



Big Book of Best Practice 2015/16 Honourable Mentions

This document contains those submissions which narrowly missed out on featuring in this year's Big Book of Best Practice. Although not in the main book, these examples of great work throughout the Trust have more than earned their chance to be celebrated and for this reason we wanted to give them a platform to be shared.

It has been another year where the strong work displayed by CWP staff has shown itself to be at the forefront of innovative and compassionate care for those who access our services.



Team: East Cheshire CAMHS

Title: Bespoke training to High School

What did we want to achieve?

The high school contacted CAMHS as they had a number of concerns about young people with mental health issues and felt unsure how to respond, they had sought external training costs however wanted to use local services and therefore a training package was casted and delivered by East Cheshire CAMHS.

What we did

- The link person within the schools provided areas that they wanted to be covered in the training and we tailor-made a package for them which included statistical data, local resources available, toolkits to support staff around young people's mental health, case studies and interactive sessions.
- We also offered a session on mindfulness that a number of staff stayed to take part in.

Results

- We received excellent feedback from the teaching staff who attended, they felt reassured in the work they were doing and confident about when they might seek support as well as how to refer onto CAMHS, this session also built some important links between education and health.

Next steps

We would like to offer further training to schools and have since been approached by other schools who have requested costings for our training.



Team name: Saddlebridge Recovery Centre

Title: Our garden project

What did we want to achieve?

The purpose of our project was to engage with our service users to gain extra talent and knowledge they can use in the garden at Saddlebridge. To teach them how to grow their own fruit and vegetables, explore tasty alternatives to unhealthy foods, and find out what is the easiest to grow in the UK.

What we did?

- Staff and patients worked closely together to prepare outside areas, raised vegetable plots and green house for spring planting and potting.
- Everything that has been grown has been planted from seeds.
- Grew different varieties of fruit and vegetables so that crops will be ready at different times of the year
- Maintained weeds, a clean happy healthy green house, grass growth, plant feed, transferring of seedlings to bigger area.
- Grew a mixture of different plants to brighten up our courtyard such as large sunflowers, pansies, corn flowers, marigolds.

Results

- The project has been fun for staff and service users to work together outside and learn new skills and talents such as growing fresh fruit and vegetables.
- Service users have cooked using their homegrown produce and appreciated the fresh taste.
- Some of the group plan on developing the skills they have acquired following discharge from hospital.
- It has brightened up the surroundings of the unit.

Next steps

The next step is to maintain what is currently in the greenhouse and garden and to keep the standards created in the raised beds. To continue to engage with service users to use the skills they have developed.



Team name: Occupational Therapy Adult Acute mental health

Title: Croft Carers Newsletter

What did we want to achieve?

To promote communication between carers, the ward team and service users, and to promote inclusion in their loved ones care. To promote carer involvement in response to feedback, give updates on projects and ideas and inform of carer drop-in groups and other carer events available in the East.

What we did?

- The therapy team discuss at our weekly patient experience meetings the proposed content of the newsletter and service users are given the opportunity to discuss what they would like to include.
- Included feedback from service users and how we have improved our service following feedback.
- Included pictures of popular interventions and events on the ward and this is then produced monthly.
- Display the newsletter at the ward entrance for carers to take a copy and is handed out during carer sessions such as the afternoon tea. It is also put in the carer information welcome packs.

Results

- Suggestions from carers have been included in the Croft refurbishment, promoting involvement in service change.
- The feedback from carers has been positive and has included comments such as “it’s nice to see what’s going on”.
- Responded to patient and carer feedback to contribute to a client centred service
- Started a wellbeing in dementia blog which will allow us further establish good communication links between the cares, service users and ward team.
- Allowed us to promote the therapeutic activities we have on the ward and carers have since attended OT and Art therapy groups on the ward ensuring that the care we deliver continues to be meaningful and client centred.

Next steps

We will continue to produce the Croft carer newsletter and share this with our colleagues in other dementia services across the trust to share good practice and ideas.



Team name: Liaison Psychiatry East

Title: In-situ simulation in A&E of self-harm

What did we want to achieve?

Cheshire East's Liaison Psychiatry team worked with Macclesfield District General Hospital (MSGH) staff to send a simulated patient with an overdose through the A&E department. The aim of the project was to look at the pathways of care for people with self-harm, review the risk assessment completed in A&E and the attitudes and care of the staff. The staff in A&E did not know it was not a real patient.

What we did

- A psychiatric nurse from the Leighton team was coached to play the role of a middle aged woman with long standing mental health problems who had taken an overdose. She was accompanied to A&E by a member of the MDGH simulation team who was playing the role of her neighbour who had brought her to A&E.
- The simulation was planned to elicit the most contacts possible with staff during the episode of care. The patient's journey was observed from the front door at A&E through to Psychiatric referral.
- The simulation ran for 2 hours and the interactions and care over this period were observed by the patient, neighbour and a covert observer in the department. The patient was very demanding of time and attention and showed a considerable level of distress that the A&E staff had to deal with (at one point they left the department and security had to be called).
- This allowed us to observe a range of interactions that a patient with self-harm may encounter in the department.

Results

- The team were able to evaluate care and a range of interactions from the front desk through to Psychiatric referral. After the simulation we held a debriefing for all staff involved including reception staff and security.
- The care provided and level of risk assessment at all stages was very good. The team are now making some changes to the self-harm pathway as a result of the simulation, and some training needs for A&E staff were highlighted.
- The simulation showed a high quality of care and the Liaison team and A&E staff were pleasantly surprised at how well it went.

Next steps

The Liaison team will continue to work in collaboration with MDGH staff to provide care for the mental health needs of patients through simulation, training and other teaching. The self-harm pathway has been changed and will continue to be monitored for further improvements.



Team name: East Cheshire Community Learning Disability Team

Title: Orthotics Service transition

What did we want to achieve?

To facilitate a smooth transition of the Orthotics Service - historically held jointly with Learning Disabilities Physiotherapists and an external Orthotics company - into mainstream services at Leighton Hospital; ensuring that appropriate reasonable adjustments were made and led to positive outcomes for adults with Learning Disabilities who have complex needs.

What we did

- A consultation took place with commissioners to identify a preferred option for service provision. Stakeholders were informed of the outcome of the consultation.
- For the transfer of the service to Leighton Hospital, it was agreed that Orthotics and Learning Disabilities Physiotherapy team members work together to support clients with complex needs. Areas of concern and possible solutions were discussed.
- Issues were considered relating to environmental needs, time availability, complexities of communication, dealing with challenging behaviour, arranging appointments, availability of suitable equipment, Changing Places toilet, parking etc.
- To ensure consistency and clarity an 'Orthotics Hymn sheet' was developed and shared with colleagues.

Results

- Adults in Wirral with a learning disability now have access to the same services as the general population and mainstream services are making adjustments to meet their complex needs.
- There is a smooth transition for clients who often find changes difficult.
- All necessary reasonable adjustments are now identified and made in a timely manner through direct communication.
- Physiotherapy team members are being encouraged to support clients in making appointments at suitable times and to attend appointments where necessary, sharing their knowledge and skills with the Orthotist, for as long as is needed.
- There is an increased awareness of people with Learning Disabilities integrating into mainstream services.

Next steps

The service is aiming to improve the standard of orthotics provided while also preserving all positive aspects of the previous service provision, such as communications, care, commitment, compassion and the trust gained through years of contact with service users. The experiences of people who have been referred to orthotics through Leighton Hospital's Orthotics will be audited and closely reviewed every 6 months.



Team name: East CAMHS Young Advisors

Title: Young service users changing the face of service delivery in East Cheshire.

CWP East Locality CAMHS have launched a successful and innovative Young Advisors Group that is giving service users a real impact on how care is delivered throughout the Trust and at a national level.

What did we want to achieve?

An increasing number of young people working closely with CAMHS and our Trust to highlight areas that they feel could be improved and areas that have worked well. Involvement of young people within service recruitment, selection and interview process, alongside raising mental health awareness within local schools.

What we did?

- CWP's East Locality invested £4000 into the establishment of a Young Advisors Group becoming the first health trust in the country to adopt the Young Advisors social enterprise model to empower young people to influence local decision making and service improvement.
- Twelve CAMHS service users completed nationally accredited training to enable them to stimulate social action by showing community leaders and decision makers how to engage young people in community life, local decision making and improving services.

Results

- Since its inception the group have worked on a number of projects; including supporting local mental health services taking on commissions locally and nationally that support work within their local communities and further afield.
- Examples include; the commissioning of East Cheshire Sexual Health Services, working with Crewe Town Council to bring a young person's perspective to their "Vision for Crewe", working with Dementia Care services to give them a better understanding of young people's knowledge of dementia and working with the Canal and Riverside Trust to develop an app and their website to make it more inclusive for young people.
- Since November the group have been commissioned to work on 23 projects. Attached are some recent examples of their work with feedback from the organisations involved.

Next steps

Employing a Young Advisor to take on some of the administration and organise the continuing commissions. The young people involved can feed into and join our Young Advisors Group, creating a pathway of learning and development, supporting their recovery and ensuring sustainability of the model.



Team name: West Cheshire CAMHS

Title: Weekend assessments for young people admitted with self-harm to a paediatric bed

What did we want to achieve?

To provide an assessment by a trained CAMHS professional on a Saturday and Sunday enabling young people to be admitted (as NICE guidelines) but discharged after only one night on the ward if fit to go home when admitted on a Friday or Saturday rather than wait until Monday.

What we did?

- The tier 4 outreach CAMHS team worked closely with the tier 3 team to enable weekend mental health assessments to be carried out on the paediatric ward.
- The outreach team offered to see young people on the ward on a Saturday or a Sunday.
- They also offered support to the ward if a young person was deemed unable to go home.
- A follow up appointment was arranged and offered by the professional who assessed the young person and a tier 3 staff member to offer continuity of care into tier 3 CAMHS prior to the young person being discharged.

Results

- Young people were discharged earlier saving beds used on the paediatric ward.
- The young people were offered an improved service as they did not need to wait to be seen any longer than if they had been admitted on a weekday.
- The staff felt that not only were bed nights saved but their work was easier as young people were less likely to be awkward and impatient on the ward or to discharged without an assessment being carried out.
- If they needed to stay in hospital there was mental health support for the young person and staff.
- Feedback from the young people was very positive. Costs savings were made on beds. "The service I received was excellent; I felt relaxed and made me feel comfortable my son will receive support from them" The work was carried out through goodwill but there is not the capacity for it to continue.

Next steps

We are using the pilot as an example of good practice and with the support of the young people and staff feedback we will use the information and data gained to contribute to a bid to enable weekend work to become part of our service.



Team name: Vale Royal Adult Mental Health Service

Title: Bipolar Effective Clinical Effective Practice Screen (BICEPS)

What did we want to achieve?

To promote consistent and effective management of bipolar disorder in adults by developing a 1 page checklist for practitioners that summarises all the relevant clinical guidance (Bipolar Effective Clinical Effective Practice Screen [BICEPS]).

What we did

- The 1 page BICEPS checklist was collaboratively designed with CWP's Research and Effective Services teams.
- The team summarised over 390 pages of NICE clinical guidance, eleven clinical standards and 8 quality standards into a pathway checklist to be used when working with adult service users with bipolar disorder.
- Education around evidence-based management of bipolar disorder was provided to 2 community mental health teams in West Cheshire.
- The checklist was then implemented into the day-to-day role of mental health practitioners in these teams.
- The process has since been audited to ensure it demonstrates NICE criteria of evidence based practice

Results

- The use of the new BICEPS pathway demonstrated an innovative approach within existing services rather than investing on the development of new bipolar specialist intervention teams.
- The tool (and educational package) proved successful resources to give practitioners the confidence to deliver specialist interventions.
- This also led to a noticeable productive impact on specific areas of service delivery, such as interventions with carers and positive cardiometabolic monitoring of patients.

Next steps

The next step for the project will be to repeat the auditing cycle to ensure early findings are stable. The team will then disseminate the approach within the Trust, enabling the educational package to be shared with influential practitioners at CWP (eg previously identified NICE Champions). The approach and outcomes of the project will also be communicated with peer reviewed journals and organisations through presentations and an application for publication.

It is hoped that the methodology can be generalised to provide a similar template for other conditions.



Team name: Clarion Centre - Occupational Therapy

Title: Recognition of allergens in food within the occupational therapy department

What did we want to achieve?

To highlight the allergens contained within food that is cooked or prepared in the occupational therapy department, and to create a clear system for identifying these, ensuring the safety of those using the department for meal preparation or baking.

What we did

- Two members of the occupational therapy team looked at the ingredients kept in the occupational therapy kitchen and considered the allergens within these ingredients. This information was then recorded on a table. This meant that all staff could easily access the information in order to advise service users on any potential allergens within foods they may be using and eating.
- The recipe folders for meal preparation and baking were also updated to include a list of allergens for each recipe. This again made it easy for all staff and service users to access.
- Labels were printed for use on baking that had been prepared in the department, meaning that when cakes and biscuits were shared with others outside of the session they could be enjoyed safely with everyone being aware of any allergens.

Results

- The piece of work has raised awareness of allergens within the occupational therapy department. There is a large amount of kitchen work being done in this department and so it is important that all staff are able to advise service users with regards to allergens.
- Posters were made and displayed around the department, highlighting the importance of remembering to check for allergens in food prior to eating it. This has raised awareness for all those using the department on a daily basis.
- The use of labels on baking products made in the department means that food can be shared and enjoyed safely. It also ensures that service users can confidently prepare food and know that it will be safe for them to eat.

Next steps

It will be important to ensure that the files are kept up to date and that any new staff are aware of the importance of checking for allergies before undertaking meal preparations with service users.



Team name: Healthy Living

Title: 'Cook Well for Diabetes': 4 week healthy eating course for people with type 2 diabetes

What did we want to achieve?

The 'Cook Well for Diabetes' 4 week course was developed to provide practical information around healthy eating and lifestyle for people with type 2 diabetes. The course focuses on the importance of a healthy balanced diet, food labelling, portion sizes and lifestyle choices and includes cooking demonstrations and easy, low-cost meal ideas to use at home.

What we did

- The course was developed by nutritionists in the healthy living team in collaboration with the diabetes dietitians at the Countess of Chester Hospital (CoCH). The CoCH dietitians deliver a half day 'Diabetes Essentials' course which is an information session covering all aspects of their condition and medication. The 'Cook Well for Diabetes' course is promoted as a follow on from the Essentials course.
- 'Cook well' has been designed to help people learn to eat healthier when faced with a diagnosis of type 2 diabetes. The course covers important facts about the food we eat and how to cook foods in a way that will lessen the impact on blood sugar levels.
- A cookery or food preparation demonstration follows the information session each week and the participants are given opportunity to ask questions about the previous week and share information.

Results

- The aim is to improve the health and long term prognosis for people with type 2 diabetes, and in doing so reduce the number of GP visits and hospital admissions.
- It equips people with evidence-based information that helps them to take control of their own health and health outcomes.
- The Ellesmere Port healthy living centre host a support group for people with type 2 diabetes, and holds 'Cook well' follow up get-together sessions with guest speakers.
- Health improvements are measured by gathering information using a before and after evaluation form and using the Warwick Edinburgh Wellbeing Mental Health Scale to measure improvements to wellbeing. Participants have reported improvements in their understanding of a healthy diet and how it impacts on their blood sugar levels. Other noticeable differences were in service user's health, with many reporting losing weight.

Next steps

The Healthy Living team will continue to deliver the 'Cook Well for Diabetes' course and support group in Ellesmere Port, and plan to start running the course from The Unity Centre - West Cheshire's multi-cultural hub - in Chester. An exercise session specifically designed for this group has been developed and this will start in September.



Team name: Family Nurse Partnership (FNP)

Title: Family Nurse Partnership annual review, advisory board and client forum

What did we want to achieve?

To reflect and review the team's progress in implementing The FNP programme against the fidelity measures across Cheshire West and Chester Local Authority Footprint. The Advisory board meets quarterly and supports the team to implement the programme ensuring that positive outcomes are achieved for young teenage parents.

The team facilitates a client forum every 6 months and discuss informally areas of practice the team would like to improve eg how to support parents in making feeding choices for their baby.

What we did

- The team collected robust data to demonstrate the impact of the FNP programme on health and emotional wellbeing. This required a cohesive team approach to ensure that all the data is collected in a timely way.
- Data is reviewed monthly and annually and a comprehensive report is written which contains statistical analysis alongside client stories.
- Service User involvement provides vital insight into a service user's journey and how through working together we can achieve small yet significant changes that impact on lifelong health.

Results

- The FPN has achieved dosage in all areas of programme delivery ensuring that service users are receiving the correct amount of home visits.
- The clients and team had significant success in reducing smoking in the pregnancy phase of the programme, resulting in a lower than expected amount of pre-term and low birth weight babies being born to the client group.
- Cost savings to the health care economy are significant.
- The client group have been keen to reengage with education, employment and training, with 52% returning.
- During the team's annual review 2015 they were highlighted as an example of best practice.

Next steps

The team has an ongoing action plan, and is working hard to improve breastfeeding rates among the client group and continue to increase client participation on the board.



Team name: Adult Mental Health Services Chester

Title: Audit of the prevalence of autistic spectrum disorders among Community Mental Health Team service users

What did we want to achieve?

To estimate the prevalence of comorbid autistic spectrum disorders (ASD) in service users currently on the caseload of the Chester Community Mental Health Team (CMHT), and to consider the potential for unmet need.

What we did

- The service was aware of previous estimates that 1.4-3.4% of individuals using mental health services have comorbid ASD, wanted to accurately calculate this for the Chester CMHT's caseload.
- They provided Care Coordinators with the Autism Spectrum Disorder in Adults Screening Tool (ASDAQ), for a random sample of their service users.
- They then interviewed a proportion of the CCOs to ascertain how they believed that services could be improved for individuals with ASD and enduring mental ill health, and on their perceptions of the unmet needs of current service users.

Results

- Of the ninety one service users sampled in this study, twelve met the ASDAQ criteria for suspected ASD, suggesting that 13.2% of the CMHT caseload display significant levels of behaviour associated with ASD, which is much higher than previous estimates. Only 1 of the twelve had previously been referred for ASD assessment.
- Staff expressed concern about being unable to adequately meet the needs of these service users, and their wish for further training.
- These results were published in a paper: the March 2015 edition of 'The British Psychological Society Division of Clinical Psychology (DCP) Forum' and the paper has now been shortlisted for a DCP award.

Next steps

The team is now planning further training for all CMHT staff in identifying the presence of ASD in their service users, and in how best to meet their particular needs.



Team name: CAMHS Youth Offending Service

Title: Mental Health Wellbeing Week

What did we want to achieve?

To introduce mental health wellbeing to young people attending the Youth Offending Service (YOS), and offer an opportunity for young people to participate in activities that would increase their self-awareness, confidence, resilience and communication skills. The team aimed to give practitioners the opportunity to break down barriers and change perceptions of CAMHS and mental health, and encourage young people to access services available in the local community.

What we did

- The CAMHS YOS team organised a week of activities during the half term that covered a holistic approach to mental health wellbeing.
- They consulted YOS practitioners and identified the subjects that needed to be incorporated, such as healthy relationships, clear thinking, resilience to stress and ability to self-care.
- The young people were given a booklet that included the week's schedule. The week's schedule consisted of attending local events within the community, such as cooking sessions at the local healthy living centre, a music group provided by YOS, a first aid course provided by the Red Cross and Everton Football Club providing football coaching.
- The team provided teaching sessions on self-esteem, sense of wellbeing, sexual health, healthy relationships and healthy eating. Practitioners had the opportunity to observe all the young people interacting with their peers, staff and members of the public.

Results

- Young people's attendance during the week was excellent every day, with only 3 of the 11 that started not finishing the week.
- Young people all took part in every session and activity throughout the week, and the difference in their attitude and manner was far more positive than previously experienced in 1:1 sessions.
- Practitioners observed all young people engaging in conversation with their peers, members of the public and adults with respect, care and compassion.
- The cost of the week activities was minimal due to the team accessing the local services that already had sessions planned.

Next steps

The team is now running a similar programme throughout the summer school holidays (2 days per week). This is covering various mental health and wellbeing topics. The team is looking towards providing another mental health wellbeing day/week during October half-term.



Team name: Tissue Viability

Title: Pressure Ulcer Clinical Assurance Tool

What did we want to achieve?

To ensure that all actions have been put in place when a patient has been identified as being at risk to, or has a pressure ulcer.

What we did

- Ellesmere Port South Tissue Viability Team had a patient with an avoidable pressure ulcer. As a response to this the team put together a pressure ulcer toolkit to ensure that in the future all necessary actions to avoid similar incidents had been put into place, and that the patients receive best practice care.

Results

- The Ellesmere Port South Tissue Viability Team found the pressure ulcer toolkit to be very effective. It was then introduced at a Trustwide Zero Harm meeting.
- Following some small adjustments to the original model, the toolkit is now being used by all teams.

Next steps

All the clinical leads are finding this model to be effective and it has been discussed to introduce something similar for palliative care and wound care. The tool has had some recent adjustments waiting to formally go through a patient safety and governance meeting. At present the service is using the model as a draft document.



Team name: Older people's Community Mental Health Team

Title: Cognitive stimulation therapy

What did we want to achieve?

To provide Cognitive Stimulation Therapy (CST) for service users who have a diagnosis of dementia and whose cognitive impairment is in its early stages. The value of psychological interventions such as CST has been identified by The National Institute of Clinical Excellence and Memory Service National Accreditation Programme (MSNAP).

What we did

- The team developed series of seven weekly CST sessions consisting of 6-8 service users at a time. Each session was run by 2 staff members and lasted ninety minutes.
- Sessions are structured and always include discussion on current affairs and activity relate to a specific topic, eg childhood, creative activity, food, sounds.
- The principles of reality orientation and reminiscence therapy are incorporated into the sessions in a sensitive and helpful way, though the emphasis is on enabling people to give their opinions rather than having to give factual information, which they may find difficult to recall.

Results

- The older people's community mental health team's commitment to providing Cognitive Stimulation Therapy was key to the service being accredited for Psychosocial Interventions by the Royal College of Psychiatrists' Memory Service National Accreditation Programme in July 2014.
- The team's CST sessions have increased in popularity, with the service now running 5 groups
- Research trials have shown that CST can improve the communication, mood, confidence and alertness of those attending the groups, and this is reflected in the patient feedback received so far.

Next Steps

Following the success of the CST groups sessions, the older people's community mental health team intends to introduce Maintenance Cognitive Stimulation Therapy sessions to enable service users to continue the therapy once the formal CST programme is finished. Over the coming year the team will expand the course to service users in the moderate stage of dementia.

Carers will also be invited to attend add-on sessions designed to explain the CST programme. This will encourage engagement with the service user and encourage the therapy's principles to be continued at home.



Team name: Incidents, Complaints & PALS

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

What did we want to achieve?

Staff to receive timely, effective information to improve patient care. The bulletins form part of a safety case review where care has not been acceptably safe, the benefit of which identifies contextual learning to mitigate the potential of introducing risk by learning in individual cases being translated incorrectly.

What we did

- Introduced a Sharelearning email address and developed an intranet page and bulletin template in early 2015.
- Created an identity that staff could quickly identify that information received through this mechanism was important and should be reviewed for action.
- The bulletin was designed in a simple SBAR template to aid targeted messages and provide background to the incident and associated learning.
- It was developed to provide a succinct overview of the key learning identified from immediate peer safety reviews following an incident or near miss.
- The bulletins disseminate immediate learning following incidents and near miss occurrences' to all staff to improve patient safety and reduce possible recurrence and potential harm to patients.
- Also shared key information relating to the trustwide CQC inspection
- The bulletin and cascade identifies which staff groups the message is targeted towards and any action required.

Results

- Add quality outcomes into the system which promote and facilitate staff reflection.
- Staff have reported that they have been able to relate to the bulletins through the use of patient stories and the language used.
- The bulletins have been used to disseminate learning identified from external organisations.
- Feedback from staff has been extremely positive.
- Staff were able to quickly identify that key information received through this mechanism was important and should be reviewed for action.

Next steps

Further Sharelearning bulletins are planned and will also focus on learning from complaints and any trends that are highlighted. The impact of the bulletins will be analysed by the Locality Quality Surveillance Support team to review whether the change to communication of learning has had an impact on the incident profile across the Trust along with a review of the effectiveness of the change in communication.



Team name: Low Secure Services

Title: Improvements across the Low Secure Service at Soss Moss Hospital based on the recommendations from the Peer Review by the Quality Network for Forensic Mental Health Services (April 2014).

What did we want to achieve?

Review the recommendations from the peer review (April 2014 found that 61% of the criteria were met) and to improve quality in the areas where key challenges had been identified.

What we did?

- Key challenges to be addressed across Low Secure Services included: Environment for Alderley Unit; improving procedural security; improving relational security; increasing patient involvement in recovery plans; vocational opportunities for patients; provision of a multi-faith room; improvement in facilities for children visiting.
- All members of the MDT were involved in addressing the key challenges and specific staff were identified to address each area. All progress in these areas was shared throughout the team.

Results

- Service users are involved in decision making regarding how the service develops.
- The 'My service my say' meetings are held on a fortnightly basis and are a key vehicle for patient involvement.
- The new building for Alderley Unit was developed with staff and patient involvement.
- Procedural security has been enhanced with an identified index of procedural security policies in place and is captured within the low secure unit operational policy.
- Annual training on relational security has improved. Peer supervision sessions take place in each unit on a fortnightly basis to reflect on relational security issues including patient dynamics, patient's personal world, therapy and visitors.
- Patients involvement in recovery plans continues and is based on the 'My shared Pathway' format.
- Strong links with the community providing vocational and leisure activities.
- A multi-faith room at York House can be accessed by all.
- Visitor's rooms are now child-friendly areas.
- Peer Review findings for April 2015 found that 95% of the criteria were met. This is a significant improvement of 34%.

Next steps

Continue to work collaboratively with patients to enhance the quality of care we provide. Continue to peer review on an annual basis. We currently have staff trained as lead reviewers who will peer review other care providers. This allows for networking and sharing of good practice.



Team name: Safe services

Title: Streamlining the policy process

What did we want to achieve?

To improve CWP's policy process to make it more efficient and user friendly. To streamline the content of policies, introduce a quick-reference flow chart, increase awareness of important policy changes and ensure that policies were easily accessible to staff.

What we did

- The policy survey that was conducted in 2014 gave valuable feedback from staff about some of the difficulties experienced when accessing policies and using policies.
- The new Hadron intranet system provided an opportunity to amend the search functionality for policies to enable a more 'Google'-type search approach through key words.
- The policy review process has been amended to improve the Trust's approach to policy development and to improve effectiveness and communication. Review dates have been removed from policy documents and each policy has been scheduled for an annual compliance follow-up with its author.
- The review assesses the effectiveness of the policy and highlights whether any amendments are required to reflect changes from national guidelines or changes in practice. Quick reference flowcharts have been added to the beginning of each policy document, detailing step by step information to support staff with implementation policy into clinical practice.

Results

- The addition of a policy flowchart has helped to support staff with a quick reference guide to the key information contained within the policy. The duties and section responsibilities section has been removed to avoid duplication and confusion.
- A 'Reading Panel' web space has been created that allows staff to comment on policy documents to highlight changes, concerns and learning. The Trust's Reading Panel will ensure that the information published is easy to read, fit for purpose and can be understood by patients, carers, and staff.
- The team have looked to reduce the number of policy documents within the Trust by amalgamating policies where possible. So far this has reduced the number of policies by 5.5%.

Next steps

Safe Services will continue to support staff and authors to bring all policy documents up to date using the compliance follow-up process. This will include amalgamating more policies to minimise the amount of documents we within the Trust, creating clearer boundaries around what is policy is and what is guidance.



Team name: Clinical Innovation and redesign

Title: Innovation Competition

What did we want to achieve?

The Innovation Competition was a trust wide initiative to gather good ideas from staff around topics such as service improvements, new products, applications, research and training. The competition also encouraged staff to share their ideas and think about how they could improve CWP.

What we did

- The Innovation Competition ran twice for 6 weeks periods: December to January 2014 and again in April to May 2015. The launch of the competition was communicated through a number of channels.
- Entries required 250 word description of an innovative idea. A meeting was then held to discuss each idea's value, potential costs and possible implementation.
- This was followed by a presentation to the innovation committee, where ideas were evaluated and next steps were proposed.

Results

- The Innovation competition has captured a total number of sixty entries.
- Some ideas have been implemented straight away.
- Others have started to develop business cases to secure funding (eg a business case for an app for foster carers is ready to go to Business Development in Service Development Committee).
- Other ideas have gone forward to bid for funding or to value stream mapping (such as an idea for more nurse practitioners).

Next steps

The ideas from the last round are continuing to be developed and more case studies are being written to help drive innovation within CWP. Research is being carried out to evaluate the perception and effectiveness of the Innovation Competition to inform future initiatives.



Team name: Communications & Engagement Team, Corporate Affairs Team and Participation Workers

Title: Development of involvement and participation at CWP

What did we want to achieve?

To improve awareness of involvement opportunities across the Trust and enable people to meaningfully participate in Trust activities.

What we did

- In May 2014, funding from the central communications and engagement budget was devolved to each of the three localities to establish dedicated participation workers to drive involvement in local services.
- The extended team has been working to understand current awareness of involvement in all areas and support colleagues, people who access services and their carers, to see the benefits of involvement and put patient experience at the heart of service development.

Results

- A new suite of leaflets have been co-produced with service users and carers from across services and localities to explain and promote the various roles of involvement (membership, involvement representatives, volunteers and governors).
- A new online membership registration form was introduced to widen access, improve data quality (as well as equality and diversity information) and reduce administration time. The form now provides people, on an international scale, with the opportunity to register as a member via the website 24/7. Since implementation, over 400 people have personally updated their details.
- A new 'Get Involved' newsletter was developed to promote various involvement opportunities and share other useful news and information such as events, training and benefits advice.
- In 2014/15, 408 new people were recruited to involvement roles, representing a significant increase. During this time, 16% more involvement representatives reported greater clarity of their role.

Next steps

Collate outcomes and feedback to inform the direction of future involvement and recovery at an open discussion event. Key considerations include:

- Trust wide, local and clinical priorities
- Role of existing sub-committees and meetings
- Embedding involvement and recovery principles in everyday culture.
- Meaningful membership opportunities and target areas for growth.
- Two-way communications with governors.



Team name: Pharmacy Team

Title: Quarterly analysis of Pharmacy Team interventions

What did we want to achieve?

Examine intervention data for evidence of consistency and quality of recording and identify solutions if shortcomings were evident. Explore ways to use the data and to provide learning opportunities around medicines optimisation more widely to other MDT members.

What we did

- Scrutinised all pharmacy interventions recorded on Carenotes over a 3 month period.
- Provided evidence of areas in need of improvement eg scoring and recording the outcome of the intervention.
- Worked together to clarify clinical standards guidance and adopted an agreed approach to intervention recording going forward.
- More detailed analysis of particular sub-categories of the interventions allowed specific examples of good practice and complex challenging cases to be provided for a reflective learning team focus.

Results

- Analysis of the most recent quarter compared to the same one last year has shown some improvements in the consistency of reporting.
- Excellent examples of the impact of pharmacy interventions to patient care and safety, last quarter 25 of the 261 interventions made were scored as “potentially serious” and are summarised below:
- Interventions resulted in prescribing changes which reduced the risk of prolonged QTc (sudden death) (citalopram with antipsychotics)
- Interventions resulted in prescribing changes intended to protect the patients physical health (e.g. warfarin initiation, hypertension therapy, alternative DVT treatment)
- Recommendations were made to adjust antibiotic choice with regard to allergy or formulary options or inability to swallow
- Recommended dose changes were implemented to optimise therapy and protect the health of patients with significant renal impairment
- Interventions involved advice offered to clinicians about complex cross titrations of psychotropic medicines
- These examples will provide further opportunities for team reflection and ongoing improvements in service delivery to our patients as well as recording standards.

Next steps

To find effective, deliverable ways to share our examples of medicines optimisation best practice to allow other clinical colleagues to learn from our interventions. Help evidence the benefit to patient care and safety that a properly resourced pharmacy team would deliver.



Team name: Wirral Community Learning Disability Team

Title: Trust wide learning disability services Autism champions network

What did we want to achieve?

To respond to The NICE guidelines for Adults with Autism (2012) and the government autism strategy 'Think Autism' (2014) by providing autism awareness training for all Wirral staff, including specialist autism training for key staff. This was to ensure an evidence-based approach to supporting adults with learning disabilities and autism across the Trust.

What we did

- The Wirral Community Learning Disability Team have developed an autism training plan inviting each team, inpatient and respite area to nominate a minimum of 2 staff to be the Autism Champions.
- The Champions will have a key role in disseminating autism training in each area, and ensuring that person centred, reasonable adjustments are made to facilitate access to all areas of learning disability services.
- Four training sessions have been prepared (Introduction to Autism; Autism and Reasonable adjustments; Autism and mental health and Sensory Issues in Autism) and the first 'train the champions' event is set for August 2015.

Results

- The network of Autism Champions has been designed to create positive experiences for service users and carers.
- It will be responsive to problems identified by service users regarding access.

Next steps

The network will be an ongoing programme to support best practice. Autism champions will attend conferences and relevant training to ensure the service is providing the highest quality contemporary interventions and support to service users with autism.