In England, there were 4,134 homeless rough sleepers in autumn 2016. This is up 16% from autumn 2015.

(Source: *Housing Statistical Release*, 25 January)

What did we want to achieve?

The team wanted to ensure that access to end of life care for homeless people was fair and **equitable** with other patients. There are particular difficulties for this group of patients; GPs and other agencies cannot do 'home' visits, the administration and safe storage of controlled drugs they may need to use is an issue, as is coordinating multi-agency support. The aim of the project was to provide **dignified end of life care**, fulfil the patients' wishes, and support their friends within the homeless community. Laura Forster, team manager said:

"Working together with our partner agencies, we have been able to knock down barriers and think differently about how we care for this group of people."

What we did:

The Fountains Community Care nurses were part of a multi-agency team who **worked together** to provide palliative care for a person based at Richmond Court. They met with the practice nurse at St Werburgh's to plan support for this person's care, and were able to build a trusting relationship. Advice was provided around managing the storage and administration of the person's medication. Although homeless, some people who sleep rough have close and longstanding relationships with others in the same circumstances, and the team was also able to offer support for them too. This project demonstrates how CWP teams are achieving **equity** and **person-centred** care through **co-production**, **co-delivery** and **quality improvement**.

Results:

There is now an agreed process in place to support homeless people in Richmond Court needing end of their life, which allows them to remain within Richmond Court, but also be supported with their end of life medical needs and medication administration.

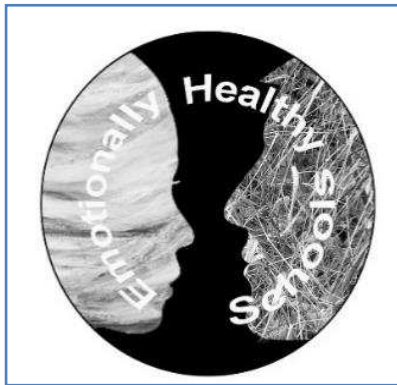
Sharon Williams, Clinical Lead, said:

“Having this facility gave us the opportunity to fulfill this patient’s wishes, to have their friends around them, and to end their life with dignity; they were warm, clean and looked after. Everyone deserves the right to appropriate end of life care.”

For more information, contact Laura Forster or Sharon Williams, Fountains Community Care Team on 01244 385575

Collaboration and Co-production to improve children’s health and well-being

Following a successful pilot phase last year, work started in January 2017 on the second phase of the *Emotionally Healthy Schools* (EHS) project. CWP successfully bid to deliver the EHS Links Team, a two year contract commissioned by Cheshire East Council. The team will be led by Rob Lupton, Senior Mental Health Practitioner.



Background:

The EHS project has been developed around the framework published in “*Promoting children and young people’s emotional health and wellbeing A whole school and college approach*” (Public Health England).

Aim:

Alongside leads from each school and the school’s nurse this project will develop a small team in each school whose aim is to **improve emotional health and wellbeing**.

What we did:

Following a successful pilot last year, work started in January 2017 to work on the second phase of the EHS project. The CWP team in partnership with *Just Drop In* Macclesfield is working on a range of projects:

- **Pathways, Assessment and Threshold development** – Working with CAMHS, Education, Third Sector and Voluntary agencies, and the Local Authority to improve communication, referral routes and a shared language and understanding around thresholds and capacity of CAMHS and other children and young people’s services.
- **Mental Health Service Consultation** – Support for schools in responding to mental health needs, signposting and advice, and where appropriate work on shared careplans with the young person and family/ carers at the heart of any planning.
- **Group Facilitated Reflection** – Providing a space for school staff to safely reflect on individuals and situations with a focus on emotional health and mental health.
- **Mental Health Awareness Training** – This will be rolled out to all schools offering basic awareness training focusing on the most common mental health difficulties for Children and Young People, such as Anxiety (the worried child), depression (sad, lonely or isolated), and Self Harm.
- **Liaison** – Liaison between agencies in education, health and voluntary sector, such as School Nurses, Educational Psychologists, GPs, Charity Counselling Services, Youth Organisations etc. to ensure that a shared language and understanding around common mental health issues is formed and children, young people and their families and carers receive a consistent approach in meeting their needs.





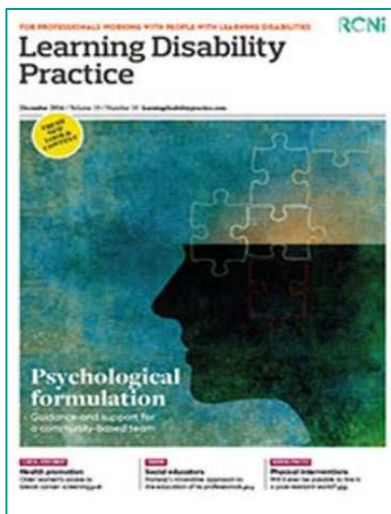
Results:

Outcomes from the pilot phase have been very positive and have included:

- Increased staff confidence.
- Improved resilience, as shown by outcome rating scales with young people.
- Successful Mental Health training in primary schools.

This project illustrates CWP's commitment to **co-production, co-delivery** and **quality improvement**.

For more information, contact Rob Lupton, Senior Mental Health Practitioner on 0771 771 4851



Research on psychological formulation in a community learning disability team

'Formulations' are used to present clear descriptions of a person's difficulties, and to explain those difficulties in relation to both theory and practice. Psychological formulation aims to develop a greater understanding of the person and their experiences, therefore **enhancing person-centred care** to help future interventions.

Formulation encourages **collaboration** between professionals from different backgrounds and training, and assists multi-professional communication and understanding. Luke Beardmore, Assistant Clinical Psychologist, and Helen Elford, Clinical Psychologist who are based in the learning disability team at Rosemount have completed a study, and their research has been published in the '**Learning Disability Practice**' journal.

What did we want to achieve?

Training was initially requested by community nurses following a marked increase in challenging behavior referrals to the team. The formulation groups were attended by professionals from the multidisciplinary team every two months.

What we did:

A questionnaire using open-ended questions was designed to understand why professionals had decided to use formulation, how useful they had found the session, the effect of the session on their clinical work and whether or not people accessing services had benefited as a result.

Results:

An analysis of themes was undertaken from the data gathered. The 'master themes' that emerged were: supportive, reflective, development and learning, planning and confidence. It was also thought that the formulation groups should have protected time in teams to allow for team discussion of people with challenging behavior, consistent with the transforming care agenda.

The transforming care agenda, (Department of Health, 2012) identified that a more personalised approach to meeting people's needs is vital to achieve *improved quality of care* and to reduce inpatient admissions.

The groups have provided an additional forum that is specifically designed to discuss people who present with a range of challenges. The comments and evaluations from professionals who attend the formulation groups have been consistently positive. Professionals value the support, space for reflection, learning and development, planning and confidence building that can be achieved through attendance.

For more information, please contact Luke Beardmore or Helen Elford, Clinical Psychologists at Rosemount on 01625 661037

Positive feedback for Saddlebridge following an unannounced inspection



North of England Specialised Commissioning Team, *NHS England*, undertook an unannounced quality review at Saddlebridge in February. The quality review was part of *NHS England's* quality monitoring process for providers of secure/ specialised services. As part of their quality monitoring process, *NHS England* select one patient and review his/ her care by examining CAREnotes, speaking with both the selected patient and members of staff on duty.

Following the visit, the Saddlebridge team received positive feedback highlighting a number of aspects of care such as:

- Documentation being of a high standard.
- Completing assessments and tools which were specifically linked to the

patient's Asperger syndrome diagnosis, such as a communication passport and social behaviour cards.

- Good **collaboration** between the named nurse and the patient who spoke highly of their therapeutic relationship. It was evident that they had spent time together completing 'My Shared Pathway' and care plans.
- Good physical health care with detailed physical health plans and regular reviews from a dedicated physical health nurse.
- Good relationship between the patient and his psychologist was evident.

In response to additional feedback, the team is **developing their knowledge** around Asperger type behaviours, and the Occupational Therapy team are redesigning and revisiting the activity programme; this typifies how CWP's approach to **continuously improving quality** is being implemented.

For more information, please contact Bev Trafford, Matron on 01625 862511

Central and East Cheshire Homeless Patient Discharge Project

CWP's Quality Improvement framework describes our commitment to providing services that are **acceptable**, in other words delivering care which takes into account the **preferences** and **aspirations** of people who access our services. Kate Chapman, Matron and Rob Edmondson, Ward Manager on Adelphi ward have been part of a group working on a project to improve care for homeless people when they are discharged from inpatient care. This is one example of how CWP, through a **collaborative approach**, is achieving real improvements in the way we deliver **person-centred** and **acceptable** care to the most vulnerable members of society.



Background:

CWP and *Cheshire East Council's* Housing Options Team have experienced problems in placing homeless people with mental health problems when leaving hospital. Some discharges have been delayed and there have been issues, in terms of patient welfare and safeguarding, and needing to place people into emergency accommodation which often is unsatisfactory

What did we want to achieve?

Cheshire East Council is working to prevent homelessness, and reduce the rate of re-admission to hospital. A mental health and housing protocol has recently been produced which should result in a reduction in the number of unplanned discharges from mental health units and services. Cheshire East has recruited 2 link workers (1 covering Macclesfield/ North of Cheshire East and 1 covering Crewe/ South of Cheshire East) who will be supported by CWP to work with vulnerable adults with mental health issues who are homeless when discharged.

Bed spaces will be commissioned from local services to provide emergency accommodation to provide stability and time for a suitable housing solution to be devised with **continuity of care in place for each person**. To this end, appropriate accommodation has been identified in both the North and South of Cheshire East as homeless patients may have a need or a preference for a particular area, especially if requiring support.

Results:

The combination of the link workers and specialist emergency accommodation will mark a new support option in Cheshire East and will ensure services are flexible, providing a more **person-centred response to need**, reducing dependency, avoiding

Safe Services Department

Quality Improvement Report Edition 3 2016/17

Page 13 of 18

duplication with other services, and meeting the priority of reducing risk of re-admissions to hospital and return to homelessness services. The aim is to close this “revolving door”.

For more information, contact Kate Chapman, Matron on 01625 663021

Alcohol Support Drop-in Clinic



The poster for the Alcohol Support Drop-in Clinic features the CWP logo and NHS branding. It includes the following text: "Cheshire and Wirral Partnership NHS Foundation Trust", "Alcohol Support Drop-in", "Mondays & Wednesdays 2pm to 4pm", "Starts 9th January 2017", "4 week course", "Have a brew, have a chat", "Info on community detox, support services and recovery", "Catherine House Eaton Street Crewe CW2 7EG", "Contact Vern Text: 07795 286 605 Tel: 01270 656 301", and "Care • Well-being • Partnership". A cartoon cat character is also present.

Vernon Bates, Support Worker at Catherine House, has established an Alcohol Support Drop-in at Catherine House which is open to anyone accessing either the Community or Hospital Alcohol Liaison Service (HALS). People can receive advice and support and an introduction to services and what is available from the service and there is an opportunity to provide brief interventions. The posters have a tear-off slip so that people can take away the contact details. This project typifies how CWP teams are making services more **accessible** to those who use them, and **providing affordable** and **sustainable** solutions. Vernon describes a typical case study below:

Alcohol Support Drop-in Case Study

Paul (not his real name) presented to A&E at Leighton Hospital with alcohol excess. He was initiated on a severe alcohol detox programme and wanted to leave hospital alcohol-free and stay abstinent. He previously quit smoking by himself and felt he could stay off alcohol using his own approach.



The Hospital Alcohol Liaison Service visited him on the ward and provided harm reduction advice, as well as an information pack with community support services. We decided together that if he would like to receive extra support in the community he could self-refer at any time and the Alcohol Support Drop-in would be the ideal entry point into the service should he require more information.



Following discharge, Paul presented to the Alcohol Support Drop-in at Catherine House. He needed to talk about his drinking and the problems he was having at work. We were able to offer advice and support and Paul was grateful for the advice and will attend another Drop-in session and stay in touch..

For more information, please contact Suzanne Jones, Team Manager, Central and East Substance Misuse team on 01625 712000 /01270 656301

Patient Experience News and patient feedback

Patient Experience priority for 2016/17 – Achieve a continuous improvement in people’s experience of healthcare by promoting the highest standards of caring through implementation of the Trust’s person-centred framework

Goal driven measure for patient experience

At the start of 2016/17, we set ourselves a goal to demonstrate an increase in the uptake of the Friends and Family Test.

The chart below demonstrates our performance. How we have shown improvement: Starting in April 2017, the Patient and Carer Experience team will be attending team meetings to discuss the support teams need to further increase uptake of the Friends and Family test, targeting Central & East Cheshire initially.

	Apr – May 2016	Feb – Mar 2017	Change
Central & East Cheshire	153	94	-39%
West Cheshire	254	280	+10%
Wirral	123	148	+20%
Not specified	32	46	+44%
Trustwide	562	568	+1%

Takeover Challenge Day 2016



In November 2016, young people in Cheshire and Wirral joined the 'Takeover Challenge' by working alongside healthcare staff and sharing their views on local mental health services. **Takeover Challenge** sees organisations across England invite children and young people in to 'take over' their job roles and be involved in decision making. It is funded by the Children's Commissioner.

CWP has participated in the event for the past four years. Each year sees young people taking over management in their local area and also being given the opportunity to meet with CWP managers and members of the Trust Board to raise some of the issues that are important to them. Dozens of young people who have accessed CWP services enjoyed a number of engagement events before attending 'Takeover Day' at Cheshire View in Chester.



This year's **Takeover Challenge** included arts and crafts sessions in Wirral and Macclesfield as well as a World Mental Health Day 'Bake-Off' event in Crewe to raise money for Children in Need. Teenagers in Winsford and Chester also visited CWP sites to quiz staff on developments to services for young people.

Joe Sealey, (pictured left) a CWP Young Advisor, opened the event and welcomed attendees. He spoke about young people's involvement with the **Takeover Challenge** over the past 4 years and how this has grown across the different areas of the Trust. Joe explained that this day has given young people opportunities to meet with CWP Executives and raise issues with them that are important to young people.



A range of activities took place throughout the day. These activities included market stalls, **person-centred** gingerbread decorating and a **person-centred** art project. Feedback from last year's question time was given after the activities, followed by this year's question time and pledges. Throughout the day there were opportunities for feedback collected by guests hanging their feedback on the feedback tree.

For the main Takeover Day event, a range of local services offering mental health support for children and adolescents showcased their work with young people over the last 12 months. The day finished with young people hosting a question and answer session alongside Trust senior managers.

This event is just one example of CWP's commitment to **person-centred care**, that is delivering care which takes into account the preferences and aspirations of people.

CWP Director of Operations, Andy Styring was part of the panel which answered questions on early intervention, waiting times, **person-centred** care, involvement, challenging stigma, resources and education. He said:

“Nobody knows our services better than the people who use them, and so it is particularly important to get their views and suggestions. This is especially important when dealing with young people, as they often view things in different ways so can provide some really useful insight for us as a Trust. We have had some great suggestions from the young people here today and hopefully this feedback will help to **further develop and improve local services.**”

For more information contact Claire Evans, Participation and Engagement Lead on 01270 848

Central and East Recovery Colleges mark Dignity Action Day

Patient experience is a key element of quality at CWP. This means ensuring the people who access our services have a positive experience of their care, and receive treatment with compassion, **dignity** and respect. CWP staff and volunteers marked **Dignity Action Day 2017** by asking colleagues and visitors “**What does dignity mean to you?**”. Dignity Action Day gives everyone the opportunity to contribute to upholding people's rights to dignity and provide a truly memorable day for people receiving care. Dignity Action Day aims to ensure people who use care services are treated as individuals and are given choice, control and a sense of purpose in their daily lives.



Tracey Williams with recovery college staff and volunteers.



As part of the **Person-centred Campaign**, and Dignity Awareness Week, staff and volunteers at Crewe and Macclesfield Recovery Colleges set up boards in the reception areas to encourage staff and people who access services to write what ‘dignity’ meant to them.

A ‘word cloud’ was developed from what was said and the Recovery College team plan to make them into posters and frame them, and put them up in reception areas.

Central and East Cheshire Recovery College ‘Digni-Tea’ events encouraged people to relax over a cup of tea whilst thinking about the care they have received or delivered. Dozens of local people added their feedback, which was turned into the ‘word cloud’ pictured above and will help ensure everyone is treated with dignity. The Dignity Awareness campaign aims to ensure dignity is a core value and is about having dignity in our hearts and minds and changing the culture of care and NHS services.

Recovery College Team Manager, Tracey Williamson, said:

“Dignity Action Day gave us an important opportunity to remind and raise the profile of dignity, because dignity is everyone’s business. It’s been great to get feedback from so many people. We’ll ensure this is used so that **learning and best practice** in treating people with dignity is shared and implemented throughout CWP.”

For more information, please contact Tracey Williamson, Team Manager, Central and East Recovery Colleges on 01625 508510

An innovative approach to improving health and well-being of young people

Staff in the 14-18 Wirral CAMHS Team run an Activity Group for young people and, as part of this, they have recently been working with a local gym to set up some free sessions with young people who access their service with a view to getting them out and about, active and improving their emotional well-being.

Background:

Exercise and engaging in meaningful occupations can have a positive impact on a person's mental health. The young people who access the activity group typically are not attending school and are very isolated, often spending long periods of time at home on their own. Exercise can help to:

- Reduce anxiety symptoms, improve self-esteem and help to build confidence.
- Give these young people some meaningful occupation adding to their structure and routine for the week, allowing them to try new activities in a supportive environment.
- Engage with other young people who have similar difficulties.
- Have a positive impact on low mood and depression, as well as improving their physical well-being.



What we did:

Whilst engaging with young people in a practical way through the activity group, it was brought up in conversation that they would like to go to a gym; however, the thought of this was really intimidating for them. The Occupational Therapists contacted local gyms in Hoylake, to see if they could offer any sessions to help the young people who access the Wirral CAMHS service to help reduce their anxiety around attending the gym, but also to help them access exercise and all the positive benefits this can offer.

The Underground Training Station (UTS) gym in Hoylake offered a 6 week programme at their gym, and will tailor this to meet the needs of the young people. The initial sessions will be kept short and friendly to get the young people used to the idea of going in the gym as this is a massive barrier for some. The sessions will develop to deliver a circuit style class aimed at harnessing the power of physical activity and basic nutrition to help improve the mental health and well-being of the young people who attend.

Staff from CAMHS will also be present (and joining in with the sessions) to support the young people attending. These sessions will be funded through the partners and charities that UTS have linked in with. This will help to provide this service for young people with mental health difficulties and will therefore be free to the young people accessing CAMHS. This project exemplifies how CWP teams are making services more **accessible** to their patients, by providing **affordable** and **sustainable** solutions.

Results have been really positive and the team is planning to promote this group throughout CAMHS CWP and the local community. Jo Irvin, Occupational Therapist, said:

“The ‘Future in Mind’ white paper/ initiative is about delivering a national ambition, and will require local leadership and ownership. We are proposing to increase Young People’s Mental Health and Well-being in collaboration with local partners and having joined up working with mental and physical health. We are hoping to promote mental health and well-being with prevention work and support for children and young people who have existing or emerging mental health problems.”

Between December 2016 and March 2017, CWP formally received 1040 **compliments** from people accessing the Trust's services, and others, about their experience of the Trust's services. Below is a selection of the comments and compliments received:

CWP East

"The people here are really nice and helpful and they listened to me."

"Thank you for everything you have done for me, you really helped me turn a corner. I don't think I could have done it without you! I can't thank you enough."

CWP West

"We can't praise the team enough for the excellent care they gave our family member when they needed it most."

"Sometimes it is hard to express in words how grateful we are to individuals input and work. Thank you all so so much for all your hard work, everything you do for our child makes such a difference to him and with your input he keep surprising us..."

CWP Wirral

"I just want to say thank you for taking the time over the years to help me with my troubled self. You and the service have been the only consistent thing in my life and although I might not have always shown my appreciation it's something I'll be eternally grateful for..."

"Thank you for your patience, your non-judgement and your guidance over the past months. I'm in a much better place and intend to stay here...."

Corporate support services

"I thoroughly enjoyed today's compliance course and found it very interesting and informative. I would be very interested in getting more involved and can drive anywhere. Please pass on my thanks to [staff member] and co."

"The Mental Health Act Team are all lovely people and are "like a bunch of flowers". I really appreciate their support and would like to thank them for always being helpful no matter what!"

Share your stories

We welcome your best practice stories and Quality Improvement successes; please share your work via the Safe Services Department using the Best Practice and Outcomes page on the intranet or contact the Healthcare Quality Improvement Team on 01244 393138

Look out for more about Quality Improvement in Edition 1 2017/18 of the *Quality Improvement Report*

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