

Quality Improvement Report

Edition 3
September – December 2020

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



Bowmere staff celebrating World Patient Safety Day (see page 7)

Some of the imagery contained within this report was taken before
the response to the COVID-19 pandemic

Helping people to be **the best they can be**

Welcome to CWP's third *Quality Improvement Report* of 2020/21

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



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



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 Quality Account for 2019/20 is now 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/>

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QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2020/21, which reflect our vision of **working in partnership to improve health and well-being by providing high quality care**. They are linked to our Trust strategic objectives and reflect an emphasis on **patient safety, clinical effectiveness** and **patient experience**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

	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"> ✓ One of our priorities is on the Trustwide implementation of positive behaviour support (PBS) across services, both clinical and non-clinical, which is being supported through an evidence-based training programme which commenced in 2019/20. ✓ A “team around a team” approach project with one of our rehabilitation wards has now been completed. The project aimed to support staff to develop a PBS environment which would have a positive impact on patient safety culture. ✓ Learning from this approach has been considered and will be used to strengthen future “team around a team” projects. ✓ Our next “team around the team” approach will start in January 2021, and we will continue to focus our support on systems and culture, in addition to strengthening partnerships within clinical support services to widen the breadth of support. 	<p style="text-align: center;">Patient Safety</p> <p>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"> ✓ A project to improve the meaningful use of outcome measures in inpatient settings has made significant progress with a pilot planned for January 2021 across 5 wards. ✓ An outcome measures eLearning package has been launched to improve access to training and support around HoNOS (and soon to include DIALOG) with a focus on clinical utility. An outcome measures Share Learning Bulletin has been circulated and guides developed for staff and for people who access our services. ✓ A measures’ framework for inpatients has been developed and is pending QlikSense development. ✓ Significant work has taken place with community CAMHS (CQUIN 7a) to finalise a measures’ framework with a defined list of outcome measures (CROMs – clinician rated outcome measures, PROMs – patient reported outcome measures, and PREM’s – patient reported experience measures), process measures and balancing measures. 	<p style="text-align: center;">Clinical Effectiveness</p> <p>is a range of activities that support practitioners to examine and improve the quality of care</p>
	<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</p>	<ul style="list-style-type: none"> ✓ People with lived experience are currently involved in the Acute/ PICU review. Current inpatients, former inpatients, carers and step down patients have all been engaged with or will be engaged with during this review. ✓ Staff helped co-produce the new Friends and Family Test forms along with patients to ensure the Trust used forms that were both appropriate for system use but also coproduced. 	<p style="text-align: center;">Patient Experience</p> <p>is what the process of accessing and receiving care and treatment feels like</p>

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.

- ✓ QR codes for all inpatient areas have been created to enable completion of the Friends and Family Test remotely; this enhancement is at no extra cost and will enable the QR codes to be printed on posters, newsletters any other material sent to inpatients and their families.
- ✓ The new Friends and Family Test question was relaunched in December 2020. The new question and answers are:
Overall, how was your experience of our service?
Respondents are given six options to choose from:
 - Very good
 - Good
 - Neither good nor poor
 - Poor
 - Very Poor
 - Don't know

QUALITY IMPROVEMENT PROJECTS

Patient Safety improvements

Emotional Healthy schools improve teacher confidence to support children and young people attending A&E with self-harm

In edition 1 2018/19, we wrote about the start of the Emotional Healthy schools' initiative programme and this article now presents an update following the next steps:

Background

The Emotionally Healthy Children and Young People project has been running for two years and is supported by a number of agencies, including CWP, Cheshire East Council, local schools, Eastern Cheshire CCG, NHS South Cheshire CCG and the charities Visyon and Just Drop In. The report 'Case for Change' self-harm in children and young people 2017, found that the numbers of accident & emergency (A&E) attendances and admissions per 10,000 is worse than the North West and UK average in East Cheshire.



What we wanted to achieve

The emotionally healthy schools link team approached East Cheshire NHS Trust with an innovative idea to deliver training to school staff on how to manage self-harm in children and young people. Through simulated education, the training was designed to empower the teaching staff to appropriately address the issue of self-harm within the school environment and, consequently, help to reduce A&E attendances and hospital admissions. This is an excellent **example of collaborative partnership working** with the people's best interests at heart.

What we did

The Responding to Self-Harm simulation training is a collaborative partnership approach to improve the confidence of school staff when responding to self-harm in school settings. A simulation training package has been developed to address this need in schools and aims to reduce unnecessary attendance at A&E departments by children and young people by **improving the initial response** by school staff.

Together we developed a short simulation education programme focusing on scenarios and facilitated group reflection and discussion. As an accredited North West simulation centre, East Cheshire NHS Trust has a reservoir of experience in the development and delivery of simulation based teaching, in particular with mental health issues, and together with the expertise from the Emotionally Healthy Schools team, the project evolved. Attendees are asked to complete the online MindEd module, "self-harm and risky behaviour", as a pre-requisite to the face-to-face learning to provide a shared understanding of self-harm.

Two preliminary pilots were developed and the young people's input was crucial in the fine tuning of the course content. Further pilots brought in teachers for the first time and the parts of the children were played by students from a media and drama course at the local college.

The final product took the format of three scenarios, including direct teaching, facilitated reflection

Patient safety improvement projects show how CWP teams are delivering care which increases safety by using effective approaches that mitigate unwarranted risks

The Emotionally Healthy Schools Project is an innovative partnership committed to enhancing the capacity of schools in Cheshire East

and discussion groups for the duration of a half day training session. The sessions were separated into primary and secondary schools, as the self-harm situations are significantly different.

We were supported by Macclesfield College drama students who played the part of the patients in the three scenarios and this added a much needed young person's perspective to the training. The students were also involved in the feedback after each scenario.



"I have greater understanding and I will be more confident to follow up self-harm disclosures"

Results

Collaboratively, we believe that this is an **innovative method of teaching** that undoubtedly adds value for everyone. So far, a total of 25 school staff have attended the training in small cohorts from a variety of both primary and secondary schools. Staff from both primary and secondary school settings have provided positive feedback, the majority of whom expressed that they found the 'role play and simulation and post discussion' very useful.

Next steps

The initial pilot feedback was extremely positive. Strategically over the next two years we will be targeting the schools in the Cheshire East geographical footprint that have the greater numbers of A&E referrals and hospital admissions. There are a further 4 training cohorts arranged for early 2021.

For further information, please contact Robert Lupton, team coordinator, at robert.lupton@nhs.net

Bowmere staff celebrate World Patient Safety Day

Background

World Patient Safety Day was established in May 2019 by the World Health Organization to increase public awareness, understanding, and to spur action to promote the welfare of patients. This year's theme highlighted **Health Worker Safety**, with the slogan: "Safe health workers, safe patients".

What we wanted 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. The day was focused on **supporting the safety of healthcare workers**, as their health and wellbeing directly impacts on **patient safety**. The matron and head of clinical service organised drop in sessions for staff in Bowmere with an aim to raise awareness of patient safety issues.



What we did

- ✓ We set up the drop-in sessions in Bowmere for 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 safety, what they found difficult about their job and how we could work together to improve staff and patient safety.



Results

All staff were engaged in the sessions and reported that they thought they were beneficial. Staff filled in comments box with ideas on how to improve staff safety and as a result enhance patient safety.

Next steps

Moving forward, the intention is to implement the initiatives suggested by the staff in a phased approach, across all wards. This will include a medication error QI project, which will be developed shortly.

For further information, please contact Gemma Levy, Matron, at gemma.levy@nhs.net

Ellesmere Port Community Care team flu vaccination initiative

Background

Ellesmere Port Community Care Team have historically supported GP surgeries with delivery of the annual flu vaccination to people who are housebound and already known to the team. Drug administration errors, when giving flu vaccinations, have been highlighted through incident reports. Further investigation identified the following contributing factors: different vaccines for different age groups, different brands of vaccine manufacturers that each surgery had, and one storage for all vaccines, in the same fridge, within the community care team.

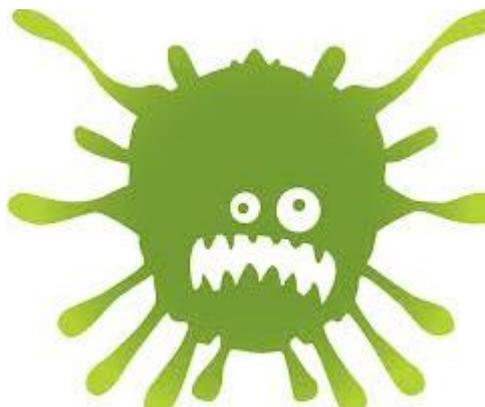
What did we want to achieve

We wanted to improve the process of delivering vaccines, to ensure safety with the aim of having no medication errors as a team. Alongside this, we also wanted to increase the staff intake of the flu vaccination.

What we did

As a team we have made few **quick and easy improvements**:

- Map out how many staff we had available to support a coordinated flu vaccination programme.



Care Community Teams are a group of health and social care professionals who work alongside local GP Practices to support people at home

- Enable staff from the Care Community Team to attend flu vaccine training and basic life support/ anaphylaxis training.
- Engaged with the newly formed Primary Care Network lead for the flu vaccination campaign to work collaboratively with all the GP surgeries to promote safe immunisation and ensure as many people had the flu vaccine in a timely manner.

By working collaboratively with the GP surgeries, we have decided to look at the flu vaccination process differently:

- GP vaccines are stored at the GP surgery instead of the community care team’s fridge.
- The staff from the community care team only gives vaccines to people that are already on the caseload. The GP surgeries agreed that their own practice nurses would give vaccines to the nursing and residential homes as this approach minimised the risk of duplicating vaccine to a patient.
- The staff from the district nurse team specifically focus on patient vaccines whilst the community matron and case managers coordinate the staff vaccines.



In order to deliver this safely we have developed a document that offers clarity about the process.

The community matron joined the CWP flu group and in order to encourage staff uptake of the flu vaccine, presented a personal story at our Clinical Engagement and Leadership Forum which was then also produced as a Facebook live presentation.

“The efficiency of the staff and excellent organisation of the vaccination yesterday was amazing and made the whole process stress free. Well done team, you are doing a great job!”

Results

By using a different approach and working collaboratively, we have achieved our aim and the team had **no medication errors** during the flu vaccination season 2019/20. **All the patients identified had their flu vaccine in a timely manner.**

The team’s **staff target for flu vaccination was met.**

Feedback from the patients, care team and primary care network was positive.

Next steps

The team wants to continue this safe and effective practice through the next flu season, especially due to the additional pressures connected to the pandemic and the increased demand and additional workload that the team is facing. There will be another article this time next year to report on the sustainability of this best practice.

For more information please contact the Ellesmere Port Care Community Team on 0151 488 8066

QUALITY IMPROVEMENT PROJECTS

Clinical effectiveness improvements

ESCAPE Pain programme delivers health economy savings

In edition 2 2019/20, we wrote about the start of the ESCAPE pain programme and this article now presents an update following the next steps that were outlined previously.

Your ESCAPE-pain savings 2019/20



£67,144
saved in the health and social care sector over 2.5 years based on the number of completers for your site this past year.

Centre and Tarporley Hospital.

What we wanted to achieve

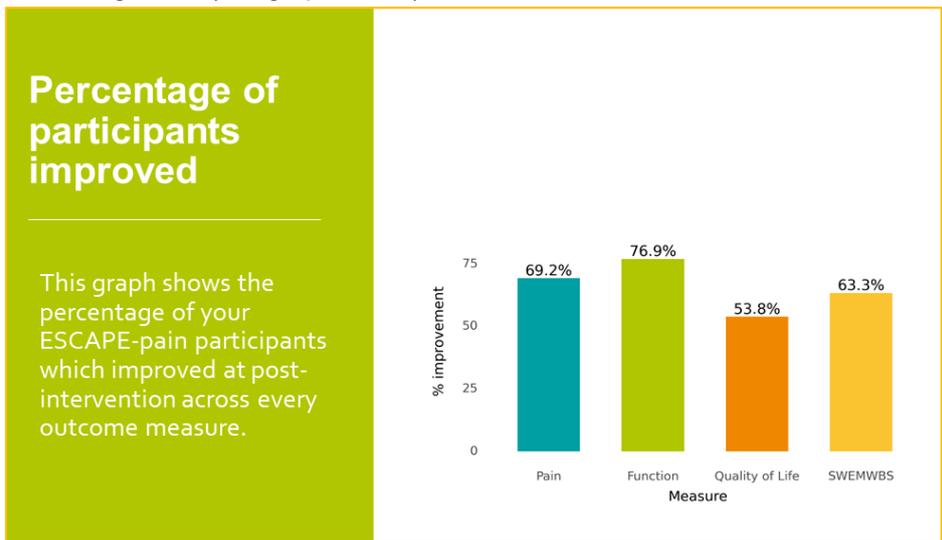
Following successful staff training, the programme has now been operating on a rolling basis since 2018. The team wanted to expand the programme in terms of location and run a number of concurrent ESCAPE pain programmes that met the needs of more of the people they serve.

What we did

The programme consists of group sessions of up to 10 people, operating for an hour twice a week over five weeks. The programme incorporates both education and physical exercise that aims to increase flexibility and independence.

Results

Data gathered for Fountains Health showed a health economy saving of approximately £67,000 due to running the programme. The data also outlined that the majority of participants experienced an improvement in pain levels, function, quality of life and attributes measured in the Warwick-Edinburgh Wellbeing Scale (see graph below).



Clinical effectiveness improvement projects show how CWP teams are delivering care which maximises use of resources and minimises waste

Next steps

The programme has been disrupted due to the response to the COVID-19 pandemic, however the team plan to meet with colleagues from the Health Innovation Network to discuss updates to the programme and to discuss how they can produce/ send Webinars to people. People have been sent written information and exercise booklets. They have also been signposted to the Escape Pain apps and website. The team recently signpost people to an encrypted webinar on "YouTube"; however this was a temporary webinar. Prior to the current pandemic, the programme was being extended to include "Escape Pain Back Pain & Escape Pain Chronic Pain".

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

Mental Health Law team help to increase participation of people on a CTO in Hospital Managers' review hearings

Background

During the emergency response to the COVID-19 pandemic, the Mental Health Law (MHL) team had to be **creative in adapting how they support clinical services** to ensure Hospital Managers' reviews of detention under the Mental Health Act 1983 (MHA) continued to take place. The Hospital Managers' Panel is a body of people appointed by mental health trusts to review detention under the MHA. They have the power to discharge most people who are detained, including those subject to a Community Treatment Order (CTO). Within CWP, the panels are made up of associate Hospital Managers appointed specifically for this purpose, and Non-Executive Directors (NEDs) of the Trust.



Mental Health Law (MHL) team's role is to ensure the legal framework of the Mental Health Act and associated legislation is followed to safeguard the rights of people who access our services

What we wanted to achieve

Following 'lockdown' on 23rd March 2020, face-to-face Hospital Managers' hearings stopped, resulting in ten hearings being cancelled during the last two weeks of March 2020. Also impacting on these cancellations was the diversity of the panel members, at least half of whom fell into the clinically extremely vulnerable category. As a result of this, the challenge was to seek alternative means of ensuring the rights of people who were detained continued to be upheld.

What we did

Whilst many trusts held paper hearings (i.e. panels just reviewed reports to reach a decision) or used teleconference systems as an interim solution, CWP planned for the introduction of videoconference hearings from the outset. We were keen to ensure that the process did not become a 'tick box' exercise – **patient participation and experience was at the forefront.**

- With the support of our ICT service, a WebEx licence was secured for the MHL Team.
- The MHL Team tested the system to become familiar with its functions and to develop guidance on the most effective and simplest way to manage hearings.
- A test hearing was arranged with a panel. It was agreed that this was a huge learning curve for all involved. Following a successful test, it was agreed to commence WebEx hearings as soon as possible.

- The MHL Team supported the Hospital Managers' panels in downloading the WebEx App on their devices and carried out test meetings to ensure panel members were comfortable in using the system.
- All panel members were informed of the new process, including the continued use of nhs.net email accounts for arranging panels and sharing of confidential documentation.
- All hearings are hosted by an MHL Administrator to support panels, to ensure all participants are able to connect effectively and that due process is followed. This also enabled the written decision to be completed at the time of the hearing and timely communication of the decision to the patient and professionals.
- After five months, a survey was sent to all panel members to obtain their views and experiences of virtual hearings.

Results

Since the beginning of April 2020, **all Hospital Managers' hearings have been held via WebEx.** Hearings are arranged more efficiently and timely due to a flexible approach to timings. Remote participation in hearings is encouraged and supported by nursing and community staff resulting in an increase in attendance by those subject to CTO.

Feedback from the panel survey:

- All responses indicated that WebEx was easy to use.
- All responses indicated that they were able to obtain the relevant information required to make an informed decision and were able to contribute to the written decision.
- Responses varied on patients' ability to actively participate in remote hearings. Some panel members were of the opinion that this was not the case.
- Although not all panel members rated their experience of remote hearings as positive, they were unanimous in their opinions that remote hearings are effective in ensuring patient hearings take place during the pandemic restrictions.

Data on attendance by those detained under CTO since the introduction of virtual hearings

As a result of anecdotal comments regarding an increase in participation by those subject to a CTO, a review has been undertaken to ascertain if this is actually the case. The following table shows a comparison of data.

Period	Number of CTO hearings	Number of patients who participated	Participation attendance rate
01/04/2019 – 30/09/2019	63 (face-to-face)	13	20%
01/04/2020 – 30/09/2020	103 (virtual)	29	28%

This data shows an **increase in participation** by those subject to CTOs by 8% when comparing the two periods and following the introduction of virtual hearings.

Next steps

Going forward, it is not known how long virtual hearings will be in place. However, the benefits of virtual hearings are being considered, specifically for those subject to CTOs who do not wish to attend CWP premises for a hearing, but would otherwise wish to participate. In such cases, virtual hearings may be offered and as alternative to face-to-face hearings in the future.

For more information, please contact the Mental Health Law team on 01244 393167.

A Community Treatment Order (CTO) is a legal order made by either the Mental Health Review Tribunal or, in very limited circumstances by a Magistrate. Under a CTO, a person may be ordered to accept treatment, care and management to be provided in the community by a nominated mental health facility.

EducationCWP Leadership and Management Development Programme continues to support person centred, professional management skills



Coaching supports staff to become better equipped to respond to modernisation agendas aimed at raising standards, improving the quality of the patient experience, enhancing job performance, staff morale and supporting people to be the best they can

Background

The SUCCEED Management Development programme was the result of Trustwide research into leadership and management conducted by Education CWP in 2018. Findings from this report highlighted, firstly, that whilst there was demand for training in these subjects, the existing formats did not always address the need and, secondly, that there was no evidence of management follow up outside the sessions in order to support application of learning within the programme.

What did we want to achieve?

The aim of offering the development as a programme enabled delegates to build knowledge and capability over a period of time and use the sessions to reflect on their application of learning in different situations. We also wanted delegates to **build a support network** within their cohort which allowed them to share ideas and learning both within and without the sessions.

What we did?

We started with the SUCCEED programme for those with line management responsibility (now a role specific training requirement) and then started CHALLENGE for Clinical leaders and ASPIRE for those aiming to move into a team leader or manager role. As the courses have developed, there have been some changes to the content. All delegates are now offered a **Coach or Mentor to support** their application of learning and additional modules have been added to respond to the feedback from delegates.

Mentoring is the one to one support and guidance of one person to another to help with professional development and career goals with the opportunity to develop leadership capacity at all levels

Results

Over 250 staff have accessed the development sessions since their inception. Due to the nature of the programme, it would be reductionist to ask delegates to evaluate their learning through numerical scores. However, each programme has a three month follow up session in which delegates reflect on their learning and how they have applied it in practice. This feedback repeatedly shows **increase in confidence, practical application of learning and proactive problem solving.**

"I am more confident in using policies and having courageous conversations. I am using supervision to develop team members, we are also using action learning sets in our team meetings and developing our team awareness. I feel more confident as a team leader."

"My practice as clinical supervisor has benefitted from the tools and techniques learnt, as I have been able to use these with the people I supervise to help them raise any issues or concerns they have."

Next steps

Due to the emergency response to the COVID-19 pandemic in March 2020, we had to pause the programmes, however after a lot of re-working all three workshops were re-launched virtually in September 2020. Each programme is now on Cohort 6 with delegates waitlisted for Cohorts 7 and 8.

We would like to get more engagement from the managers of those delegates attending – we are well aware that learning the skills and behaviours is only the first step; delegates need opportunities to apply learning and reflect on that learning with their management. We hope that as more of our delegates move into senior roles they will bring that learning with them and support their teams' learning. We have a pilot 'INSPIRE' scheme for senior leaders ready to launch, however, this has been put on hold to ensure that the content fits with the key priorities for the trust which will come out of the 'Looking to the future' project.



For more information, please contact Anna Beaver, Senior Education Practitioner at anna.beaver@nhs.net

QUALITY IMPROVEMENT PROJECTS

Patient Experience improvements and Patient Feedback

Healthy Child Programme delivery through COVID-19

Background

Starting Well deliver The Healthy Child Programme to all children across Cheshire West and Chester. This is the public health national programme that sets out the universal health provision for children in England. There are core contacts that must be delivered within this programme in order for Starting Well to meet contractual requirements. Alongside this programme, Starting Well teams work in partnership with the local authority safeguarding team to ensure the safety of children across the area.

What we wanted to achieve

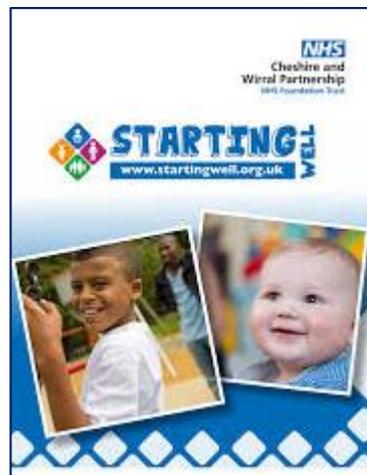
In response to the direction set by NHS England at the start of the COVID-19 pandemic in March 2020, setting out how 0-5 services should be prioritised during the lockdown period, Starting Well responded quickly in considering how provision could be adapted using telephone and video for consultations and advice whilst ensuring the safety of children and families was maintained.

What we did

Normal provision is for new birth families to receive a birth visit and a 6-8 week visit, at home. During the lockdown period, these visits were delivered virtually using video-calling. For universal families (those requiring no further support), the next contact would be the 1 year developmental review.

There are significant benefits to the quality of assessment and engagement with families from a face-to-face home visit; during the lockdown period we know that new families have been isolated from the usual levels of support. As part of the recovery planning, the service decided that in order to maximise safety, 'recovery' visits would be planned for all those who had only had a virtual contact for the birth visit and 6-8 week contact. This meant undertaking 600 additional visits over the summer months.

Safeguarding children is a key part of the Starting Well service role. The service ensured that clinical prioritisation across all the caseload was aligned to the Local Authority Safeguarding Children Partnership prioritisation guidance. This ensured consistency with the partnership to support multi-agency working during the lockdown period in particular. Throughout the lockdown period, the service continued to ensure that face-to-face contact with families was still available if assessed as required. The open advice clinic (baby clinic), which is usually a drop-in session, changed to appointment only, and there was an enhanced telephone service and virtual support available for advice for children and families. The Starting Well website information was strengthened and families were signposted here for advice and support. The service established a duty desk function to ensure easy access for Starting Well staff and other professionals. The Early Years Workers usually provide home-based learning. This was continued on a telephone one to one basis and including virtual play sessions to support young families. Video play sessions were recorded by staff and loaded on to the website.



Patient Experience improvements and Patient Feedback

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.

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

Results

The 'recovery' visits were completed over the summer with a quality assurance process in place to monitor uptake and effectiveness. Feedback from families has been positive and they have welcomed the individual home contact with a health professional who has provided reassurance and advice, as well as confidence that the health service continues to be available. Staff are fully aware that although virtual visits have been very effective, they have limitations and do not allow for the family environment or quality of family relationships to be observed, which is why these recovery visits have been so valuable.

Next steps

The service is continuing to plan for small group work such as family learning and breast feeding support sessions so that the benefits of this approach can be re-established within the constraints of COVID-19 guidance.

Learning from the first lockdown and the national feedback on the impact on child development and family vulnerability has been that we wish to maintain home visits and face-to-face contacts as far as possible. This has been reflected in the service surge plans to ensure capacity is prioritised to these core contacts.

Quality assurance processes are continuing to ensure consistency of service offer across the whole service and close monitoring of demand and capacity requirements.

For more information please contact Claire Maidment at Clairemaidment@nhs.net

Expert by Experience and psychology work jointly to deliver training to increase understanding of people with Personality Disorder

Background

An investigation highlighted a skills and knowledge gap within staff teams regarding understanding of people with Personality Disorder. Therefore Dr Kim Taplin (Principal Clinical Psychologist) sought to co-produce and co-facilitate staff training in this area.

What we wanted to achieve

We wanted to develop staff understanding, skills, and confidence working from a psychologically informed perspective with people with a diagnosis of personality disorder. Kim asked Joe Gavin (Expert by Experience) to be involved in the development and facilitation of the training to enable him to add value by sharing his personal experiences and knowledge from a different perspective.

What we did

The first training session was offered to Beech ward staff in November 2019. The training covered many different aspects of personality disorder. Some of the areas covered include childhood (unmet) needs, attachment theory, the impact of childhood adverse experiences and trauma, defining personality and personality disorder, conceptualisations of personality disorder, the use of language, schema formulation and case discussion, interventions and management, therapeutic relationships and relational security, and boundaries. Joe also shared his understanding of personality disorder, and reflected on his own experiences of receiving care from NHS professionals.

What does Personality Disorder mean?

Personality is how our thoughts feelings and behaviours make us who we are. If someone experiences significant difficulties with how they relate to themselves and others, they may have a diagnosis of Personality Disorder.

Results

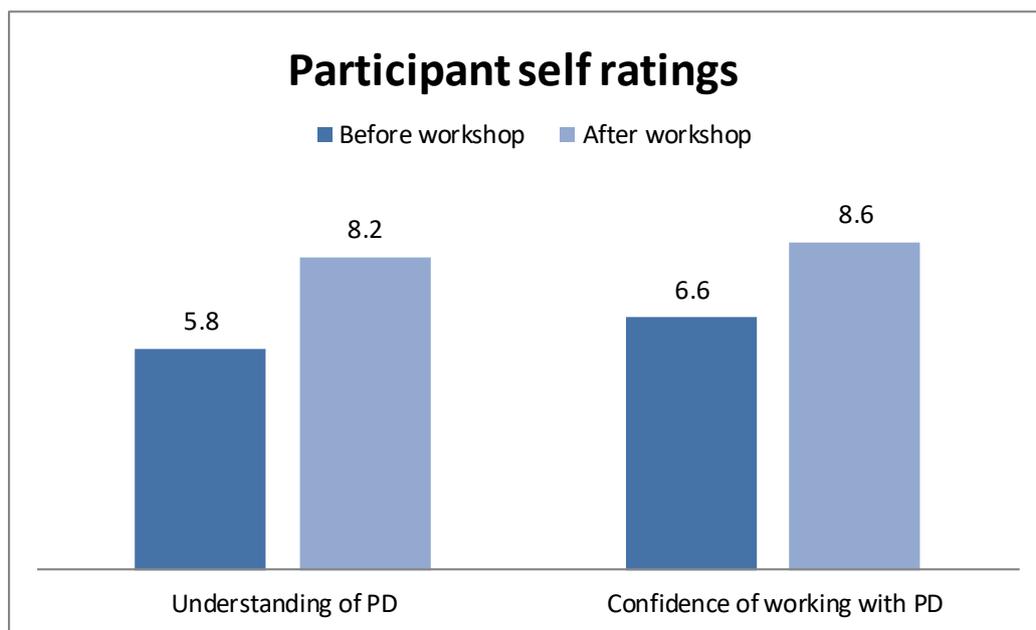
Five staff from Beech ward attended the training. Feedback data collated from the workshop demonstrated an increase in both understanding and confidence working with personality disorder. Participants were asked to rate themselves on a 10 point numeric scale before and after the workshop. The graph below illustrates the improvement:

Qualitative data collected were positive and indicated staff would be able to apply their new knowledge and skills to their practice:

“This will enable me to support others when dealing with care plans, formulation plans”

“This will help with all aspects of my role; I will now look at my therapeutic relationships!”

I will “listen more and understand service user background more”



The training was described as “interesting, helpful, exciting, rewarding, stimulating and constructive”. The majority of participants reported having Joe involved was the most useful aspect of the training.

Joe's reflections:

I think in my life I have been through so many good and mostly bad things, I feel that these experiences have made me who I am. I have been in very dark places, places so dark that you couldn't see a way out; sometimes in the darkest of places there are stars shining bright for you. Those stars help lead the way through thick and thin. My stars have always been there even on the sunniest of days. My stars are hope, hope for the future. My stars symbolise that even though how much I want to give up, there will be a time that I don't feel this way. I learnt to look up every so often to remember that with the help of psychology. I have done therapy on and off since I was 15 (I'm almost 21). I think the therapy that has helped me the most was DBT, it helped me understand things in different perspectives and realise that not everyone is evil, not everyone wants to hurt or take advantage of me. I didn't do the full course, but even just a little of it has helped broaden my confidence and compassion for myself. I think 'Personality Disorders' are so very stigmatised and I feel these are the disorders which are in desperate need of the most compassion and care. I feel having this disorder has made professionals make assumptions of what I'm like, in reality I'm like no one they have ever met; no two people are the same. Some

What is DBT?

DBT stands for Dialectical Behaviour Therapy. It is a type of talking therapy based on Cognitive Behaviour Therapy (CBT) principles but adapted for people who feel emotions very intensely. CBT is a therapy that addresses how your thoughts, feelings and behaviours interact

people with these disorders have a whole sky of stars and some just have the one they look towards. PDs are so complex, but I feel if people stopped telling us what not to do and started asking why we were doing those things it would help a lot more in the long run, we do anything we can to feel better no matter how impulsive or destructive it may be. I think we need to stop comparing ourselves with each other, we have all been through so many things and I think it doesn't justify comparing one person's life with another.

People with PDs have been through so much trauma and just need help to deal with those traumas. Before my major traumas I was a young teenager who had struggles but still was happy. I could function with people and have endless arguments or cry myself to sleep. A trauma can really tear someone down but that doesn't mean that they aren't still there, they just need some stars to show them a way out. I realised in CAMHS I thought a lot more into things than most even when the manager said I was very insightful, I think being insightful is a blessing and a curse because you understand too much of anything and you always think about everyone's point of view. I realised this helped me to understand my therapies and the skills they were teaching me and what I could use them for and how to develop them. I've always wanted to help those who are in pain (Mental and/ or Physical) because I can sympathise what they may be going through and I wouldn't want them to go through it without support, when I heard about the 'PD Training' I knew I had to have some input. If I was able to just help one member of staff to think a bit different to help someone it would help a great deal of people, it would help reduce the stigma and increase the compassion and helping them to know that if someone with these disorders is struggling and they lash out its just because that's what they have been shown their whole life, I feel people with PDs exhibit behaviours which they have been shown their whole life, we just need to show them healthy boundaries. We live in a dark world and we just need to be someone's star sometimes and show them a way out.

Next steps:

This training is ongoing with plans to deliver training to more Beech ward staff, the Home Treatment Team – West, Juniper ward and Willow ward in the near future.

For further information, please contact Dr Kim Taplin, Principal Clinical Psychologist – Lead, at kimberley.taplin@nhs.net

COMPLIMENTS

Between September 2020 and December 2020, CWP formally received 533 compliments from people accessing our services, and others, about their experience. Below is a selection of the comments and compliments received:

All Age Disability

"We were lucky that throughout COVID-19 we still have sessions, this kept our son in some sort of routine. All the family support workers who work with our son are absolutely amazing. They are all so good with him and know him inside out. He feels happy and safe when he is out with them, knowing he is going to do something fun."

Children, Young People & Families

"I want to thank you for everything you have done for me. Thank you for being there to talk to for always offering support. Thanks for the good times and good laughs, and mood enhancers, but thank you most for never giving up on me and losing hope. It has been the darkest place I have been in. You are all part of my recovery and helped me gain some part of my life back. You are an amazing team and make such a difference to people's lives, keep being the superheros."

Joint Therapies

"A wonderful service provided by the team. Compassionate and professional, very caring. We could not have managed as a family without your visits. Thank you very much for all your help to mum and family."

Neighbourhoods

"To all the nurses and reception staff. I would like to say a big thank you to all of you for the attention and care I have received over the last 13 weeks while I have been attending the dressing clinic. You have all been so kind and thoughtful, it is very much appreciated."

Specialist Mental Health – Bed Based

"The care our daughter received on the ward was very special. The nursing and medical expertise she received was wonderful and in some cases beyond the call of duty. Each member of the team is to be commended and hopefully appreciated at this busy time."

Specialist Mental Health – Place Based

"I'm really grateful, counselling has made such a difference to me. It's made me change the way I think about things after so many years. I feel in charge of myself and I have a right to be in charge. I don't have to apologise for it. Thank you, you have made such a big difference to me."

Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury

The grandparents of a patient commented on how much they enjoyed looking through the patient's scrap book and seeing him do activities he really likes. "It is lovely to see him smile!"

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 4 2021/22 of the Quality Improvement Report

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