



Cheshire and Wirral Partnership



NHS Foundation Trust

Big Book of Best Practice 2015–2016



#CWPZeroHarm

Care • Well-being • Partnership

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Foreword from Dr Anushta Sivananthan,
Consultant Psychiatrist and Medical Director.
Welcome to CWP's Big Book
of Best Practice 2015–2016

I am absolutely delighted to introduce you to our third annual Big Book of Best Practice. It is fantastic to see how staff at CWP have embraced sharing innovation, improvement and good practice to deliver high quality care.

Every year we get more and more submissions. The book shows how CWP staff have made improvements in care to improve the outcomes for the people we serve. Reading the examples of good practice makes me very proud of the work done by CWP staff.

The Big Book of Best Practice is part of the Trust's #CWPZeroHarm campaign. Zero Harm's key message is **Stop Think Listen** - a concept that involves supporting everyone to deliver

the best care possible,
as safely as possible
and in doing so
reducing unnecessary
avoidable harms.



Since the campaign's launch, CWP has invested in creating an environment that allows the maximum number of people to achieve good outcomes and positive recovery, with the smallest number of people experiencing adverse outcomes.

It is therefore vital CWP shares and learns from good practice to provide the best care possible for people who access and are affected by our services.

Over the last year our commitment to Zero Harm has received national recognition. A feature article in October 2014's Health Service Journal, in which I was able to outline how CWP is responding to new patient safety challenges, provided a great opportunity for us to share this cultural journey.

I'd like to thank everyone who submitted an entry to this year's book. The spread of contributions across all services and localities has been its best yet.

I'm always interested to hear from staff who have new ideas to share. If you find yourself inspired by this year's Big Book of Best Practice please feel free to get in touch via:

Anushta.Sivananthan@cwp.nhs.uk

Area: Wirral

Team name: Acquired Brain Injury Service

A pilot psycho-educational group for those affected by brain injury

What did we want to achieve?

To provide group peer support that decreases social isolation, builds understanding of brain injury and increases a service user's ability to cope with its effects (physical, emotional/behavioural, social).

What we did

- The group, led by two Assistant Psychologists, ran for six weeks in total (once a week for two hours) with five service users with an acquired brain injury (stroke, traumatic brain injury, and hypoxic brain injury).
- Each week covered a different topic, with sessions being informal and interactive in nature (with discussion encouraged). Manual and additional handouts were provided for each group member to follow.
- The group sessions covered topics such as 'Brain Injury and Stroke: Causes, Types and Experiences'; 'Recovery after Brain Injury and Managing Well-being' and 'Emotions after Brain Injury (including a brief introduction to mindfulness)'.
- Separate guest talks were also provided by two Neuropsychologists and an expert patient.

Results

- Individuals were asked to indicate their level of understanding pre and post attendance, using a scale of 1-10. Collectively the attendees reported an increase in understanding, with an average increase of +3.1.
- Satisfaction ratings for the group format were particularly high: presentation style (10/10); group facilitators (10/10); size of group (10/10); session topics (8.8/10); length of sessions (9.6/10); paper hand-outs (9.4/10); expert patient talk (9.2/10); guest speakers (9.8/10).
- Qualitative feedback was wholly positive, with comments including: "I learnt what I have been through – what caused it and why. It's really opened my eyes."; "Suddenly you realise you are not on your own, that other people have gone through similar things."; "It's been a good balance of learning and talking. You've given us an understanding. It's given me the motivation to go and seek more information that can help."

Next steps

The Acquired Brain Injury Service now hopes to run another Understanding Brain Injury Group in the near future. The service is also aiming to write up these findings to submit to a journal/publication to share this best practice initiative nationally.

Area: Wirral

Team name: Adcote Health and Education Assessment Unit

Digby the PAT Dog becomes a member of the Adcote team

What did we want to achieve?

The Young People at Adcote Health and Education Assessment Unit expressed their wish to have a dog at the unit that they could interact with while on placement. The staff at Adcote listened to the young people's ideas and responded by researching and exploring practical options.

What we did

- Staff at Adcote House worked together with young people to research and explore their ideas fully. The young people then presented their findings to the unit's team manager. Adcote staff also researched the use of animals in healthcare, Trust policy and attended CWP's infection control study day.
- The team and young people concluded that the best solution would be to invite a Pets As Therapy (PAT) dog to visit the unit. One of the team's Assistant Psychologists felt her four-year-old Pug, Digby, would be a suitable candidate to become a PAT dog.
- Research shows that introducing a companion animal into health care environments can result in a rise in patient health and well-being, with the presence of a cat or dog often helping service users feel more comfortable, more communicative and motivated to engage with those around them.

Results

- Following his PAT assessment (which he passed with flying colours), Digby has been visiting the unit since March 2015 and the young people enthusiastically prepare for his visits.
- Digby's visits provide a calm space for the young people to come together and share in a positive interaction.
- He has inspired Digby related pieces of writing, artwork and fundraising, encouraging engagement in the classroom.
- Digby's story featured prominently in various local newspapers as well as the CAMHS team's website and social media. This media presence has publically highlighted the work of both the Adcote CAMHS team and work of the Pets As Therapy charity.

Next steps

Digby will continue to visit Adcote House on a regular basis. The team has also had requests for him to visit other Trust locations, which they hope to arrange. All the Adcote staff have embraced Digby as an honorary member of the team and are exploring other ways to integrate him into the Adcote family.





Area: Wirral

Team name: Birchwood Detoxification Project

Care packages for people with complex needs requiring alcohol detoxification

What did we want to achieve?

In April 2015, a specialist drug and alcohol nursing team from CWP were seconded to Birchwood House Residential Detoxification Unit. This is in partnership with Arch Initiatives, a long standing drug and alcohol charity in Wirral. CWP was asked to provide clinical expertise around pharmacological and nursing management of opiate and alcohol reduction. This was to add to the individual and group therapeutic interventions already in existence at Birchwood.

What we did

- The two services combined their resources, skills and knowledge to provide a unique blend of pharmacological, psychosocial and motivational care giving. This enabled service users to experience a safer, more medically managed detoxification, while benefiting from intense one to one and group motivational work.
- The combined approach provides opportunities to support health and well-being while promoting positive long term changes. The unit nurtures behavioural change.
- CWP provides three nursing staff and one Healthcare Assistant, and is in the process of educating and directing more clinical assessments.

Results

- Wirral has one of the highest alcohol related hospital admissions in England. By combining these existing services, the project has helped reduce the number of alcohol related admissions. By establishing a positive working relationship with the acute trust, service users have been able to be admitted to the detoxification unit after presenting at A&E.
- This has been instrumental in accepting patients from hospital earlier than previously, resulting in a saving in hospital bed costs.
- Admission to the unit at a cost of £165 per night prevents an alcohol related admission to A&E costing £1,000 per night. Service users find the methods used by the unit different to alternative detoxes. This results in less anxiety and physical withdrawal. The experience a smoother transition to becoming drug or alcohol free and are able to better engage in motivational therapy.
- Additionally, with the provision of two independent nurse prescribers, the unit is able to accept admissions seven days a week, when it previously could only admit on three days in the week. This makes the unit more accessible and more in line with the proposed seven day working week for health and social care.

Next steps

The team will continue to develop and expand current service provision by learning from the patient experience. This will highlight areas of good practice within service delivery and areas requiring future development, such integrated care pathways.

Area: Wirral

Team name: Early Intervention Team

The Big Life Film Project - a service user-led psychoeducational film

What did we want to achieve?

The film project was a joint venture with The Open Door Centre, a mental health charity based in Wallasey. The purpose was to allow a group of young service users to create a video aimed at school aged young people to educate them about mental health.

What we did

- Staff from CWP's Early Intervention Team and The Open Door Centre facilitated weekly development sessions over six months, which allowed a group of ten service users to share their ideas for the short film.
- The group worked with a film production company from Liverpool who recorded and edited the film.
- The film's script, creative direction, acting and voiceovers were all created by the service users involved.

Results

- The film is currently being delivered to local schools as part of ongoing mental health awareness sessions delivered by CWP and The Open Door Centre. It is freely available on YouTube and CWP's early intervention website openminded.org.uk
- The film represents a successful joint venture with a third sector organisation. The finished product is a tool designed by young people, for young people.
- Comments from the service users involved include: "It has helped me to build my confidence and has given me an interest in film production."; "I've realised how far I've come and I've learned more about mental health."; "I've made friends from being involved and started volunteering."
- Following the project, one of the service users began paid employment, while two continued to work with The Open Door Centre in a voluntary capacity.
- Students that have seen the film in school have pointed out that it offers an experience-based insight into mental health, challenging stigma around these issues.

Next steps

Wirral's Early Intervention Team plans to continue to promote the film across the CWP footprint.



Area: Wirral

Team name: Learning Disability Health Facilitation Team

Health Champions training programme for people with a learning disability

What did we want to achieve?

The project aim was to develop a training programme to be delivered to people with a learning disability. The programme enabled them to deliver health and well-being messages to other people who access day centre services within Wirral.

The programme empowered people with learning disabilities to become Health Champions, delivering public health messages and contributing towards the reduction of health inequalities.

What we did

- The training sessions were delivered over 12 weeks and included a range of health and lifestyle topics.
- The team met with people with learning disabilities and day centre staff to discuss what the Trust could offer in relation to health promotion. The information provided by service users informed the course content.

Results

- It was evident from the beginning of the sessions that the service users were enthusiastic in all aspects of becoming Health Champions. They engaged positively about their own health and lifestyle choices.
- This stimulated discussion points and areas for further education which they felt able to fully embrace.
- The feedback received from the Health Champions regarding the training session was positive. Comments commended the pace and style of delivery and the interactive format used to deliver the course material.

Next steps

Following completion of the Health Champions training programme the Wirral Learning Disability Health Facilitation Team has supported health promoters and mentors to develop a promotional event calendar for the year. This included engaging the wider community and sharing important health messages to encourage lifestyle changes.



Area: Wirral

Team name: Liaison Psychiatry

Case of the Month helps staff communications

What did we want to achieve?

Wirral's Liaison Psychiatry service sees many people at risk of harm to themselves and others.

As the service operates a shift system to cover 24 hours, 7 days a week, it is particularly difficult for the whole team to come together.

The team, therefore, wanted to develop a process that enabled them to share learning from particular incidents they encounter.

What we did

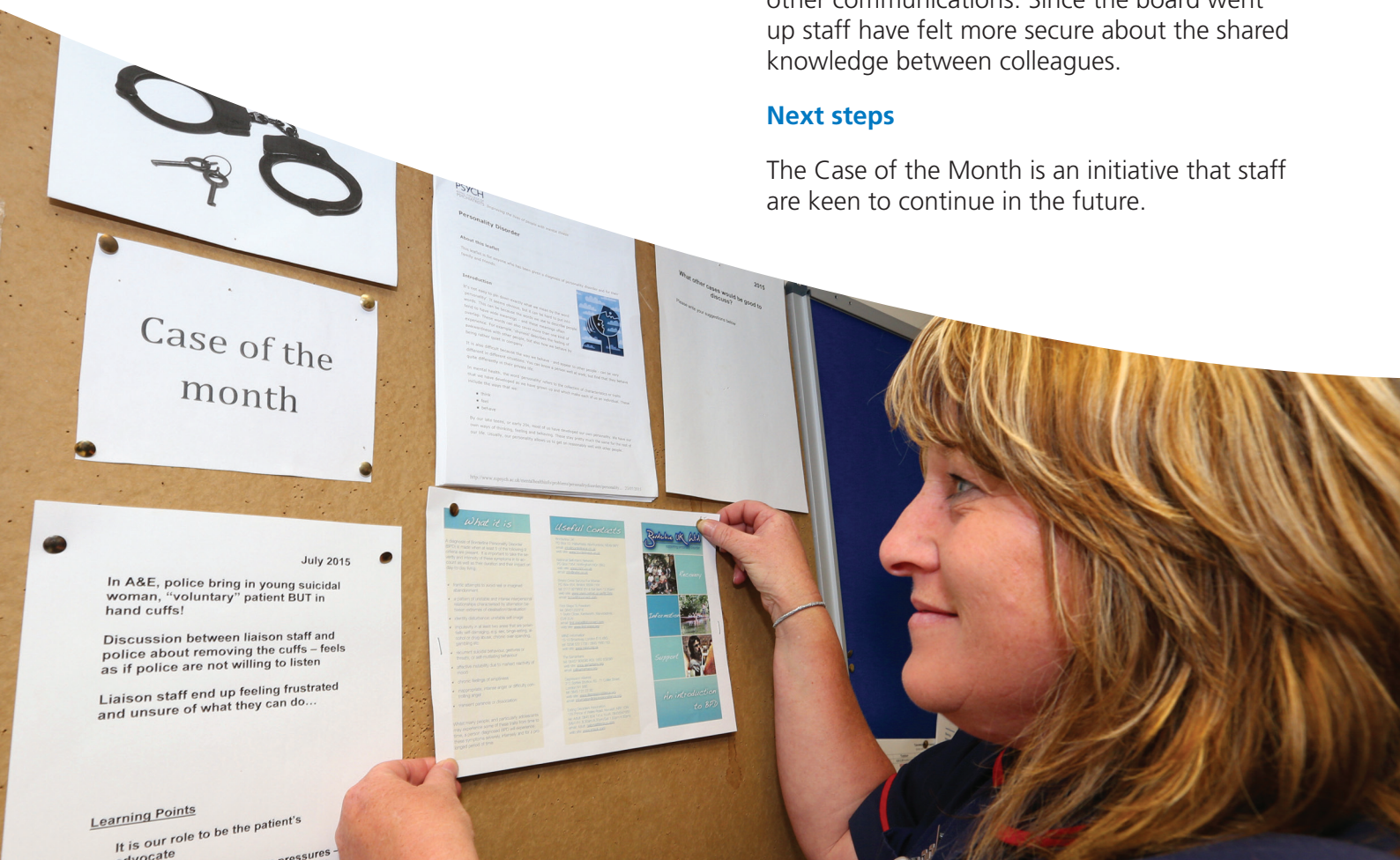
- The team has set up a case of the month display board in a staff area, where, every month, there is a specific (anonymised) patient story.
- This includes a picture that summarises the issue, a short description of an incident and 3-5 brief bullet points around what the team would do differently now and what they would like to have known at the time.
- At the end of the month the case is filed so the team can refer to previous patient stories and resources at any time.

Results

The display board provides a focal point in the team room that all staff will encounter during a shift. It enables information to be shared throughout the whole team that otherwise could get lost among emails and other communications. Since the board went up staff have felt more secure about the shared knowledge between colleagues.

Next steps

The Case of the Month is an initiative that staff are keen to continue in the future.



Area: Wirral

Team name: Wirral Older Adult Mental Health Service

Learning together - the success of our rolling half day programme

What did we want to achieve?

In September 2013 the Wirral Older Adult Mental Health Team developed a 12 month rolling half-day programme. The aim of the programme was to develop skills, learn together and encourage discussion about key clinical issues and topics.

What we did

- Initially, the team set up a 12 month programme to run from September 2013 with the aim to extend the programme to 2014/2015 if it proved a success.
- The programme for 2013/2014 included topics such as 'Cognitive Testing/MOCA assessments', 'Schizophrenia/Psychosis and the Nice guidance' and 'The 6Cs: how to embed these into our day to day practice'.
- For the 2015 programme dates were set in advance so that staff could ensure they set time aside to attend. This year's sessions have included 'ACE II (Addenbrooke's Cognitive Examination)', 'Personality Disorder in the Older Adult and Structured Clinical Management' and 'Falls Prevention and Management'.

Results

- At first staff were hesitant about how successful this would prove - some feeling that it would perhaps be something that is abandoned when clinical demand increases. However, staff have been committed to making it a success and attendance at the sessions has been very good.
- Feedback from the team has been positive, with staff continuing to identify learning needs. This has driven the programme.
- The impact of learning new skills, updating knowledge base and ultimately changing clinical practice will undoubtedly have a positive effect on how the team delivers high quality care to service users and carers.
- The team has not incurred any cost in the development of this training programme as sessions have been facilitated using the wealth of knowledge held in the team, using only CWP premises.

Next steps

The 12 month rolling half-day programme has been clinically focused and therefore it has only been attended by the clinical staff. The team would like to ensure that they also deliver learning sessions to non-clinical staff. This is something that they are looking to develop in future programmes.





Area: East Cheshire

Team name: Child and Adolescent Mental Services (CAMHS)

Cheshire CAMHS Young Advisors - CWP becomes the first NHS Trust nationally to develop this model

What did we want to achieve?

To establish the first NHS Health service group of Young Advisors. This would enable young people to help improve CAMHS services and work closely with community leaders and decision makers to engage young people in community life and local decision making.

What we did

- Prior to the launch of CWP's Young Advisors in November 2014, Cheshire East CAMHS worked closely with the national Young Advisors charity and an existing group of service users to develop a bespoke accredited training package that gave the young people involved a host of skills.
- These included youth 'proofing', peer mentorship, service appraisal and community mapping. The training took place over three days in September and October and preparation was then ongoing towards a launch in November.

Results

- Since November 2014 the Young Advisors have been commissioned to work on 23 projects in total. Much of this work is ongoing.
- While paying the young people to reward them for their work, the programme also generates an additional sum that the young people can choose to invest in either additional training or projects that they would like to work on in the local community.
- The benefits of working in this way are clear: the young people involved have received three days of training, giving them skills to enhance their futures; their confidence, organisation and people skills have also grown, as has their understanding of their own communities. This, in turn, has supported their mental health.
- As they evaluate their successes the Young Advisors' enthusiasm has grown further. Services in the local community are able to gain young people's views and involve them in their own service delivery and design.

Next steps

The team will continue to develop the Young Advisors group further by working closely with CAMHS service user groups. The hope is that, as these groups develop and their skills increase, the young people involved can feed into and join the Young Advisors Group, creating a pathway of learning and development, supporting their recovery and ensuring sustainability.

Area: East Cheshire

Team name: Cheshire East Substance Misuse Service

CWP, CATCH22 and YES work together to inform choice, reduce harm and provide treatment to young substance users in East Cheshire.

What did we want to achieve?

Following the redesign of substance misuse services in East Cheshire, CWP has worked with local charities CATCH22 and YES. The main focus was to collaboratively provide young people under the age of 25 in East Cheshire with a robust and easily accessible substance misuse service. This joint working agreement, in order to work successfully and meet the needs of young people, needed to be dynamic and flexible in its thinking and approach.

What we did

- Staff from all agencies have been trained in using CareNotes, enabling a joint reporting system. They are working together to provide data to Public Health England. This will give communities, commissioners and services a better understanding of the needs in East Cheshire.
- CWP is providing clinical and peer supervision to agencies to ensure best practice.
- This multidisciplinary approach to working has increased awareness of risk and safeguarding, while also reducing caseloads to ensure targeted, proactive and intensive working.

Results

- This joint working arrangement has benefited young people, families and other professionals.
- Service users are receiving joined up care planning and access to other projects delivered by partners, such as sexual health interventions and family support.
- As CATCH22 are a charitable agency the service is now able to explore external funding that would benefit its client group. This will ultimately help towards cost savings.
- The service has also been able to provide training to professionals, which has been positively received.
- Quote from a parent: "Thank you for helping my daughter and for your advice about our eviction. I didn't know where to start and you made it make sense to me for the first time, you've helped us more than you'll know."
- Quote from professional: "Very informative session, up to date information and resources very useful."

Next steps

Moving forward the service intends to work alongside the youth participation and engagement leads to ensure the service meets the needs of its client group. This will include the development of a joint referral pathway, designed with CAMHS, to enable easy referral and training to staff. Further substance misuse awareness and brief intervention training sessions for other professionals has also been arranged.

Area: East Cheshire

Team name: Community Mental Health Team Crewe

Occupational Therapy Anxiety Management Technique and Pathway

What did we want to achieve?

To reduce the number of resubmissions and referrals to the Community Mental Health Team. The new anxiety management pathway was designed to increase service users' confidence, self-esteem and quality of life while also reducing the cost of medication by using alternative therapeutic techniques.

What we did?

- Crewe's Community Mental Health Team created a pathway for anxiety management, also offering a specialised post-traumatic stress disorder (PTSD) therapy.
- The team developed an ordered strategy of education practice, producing bespoke materials such as CDs, DVDs and instructions.

- Specific, measurable, achievable, realistic and timely (SMART) goals with graded support were set, in keeping with CWP's guidelines for best practice.
- Final guidance was also provided to prevent relapse.

Results

- The service has received very positive feedback, with service users commenting that they are more in control of physical and cognitive symptoms.
- Service users receive a more consistent and robust pathway into services, resulting in fewer 'revolving door' patients.
- More people are then moving to the recovery college and other services due to increased confidence.

Next steps

The service will assess the statistical data gained both before and after the implementation of the new pathway for anxiety management. Similar work is also planned to help service users with sleep deprivation and body image issues.



Area: East Cheshire

Team name: Croft Ward

Art Therapy group on dementia ward

What did we want to achieve?

To establish a weekly art therapy group with service users at Milbrook Unit's Croft Ward in Macclesfield. Art therapy is a form of psychotherapy that enables patients with dementia to engage in creative tasks to help support their communication and interaction with carers, families, staff and each other.

What we did

- Staff at Croft Ward led a group of service users, families and carers in an art therapy session every Thursday. Each session is based around a theme such as fashion, transport or the sea side.
- Patients are able to engage with the theme and enjoy reminiscing about the past. This can give an important link to a sense of self and good times. When possible the sessions include particular reference to a personal aspect of the group's history, hobbies or occupations.
- The group works with a number of different materials, including pens, pencils, pastels and clay. They have also introduced music and flowers to enable the group to enjoy using multiple senses.

Results

- Some service users, who, due to their cognitive impairment, do not engage in other interventions on the programme, do engage in the art therapy group - particularly the sensory interventions.
- Attendance at the group remains consistently high and all involved have reported how much they have enjoyed participating in the group with their loved ones.
- A particular service user - who was on the end of life care pathway while in Croft Ward - engaged consistently in the art therapy group, and benefited from the sensory activities within the sessions. After he passed, his family included the theme from his art activities in his obituary and his funeral. This is an example of the impact the art therapy group can have for service users and families.
- Some of the work completed in the group has gone on to be used in the Croft carers' newsletter as a showcase of what group members have achieved in the sessions.

Next steps

- The team continue to run the weekly group on the ward and respond to feedback from service users and families.
- Staff at Croft Ward have recently started a well-being in dementia blog, allowing them to promote the benefits of the art therapy group to all stakeholders and other professionals.

Area: East Cheshire

Team name: Expert Patients Programme, East Recovery College

Looking After Me: volunteer carers deliver new self-management programme

What did we want to achieve?

To update the Expert Patients Programme Volunteer Team in line with 'Looking After Me': a revised carers' self-management programme. The team aimed to expand the provision of carers' self-management courses over the East Cheshire and Vale Royal areas, as well as effectively signpost carers to new legislation and local support services.

What we did

- The Expert Patients Programme hosted a one day training day for all volunteer carers within the Expert Patients Programme Volunteer Team. This was to update their skills and knowledge in line with changes to the evidence based 'Looking After Me' carers course, as well as in line with changes to carers legislation.
- The event, held in Manchester, was with two other self-management services in the North West area. This enabled the volunteer team to learn and share their caring experiences as well as share best practice in a wider volunteer self-management forum.

Results

- The training has meant that the Expert Patients Programme has quadrupled the number of accredited volunteer tutors to deliver this standardised self-management course for carers.
- This has allowed the service to expand and offer carers courses across the whole commissioned area, simultaneously reaching a wider audience of carers in the East Cheshire and Vale Royal areas.
- Comments from carers include: "Empowering - now I know a lot more about things which can help me. Very good to talk in a safe, welcoming environment."; "To accept my situation and value it, I am calmer and not guilty about having 'me time'".

Next steps

The team will continue to deliver self-management courses for carers within East Cheshire and Vale Royal, and will develop links with local resources so that carers are able to access the correct information to meet their needs.



Area: East Cheshire

Team name: Occupational Therapy - Saddlebridge and Alderley Unit

Service users open *Sunny Café*

What did we want to achieve?

Service users expressed an interest in voluntary/paid work, but felt that they needed to develop their skills before pursuing further. An onsite, working cafe was therefore created, allowing service users to work, cook, serve and plan. The cafe is open to all staff and service users on site.

What we did

- The project began with all staff and service users being asked for ideas about the development of a café. This included discussing what skills they would like to develop, what format the café should take and what facilities they would expect to be available.
- A working party then addressed admin issues such as financial, risk, supplies and documentation.
- The café initially opened as a preparation and delivery service. However, this has now developed into an actual working café based at York House, with customers visiting, placing orders, and having their food freshly prepared.

Results

- Sunny Café has developed into a popular feature on Soss Moss. The service has a number of service users working in the café, as well as an increasing amount of customers. The average number of meals and drinks prepared and served is between 15 and 20 per week.
- The service users who work in the café have developed skills by being able to practice cooking skills, follow recipes and adhere to food hygiene guidelines (everyone involved has now successfully passed their Food Hygiene Level 1 certificates).
- They have also been able to build their social and interpersonal skills by working alongside and sharing ideas with others, increasing the group's confidence.

Next steps

The service will continue to develop the café and get more service users involved. They also plan to explore whether the café can be open more than once per week, as well as perhaps open at breakfast time. The service has also recently developed an onsite allotment, and plans to use fresh produce from this in meals.

Area: East Cheshire

Team name: Older Persons Community Mental Health Team

Men United by Interests group promotes recovery

What did we want to achieve?

To develop a co-produced recovery model that reaches out to males of all ages, regardless of diagnosis.

What we did

- The Older Persons Community Mental Health Team has worked alongside Crewe Recovery College to set up a group that promotes recovery through activities of interest using education and shared knowledge.

- The group has accessed third parties such as volunteers, charities and the private sector to provide talks and give presentations to promote the ethos of uniting men and improving their mental health and well-being.

Results

- The number of males attending Men United by Interests, from all age groups, has consistently increased.
- All attendees have praised the educational model of the group in their feedback, and feel that they benefit from the informal activity groups that follow.

Next steps

The team aims to continue to run the sessions in line with the Recovery College and develop an event with even stronger emphasis on co-production.



Area: East Cheshire

Team name: Psychosexual Medicine and Therapy Service

Team improves skills for working with sexual diversity

What did we want to achieve?

To share service best practice with partner organisations and learn new skills, techniques and knowledge in the practice of psychosexual therapy when working with patients and clients from sexual minorities. The service also wanted to promote better understanding and empathy with those client groups whose sexual practice is less commonly encountered.

What we did

- A one day master class was organised by the Psychosexual Medicine and Therapy Service designed to improve professionals' understanding of working with sexual diversity.
- The event took place at the Manchester Conference Centre and was attended by a number of NHS trusts and industry experts, including Manchester Mental Health and Social Care Trust, Salford Royal NHS Foundation Trust and relationship support organisation Relate.
- The master class covered topics such as gender issues, sexuality, diverse sexual practices, non-monogamies, internet sex and polyamory. Workshops during the day included group discussion and some lecture style presentations.

Results

- Feedback from those attending the event was highly complementary – with an approval rating for the day in excess of 95%.
- Attendees were particularly positive about the learning objectives for the day, and the focus on helping therapists become familiar with different approaches and practices.
- Feedback from delegates included "The day really broadened my perceptions."; "I learnt a lot which can be used to enhance practice".

Next steps

Follow up plans are to look at developing and arranging further master class events which will allow more in depth discussion and exploration of the wider sexual practices that exist in society today. These will be aimed at all healthcare professionals who are involved in the field of sexual health.

Area: West Cheshire and Trust wide

Team name: Winsford Child and Adolescent Mental Health Services (CAMHS)

CAMHS pilot resilience group

What did we want to achieve?

To pilot a resilience skills group for young people aged 13-16 who utilise CAMHS in West Cheshire.

What we did?

- West Cheshire CAMHS conducted a 10 week pilot project, providing weekly one hour resilience skills sessions.
- The group used a mixture of psychoeducation, experiential learning and reflection to help young people develop their knowledge and skills in emotional resilience (the ability to react positively to challenging events - recommended by the Children and Young Person's Health Outcomes Forum).
- Practical group-based activities taught theory and application in an engaging and adolescent-centred way.
- This group was provided in addition to the one to one therapy that service users receive, increasing access to learning experiences for a broader group of young people.

Results

- Group members have reported that they value being able to share the development of their resilience knowledge and skills with other young people in a safe and non-judgemental environment. On feedback forms all sessions were rated between seven and ten (on a scale of ten).
- Members increased in confidence and enthusiasm as the weeks went on, with three out of five volunteering to participate in additional sessions - focussing on mindfulness - once the group had ended.
- The time given by one or two staff members provides the opportunity for up to ten young people to benefit concurrently, suggesting that the group may provide a low-cost opportunity to enhance services.

Next steps

The West Cheshire CAMHS team intends to offer resilience training to all young people accessing this service and will routinely implement the group into its clinical practices. Further analysis may identify whether participation aids further therapeutic gain. For example, studies suggest greater effects of resilience training on young people from more deprived communities.



Area: West Cheshire and Wirral

Team name: The Adult Autism Spectrum Disorder Assessment and Diagnostic Service - Complex Recovery Assessment and Consultation Team (CRAC)

Improving access for those previously excluded

What did we want to achieve?

Historically there has been a national issue regarding limited access to autism spectrum disorder diagnostic assessments for adults not meeting learning disabilities criteria. This excluded the majority of people with autism from having their needs and aspirations recognised, and particularly discriminated against women. The Adult Autism Spectrum Disorder Assessment and Diagnostic Service (ASD) aimed to challenge and this indirect discrimination.

What we did?

- An adult ASD diagnostic service was developed by working closely with commissioners in Wirral and Western Cheshire.
- The service is multi-disciplinary, meets NICE guidelines (CG142) and is locally accessible and responsive.
- The service worked with CCGs, the Primary Care Mental Health Team in Western Cheshire and the Single Point of Access Team in Wirral to develop and streamline referral pathways. It has responded innovatively to increased demand over the past two years by expanding to include additional sessional input from two Consultant Psychiatrists and a Specialist Occupational Therapist.

Results

- The service has had excellent feedback from GPs and service users.
- Access in both clinical commissioning groups has increased by more than 400% compared to 2012/13, with over 200 people seen.
- One third of people referred and assessed have been women, confirming that they have historically been significantly marginalised, and the team has seen adults of up to 74 years of age.
- An ASD diagnosis enables individuals and their families to have clarity about their strengths and needs; it helps them make reasonable adjustments to support their optimum functioning and improves their access to social support assessment.
- The information obtained from this work has raised ASD awareness across non ASD services in CWP, improving their ability to respond appropriately to adults with ASD.
- The needs and aspirations of this vulnerable group of people are now being fed into the Joint Strategic Needs Assessment (JSNA) and autism strategy groups, raising ASD awareness in CCGs and in local communities.

Next steps

An upcoming project includes mapping current Trust provision to identify potential areas for ASD development. The service will continue to learn and evolve in response to feedback, and will raise awareness of the needs and aspirations of those with ASD to reduce any future marginalisation.

Area: West Cheshire

Team Name: Beech Ward

Therapeutic activities at Beech Ward

What did we want to achieve?

Beech Ward is currently taking part in the 'Restrain Yourself' pilot programme aimed at reducing the number of physical restraints. As part of the pilot the ward needed to explore options for reducing this number.

What did it involve?

- Beech Ward undertook a review of its day time therapeutic activities offered to inpatients.
- The numbers of activities were increased so that they could be offered during the evenings and weekends as well as weekdays.
- There is now a regular programme in place offering a variety of activities, 7 days a week.
- Patients also now receive a personalised activity programme from Occupational Therapists.

Successful impact of the work

- The increase in therapeutic activities has improved therapeutic relationships between staff and service users.
- Positive feedback has been received via regular community meetings held throughout the week on the ward.
- Staff listen to the suggestions made by patients and the timetable of activities is adapted when necessary to suit identified needs.
- Staff have observed increased levels of engagement with patients as a result of the extra activities, where previously there may have been periods of lower levels of engagement.
- This has led to a significant reduction in the levels of physical restraint recently.
- There has also been positive patient feedback received via the Friends and Family Test and the amount of complimentary feedback received by ward staff.

Next steps

Staff at the ward will continue to monitor the number of physical restraints that take place to ensure that these remain low. They will also continue to gather feedback and adjust therapeutic activities accordingly to suit the needs of the patients.

Area: West Cheshire

Team name: Cherry Ward, Bowmere Hospital

Weekly Sparkle tea and chat supports communications on dementia ward

What did we want to achieve?

To provide opportunities for individuals with dementia to spend time with their loved ones in a supportive and structured environment. The group aims to stimulate the recall of memories, through positive communication and interaction.

What we did

- The Weekly Sparkle reminiscence newspaper is a tool that is purchased to aid reminiscence therapy. This includes a variety of 'This week in history' topics, music reminiscence, quizzes and 'The way we were' discussion articles.
- It is facilitated in a group format on a weekly basis and has recently also been opened up to welcome carers.
- Picture resources and items are used as memory prompts and discussion aids, and staff are able to support people on both a one to one and group basis.

Results

- The positive impact of the sessions is clear by the way service users and carers respond each week.
- Service users have been observed to dance and sing to the music played and express their enjoyment. Carers have enjoyed being part of the group, reporting that it gives them a topic of conversation to discuss with their relative.
- Two carers have reported that they have changed their visiting days so that they are able to attend the group regularly. Carers have given positive feedback such as "I look forward to the Sparkle." "It's magical to have some of these conversations with my brother."

Next steps

The Cherry Ward team aims to complete a formal review of the Weekly Sparkle programme to identify the strengths and benefits of the session for individuals and their carers, and to highlight areas for development. This will include evidencing outcomes over a period of time through the use of observation tools, questionnaires and a review of the format used.



Area: West Cheshire

Team name: Community Continence and Urology Service

Introduction of urology services in a community setting

What did we want to achieve?

To introduce a trust wide community service for adult patients with various urological conditions. The new service forms part of the Trust's Adults and Children Continence Advisory Service, providing a dual approach to patients with urological and continence issues. The first of the new community urology services launched was the Male Lower Urinary Tract Symptoms (LUTS), which has been successfully established over the last 18 months.

What we did

- Secondary care urology services were identified to introduce community-based clinics dealing with various urinary conditions for both male and female patients.
- A trust wide referral pathway was developed. Referrals from GPs, health professionals and secondary care services are now accepted.
- The male Lower Urinary Tract Symptoms (LUTS) Service has been designed to provide comprehensive patient assessments, including urodynamic tests of bladder function and clinical examination. Once diagnosis is established treatments offered include lifestyle advice, prescribing of medication with timely follow up for re-assessment.
- Clinics within various localities were identified to provide patient choice, allowing for care closer to home.



Results

- The LUTS Service was introduced in April 2014. Over 200 patients have now been referred to the new male service. The agreed patient journey pathway allows for referral onwards to secondary care for advanced urological assessment or surgical intervention.
- This service has reduced the number of patients attending hospital services, alleviating pressure on hospital waiting lists.
- Patient feedback through extensive audit satisfaction surveys has been extremely positive with many plaudits received. Examples from patients include "This was very informative and I got more out of this appointment than I have any other appointments" and "I can honestly say you have been a great help to me and I will recommend you to others".

Next steps

While maintaining a collaborative approach to urology patient services with secondary care, further services are planned for the future. Particular focus to include the prevention of unnecessary hospital admissions relating to urinary catheters is one of many options. Successful implementation of new services will continue to alleviate work pressures on secondary care and district nurses.



Area: West Cheshire

Team name: Direct Access Physiotherapy Service

Direct access to support musculoskeletal patients at GP practices

What did we want to achieve?

To improve access to assessment and advice for patients with musculoskeletal symptoms throughout West Cheshire by introducing physiotherapists into GP Practices. This would free up GP appointments for other medical problems and improve the larger musculoskeletal pathway. Patients would get prompt diagnosis and self-management advice, encouraging a more proactive role in their own recovery.

What we did

- Physiotherapists were introduced to a number of GP practices in Cheshire West to provide musculoskeletal assessments for a three month pilot period (January-March 2015).
- This is a new concept to most NHS patients, who are used to seeing a GP with their musculoskeletal problems. This move was promoted using phone messages, posters and practice websites to ensure all stakeholders were aware of the change.
- Patient experience questionnaires were designed, distributed and collated, as well as looking at service uptake and outcome of appointments to get robust data to support future funding and roll out of the service.
- Following the success of the pilot period, the service gained further funding from the Prime Minister's Challenge Fund and the initiative was extended (to run until July 2016).

Results

- Over the three month pilot 754 patients accessed the service, seeing physiotherapists rather than their GP. The uptake for the practice based appointments was better than the hospital based services (72% of available appointments attended at the practice compared to 40% at hospital).
- Over half of the patients were discharged with advice (52%) and a third were referred to physiotherapy (34%). A small percentage (3%) was referred to the Adult Musculoskeletal Assessment and Management Service, for either a more specialist assessment or to access Orthopaedics. Some also had a medication review (6%) or investigations such as radiology or blood tests (3%). The results of patient experience questionnaires demonstrated that 99% rated physiotherapy assessment as good or excellent.
- 97% had all their issues addressed; 93% would have normally seen GP and 80% are now not planning to see a GP. Comments included "Excellent service - very happy to receive advice and a work sheet rather than just go away with a referral and a long wait. Hope the practice keeps this option."

Next steps

The Direct Access Physiotherapy Service is currently working with West Cheshire Clinical Commissioning Group (CCG) to roll the programme out to Neston practices, starting in August 2015. After further recruitment there is a planned roll out to rural and Chester practices.

The pilot included Whitby Group Practice, Great Sutton Group Practice, Old Hall Surgery, York Road Group Practice and Westminster Surgery.

Area: West Cheshire

Team name: Eastway Community Learning Disability Team

Creating a talking photograph book to prepare people with learning disabilities for surgery

What did we want to achieve?

To prepare a particular service user for hospital admission and mastectomy surgery. The patient had a mild learning disability and required easy read information before surgery. The information regarding the hospital admission and surgery had to be formatted and delivered in such a way that it would be meaningful and person-centred.

What we did

- The Eastway Community Learning Disability Team, alongside a Health Facilitator and Social Work Assessor, met with the service user's consultant, family and carers to gather information about the surgery and ensure all reasonable adjustments were in place.
- Photographs were taken of relevant visual aids in the ward environment, such as hospital gown, bed and post-breast surgery products (implant and mastectomy bra).
- Photographs were also taken at home to describe her likes/dislikes regarding food and communication.
- A photo journey was compiled in a talking photograph album. Each photograph was described by a social worker who the service user knew well.

Results

- The service user was able to use her talking photograph book for two weeks prior to surgery. She was able to share the content with her family, carers and friends, which gave her the opportunity to ask questions and express concerns.
- The book described the full journey from home to hospital, taking away the fear of the unknown.
- The person-focused book had a positive impact upon the service user's ability to cope with the hospital admission and surgery.
- Throughout the project the team formed excellent relationships with hospital staff and received very positive feedback from families and carers. Not only did the book serve to provide meaningful information to the service user, it also helped ward staff, as the patient was fully prepared and the surgery went smoothly.

Next steps

The team aims to purchase more talking photograph books for use within community teams. The books will be used for very short pieces of desensitisation work for more comprehensive complex interventions.





Area: West Cheshire

Team Name: Juniper Ward

Staff display allocation board to improve team communication

What did we want to achieve?

There had been some communication difficulties within the Juniper Ward staff team. Often this resulted in confusion over duty allocation, leading to poor time management consequences such as staff missing breaks, reduction in one to one therapeutic time and inefficient information sharing. A staff allocation board was suggested to address these difficulties.

What we did

- The allocation board was introduced initially for a four week trial period.
- The board was completed on a daily basis and outlined clearly what tasks were required that day.
- Information displayed on the board included specific roles assigned to individual staff, such as who would support the Care Programme Approach (CPA), who would complete medication rounds and who would attend off-site appointments.
- The hourly observation chart was displayed prominently, providing staff with in-depth details of tasks and clearing up any confusion or miscommunication.

Successful impact of the work

- The allocation board contributed to the organisation of the ward and safety of staff. It allowed staff to plan their time effectively throughout the day by providing clear instructions at hourly intervals.
- Feedback from the ward and other members of the multi-disciplinary team has been very positive, with all agreeing that the allocation board had been beneficial.
- Staff have been able to secure the time to take regular breaks, and also have protected time to undertake supervision, appraisals and mandatory training.
- Staff can now provide patients with a fixed time to meet one to one, helping build routine and improve staff-patient relationships.

Next steps

The allocation board is now part of the daily routine for the ward. The content and effectiveness of the board will continue to be monitored by the ward manager.

Area: West Cheshire

Team name: Podiatry Service

New heel wound device supports recovery

What did we want to achieve

The development of the heel cast service within podiatry is to reduce pressure on heel ulcers to aid wound healing. The purpose of the project was to reduce healing times, minimise pain for the patient and to improve mobility and quality of life for sufferers of long standing ulcers.

What we did

- The heel cast service has been developed to provide patients with a device to reduce pressure on heel ulcers. This reduction in pressure directly over the wound site enables a patient to remain mobile while still ensuring that the wound heals.
- The device is designed to be lightweight and easy to use, reducing the risk of non-compliance. They are easy to manufacture in a clinical or domiciliary setting without the use of any specialist equipment.
- The project has involved working closely with the district nursing and tissue viability teams on their wound care pathways.

Results

- In a sample of cases, 83% of the patients that received heel casts from the Podiatry Service reported a pain score reduction from between 5-9/10 to 0/10 after two review appointments over a period of three months.
- The minimum period for complete healing and pain reduction was three weeks for one patient after intervention. As a heel wound is a pressure wound, the unique aspect of cast application means patients can still mobilise while wearing the cast. This means that their quality of life is improved, as they are able to walk with less pain without compromising the healing of the wound.
- One patient reported that the device actually assisted in her walking, as she felt better supported when wearing the cast.

Next steps

Overall the team hopes that this will be an ongoing piece of work that may also prove to have an impact on healing times. The next steps are in process and the service is working to develop a programme that trains assistant practitioners to carry out wound assessment and casting within the community.



Area: West Cheshire

Team name: SALT Children's Centre Team

Service launches *Play the Play Time Way* groups to improve care

What did we want to achieve?

The Speech and Language Therapy (SALT) Children's Centre Team work with families of children between 18 months and three years with a language delay. The purpose of Play the Play Time Way was to implement a new referral model that increases service take up and ensures that children are seen with the shortest possible wait.

What we did

- Discussions took place in the team and with children's centre colleagues. The model was mapped out and a new process was implemented, changing the previous referral route methods (previously the time from referral to home visit often exceeded 13 weeks).
- This involved using the service's Request For Contact form, and sending out an opt-in letter within a week of triage (a family could attend a session within four weeks of referral). The home visits were replaced by a Therapist and Assistant jointly running groups with children's centre staff.

Results

- Most children are now seen within three to six weeks of referral (average wait in 2014 was 16 weeks).
- Groups are held at children's centres rather than in homes, providing a reduction in travel time and mileage of approximately by 50%.
- Children are seen by the most appropriate professional. This has improved the capacity of Early Years Workforce (EYW) team, as well as developing skills across professions.
- EYW commented: "Working together with SALT has provided us with access to information and advice when supporting and tracking families and a seamless approach".

Next steps

The children's centre team are developing the programme so all team members will be able to deliver. It will be flexible, run throughout the year and focus on empowering the parents to develop their child's communication skills.



Area: West Cheshire

Team name: Service Transformation CWP West

Introducing the Care Coordinator into physical health Community Care Teams

What did we want to achieve?

To address the needs of our population, CWP West and Cheshire West and Chester Council (CWAC) have implemented an integrated team approach to patient care across West Cheshire. The integration of services into the Community Care Teams has enabled acute care to be a more co-ordinated, proactive with self-care provision.

What we did

- The Care Coordinator role was introduced as part of the establishment of nine Community Care Teams, incorporating health and social care team members across West Cheshire.
- Acting as the main point of contact for referrals into the team, Care Coordinators provide an important initial response. They determine, in conjunction with other team members, who should handle these referrals and how; they facilitate multi-disciplinary team meetings; they following up on action plans and also work closely with health and social care professionals to ensure appropriate care packages and support is put in place.
- Care Coordinators also meet regularly to learn from each other and share good practice. In this way, teams share learning, experiences and successes to encourage further improvement.

Results

- The Care Coordinator role has been invaluable to the development and success of the Community Care Teams. Being a newly established role, it was not envisaged at the outset just how effective the role would become and the positive impact it would have for the teams and their patients.
- The role has played a key part in developing and expanding on working relationships that exist between all professions. The Care Coordinator is able to access details of who is already involved in a person's care. They share this information with colleagues, GP practices and partner organisations to ensure that there are no gaps in treatment, and to encourage improved patient experience and outcomes.
- Through this coordinated approach, a small reduction has been seen in the number of older people going into hospital inappropriately and, if admitted, staying longer than necessary.
- The role of the Care Coordinator, forming part of the Community Care Team, was recognised in the 2015 Health Education Northwest Adult Learners Awards in the 'Integrated Working Project' category.

Next steps

The integrated teams also form a major part of developing care closer to home and Vanguard work going forward in West Cheshire.



Area: West Cheshire

Team name: Starting Well Health Visiting Service

Community Capacity Building: a partnership approach to delivering a targeted first time parenting course

What did we want to achieve?

The early years of a child's life are absolutely crucial. Assisting first time parents with professional help has the potential to make a huge difference to how a child will grow into an adult and contribute to society. This was a collaborative approach between children's centres and CWP West's Health Visiting Service to deliver a targeted programme for new parents to access classes that address the physical and emotional aspects of parenthood.

What we did

- The Starting Well Health Visiting Service, working together with the local children's centres, decided on topic areas for the course sessions.
- Teams worked on their topic areas to produce robust lesson plans which included evidence based resource packs, ensuring a level of quality and consistency to the delivery.
- A pathway was developed to ensure that targeted families were invited to the groups. The sessions were delivered by Health Visitors for their particular areas of expertise: sleep and crying; perinatal mental health; introduction to solid foods and managing minor illness. Initially a pilot was undertaken, but the service has now been rolled out across the Ellesmere Port, Neston, Chester and rural areas.

Results

- This work has been evaluated by comparing parents' confidence in all subject areas both before and after the course. In each area parents grew in confidence after attending the course.
- The group has been well attended and the children's centres follow up any clients who fail to attend.
- There is no cost to the service and the children's centres commission the Health Visiting Team for some of the work. Approximately 60 groups are run a year - with cohorts of between six to 12 mums, dads and babies.

Next steps

The service now intends to evaluate every course and develop the resources further in response to its findings.

Area: West Cheshire

Team name: West Cheshire 0-16 Child and Adolescent Mental Health Services (CAMHS)

Developing a self-harm communication passport for young people who attend A&E

What did we want to achieve?

Young people who present with self-harming thoughts and behaviours often feel judged by those they see professionally in hospital and the community. They find it difficult to answer questions when they are feeling distressed. Young people involved with CWP West's 0-16 CAMHS Service have developed leaflets that they can adapt for themselves to help others understand their dilemmas. This communication passport is aimed to support both young people and staff in working together to provide effective care.

What we did

- The project began with the CAMHS Patient Participation group meeting with leads for the self-harm pathway to discuss the leaflet's purpose and content.
- The leaflet was then developed and shared with a group of young people to ensure that the content was user-friendly and contained language that was appropriate to young people.
- The leaflet was then sent to the Communications and Engagement Team at CWP and added to the Trust website.

Results

- Other local NHS organisations have asked the service if they can use the leaflet in their own practice. The leaflet will also be distributed across hospital and community workers.
- As a result of this work the young people have been invited to present at a clinical senate meeting and be involved in the local authority's Emotional and Well-being Board (represented by all sectors involved in working with young people). They also join CAMHS staff to offer training to schools on self-harm.
- One of the young people said: "I think that the passport will be a good way for young people to keep their individuality and dignity while receiving treatment."

Next steps

The leaflet will be shared with other young people who present with self-harming behaviours and to staff who support them. A further audit of its uses will be carried out in the future.



Area: West Cheshire

Team name: West Cheshire Integrated Care teams

Ageing Well - a new approach to joined up care

What did we want to achieve?

The NHS 'five year forward' view, published in October 2014 by NHS England, placed a firm focus on integration between different types of healthcare providers. CWP and Cheshire West and Chester Council (CWAC), together with partner organisations Western Cheshire Clinical Commissioning Group (CCG) and Countess of Chester Hospital, implemented an integrated team approach to healthcare across West Cheshire. This model worked towards prevention, self-care, consistent standards and co-ordinated care.

What we did

- The 'Ageing Well' programme focuses on a new approach to how public services support older adults.
- A business case was submitted to government in 2012, proposing a new approach to enable older adults to maintain their independence through changes to service delivery.
- This outlined a course for whole-system reform which, through joint investment and reinvestment, will reduce non-elective hospital admissions.
- Nine integrated teams have been established across West Cheshire. These teams comprise of District Nurses, Community Matrons, Occupational Therapists, Physiotherapists, Social Workers, Support Workers and Care Coordinators.

- The teams are aligned to a group of GP practices, and are responsible for care management, intermediate care, re-ablement, urgent response and end of life care. They are co-located wherever possible.
- Managers from health and social care backgrounds meet monthly. Shared training with GPs and primary care services provides a patient-centred, multi-disciplinary approach.

Results

- Evidence shows a small reduction in inappropriate hospital admissions with shorter stays.
- Teams have had a positive impact on patient outcomes and patient feedback has helped shape local services.
- West Cheshire has been chosen as a Vanguard site for piloting the multispecialty community provider model of care. After demonstrating this integrated way of working, care coordination is playing a crucial role.
- Monthly multidisciplinary meetings are held with the GP practice and integrated teams, with Care Coordinators responsible for high quality customer service.
- GPs now confidently refer to 'their integrated team' - no door is the wrong door.

Next steps

A joint management structure between CWP West and CWAC has been established, embedding integration and governance within teams. Staff management is provided by either organisation. The programme's next phase includes specialties such as pharmacy, dietetics and acute physicians to promote seamless care transition throughout the patient journey.

Area: West Cheshire

Team name: West Recovery College

West Recovery College programme links mental health, physical health and well-being

What did we want to achieve?

The 'All of Me' and 'Food and Me' programmes were training courses developed by volunteers and staff at West Recovery College (WRC) who identified a need to build greater awareness of the links between mental health, physical health and well-being.

What we did

- Collaboratively, staff, students, and volunteers at WRC identified the opportunity to bring together a number of the college's 'Keeping Physically Healthy' courses under the banner of 'All of Me' and 'Food and Me'.
- The group worked together to redesign the 'Keeping Physically Healthy' courses offered on WRC's prospectus to develop clearer links between physical and mental health.
- This has resulted in the development of an adaptive programme of workshops which is fully co-produced with both professional and lived experience expertise. This is enabling students to develop new skills, build confidence and use this knowledge to adapt lifestyle choices, increasing hope, control and opportunities to live well.

Results

- To date sixty seven students have been through the 'All of Me' and 'Food and Me' programmes. Feedback has been wholly positive: "I now realise how physical health affects mental health."; "I found it motivational to discuss health issues."; "Made me think about my diet, what I eat and drink and how it affects me."
- Developing this programme has enabled both staff and volunteers to equally contribute to the development of the training. This has built confidence and new skills for both staff and volunteers.
- WRC has seen positive changes in the students who have committed to attending the college. As such, they have been able to increase the range of courses offered.

Next steps

WRC will continue to build on the existing workshops and increase the number of workshops offered in these programmes. During the autumn term the team is working with staff and volunteers to co-produce another three workshops. This will further expand the 'All of Me' and 'Food and Me' programmes.



Area: West Cheshire

Team name: Westminster Surgery Mobilisation Group

Westminster Surgery launches in Ellesmere Port

What did we want to achieve?

After successfully bidding for the Westminster Surgery in Ellesmere Port (in partnership with Primary Care Cheshire) the aim was to ensure that patient care and services were not compromised during the transition to CWP.

What we did

- A mobilisation group, made up of both corporate services and clinical staff, steered this project to day towards launch on 1 July 2015.
- Patients and staff were kept informed throughout this process and any concerns were dealt with accordingly.
- The service continued with little or no disruption to patients, families and staff.
- The group worked with the practice's existing staff and CWP's Human Resources to address any concerns and anxieties surrounding the transfer.
- Letters were sent to all patients informing them of the transfer and reassuring them that there would be no disruption to the functioning of the practice.

Results

- Existing staff supported a smooth transition to the new service.
- Numerous visits to the surgery by members of the corporate and clinical teams ensured that staff were aware of each phase of the process and were informed of any changes to their working structure.
- CWP now has 2 GPs, a Nurse Clinician, a Practice Nurse Lead and a Health Care Assistant who deliver care in a socially deprived area with high levels of unemployment, teenage pregnancy, mental health problems and chronic disease.
- The Trust is now working with other agencies to deliver holistic care in the area.

Next steps

The operational team is now focusing on the delivery of patient centred care to this community. The area has a large travelling community, and the team is looking at how it can ensure that this community is offered a comprehensive range of services.



Area: Trust wide

Team name: Acquired Brain Injury Service

Improving service user understanding and management of fatigue

What did we want to achieve?

To provide a cost effective delivery of fatigue management to meet the needs of service users who experience fatigue after their brain injury or stroke. The group was designed to facilitate the participants' understanding of their own fatigue and to raise their awareness of how they could manage their fatigue in their everyday life.

What we did

- Despite the high prevalence of fatigue after an acquired brain injury or a stroke (50–75%), it is a poorly understood symptom and can often be overlooked by some health professions.
- The Fatigue Management Group consists of eight to ten participants with two facilitators, and the sessions are provided on a weekly basis over five weeks, with follow-up reviews at one month and six months.
- The session format is largely based on a group discussion and led by a presentation or activity relating to a topic that is linked to fatigue.
- A journal is provided to summarise the session content and act as an educational tool for use at home. Rating scales are recorded at the beginning and end of the group to measure the participants' understanding of their fatigue.

- Each participant sets three fatigue management goals to monitor their long term management plan.
- A session is also available for families and carers to address their needs.
- Educational sessions are offered to other health professions and agencies such as the Stroke Association to promote a greater understanding of fatigue post brain injury and stroke.

Results

- The fatigue management group has led to an 87% reduction of clinician time required to deliver the service. As such the service can now manage a larger number of service users within a shorter amount of time.
- The positive summary results from the fatigue rating scales, feedback forms and course evaluations strongly indicate an improvement in participants' understanding and management of fatigue.
- The review of the individual fatigue management goals at the six month session highlighted that the majority of the group is learning to manage their fatigue from a long term perspective.

Next steps

The service has a therapeutic intervention programme for the fatigue management group which, as it has proved to be clinically and cost effective, will be delivered as part of core business.

Area: Trust wide

Team name: CAMHS

Using real time outcome measures in sessions

What did we want to achieve?

To identify a digital tool to record the outcome measures identified by The Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT) in clinical sessions. This tool aims to give live feedback to service users, their families and clinical staff by uploading information into CareNotes using a touch screen device.

What we did

- The CAMHS team worked closely with IT, clinical staff and clients. They met regularly to discuss possible improvements to the tool's functionality and to ensure everyone's needs can be adequately met.
- Equipment was tested during IT focused meetings looking at the use of routine outcome measures (ROMs).
- Training was delivered to clinical staff on the use of ROMs and touch screens during clinical sessions.

Results

The new outcome measuring tool has led to numerous benefits, such as providing useful feedback to young people and their families, a visual record of improvement, more focused work, more reliable data collection and the ability to graph a service user's healthcare journey. It has also led to a number of savings, such as in administration time and work duplication.

Next steps

The next phase of the project will assess how the outcomes measuring tool can be rolled out further across the Trust. This will include exploring the option of touch screen sharing in appropriate teams.

Area: Trust wide

Team name: Clinical Pharmacy Team

Reviewing the use of oral nutritional supplements across CWP

What did we want to achieve?

The Clinical Pharmacy Team wanted to look at how dietetic products were procured and issued to the inpatient units across CWP. National guidelines state that a 'food first' approach must be taken.

What we did

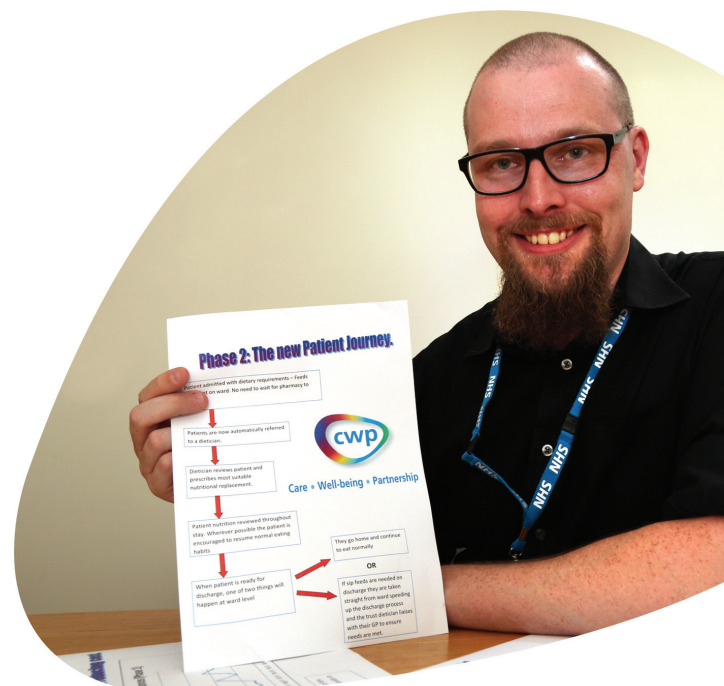
- The types of nutritional replacement that the service procured were closely assessed to evaluate the suitability of some nutritional medication.
- The team reviewed 12 months of financial and prescribing data to assess which items the Trust procured regularly. Once this was identified, the procurement of cheaper alternative items reduced the service's overall spend by £700 in the first month alone.
- The team met with dietitians across the Trust to inform the development of a new formulary (list of medicines) to ensure that patients are prescribed suitable replacement therapy. Staff will ensure that a dietetic referral is made for all patients, and that the treatment used is both beneficial and cost effective.

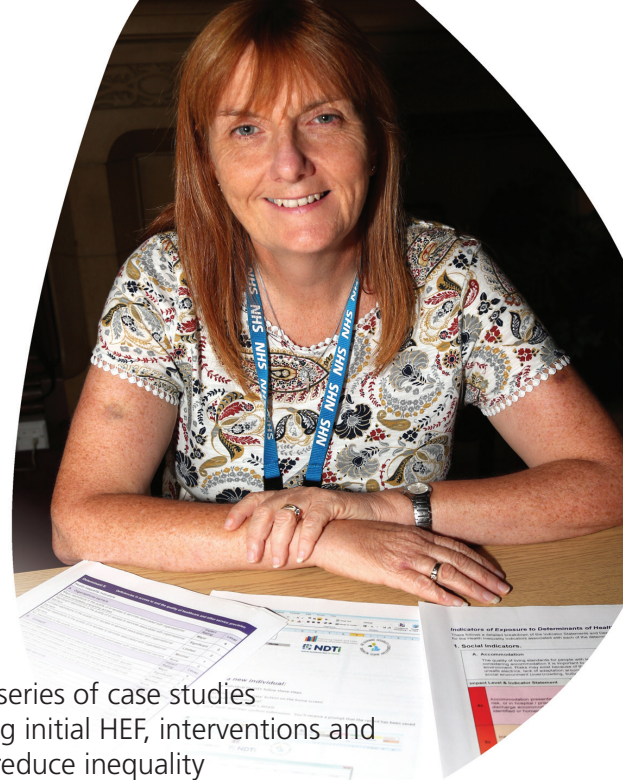
Results

- On working with the dietitians it became apparent that the methods of prescribing nutritional replacements were in need of evaluation.
- In future any inpatients that require nutritional replacement therapy will begin on a 'food first' approach, and will have direct access to a ward dietitian to aid them in their recovery.
- This will bring CWP processes in line with both local CCG and NHS national guidelines. Through adopting this system the level of care provided to some vulnerable patients has been greatly improved. The financial impact upon the Trust has also been reduced, with a saving of £6000 in the first year.

Next steps

Having developed this programme over a period of 12 months, the team will monitor the progress closely to ensure it continues to run smoothly. Work has also begun on a similar system aiming to look at dressings used across the Trust.





Area: Trust wide

Team name: Learning Disability Teams

Health Equalities Framework (HEF) outcome measurements for learning disabilities

What did we want to achieve?

To introduce clear, transparent and health-focused outcome measurements. The HEF - recommended by the Department of Health, commissioners and the national professional senate for learning disabilities - was agreed as a local CQUIN (Commissioning for Quality and Innovation) for the Trust's Learning Disability Services to adopt.

What we did

- The HEF works by monitoring the health inequalities experienced by people with learning disabilities. The outcome measurement tool also had the ability to look at people on an individual basis and to aggregate data to analyse population-focused profiles.
- To introduce the HEF across all localities, CWP's Learning Disability Teams:
 - Formed a steering group identifying clear leads for each locality
 - Developed IT data collection files and spreadsheets
 - Implemented training for all clinical staff on how to use the tool
 - Developed user guides for staff
 - Agreed timescales for HEFs (minimum start and end of care)
 - Audited HEF scores against care plans looking for evidence that interventions were aimed at addressing inequality areas identified

- Developed a series of case studies demonstrating initial HEF, interventions and final shift to reduce inequality
- Provided quarterly progress reports to commissioners

Results

- Over the year, clinicians in specific teams conducted HEFs on individual service users, evidencing that they were reducing their health inequalities. At the end of quarter four, 100% of cases open had a HEF completed.
- In quarter three the team conducted an audit of 20% of service user care records that had a HEF in the initial group of caseloads. They scrutinised the care plans and clinical notes of each of the individuals within the localities to find evidence, or otherwise, to demonstrate how the HEF informed clinical practice and how outcomes were being built in.
- The audit of the repeated HEF scores showed where there had been an improvement in individual profiles, demonstrating that the clinicians were making an impact on individual health exposures identified through their interventions.
- Community learning disability teams are at a point where they are starting to use the HEF as a routine individualised outcome measurement tool.

Next steps

This year the team aims to embed the HEF into general clinical practice, and have agreed with commissioners a year 2 CQUIN to ensure that this happens. They will also explore whether the tool can become part of CareNotes.

Area: Trust wide

Team name: Learning Disability Teams

Person-centred thinking training programme promotes co-production

What did we want to achieve?

Establishing CWP as a truly person-centred organisation is at the heart of the Trust's philosophy. The purpose of the training was to bring about a cultural change, moving away from doing things to/for people and towards co-production, choice, inclusion and the person being in control. To do this four staff members had to establish a set of tools that could be used to truly make a difference to the lives of both service users and staff.

What we did

- Four members of staff were trained to deliver person-centred thinking workshops.
- The staff then developed the course to be used in a health care setting, which was offered to all clinical staff working in CWP.
- To date the team has trained in excess of 350 staff across the organisation, and courses continue to run once a month.
- One page profiles have since been developed with exec board members and engagement workers and introduced into the interview process in the Learning Disabilities Service.

Results

- One particular service user's parent has said that completing a one page profile for her son was uplifting for them both.
- The parent posted her son's one page profile online, asking friends and family to answer a question about her son. At the time she didn't think she would get much of a response, but was overwhelmed by level of feedback.
- The content was so positive she copied each response into a book for her son. Clearly people who were close to them saw her son as a young man first and foremost, as opposed to a person with a disability.
- Staff who have been on the courses have started to use the tools in general practice, and have commented that they are really making a difference.

Next steps

The team will be working with the Recovery College leads to help train service users to run some courses.

Area: Trust wide

Team name: Participation and Engagement

Helping with information project

What did we want to achieve?

To involve people with learning disabilities in developing easy read information for other people with learning difficulty. Images are hugely important in supporting service users to understand written words and often the images available in picture banks are not suitable. People with a learning difficulty were asked to use their 'acting' skills to help the team create images that are required to develop new easy-read information.

What we did

- The team created a consent form that explained to service users what the project was and where the images would be used.
- They are now recruiting interested service users to take part in the project as 'actors'. These service users pose for photographs that are vital for the development of easy-read information.

Results

- Seven assessment leaflets have now been produced that have involved a service user 'acting' in a for a leaflet.
- Staff have commented on how useful the leaflets have been in explaining assessments to service users who will be having the assessment as part of their treatment.
- It is also clear that this kind of coproduction means a lot to the service users who take part. Feedback has been really positive, with the team receiving comments such as "I like that you can see me using the stuff and the language is easy to understand. The pictures show how everything works." and "I really enjoyed working with the staff and felt really proud that I was helping other people."

Next steps

As the team develops new leaflets it will continue to involve service users-as-actors to create appropriate images required for learning disability leaflets.

Area: Trust wide

Team name: Trust wide peer steering group

Introduction of Peer Support Volunteers into mental health inpatient wards and units

What did we want to achieve?

Peer Support Workers and Volunteers have been implemented in different forms in trusts across the UK. Peer support, in its simplest form, uses the power of people's lived experience to support others who are going through similar difficulties.

What we did

- A trust wide group, made up of staff and service users, was successful in its bid to receive funding for the peer support training.
- Ten people completed the course, and of these six were successful in undertaking peer support volunteering roles across the CWP.



Results

- The Peer Support Workers have been in post for ten months now and the team is receiving excellent feedback from both staff and patients. Before the volunteers started the team visited each ward/unit and delivered staff awareness sessions focusing on peer support.
- Comments from service users: "Working with my Peer Support Worker really encourages me knowing that someone has been through the same thing and can therefore help and represent us is great."; "I feel that the peer support worker is very helpful as they talk to me, and listens to what I've got to say. They are someone I can talk to who understands where I'm coming from. He's a nice guy, and we have a laugh and some good banter."
- Comment from staff member: "The Peer Support Worker really helps all of our service users, as they can give lots and lots of support regarding lived experience. Seeing someone who is experiencing mental illness, but is at a stage of their recovery where work and employment is entirely possible, is of great benefit. It really does provide everyone with hope for their own future and recovery."

Next steps

The trust wide Peer Steering Group continues to meet and is developing new areas for Peer Support Volunteers, along with looking at benchmarking and auditing their impact. They are also developing new training to support the next wave of volunteers.



Area: Trust wide

Team name: Safe Services Department

#CWPZeroHarm

What did we want to achieve?

To continuously improve quality of care by tackling unwarranted risks and variation. CWP is the first NHS trust to appoint a 'Clinical Expert Champion for Zero Harm'. This is a specific role that aims to provide a better understanding of patient safety challenges faced by CWP and across the NHS. Proposals for improvement were informed by the Berwick Report into patient safety (2013) and a review of evidence-based best practice.

What we did

- The Trust engaged a number of stakeholders, including commissioners, to develop quality improvement plans designed to embed a culture of patient safety.
- The #CWPZeroHarm campaign has been endorsed by the Trust's board of directors through reinvestment of its surplus and 'Commissioning for Quality and Innovation resources. Additionally, local commissioners have been flexible in negotiations on the deflator, which has supported the drive for parity of esteem within the local health economy.
- Outputs from the campaign have included:
 - Improving the reporting and analysis of incidents
 - Engaging and enabling staff to improve and innovate
 - Continuous improvement in people's healthcare experience by promoting standards of care through the Trust's values

- Developing ways of disseminating clinical communications through a dedicated intranet area where staff can share experiences, learn from incidents and identify areas from improvement 'Sharelearning' bulletins are also produced and issued to targeted audiences.

Results

- A number of 'way points' were identified for annual review by CWP's executive board, to be assured that improvements are being realised and sustained. Examples to evidence that the initiative has improved safety:
 - Locality Data Packs: a dataset that gives managers the chance to celebrate best practice and identify areas where there is potential to improve further
 - The Complex Recovery, Advice and Consultation (CRAC) team: #CWPZeroHarm has enabled CWP to become one of the lowest users of acute inpatient beds in England and avoiding the need to place acute cases out of area
 - Appointment of an Effective Care Planning Lead: 90% of staff have received training in clinical risk/ care planning, higher than the Trust's original target of 85%
 - Education and multi-disciplinary training opportunities: including courses on Human factors
 - Celebration of success and good practice by asking staff to submit case studies via the intranet.

Next steps

The Board of Directors has recently re-established its support of this campaign. Year two priorities are centred around enabling staff to deliver safe, effective, person-centred care. This will be driven from the frontline to ensure that improvements to quality are self-directed and sustainable.

Area: Trust wide

Team name: Safe Services, Locality Quality Surveillance Support Managers

The launch of Locality Data Packs under the Zero Harm programme

What did we want to achieve?

To help team managers understand their quality, performance and safety information in a way that they find easy to understand, and to identify areas for continuous improvement.

What we did

- The Locality Quality Surveillance Support Managers designed a pack of information, the Locality Data Pack (LDP), around the following principles:
 - Alignment with the Care Quality Commission (CQC) inspection framework
 - Information grouped under the five CQC domains of safe, effective, caring, responsive and well-led
 - Succinct: the key data that managers need to help them deliver safe and effective care
 - Highly visual: charts that bring the data to life
 - A focus on best practice and continuous improvement: putting data into context against benchmarks and past performance
 - Easy to share: packs are sent out in Powerpoint format, with no formatting inconsistencies and information easy to disseminate
 - Direct: packs are emailed to managers' inboxes.

Results

- Following consultation with the Trust's Quality Committee, service leads and team managers, the LDPs were piloted across inpatient areas in February 2015. The bi-monthly ward packs were launched in April and the community packs were launched in May.
- Feedback from managers has been really positive and it is understood that the packs played a key role during the trust wide CQC inspection.
- The LDP launch has proven a real success in allowing managers to access key data in one simple format. It has brought a focus on data quality and the importance of accurate recording.
- The data packs have led to an increased awareness of how the six-weekly supervision periods are calculated and of the importance of timely recording in electronic staff records (ESR).

Next steps

Packs are sent bi-monthly to wards and community teams. An aggregated pack aimed at service speciality and locality level is currently being developed for further review at Quality Committee.

Area: Trust wide

Team name: Street Triage

Working well together - providing and sharing mental health expertise with Cheshire Constabulary

What did we want to achieve?

To reduce the number of people with mental health problems being unnecessarily detained in police custody, and to improve the access to appropriate care for people who call the police when they are at a point of crisis.

To achieve this, the Street Triage project's goals were to reduce the number of clients detained on Section 136 (of the Mental Health Act), and to provide a prompt mental health assessment at point of crisis that has generated a police incident, avoiding busy A&E departments.

What we did

- A Community Psychiatric Nurse (CPN) now works alongside a Police Officer. The team provides cover seven days a week between 8am - 2am.
- Incidents from police control are constantly reviewed, and when someone is in crisis the CPN can make an assessment at the scene and provide a pathway of care within services.

- Police Officers gain valuable insight and become better educated on how to deal with people exhibiting mental health problems. This provides a prompt service that also reduces demand on ambulance and A&E services.

Results

- Between November 2014 (when the pilot launched) and June 2015, the East Cheshire Team assisted at 506 police incidents. Using their expertise they prevented 97 section 136s taking place, and carried out only six themselves. This is a reduction of 97%.
- The West Cheshire Team advised at 511 incidents, intervening at 86 section 136s and carried out 13. This is a reduction of 85%.

Next steps

Street Triage is currently a pilot scheme funded until November 2015. The next steps will be to continually improve the response that people receive in a crisis and further raise mental health awareness within Cheshire Constabulary.



Special mentions

With well over 100 entries being submitted to the Big Book of Best Practice 2015/16, the difficult decision was made to reduce the number of featured pieces to those contained in each section. Indeed, the quality of all submissions was so high that a large number of projects, despite not being selected for full publication, deserve to be celebrated for the fantastic outcomes achieved. These are included below as special mentions.

You can find more information about all projects listed below, in addition to an online version of the entire publication, on our website: www.cwp.nhs.uk

East Cheshire

- Team:** East Cheshire CAMHS
Title: Bespoke training to high school
- Team:** Saddlebridge Recovery Centre
Title: Our garden project
- Team:** Occupational Therapy Adult Acute Mental Health
Title: Croft carers' newsletter
- Team:** Liaison Psychiatry East
Title: In-situ simulation of self-harm in A&E
- Team:** East Cheshire Community Learning Disability Team
Title: Orthotics Service transition
- Team:** East Cheshire CAMHS Young Advisors
Title: Young service users changing the face of service delivery in East Cheshire

West Cheshire

- Team:** West Cheshire CAMHS
Title: Weekend assessments for young people admitted with self-harm to paediatric bed
- Team:** Vale Royal Adult Mental Health Services
Title: Bipolar Effective Clinical Effective Practice Screen (BICEPS)
- Team:** Occupational Therapy
Title: Recognition of allergens in food within the Occupational Therapy Service
- Team:** Healthy Living
Title: Cook Well for Diabetes: four week healthy eating course for people with type 2 diabetes
- Team:** Family Nurse Partnership (FNP)
Title: Family Nurse Partnership annual review, advisory board and client forum
- Team:** Adult Mental Health Services Chester
Title: Audit of the prevalence of autistic spectrum disorders among Community Mental Health Team service users
- Team:** CAMHS Youth Offending Services
Title: Mental health well-being week
- Team:** Tissue Viability Service
Title: Pressure ulcer clinical assurance tool
- Team:** Older People's Community Mental Health Team
Title: Cognitive Stimulation Therapy →

Trust wide

Team: Incidents, Complaints and PALS

Title: The introduction of Sharelearning bulletins to support learning from experience

Team: Low Secure Services

Title: Quality improvements across the Low Secure Service at Soss Moss Hospital

Team: Safe Services

Title: Streamlining the policy process

Team: Clinical Innovation and Redesign

Title: Innovation competition

Team: Communications and Engagement Team/Corporate Affairs Team/ Participation Workers

Title: Development of involvement and participation at CWP

Team: Pharmacy Team

Title: Quarterly analysis of Pharmacy Team interventions

Wirral

Team: Wirral Community Learning Disability Team

Title: Training of Wirral police response officers



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