Cheshire and Wirral Partnership NHS
NHS Foundation Trust

THE BIG BOOK OF BEST PRACTICE 2017/18

STOP THINK LISTEN

#CWPZeroHarm

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Foreword from Dr Anushta Sivananthan, Consultant Psychiatrist and Medical Director

I am delighted to welcome you to our fifth edition of CWP's Big Book of Best Practice.

It was a joy to read the many entries submitted to this year's Big Book, and it was extremely difficult to narrow down the 42 projects detailed within this year's edition.

There is so much great work taking place across our Trust so I am pleased that staff have embraced this publication to showcase their innovative work and service improvements.

The spread of contributions across all services and localities paints a picture of just some of what CWP has to offer and I'd like to thank everyone who submitted an entry to this year's book. We have had a huge amount of submissions showing a commitment to continuous improvement.

Each of the case studies within this year's Big Book indicate the level of dedication our staff display to ensure we deliver safe, high-quality care to the people who access our services.

The Big Book of Best Practice also reinforces the important role of our Trust's #CWPZeroHarm campaign, and the key message 'Stop. Think. Listen.', which helps us to deliver the best care possible, as safely as possible to reduce unnecessary avoidable harm.

Our commitment to improvement has resulted in numerous awards in recent times, as well as our favourable inspection from the Care Quality Commission (CQC), who rated us 'Good' overall and 'Outstanding' for care.

I am already eager to see how colleagues further develop their services over the next 12 months and I am always interested to hear ideas from staff. If you find yourself inspired by this year's Big Book of Best Practice please feel free to get in touch via email at: **Anushta.Sivananthan@cwp.nhs.uk**

Area: Trust-wide
Team: Estates and Facilities

Mitigating environmental risks within the inpatient setting

What did we want to achieve?

To review ligature risk management strategy so that we can better manage clinical and operational risk.

What we did:

- Estates and Facilities now lead on environmental risk management process.
- The team undertakes environmental risk assessment surveys of all CWP inpatient units.
- Established Suicide Prevention Clinical and Environmental Risk Work Stream, which brings together clinicians and staff from Estates and Facilities.
- The work stream has developed a suite of supporting information, such as risk management plans, 'snapshot' reports, ward-specific risk maps and dashboards.
- Produced five-year capital investment programme of work to reduce clinical risk.

Results:

- The Trust is expected to meet strategic risk targets, thanks to the production of a robust ligature risk management plan.
- New strategy is assisting clinicians at ward level and providing better reporting, benchmarking and forecasting at Board level.
- CQC inspection noted: "The suicide prevention environmental risk assessment clearly documented where the risks were, the level of risk and how they were to be mitigated."

Next steps:

- Continuously review management systems to adjust to any changes within inpatient settings.

Area: Trust-wide
Team: Complex Recovery Assessment and Consultation Team Learning Disability (CRAC LD)

Improving outcomes for people with learning disabilities in out-of-area placements

What did we want to achieve?

We wanted to improve outcomes for people placed out of area by including them in the planning process so that they can be supported in least restrictive placements closer to home.

What we did:

- Local LD nurses were aligned to roles within the Trust-wide CRAC Team.
- We have shared skills, knowledge and experience to improve individual competence and understanding within the team.
- We utilise co-production to work with the person, their families, and current care providers to develop realistic future care pathways.
- We communicate with community teams, commissioners and legal representatives to ensure the needs and wishes of the individual are considered as part of their future care.

Results:

- We have created an effective team with a shared vision and values.
- We have streamlined case-loads so that we can focus on achieving outcomes with and for individuals.
- We have supported 39 discharges and step-down placements for those people who were in out-of-area placements.

Next steps:

- Continue to be creative in our approach and identify services that are person centred and are able to adapt their services to meet the needs of the individuals we care co-ordinate.
- Work with commissioners to identify gaps in provision.
- Contribute to ongoing work to ensure out-of-area data is accurate and current.
- Develop our role in gatekeeping, bed flow, and capacity for people using LD assessment and treatment units to increase creative thinking regarding future care.
- Look at the use of Personal Health Budgets as part of care packages.

Area: Trust-wide
Team: Healthcare Quality Improvement Team and Pharmacy

Prescribing Sodium Valproate in females of childbearing potential

What did we want to achieve?

To ensure that the Trust follows national guidelines in relation to Sodium Valproate prescribing in women of child bearing potential.

What we did:

- An initial national Prescribing Observatory for Mental Health (POMH) audit was conducted to provide a baseline around current practice of Sodium Valproate prescribing
- An action plan was developed to address areas for improvement.
- We used learning from AQUA Quality Improvement training to progress the audit's action plan, increase momentum and ensure sustainability.
- We created a consultation checklist and developed an alert on Carenotes.
- We used medicine's management alerts, the POMH Steering Group and expertise in the Pharmacy and Information teams to raise awareness of this type of prescribing.

Results:

- More robust review of those on sodium valproate are being undertaken using the checklist.
- Statistics appear to show, initially, that the prevalence of sodium valproate prescribing may be reducing.

Next Steps:

- PDSA (Plan, Do, Study, Act) cycles, taught at AQUA Quality Improvement training, will continue to ensure sustainability.
- Conduct a POMH national re-audit.

Area: Trust-wide
Team: Organisational Development and People Information

Improving appraisals at CWP: Creating person centred quality conversations and increasing access to appraisal for all staff, through improved workbook and reporting process

What did we want to achieve?

We wanted to streamline and improve the appraisal process following feedback from staff that the current process felt restrictive and demotivating.

What we did:

- A person-centered workbook was developed, focusing upon individual reflection specific to role and relationships within the team. The new appraisal workbook also covers wellbeing and behaviours associated with the Trust values.
- Created a timetable to enable staff to complete appraisals.
- Monthly reports and targeted communications identified areas of low compliance, helping managers to proactively schedule appraisals.

Results:

- The three-month cycle process better aligns with operational planning and enables managers to better plan and 'stagger' appraisals into more manageable time periods.
- The new process measures quality of appraisal discussions. In April 2017, 78% of staff rated their latest appraisal as person centred. 85% had prepared for their appraisal. 86% felt their manager had prepared for their appraisal discussion.
- Staff prefer the new workbook and believe it is more person centred.
- Appraisal compliance rates have increased from 73% in March 2016 to 98% in March 2017.

Next steps:

- Align management supervision with appraisal process and continue to focus on performance objectives throughout the year.
- A revised Appraisal and Management Supervision Policy will be launched to underpin the new process.
- Quality reviews will continue to take place to identify areas for improvement.

Area: Trust-wide
Team: Clinical Education Team - Education CWP

Implementation of the National Early Warning Score (NEWS) in all inpatient areas

What did we want to achieve?

To improve the way that inpatient staff were monitoring and recording patient physical health; to enable staff to use clinical judgement to support physically unwell patients and avoid inappropriate emergency admissions.

What we did:

- Three month trial and evaluation was carried out and then reported to the Patient Safety and Effectiveness Sub Committee.
- Clinical Education Team delivered intense training to relevant staff.
- Implemented the National Early Warning Score (NEWS) in all inpatient areas.

Results:

- 62 patients were discharged from CWP to acute hospital care following emergency admission between April 2015 and April 2016, compared to 36 acute admissions for 2016-17.
- Feedback from staff using the NEWS systems has also been extremely positive. Staff feel empowered to make the appropriate clinical decisions to manage patient deterioration safely using NEWS clinical responses.

Next steps:

- NEWS will be evaluated annually and results shared via the Patient Safety and Effectiveness Sub Committee and the Physical Health in Mental Health networking groups.
- Staff training is also in place during the Physical Health in Mental Health mandatory training sessions and also the mandatory Managing Violence and Aggression training.
- NEWS forms will continue to be checked for accuracy and completion by the Clinical Education Team, who will also offer on-the-ward training sessions for staff who need updating.

Area: Trust-wide
Team: Education CWP

Learning from Experience - Co-producing Education CWP's Suicide Trust-wide Programme of Training alongside Lived Experience Advisors

What did we want to achieve?

To improve patient safety and reduce suicides and homicides for people with mental illness; to work with families and carers bereaved by suicide to prevent subsequent deaths by suicide.

What we did:

- Education CWP co-produced two education programmes on Suicide Awareness and Response following consultation with families bereaved by suicide.
- The recommendations came from the national confidential enquiry into suicide and homicide by people with mental illness and the national suicide strategy, which both emphasised that families are an under-used resource and could play a greater part in suicide prevention.

Results:

- Education CWP worked alongside Jean Gaddas and Lynn Healey, both of whom shared their personal experience of being bereaved by suicide.
- We worked together to co-create parts of the Suicide Awareness and Response programme with the aim of instilling hope and delivering a consistent approach to the assessment and management of those individuals at risk of suicide.
- Jean put together key messages for the Suicide Awareness e-learning programme. Lynn supported Education CWP to incorporate evidence-based risk factors into the face-to-face training sessions.
- Training helped increase awareness of the complex issues around suicide and its impact on mental health care professionals and the community as a whole.
- 1,838 CWP staff have completed the Suicide Awareness e-learning programme. 91% of staff either agreed or strongly agreed that this training was interesting and informative.

Next steps:

- CWP's Suicide Strategy Group will work with Education CWP to offer staff opportunities and build confidence and skills in caring for those bereaved by suicide.

Area: Central and East Cheshire
Team: Central and East Recovery College

Lived experience leads the way for Recovery College students

What did we want to achieve?

Use Learning Plans and Volunteer Pathway Planners to enhance support from peers within the locality and help individuals achieve their goals.

What we did:

- An experienced volunteer and user of the service was trained in the Learning Plan process.
- The volunteer was supported and informed in how and when to seek further support; noticing warning signs of mental illness and crucial trigger words.
- Service users were given the opportunity to discuss their plans and goals with someone who had been on a similar journey, helping them realise they are not alone and making them feel more comfortable.
- Volunteer acted as role model, demonstrating what is possible with the support of Central and East Recovery College.

Results:

- Service users are able to speak to someone who has been on a similar journey to them at the first point of contact with the college. This makes them feel at ease and shows them first-hand how the college can be helpful.
- Volunteers gain skills working one-to-one with service users. They can discuss ways in which learning skills at the college has helped them to manage their condition.
- One Volunteer Pathway Planner said that facilitating Learning Plans reiterated the recovery tools, strategies and skills they had gained at the college, reminding them of ways to manage their own condition, as well as helping others.
- With volunteers facilitating Learning Plans, staff have more time to develop and facilitate courses, directly benefitting service users.

Next steps:

- Develop further opportunities and train further volunteers to carry out this role.

Area: Central and East Cheshire
Team: Croft Ward Nursing and Therapy team
(working jointly with East Cheshire NHS Trust)

Joint-working to facilitate seamless services for dementia patients and their carers

What did we want to achieve?

To strengthen staff networks, improve knowledge and share best practice between two NHS Trusts who provide care for the same patient group so that patients who have complex needs, requiring a combination of treatments from physical and mental health services, receive the best possible care.

What we did:

- CWP and East Cheshire Trust staff shared knowledge and best practice at a number of 'Dementia Friends' sessions and events celebrating 'Nurses Day' and 'Dementia Awareness Week'.
- Shared information on falls prevention to improve care environment.
- Pledged to 'John's Campaign' so that carers always felt welcome on the wards.
- Pledged to continue to jointly foster high quality, person centred care alongside third party organisations at the Operational Dementia Steering Group.

Results:

- Highlighted much common ground between physical and mental health care and strengthened relationships between teams.
- Staff valued information sharing, describing that they felt more confident dealing with problems which were not within their speciality and more able to seek specialist advice from partner organisations.
- Patients treated in the best possible environment to meet their individual needs.
- Staff empowered by the ability to signpost patients in an effective way providing seamless transitions between services.

Next steps:

- CWP and East Cheshire NHS Trust have pledged to continue to work together to improve the experiences of patients living with dementia and their carers.

Area: Central and East Cheshire
Team: Saddlebridge Recovery Centre

Saddlebridge Garden Project

What did we want to achieve?

To get patients involved in caring for their environment and to take responsibility for their surroundings so they have somewhere to relax; to create a space to be enjoyed by all.

What we did:

- A service user noticed that one of the courtyards at Soss Moss had been left to overgrow and said that he wanted to improve the area, particularly as the fish within the yard's pond had been abandoned.
- The service user and several staff members decided to take action by creating a new home for the fish at Saddlebridge Recovery Centre. This marked the start of the Saddlebridge Garden Project.

Results:

- Increasingly, service users have begun growing produce; including strawberries, potatoes, tomatoes, onions and herbs.
- Service users and staff have created a new pond and installed garden furniture.
- Representatives from the Royal Collage of Psychiatry, NHS England and our very own senior management team have been to visit the garden.
- Everyone has come together to create a beautiful, relaxing space. Both the service users and nursing staff had a real vision and were on a mission to create this space, and save the fish!

Next steps:

- Hold a carers event to celebrate finishing construction on the garden. This will enable patients to showcase the work to family and friends and enjoy the space together.
- Hopefully we will also be able to use some of the produce we have grown at Saddlebridge Recovery Centre.

Area: Central and East Cheshire
Team: Central and East Participation and Engagement Team working with East Community Adult Mental Health Teams

SHAPE - Sustaining Health and Promoting Exercise

What did we want to achieve?

The purpose of the SHAPE Project was to gain an understanding from service users of their current habits, side effects of using medication and other barriers to physical activity. The project also raised awareness of activities currently available within Central and Eastern Cheshire.

What we did:

- Working in partnership with Active Cheshire, CWP staff and a member of the Central and East Participation and Engagement Team engaged with 335 current CWP service users.
- Engagement opportunities were offered via paper and online questionnaires, focus groups, one-to-one meetings and telephone feedback.
- A report was then developed by Active Cheshire, with the support of the Participation and Engagement Team, detailing learning and suggested outcomes.

Results:

- 64% of people we talked to do want to get active, even though this may prove difficult for them.
- The types of activity people most wanted to engage in revolve around fitness, physical activities and socialising.
- The people we talked to are motivated by activities that are purposeful, creative and functional.

Next steps:

- Engagement work with service users will continue looking at how we can support them to get more physically active in ways that suit them.
- We will also be doing some work around current provisions and services provided within the Trust and identify how service users would like to hear about them.

Area: Central and East Cheshire
Team: Macclesfield Older Adult Community Mental Health Team

Developing Primary Care Homes

What did we want to achieve?

To redesign outdated clinical pathway for diagnosing and managing care and treatment for people with dementia; to work more closely with primary care colleagues as part of the 'Caring Together' transformation programme and the development of 'Primary Care Homes'.

What we did:

- The Older People's team identified ways in which they could work differently in line with current NICE guidance, as well as ideas for new developments.
- The consultant psychiatrist and team manager met with GPs to redesign the clinical pathway and develop new ways of working together.
- Operated as part of the wider Multi-Disciplinary Teams within nursing and residential homes.
- Psychiatry clinics now take place within GP practices, with full access to the primary care clinical records. Nursing staff have access to hot-desking office space alongside health and social care colleagues within the local area.

Results:

- More people are being supported by working with primary care.
- Waiting times for assessment and diagnosis have reduced from nine weeks to a maximum of five weeks.
- Full physical assessment at point of referral means fewer appointments, and less travel, for patients.
- The costs for the team have reduced as the clinic rooms within GP practices have been offered free of charge.

Next steps:

- Meet commissioners to update the service specifications and formalise the revised clinical pathway.
- Extend current urgent response to people up to 8pm Monday - Friday.
- Extend input into other Primary Care Homes in East Cheshire.

Area: Central and East Cheshire
Team: Community Learning Disability Team – Trafford

Autism Trafford Drop-In

What did we want to achieve?

Autism Trafford Drop-In is an inclusive space where anyone affected by autism can receive information, advice and friendship without the need for an appointment or referral.

What we did:

- Afternoon and evening drop-in sessions in Altrincham and Stretford, staffed by colleagues from the Community Learning Disability Team, the Autism Diagnostic Service and parents with experience of autism.
- The group can refer to social care or housing, help to fill in complex forms and paperwork and offer information on diagnosis and living with autism.

Results:

- Free support results in a financial saving and positive experience for families affected by autism.
- Positive feedback from attendees:

"Autism Trafford Drop-In offers people a place to come and meet others and talk about issues and concerns."

"The Drop-In breaks the day up for me, rather than sitting at home on my own."

"The Drop-In gets me out of the house and meeting people who can relate to what I am going through."

"The Drop-In provides a convenient captive audience for reading my poetry to."

"My son was recently diagnosed... we find Autism Trafford Drop-In helpful, supportive and above all welcoming."

"The Drop-In unites carers and sufferers so we can share ideas."

Next steps:

- Thorough training and support for volunteers.
- Recruit more volunteers so that the Drop-In is sustainable for the long-term future.
- Develop ideas for new speakers and activities.
- Increase promotion of Drop-In sessions by informing healthcare staff and developing online content.

Area: Central and East Cheshire
Team: Greenways Assessment and Treatment Unit

Training for care providers when service users transition out of hospital

What did we want to achieve?

When a service user is preparing to transition back to the community after staying in Greenways, the team at Greenways put on a half-day training session for the new care providers to give them information about the person and how best to support them.

What we did:

- Half-day training sessions arranged, with input from the whole team and, where possible, the service user and their family.
- Associate practitioner presents the service user's one page profile and describes their daily routine. The occupational therapist talks about activities and sensory needs. The speech and language therapist discusses communication. Clinical psychologist discusses the formulation and goes through the positive behaviour support plan. The nursing team talk about medication.
- There is also opportunity for the care providers to ask any questions they have about the person.

Results:

- Feedback from providers who have completed this training has been extremely positive:

"A good insight into the person and their needs."

"It was interesting to talk to staff who really know the person. I felt I learned more about her than just reading her care records."

"This training exceeded my expectations due to plenty of information and plenty of input from staff."

Next steps:

- Analyse feedback and identify any gaps in care provider training that could be addressed in further training.

Area: Central and East Cheshire
Team: Psychology Team in the Rehabilitation and Recovery Service (East)

Enhancing professional development within multidisciplinary working

What did we want to achieve?

Feedback from staff, peer supervision, stakeholders and commissioners highlighted specific learning needs following an influx of admissions with a forensic history of internet offending and changes in services in relation to Personality Disorder (PD).

What we did:

- A personality disorder awareness training and Internet Offending training was provided at Alderley Unit, Saddlebridge Recovery Centre, Lime Walk House Rehabilitation and Assessment Unit, and Rosewood Intensive Rehabilitation Unit.
- A total of 60 professionals attended the training courses, which were provided by a range of disciplines, including Psychiatry, Nursing, Psychology, Occupational Therapy, Social Care and clinical support.

Results:

- 93% of professionals felt that the content of both courses was interesting. 90% of attendees recording that both training courses were helpful. 93% of professionals also rated the standard of both training courses as excellent.
- Professionals said the courses improved "understanding", "awareness" and "formulation" of personality disorder and internet offending. Attendees from the PD training also reported that this training would assist their "reflections", "empathy" and "practice" when working with individuals with personality disorder.
- Professionals stated that the PD training should be "compulsory" and the internet offending training should be longer than two days.

Next steps:

- Future input around PD awareness and internet offending will take place through consultations and ongoing discussions with clinical teams. This will further integrate the understanding from the training courses into specific clinical cases and ensure that learning is translated into clinical practice.

Area: Central and East Cheshire
Team: Emotionally Healthy Schools Links Team

Emotionally Healthy Schools pilot success in Cheshire East

What did we want to achieve?

The Emotionally Healthy Schools pilot project was commissioned by East Cheshire Council to improve links between education and CAMHS in six local high schools.

What we did:

- Facilitated twice-monthly reflection sessions with school staff. Sessions provided a safe and structured space to consider their practice with children and young people.
- Developed and successfully piloted a self-harm pathway for schools to use when responding to self-harm in children and young people.
- Developed a mental health awareness training package based around the MindEd online learning modules and delivered this successfully to school within the pilot and local primary schools.

Results:

- Sessions were well attended by pastoral staff who reported improved confidence in responding to emotional health and wellbeing needs of young people, as well as an increase in their knowledge on basic mental health difficulties.
- Salford University study found an improvement in confidence in school staff in responding to emotional and mental health needs in children and young people.
- Overall, children and young people felt more resilient in dealing with stress.

Next steps:

- East Cheshire Council has commissioned Cheshire and Wirral Partnership Trust to roll out training, mental health consultation, and facilitated reflection sessions across all schools in the region.
- Build on the pathway development work carried out in the pilot and develop a new pathway for children and young people with complex needs but who do not meet CAMHS criteria.

Area: Central and East Cheshire
Team: Bolton Eating Disorder Service

Using Myers-Briggs Personality Types to enhance team working and relationships

What did we want to achieve?

To identify issues and enhance morale within the team, in a way that was non-personal yet increased understanding of individuals' needs whilst at work.

What we did:

- Team Away Half-Day activity identified Myers-Briggs personality types within the team.
- Individuals discussed how they would respond to certain situations and started to share experiences and best practice.
- We have held two more similar sessions bi-annually where the team decided they wanted to know more about each other's personality types and preferences.
- At our last session team members attempted using opposite preference (personality type) to review a case.

Results:

- The first session proved so popular amongst staff that we have held two more and will continue to hold more sessions in the future.
- Feedback from the team:

"The Myers-Briggs workshops enabled me to see my own and other people's strengths and to appreciate what we were all bringing individually to the team."

"I am now able to be more assertive in the MDT meetings and I feel so much more settled and confident in this team."

- We use Myers-Briggs thinking in line management supervision and refer to it in MDT meetings.

Next steps:

- We will continue to hold a further sessions.
- Team manager will work with mentor from the Leadership and Development programme to develop understanding and improve future sessions.
- We feel as though we are reaching our optimum functioning level as a team, which is satisfying for everyone involved.

Area: Central and East Cheshire and West Cheshire
Team: Community Learning Disability Teams
(South and East Cheshire & Cheshire West and Chester)

Clinical Innovation: Development of a tool for Dynamic Support Register of people with Learning Disabilities and/or Autism who are at risk of admission

What did we want to achieve?

Despite national guidance under Transforming Care on Care and Treatment Reviews (CTR), a scoping exercise showed a wide variation, inconsistency, and subjectivity in the use of Dynamic Support Register (DSR) for people at risk of admission due to autism or learning disability (LD). With a lack of existing objective tool, we set out to develop a tool that would help professionals to proactively identify individuals with current level of risks of admission.

What we did:

- Developed a tool to objectively identify individuals at risk of admission to hospital. The tool would need to be: used by members of a Multi-Disciplinary Team (MDT), easy to use and easy to incorporate into electronic records.
- Created a framework for the use of DSR with agreed mitigating actions, regular reviews and quality standards.
- Ensured that all the individuals that were known to LD services were on the DSR with their RAG rating.

Results:

- Development of DSR tool resulted in uniform and objective decision making from the members of MDT.
- Tool is easy to use and fully incorporated into the electronic record system.

Next steps:

- Measure impact of DSR on outcomes for patients. At present there is no data available to say that being on DSR leads to better outcome and prevention of admission for a person with LD.

Reducing drug-related deaths by widening the availability of Naloxone Take Home Kits

What did we want to achieve?

Cheshire East Substance Misuse Service has promoted the wider availability of Naloxone to reduce overdose deaths from heroin and similar drugs. The team have helped to supply Naloxone to individuals at risk of overdose, as well as their carers, families and staff working with substance misusers.

What we did:

- Distributed Naloxone Take Home Kits through our Substance Misuse Service and static Needle Syringe Programme.
- Developed staff training programmes in line with Public Health England's recommendations, allowing them to translate this to service users in a 15-20 minute consultation prior to providing them with a Naloxone Take Home Kit, we have also extended training to our partner service providers in the community.
- Enabled wider distribution and availability of Naloxone which will allow us to target those most at risk to reduce drug related death.

Results:

- Studies undertaken to date have all concluded that the distribution of Naloxone to heroin users is cost-effective.
- Take Home Naloxone Programme for people being released from prisons demonstrated significantly reduced deaths in this group.
- Take Home Naloxone has been found to reduce overdose mortality among those participants being offered the provision on average by 95% and there has been a low rate of adverse events reported.
- The ambulance service says each patient cost on average £155.30 if they are treated at home and if they are taken to hospital this increases to £254.47. The cost of providing a Take Home Kit is £15.30, making a potential saving of between £140 and £239.27.

Next steps:

- Extend availability to all new opiate users accessing the services needle syringe exchange and who access opiate substitute therapy as a part of their assessment into service.
- Provide training and kits to those accessing and providing substance misuse services.
- Extend provision of Take Home Naloxone Kits in pharmacies that provide Needle Syringe Exchange Services.

Area: West Cheshire
Team: Clarion Centre, Occupational Therapy

Friends and Family Drop-In

What did we want to achieve?

To provide a relaxed place away from the ward for friends and family to spend time together and utilise Occupational Therapy facilities.

What we did:

- Planned and discussed the aims of the session with the wider Occupational Therapy (OT) team.
- OT students set up group to educate and promote the importance of carer involvement.
- Regular weekly sessions promoted via posters, leaflets, information screens and word-of-mouth.
- Sourced, displayed and handed out information on support available for carers and how to access it in the community.
- Rearranged furniture to support the informal setting of the group.
- Changed shift patterns to ensure staff could facilitate the event.
- Formulated feedback questionnaire to evaluate the group and understand service user and their carer's needs and expectations of the session.

Results:

- The sessions received positive feedback from service users and carers:

"Very good idea for family and friends."

"Nice, calm, friendly atmosphere. Always helpful."

"Everyone is friendly."

- Attendees thought OT resources were good and liked the friendly and relaxed nature of the sessions.
- Regular attendance from the same people suggests sessions are valued and useful.
- Service users from different wards have used the Friends and Family Drop-In at the Clarion Centre to receive visits from their friends, children and grandchildren.

Next steps:

- Develop second therapy room to provide additional quiet space that is inviting and useable.
- Promote sessions via social media.
- Maintain contact with Carer Advice and Liaison Service to learn about new carer initiatives.
- Consider additional sessions during the day to enable more friends and families to attend at different times.

Cultural systemic change through collaborative working within the Rosewood setting

What did we want to achieve?

To enhance the holistic wellbeing of service users with severe and enduring mental illness with associated complex needs; to expand the clinical and professional skills and competencies of the Multi-Disciplinary Team (MDT).

What we did:

- The cultural change process involved: developing leadership roles, extending training opportunities within the MDT and implementing person centred care and stakeholder integration.
- Nine weekly Care Programme Approach (CPA) meetings focussing on the needs and goals of stakeholders.
- Full involvement of service users, carers and community care co-coordinators to ensure positive risk taking and least restrictive practice.

Results:

- More open and progressive culture within the Multi-Disciplinary Team.
- Greater service user understanding of their own risk formulation and implementation of interventions to help maintain progress and monitor outcomes.
- Greater engagement between Multi-Disciplinary Team and service users when discussing more challenging topics.
- Actual reduction in harm and incidents.
- Improved care plans and risk assessments.

Next steps:

- Combine multi-unit clinical network, business meetings and pathway processes.
- Regular peer supervision sessions to provide a reflective, safe environment to discuss formulation, interventions and dynamic issues.
- Appointment of new senior clinical posts, such as psychologist or outreach practitioner.
- Continue to enhance external and in-house training.

Area: West Cheshire
Team: Care Home Liaison Team

Promoting improved overall care delivered to all care home residents

What did we want to achieve?

The Care Home Liaison team work collaboratively with care homes to introduce quality improvement methodology to empower care home staff to change their systems of working to develop comfortable, caring environments that meet residents' needs.

What we did:

- The team worked with managers, clinical leads, carers and staff at local care homes to identify their definition of care.
- We created a driver diagram which enabled the staff to identify areas that they wished to improve.
- We developed PDSA (Plan, Do, Study, Act) cycles to target areas for improvement and implement change.
- We offered formal education, peer support, role modelling, observation, mapping and case discussion.

Results:

- Three of our four pilot care homes have given positive feedback on the support provided.
- We received positive comments from CCG and CQC inspections about the improvements that have been put in place.
- GPs feel the work is helpful and valuable to care delivered to the residents.

Next steps:

- Further care homes have been identified and will be subject to a more structured support model.
- We are also looking at metrics to support evaluation.

Area: West Cheshire
Team: Patient Experience Team/Chester Adult Community Mental Health Services

Capturing experience on the Initial Assessment Process within the Chester Community Adult Mental Team - understanding both the service user and staff experience.

What did we want to achieve?

To involve staff and service users in a four-phase Experience Based Design approach to help us better capture, understand and improve experience of those who use Chester Adult Community Mental Health Team.

What we did:

- Produced flowchart of the service user journey, from receiving the appointment letter to leaving the Bowmere site.
- Used flowchart in service user and staff interviews to understand how they felt and map emotions at each stage.
- Reviewed interview transcripts to identify recurring themes.
- Developed themes into project recommendations for service improvements.

Results:

- Service users spoke very highly of staff members, stating that they felt listened to, did not feel judged, had time to share their symptoms and felt someone had understood them.
- Feedback identified a number of key themes and recommendations for improvement: Change appointment letters and information sheets sent or given to service users; Introduce meet and greet volunteer in outpatient reception; improve signage within outpatients and across Bowmere site.
- Service users have learned new skills and understanding and have repeatedly expressed their appreciation of being able to share their experience with staff and other service users.

Next steps:

- Effectiveness of improvement recommendations to be monitored and reviewed by the project team.
- Introduce similar work across CWP so that other services may be able to benefit from the recommendations identified.

Area: West Cheshire
Team: Juniper Ward

Review of weekend activities

What did we want to achieve?

To review activities available on the ward at weekends.

What we did:

- Healthy Eating Group has been introduced to take place over the weekend.
- Service users select recipes and visit the supermarket to purchase ingredients.
- All are encouraged to attend the group where they learn about health and wellbeing, as well as taking an active part in preparing the food in a relaxed atmosphere.
- The group assists with distraction techniques and promotes engagement between service users.

Results:

- The groups have been very popular with high attendance rates. 16 out of 20 service users attended the group when held over a weekend.
- Service users reported that they had enjoyed taking part in the group.
- Engagement between service users who attended the group had increased considerably.

Next steps:

- Review and extend choice of weekend activities for service users on Juniper Ward.

Area: West Cheshire
Team: Older Adults Community Mental Health Team

Training support workers to deliver anxiety management techniques to service users

What did we want to achieve?

To teach support workers anxiety management techniques so that service users with anxiety management interventions can be seen more promptly.

What we did:

- Reviewed existing, eight-week anxiety management programme.
- Three support workers experienced the programme themselves to help them to gain an insight into the programme.
- Support workers worked alongside occupational therapists (OTs) to observe the programme as it was delivered to service users before delivering the programme themselves initially under OT supervision.

Results:

- New process in place: OT carries out initial assessment and reviews jointly with support worker who then delivers the anxiety management programme.
- Our staff have anxiety management skills in the team so the programme is not reliant on OT availability.
- Service users are now being introduced to the anxiety management programme in a more timely manner when the intervention is most needed.

Next steps:

- Extend programme to enable other support workers in the team to gain these skills.
- Further review and update anxiety management pack.
- Create more concise version of anxiety management pack for service users who have cognitive difficulties.

Forest School

What did we want to achieve?

Forest School offers young people the opportunity to develop confidence and self-esteem through hands-on learning experiences in a woodland environment. The school uses achievable and motivational tasks and activities to promote holistic development.

The project has been supported by The Conservation Volunteers (TCV) and The Mersey Forest Team.

What we did:

- Working in collaboration with the Land Trust and Countess of Chester Country Park, the short-stay school have created a space, including campfire circle and den-building area, for young people to use.
- Head of short-stay school is now trained as a Forest School teacher.
- Activities have included campfire building, jewellery making, creating journey sticks for Mental Health Awareness Week, building dens, studying wildlife, tracking games and sensory activities. Forest School has also hosted workshops on art and sculpture, drama and woodland crafts.
- Young people completed anonymous Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) surveys at the beginning and end of Forest School programme. The Mersey Forest Team and The University of Liverpool analysed results as part of report supporting the Forest School intervention.

Results:

- Forest School has enabled young people to work through problems and challenges.
- Young people have developed social and practical skills and have a greater understanding of nature and the benefits of a balanced and healthy lifestyle.
- Students have felt a sense of achievement and success and have learnt how to manage failures and build resilience.
- Attendees are confident in decision-making and evaluating risk and are able to reflect on learning and experience.
- Above all, young people are having lots of fun outside in the fresh air.

Next steps:

- Expand current programme so that we can offer a wide range of activities for young people.

Skills Club - inspiring the future workforce

What did we want to achieve?

Working collaboratively with Skills for Health, CWP and Countess of Chester Hospital NHS Foundation Trust (COCH) delivered a six-week 'Skills Club' programme at a local secondary school.

What we did:

- Students were taught NHS principles, experienced first aid training and met a variety of health professionals.
- Showcased a number of services - including mental and physical health - and promoted a variety of roles to inspire a future workforce.
- CWP and COCH staff took part in a 'speed dating' event illustrating the breadth of careers available in the NHS.
- Staff provided topical, relevant and thought provoking sessions on alcohol awareness, mindfulness, challenging stigma and NHS values.

Results:

- Students said:

"I've been able to interact with and speak to a lot of people from various different areas. It's been interesting to find out more about all of the things going on behind the scenes within the NHS."

"It's also shown me there are lots of different career options within the NHS."

- CWP Director of People and Organisational Development said:

"The enthusiasm, contribution and insights of the students involved was wonderful to see. I know they were there to hear new things but I learned a lot from them. I can't wait to go back!"

Next steps:

- School is developing 'in-house' Skills Club for Year 7 and 8 pupils.
- Future Skills Clubs to increase access, with the next one aimed at those accessing Job Centre Plus.
- Develop pool of 'health ambassadors' - staff who are willing to help promote careers within the NHS.

Area: West Cheshire
Team: Eastway Assessment and Treatment Unit

'Meditation on the soles of the feet' - a mindfulness-based group intervention for people with learning disabilities in an inpatient setting

What did we want to achieve?

To support individuals with a Learning Disability (LD) to develop new skills in mindfulness and assess how this works on the unit; to offer the inpatient team a different way of supporting distressed individuals.

What we did:

- Clinical Psychology and Speech and Language Therapy co-designed and co-facilitated the mindfulness group. Sessions ran twice weekly for five weeks; each lasting 20-30 minutes.
- Mindfulness helped participants to regulate their emotions before shifting attention to a neutral body part; their feet.
- Placing feet in different textures (e.g. sand, soapy water, paint), relaxing music and a simplified mindfulness script orientated participants to the 'soles of the feet' to reach a level of calm.
- Participants had a personal copy of the script alongside their own painted footprint, to refer to in times of emotional distress.
- Recorded ability to manage difficult emotions before and after attending sessions.

Results:

- Participants' ability to manage emotions improved from 'not very well' to 'OK'.
- Participants and staff used mindfulness outside of sessions and felt benefits during day-to-day activities.

- The group received positive feedback, with attendees saying they:

"liked the relaxing music", "liked being in a group" and "would attend a group like this again".

- Staff found it helpful having a new supportive approach to use with service users, and reported that it helped participants become calmer after presenting with anxiety or anger.

Next steps:

- Use feedback to adapt future groups to suit our service users' needs.
- Locate a different, quieter ward space to minimise distractions.
- Offer CD of mindfulness script to facilitate additional personal practice.
- Submit project for publication in an academic journal.

Area: West Cheshire
Team: 0-5 Starting Well Health Visiting Team

Integrating the two-year developmental assessment - a collaboration between health and education

What did we want to achieve?

To identify needs and improve outcomes for children by bringing together both the developmental and Early Years educational assessment.

What we did:

- Key staff from Early Years Education and Health Visiting formed a steering group to map current practice, collate national best practice and develop a pathway for an integrated review.
- The review made best use of the recently implemented Ages and Stages questionnaire tool. Pilot educational settings were identified and engaged with the project.
- Link roles were identified for the Health Visiting staff to link to the Early Years settings.

Results:

- Integration has led to more efficient, effective approach to assessing a child's holistic development.
- Enabled early measurement of a child's progress, including identifying their strengths and needs with regards to health, learning and behaviour.
- Reduced attainment gap and inequality amongst children and improved school readiness.
- Vulnerable children now receiving all-round review across a number of domains previously not covered by a single professional.
- More complete picture of child's health and learning development.
- Following the successful pilot, the integrated review has now been rolled out across all Early Years Settings.

Next steps:

- Full evaluation of the impact of this project, including the experience of the parent, the educational setting and the Health Visiting service.

Area: West Cheshire
Team: Community Continence and Urology Service

Promoting self-care in people with continence issues

What did we want to achieve?

To enable continence patients to be able to independently manage certain aspects of their care.

What we did:

- Identified nursing tasks that patients could complete themselves: the administration of urinary catheter maintenance solutions and the administration of rectal suppositories.
- Devised competency documents for patients and carers using current evidence-based practice. The documents were agreed by Trust Clinical Governance and offered a step-by-step guide for carefully selected patients who wished to take part in this new initiative.
- Nurse teaching allowed for patients and carers to develop skills at their own pace. Nurses make contact every three months to ensure competencies are maintained.

Results:

- Carers have been assessed and signed off as competent in the procedures.
- Patients have more autonomy as to when and where they can receive their treatments.
- Improved level of care by informing, skilling, equipping and empowering people.

Next steps:

- Further promote initiative amongst Community Care Teams to ensure that all teams have the option of allowing their patients or carers the opportunity to take on the skills.

Area: West Cheshire
Team: 5-19 Health and Well-being Service

Working with younger children to develop flu campaign stickers

What did we want to achieve?

To support children in Year 1, 2 and 3 at local schools in making decisions about the 5-19 Health and Well-being Service through creative involvement; to promote the My Well-being brand and website via stickers given to all children who get their flu vaccine.

What we did:

- Visited local primary schools and supported small groups of children in designing 'flu bugs'. Creative sessions would also include discussions on reasons for flu vaccine, managing germs and importance of washing and drying hands correctly to prevent the spread of bugs.
- Created stickers featuring children's flu bug designs and name of My Well-being website and issued to children who received their flu vaccination.

Results:

- The children were very excited about being involved in the creation of flu bug designs and even more excited knowing that children within other local schools were going to get to see their bugs.
- Children thought the idea was:

"really good!" and "really fun"; "I want to sit and design flu bugs all day!"

- The children also said that they wanted to get involved again next year.

Next steps:

- Put images of completed stickers onto My Well-being-branded poster and send to participating schools for children to view.
- Use flu bug designs on promotional materials, such as posters, letters and leaflets, for upcoming flu campaign.

Area: West Cheshire
Team: 0-16 West Cheshire CAMHS

Introducing a triage assessment clinic into CAMHS

What did we want to achieve?

To be enable West Cheshire Child and Adolescent Mental Health Services (CAMHS) to be more responsive to the needs of children, young people and their families at a time they are experiencing mental health difficulties.

What we did:

- Clinicians from Tier 2 and Tier 3 CAMHS worked collaboratively to offer assessment based on the THRIVE model of care, which enables care to be delivered according to the needs and preferences of children and young people and their families.
- Introduced triage assessment clinic to provide suitable arena in which to assess individuals.

Results:

- Clinicians from both Tier 2 and Tier 3 CAMHS work collaboratively and in a more focused way.
- THRIVE model reduces dependency and promotes resilience of service users.
- Care plans, which are developed in collaboration with families, may include signposting, self-management or time-limited partnership with outcome-focused intervention.
- Delivering mental health intervention that is non-stigmatising and with a focus on community support, which avoids over-medicalising and results in a system of support at school and at home.
- Weekly feedback collected via telephone and collated. Feedback supports initiative being fully implemented within the service.

Next steps:

- The initial trial focused mainly on primary CAMHS waiting list. The next step is to introduce the triage assessment clinic as the first contact for assessment within 0-16 West Cheshire CAMHS.

Area: West Cheshire
Team: 0-16 West Cheshire CAMHS

CAMHS professional information event

What did we want to achieve?

To increase awareness of CAMHS services, referral into, what happens after a referral is received and the services that can be offered.

What we did:

- Invited colleagues from other sectors to come along to a free event at our clinic.
- Shared information on CAMHS services with colleagues.
- Provided resources for staff to take away to help young people with mental health difficulties.
- Created opportunity for professionals to network with colleagues from other sectors.
- Answered any questions staff had about CAMHS.

Results:

- Attendees said:

"I was clueless before. Now I know what you offer and who contact."

"Really good session to get up to date information about CAMHS."

"Thank you for organising the session. I've found it very useful."

"This event was excellent, relevant, informative."

Next steps:

- To organise and promote similar events for staff.

Area: West Cheshire
Team: Crisis and Reablement Team (CART)

Developing a fast track service for End of Life patients to facilitate discharge from hospital to home in the final days of life

What did we want to achieve?

The Crisis and Reablement Team (CART) are a team of highly experienced community support workers who are highly specialised in providing care to palliative patients.

Our aim is to make the journey as comfortable as possible for palliative patients and their families. Crucially, we wanted to ensure those patients who chose home as their preferred place of care to be discharged from hospital to home for the final days of their life.

What we did:

- We worked with The Countess of Chester NHS Foundation Trust (COCH) Integrated Discharge Team (IDT) to see how we could transfer palliative patients home within hours of referral.
- We ensured CART support workers were available to visit palliative patients on the day of discharge, to support the transition home.
- Supported changes to the care pathway for those at the end of their life.

Results:

- CART has facilitated a much faster patient discharge from hospital to home.
- Trusted assessor model means there are no delays in waiting for an assessment and subsequent care plan to be carried out by the Community Care Teams (CCTs).
- New model negates need for district nurses to visit, assess and produce care plans for patients before a referral to CART can be made.

Next steps:

- Develop similar process for palliative patients being discharged from Wirral University Teaching Hospital NHS Foundation Trust (WUTH).

Area: West Cheshire
Team: Tier 2 CAMHS

Supporting emotional health and wellbeing through parent support

What did we want to achieve?

To improve access and reduce stigma to parenting support.

What we did:

- Identified gap in provision of support and training for parents of young people accessing CAMHS.
- Developed 'Behaviour Pathway' for children and young people to address gap in provision.
- CAMHS Parent Group facilitators trained and introduced in schools across West Cheshire.
- Set up second-level CAMHS parenting course; 'The Incredible Years Programme', which is endorsed by the National Institute for Health and Care Excellence (NICE).
- Moved to self-referral model which is underpinned by parent involvement.

Results:

- CAMHS Parent Group has acted as network of early support for parents.
- Significant increase in number of people attending and retention beyond the end of parenting courses taking place at local schools.
- Schools have described CAMHS support as invaluable, especially for those staff who have little experience of delivering this type of provision.
- Excellent attendance and retention at second-level CAMHS parenting course.
- Parent said:

"This course has changed the way I am as a dad. I see other dad's in the park dealing with their children's behaviours and I want to share what I have learnt with them."

Next steps:

- Make this provision a standard part of our CAMHS offer.
- Offer 'top-up parent consultations'; refresher training for those who have attended the group, or our other group Cygnet (for parents of children living with autism).
- Extend support to parents of adolescents.

Area: West Cheshire
Team: Tier 2 CAMHS - Chester

Anxiety management groups

What did we want to achieve?

To support young people that present with anxiety symptoms through therapeutic activities and skills.

What we did:

- We established a workshop for parents of children who suffer from anxiety, explaining how to best manage anxiety and what therapeutic activities could help.
- We also worked with several small groups of Year 5 and 6 primary school students, showing them activities and teaching them the necessary skills to help them to manage their anxiety.

Results:

- Four different groups have taken place over the last year. Sessions have been well received and have scored an average of 8.5 out of 10.
- Ratings have also progressed with each completed session, indicating that the groups are constantly improving.
- Feedback from parents and young people has clearly shown positive shifts in relation to the Revised Child Anxiety and Depression Scale (RCADS).

Next steps:

- Establish similar groups for a Year 7 and 8 age groups.

Area: West Cheshire
Team: Cherry Ward and Indigo Ward

Intergenerational coffee mornings to promote health and wellbeing

What did we want to achieve?

To break down the stigma and barriers between people with dementia and younger people with mental health needs and improve outcomes for both age groups.

What we did:

- People from both Cherry Ward and Indigo Ward attend a weekly coffee morning at Oasis Café in Bowmere Hospital.
- Coffee mornings included quizzes, activities and discussions on ideas for future sessions.

Results:

- Coffee mornings have developed communication skills and problem solving abilities amongst both groups of service users.
- Attendees have felt a sense of purpose and community service. The events have also led to increased sense a personal and social identity, while encouraging tolerance and relationship building.
- Older adults have experienced positive effects of interacting with young people. Young people have increased confidence and self-esteem after spending time with older service users.
- Older people said they enjoyed teaching the young people about historical events and introducing them to their favourite songs and past-times. One gentleman expressed that he does not get to see his grandchildren often and so looks forward to the weekly coffee mornings.
- Young people have created genuine relationships with their fellow service users, asking after those unable to attend and creating 'Get Well Soon' cards for those who are unwell. This has greatly improved the wellbeing of the older adults.

Next steps:

- Complete literature review to establish current practice within this field and to support the development of the session.
- Use review to inform development of coffee mornings and produce action plan for future sessions.

Area: West Cheshire
Team: Physiotherapy First Extended Hours

Physiotherapy assessment and advice in extended hours

What did we want to achieve?

To expand accessibility to physiotherapy assessment and advice for those who could not attend a day time appointment.

What we did:

- West Cheshire Clinical Commissioning Group (CCG) supported recruitment of new team to work alongside established multi-disciplinary Extended Hours team.
- Bases set up in Chester and Ellesmere Port, offering clinics five nights a week.
- Patients access clinics via their GP practice or through Single Point of Access.
- Patients receive a detailed musculoskeletal assessment from an advanced physiotherapist, who will provide a diagnosis and treatment plan.
- Patients may be given advice and self-care information, be referred for a course of physiotherapy, have diagnostics arranged or be referred on to a hospital specialist.
- Liaised with GP reception staff and Single Point of Access staff so that they can explain the service to patients.

Results:

- 97% of clinic slots have been filled, with 150 to 200 people per month now able to directly access a physiotherapist without needing to see a GP first.
- Patient feedback has been positive and has highlighted previously unmet demand for physiotherapy services.
- 75% of patients are able to be safely discharged after receiving self-care advice. Less than 25% are referred for a course of physiotherapy treatment. This can take place at the patient's preferred location.
- Direct access to physiotherapist means fewer GP appointments are taken up by patients with musculoskeletal complaints.

Next steps:

- Further expand team so that we can provide services from a range of locations across West Cheshire.
- Continue to collect data and identify trends, particularly regarding number of referrals into musculoskeletal physiotherapy.

Area: West Cheshire
Team: Eastway Inpatient Learning Disabilities

Physical health promotion in learning disabilities

What did we want to achieve?

To increase accessibility of health promotion resources within learning disabilities, alongside increasing basic awareness of the benefits of enjoyable physical exercise.

What we did:

- Eastway Occupational Therapy team worked alongside gym staff to provide service users with the opportunity to engage in physical exercise during their inpatient stay.
- Used graded approach to make gym environment, as well as the tailored sensory space, more accessible to people with autism or cognitive difficulties.
- Conducted one-to-one sessions so service users had exclusive access to gym facilities.
- Created pictorial social stories to explain how to use gym environment.
- Observational visits during quiet times to ensure facilities were being used appropriately.

Results:

- 75% of inpatients have used the gym facilities available, with more than half attending multiple sessions per week.
- Service users ask regularly to attend the gym and are keen to engage in a variety of exercise regimes.

Next steps:

- Continue to work collaboratively to ensure physical health resources are accessible to those with learning disabilities.
- Explore possible introduction of volunteer role so that service user can continue this role even after they have been discharged from hospital.

Social groups for older adults in Wirral

What did we want to achieve?

To reduce social isolation by developing community social groups where service users across Wirral feel safe and supported; to support members to build confidence and aid transition into community resources or other services.

What we did:

- Set up social groups in Birkenhead, Wallasey, West Wirral and South Wirral.
- Groups were developed by occupational therapists and facilitated by a team of occupational therapy technical instructors and support workers.
- A referral criteria was devised which included service users with a diagnosis of enduring functional mental health problems and early dementia or mild cognitive impairment.
- All four groups have secured community venues free of charge, with one group being run weekly and the others on alternate weeks.
- Weekly activities, including arts and crafts, quizzes, films and reminiscence sessions, are guided by the service users. The Older Persons' Recovery Star has been a useful tool in identifying the most appropriate activity for each group.
- Community outings to also provide opportunities for increased social confidence.
- Bi-annual party whereby all groups come together to socialise as one, larger group.

Results:

- Members of the group said: "I feel like a different person. Attending the group has made me cheerful and very talkative."
- Some service users have achieved their goal of accessing wider community resources.
- Members who were once isolated in their own homes have joined community groups, with some enrolling onto courses at CWP's Wirral Education for Wellbeing recovery college.

Next steps:

- Continue to facilitate groups for people experiencing social isolation.

Area: Wirral
Team: Wirral CAMHS 14-18 Team

Integrated safeguarding supervision model

What did we want to achieve?

To improve safeguarding practice within Wirral CAMHS; to ensure clearer and more robust management of cases where there are safeguarding concerns; to improve data collection and reporting.

What we did:

- Restructure of Wirral CAMHS resulted in development of clinical coordinator role.
- Safeguarding lead established more robust processes around safeguarding procedures.
- Clinical coordinators ensure all discussions and decisions are clearly recorded on Carenotes system and any actions are followed up.
- CWP Safeguarding Team supervises clinical coordinators to support their direct work within the teams.

Results:

- Safeguarding information easily accessible to clinicians who are already familiar with cases within their team.
- Staff reported feeling clearer around the process for recording and reporting safeguarding information. Advice and guidance is clear, appropriate, helpful and supportive.
- Safeguarding supervision is more accessible now that it takes place within teams.
- Clinician involvement in safeguarding supervision is useful as team has developed a greater knowledge of the mental health aspects of the case.
- Newly acquired mental health knowledge has allowed for future planning with regards to safeguarding issues.
- Escalation procedures are clearer and clinicians now feel more supported in being able to challenge decisions that are not in young people's best interests.

Next steps:

- Clinical coordinators will continue to embed these processes and improve safeguarding practice within the teams.
- They will also complete NSPCC safeguarding supervision training which should further improve and enhance this practice.

Pilot project of specialist perinatal mental health outpatient clinic in Wallasey and West Wirral Adult Mental Health Service

What did we want to achieve?

To deliver consistent, effective and comprehensive specialist psychiatric, nursing and psychological care to women with mental health problems during perinatal period; to develop perinatal mental health skills of community mental health staff; to raise awareness of perinatal mental health by educating primary care services, patient and carers.

What we did:

- Multi-disciplinary approach includes health visitors, midwifes, social services, liaison mental health team, crisis and home treatment teams.
- Fortnightly meetings at the Highfield Centre where psychiatrist, registrar and nurse discuss perinatal mental health issues.
- Birthplan meetings enable service users to spend time with perinatal specialist midwives.
- Telephone advice for GPs and training for students, trainees and health visitors.
- Created perinatal mental health webpage on CWP intranet.

Results:

- Received 53 referrals and accepted 48 patients.
- Six out of 31 perinatal patients in Wirral accessed the specialist perinatal mental health outpatient clinic. Almost a third of all perinatal mental health patients admitted to Wirral inpatient services had also accessed the clinic.
- Patient satisfaction survey showed people liked accessibility and speed of service. Clinic also made people feel supported, well informed and confident during their pregnancy.

Next steps:

- Standardise clinic letters so that we can measure outcomes in line with national guidance.
- Measure cost-effectiveness of service.
- Organise perinatal mental health support group and deliver educational sessions for GPs and allied health professionals.
- Continue to improve awareness of perinatal mental health care and support.

Area: Wirral
Team: Wirral CAMHS Primary Mental Health Team

The Wirral CAMHS Advice Line

What did we want to achieve?

To provide telephone advice for anyone supporting the mental health of children and young people, including parents, education and social care staff, GPs and other health professionals.

What we did:

- Every school in Wirral was assigned a Primary Mental Health Worker (PMHW) and received initial engagement visits.
- Schools completed survey to assess mental health needs. Results showed schools wanted 'access to immediate advice from CAMHS'.
- Launched The Wirral CAMHS Advice Line, which is open Monday-Friday and staffed by experienced CAMHS practitioners. Advice line offers support and resources, school visits from PMHW and referrals to specialist CAMHS, if necessary.

Results:

- Over 800 consultations have been completed with the help of the advice line.
- Fewer referrals to CAMHS as people are able to access support via advice line.
- Less pressure on CAMHS team has resulted in improved staff wellbeing.
- Local paediatric ward reporting fewer young people at risk following risk assessments conducted by CAMHS.
- Service users said:

"The service is invaluable and helps us feel calm and contained when faced with children with mental health issues."

"Consultation allowed us to get a young person in for an emergency appointment instead of sending them to hospital."

Next steps:

- Schools to receive face-to-face follow-up consultations from their allocated PMHW.
- Extra support with resources and strategies for those schools who feel this is necessary.

Area: Wirral
Team: Wirral Homeless Team

A proactive outreach service for people who are homeless and have mental or physical health difficulties

What did we want to achieve?

To provide an assertive, outreach approach offering specialist mental and physical health assessments and treatment to people deemed to be homeless or at risk of homelessness; to support people who are homeless and would otherwise find it extremely difficult to access or engage with mainstream services.

What we did:

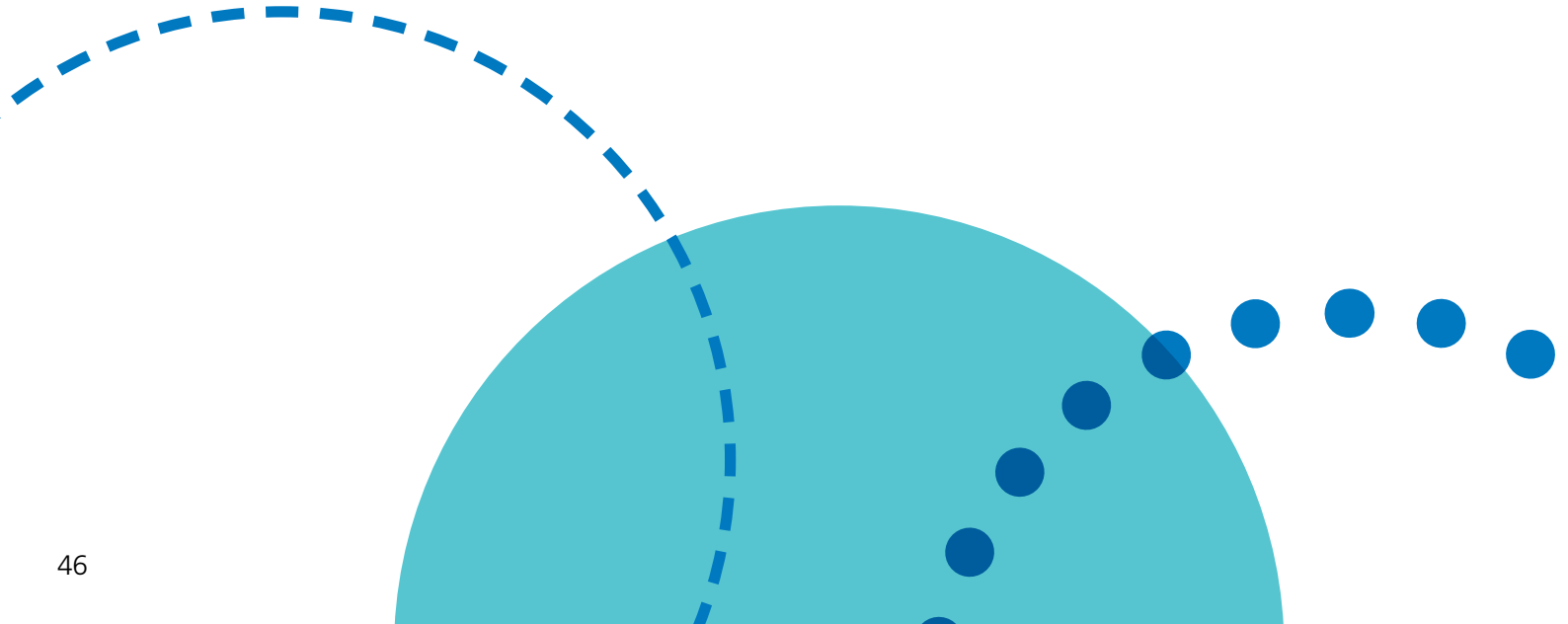
- The two practitioners run clinics in the local hostels, the night shelter and the soup kitchen. Ensured clinics started at times which optimised contacts with homeless community.
- Joint working with Alcohol Related Brain Damage team, and in collaboration with the local substance misuse service.
- Linked in with the GPs that are closely located to the hostels.
- Provided training to hostel staff so that they are better equipped to support people with mental or physical health difficulties.

Results:

- Reduced health inequalities for homeless people.
- Helped service users to better manage their health and wellbeing.
- Vaccinated 126 people who are homeless as part of last year's flu campaign.
- The team also work very closely with the Alcohol Related Brain Damage team, and collaborate with the local substance misuse service. The team link in with the GPs that are closely located to the hostels and provide training to hostel staff.

Next steps:

- Develop 'No place to call home' audit tool to evaluate accommodation issues and how common these issues are for people who experience mental health difficulties.



Honourable mentions

Trust-wide

Team: Education CWP
Title: Developing our managers to be the best they can be

Team: Mental Health Law Team
Title: Improving patient experience across pathways by providing Mental Health Act administration to acute trusts

Team: POMH (Prescribing Observatory for the Mental health) CWP Leadership Group - affiliated with the RCPsych
Title: Multidisciplinary leadership (non-hierarchical) to highlight and implement change around prescribing practice through clinical engagement and collaborative working to improve patient care and reduce harm

Team: Clinical Education
Title: Simulated learning - Physical health emergencies in mental health

Team: CRAC (Complex Recovery Assessment and Consultation) ASD Diagnostic Assessment Service
Title: Caring and daring to work smarter, slicker and quicker for better outcomes for local communities

Team: Infection Prevention and Control
Title: Wound care and wound dressing selection information leaflet

Central and East Cheshire

Team: Winsford 0-16 CAMHS Service
Title: Parent's Resilience Group

Team: Community Learning Disability Team
Title: Ladies social and sexual education group

Team: Winsford 0-16 CAMHS Service
Title: Young people's mental health and schools project

Team: The Wellbeing Hub
Title: Stress promotion groups within the local community and service promotion

Team: Community Learning Disability Team - Trafford
Title: Multi-agency housing partnership for people with autism and lower level support needs

Team: Crook Lane Respite Unit
Title: Daily Checks Books

Team: Lime Walk House Rehabilitation and Assessment Unit
Title: Involving and supporting carers

West Cheshire

Team: Podiatry Admin
Title: Patient 'Ring and Remind' service

Team: Fitness and Wellbeing Team
Title: Development of the new Fitness and Wellbeing Team

Team: Willow Ward
Title: Friends and Family Social Afternoon on an Adult PICU (Psychiatric Intensive Care Unit)

Team: 5-19 Health and Wellbeing Service
Title: Healthy Living Club at Dorin Park School

Team: West Cheshire 0-16 CAMHS
Title: CAMHS Professional Information Event

THE BIG BOOK OF BEST PRACTICE 2017/18

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