

# Quality Improvement Report

Edition 2  
August – November 2018

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



**CWP's Quality Improvement (QI) Hub**  
*Making QI accessible to all*  
(see page 12)

## Welcome to CWP's second Quality Improvement Report of 2018/19

These reports are produced three times a year, this being the second edition of 2018/19, to update people who access and deliver the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.



At CWP, we look at **quality** in detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through **Quality Improvement (QI)**. We are using international ways of defining quality to help us with this aim.

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

<http://www.cwp.nhs.uk/resources/reports/?ResourceCategory=2335&Search=&HasSearched=True>

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



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

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

Implementation of our new Quality Improvement strategy commenced in April 2018. Phase 1 of the strategy stretches across three years and describes how our people and teams who deliver and support the delivery of our services will work together to create a culture where QI can flourish.

## EXECUTIVE SUMMARY

### QUALITY IMPROVEMENT HEADLINES THIS EDITION

**Safety huddles reduce therapeutic observation levels through a multi-disciplinary approach**

⇒ see page 7

**Understanding the benefits and risks around social media through discussion and education**

⇒ see page 8

**Community care team transform referral system, improving access to care**

⇒ See page 10

**CWP's Quality Improvement (QI) Hub is an ongoing success**

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**Learning Disability Coffee Morning drop-in builds people's confidence and facilitates friendships and opportunities**

⇒ See page 16

**Multi-Family Therapy Workshop for Anorexia Nervosa wins national award!**

⇒ See page 18

**Neston and Willaston Community Care Team collaborate with the Third Sector to improve quality of life**

⇒ See page 20

**Greater collaboration between CWP's Macmillan specialist palliative care team and their hospice colleagues**

⇒ see page 21

## QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2018/19, which reflect our current vision of “**working in partnership to improve health and well-being by providing high quality care**”. They are linked to the Trust’s strategic objectives, and reflect an emphasis on **patient safety, clinical effectiveness and patient experience**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

### Goal driven measure for **patient safety**

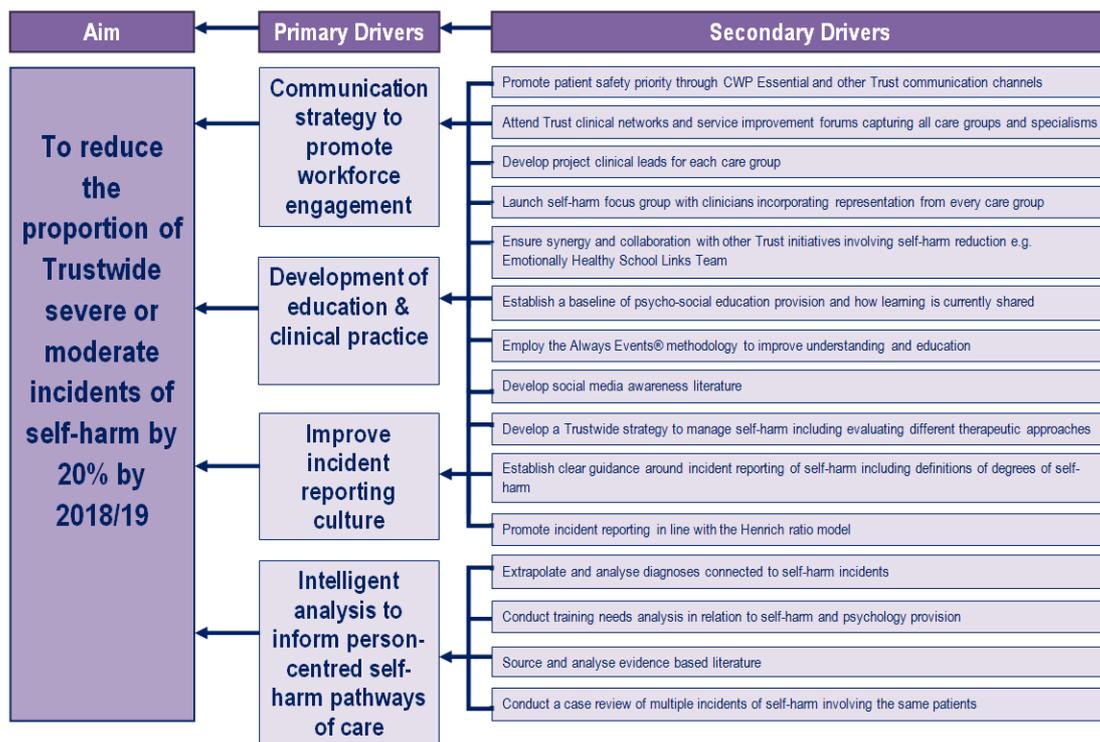
**Reduce the severity of the harm sustained by those people accessing CWP services that cause harm to themselves**

Nationally, there is wide variation between services in the frequency of self-harm.

**We want to:**

Reduce Trustwide incidents of severe or moderate self-harm – because the negative impact of self-harm on people and their families can be life-changing and is also associated with a higher risk of suicide.

We have developed this **driver diagram** to help us describe our aim:



**Steps we have taken so far to work towards achieving our aim:**

- ✓ Presented at Clinical Networks and QI events to promote this project and gather feedback from staff.
- ✓ Developed a self-harm strategic steering group, collaborating closely with other related initiatives such as suicide prevention.
- ✓ In-depth analysis of self-harm data to identify themes and specific areas/ opportunities for improvement.

**For more information, please contact Marjorie Goold, Consultant Nurse CAMHS, on 01244 397623 or Kate Baxter, Healthcare Quality Improvement Manager, on 01244 397410**

## Goal driven measure for clinical effectiveness

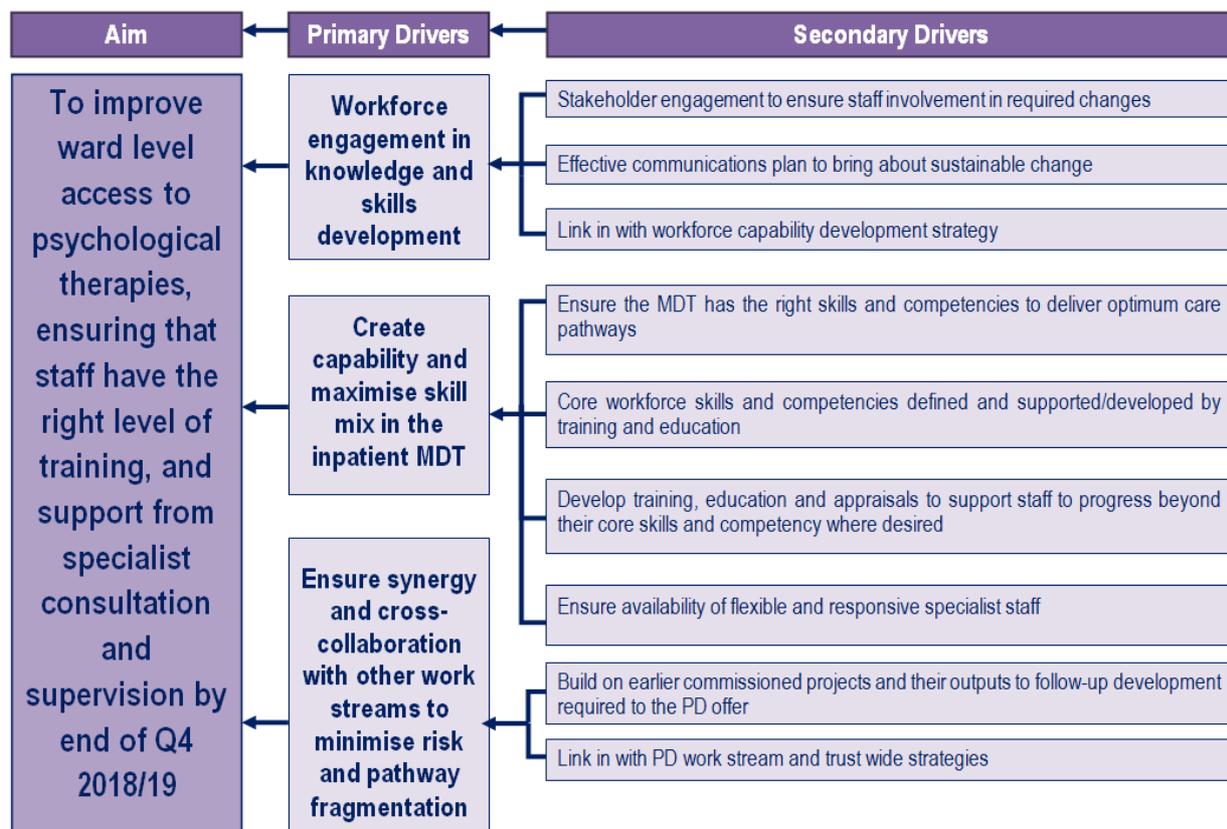
### Improve inpatient access to psychological therapies

Health care organisations should be assured that they are providing effective care that includes psychological interventions.

#### We want to:

Reduce the gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit – because by using a range of therapeutic interventions, people accessing our services are more actively able to participate in their treatment and recovery, thus reducing length of stay, improving their experience and achieving better outcomes.

We have developed this [driver diagram](#) to help us describe our aim:



#### Steps we have taken so far to work towards achieving our aim:

- ✓ Multi-disciplinary psychology work stream has been convened focussing on the application of psychology skills on wards.
- ✓ Developed the work stream, ensuring that it brings together people across the Trust already exploring ward psychology provision.
- ✓ Linked closely with the Personality Disorder work stream, developing Trustwide guidelines to support staff in this area.

For more information, please contact [Beccy Cummings, Service Improvement Manager, at \[rebecca.cummings1@nhs.net\]\(mailto:rebecca.cummings1@nhs.net\)](#) or [Kate Baxter, Healthcare Quality Improvement Manager, at \[kate.baxter@nhs.net\]\(mailto:kate.baxter@nhs.net\)](#)

## Goal driven measure for patient experience

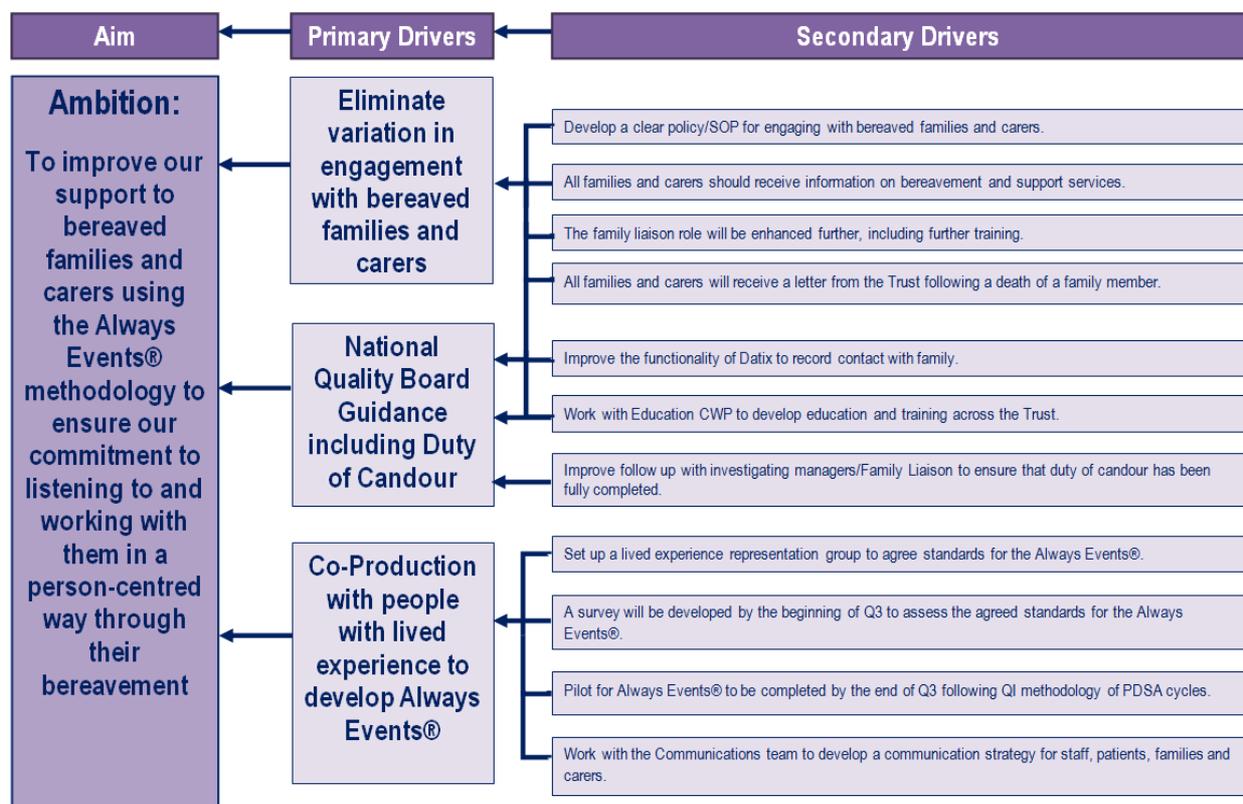
### Improve engagement with bereaved families and carers

Health care organisations should prioritise working more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken.

#### We want to:

Reduce the variation in the current levels of engagement with bereaved families and carers by using the Always Events<sup>®</sup> methodology to ensure our commitment to listening to and working with them to ensure that we provide support in the best and right way through their bereavement.

We have developed this [driver diagram](#) to help us describe our aim:



#### Steps we have taken so far to work towards achieving our aim:

- ✓ Information to provide to families following bereavement adapted with representatives from lived experience volunteers
- ✓ A further review and development of the bereavement survey with supporting information
- ✓ Project plan developed, with a pilot to be rolled out by the end of January 2019

For more information, please contact **Audrey Jones, Head of Clinical Governance, on 01244 397387** or **Cathy Walsh, Associate Director of Patient & Carer Experience, on 01244 393173**

# QUALITY IMPROVEMENT PROJECTS

## Patient Safety Improvements

### Delivering Safe care

The following projects show how CWP teams are delivering care which increases safety by using effective approaches that mitigate unwarranted risks.

## Safety huddles reduce therapeutic observation levels through a multi-disciplinary approach

### Background:

Safety huddles are brief and routine meetings for sharing information about potential or existing safety problems. They **increase safety awareness** among staff, allow for teams to develop action plans to address identified safety issues, and foster a culture of safety.

### What did we want to achieve?

The aim of using safety huddles on acute mental health wards was to review any people who were on increased levels of therapeutic observations and use a team based approach to plan care for a safe reduction of observations.

### What we did:

We looked at the wards in Bowmere (in Chester) and where the highest numbers of increased therapeutic observations were. It was then decided that we would pilot safety huddles on Cherry ward and Juniper ward as these were the wards with the highest number of therapeutic observations and for the longest durations. Initial discussions took place with the team consultants and ward managers and then with ward staff. A template was devised and a start date for the pilot was agreed.

### Results:

Since the introduction of the safety huddle, there has been a significant reduction in level 3 and level 4 observations, with only one person requiring this (before accessing ECT). Level 2 observations have been reviewed daily and there has also been a noticeable reduction in the number of people requiring 5 or 10 minute observations. Staff have engaged well with the safety huddle and have noticed the benefit of this being a **multi-disciplinary team (MDT) approach** and staff report that they feel supported in making decisions relation to therapeutic observations.



### Next steps:

Moving forward, the intention is to measure effectiveness using quantitative indicators, continuing to gain feedback from MDT members and monitor patient feedback in relation to care planning and level of observations. Ultimately, the plan is to embed the safety huddle concept on all acute wards within Bowmere.

**For further information, please contact  
Louise Gill, Modern Matron, on 07810156448**

# Understanding the benefits and risks around social media through discussion and education

## Background:

As a specialist eating disorder unit, Oaktrees ward has seen an expansion of access to and the use of social media and the effect it has on people accessing the service. Not only has the negative influence towards eating disorders grown online in the form of 'pro-anna' sites and 'thinspo' sites, but also the amount of positive recovery focused blogs and vlogs has expanded.



## What did we want to achieve?

Going the extra mile for their patients is central to the ward's ethos and having identified that social media was very important to them, the ward decided to create a social media initiative; the aim was to find out more about what sites people were using and how this impacted on their mental health, helping them identify how the negative social media was empowering their eating disorder and to provide them with a space to discuss this with a lead nurse. As part of the initiative, another aim was to identify more **helpful and recovery focused information** and sites for people to look into and make more informed choices.

## What we did:

A lead nurse was identified with a special interest in social media and the effects it can have on an eating disorder. This lead nurse would then discuss with each person what social media they used, to what end and how it made them feel. They would also discuss how ready the person felt to stop using the negative forms of social media. This information was then formulated into a social media domain within the care plan and fed back to named nurse. The ward also installed a 'social media information board' which provides information about different recovery focused sites and blogs, also identifies relevant pages and people to follow on popular social media platforms. The ward has set up a self-help shelf in the communal area and provided self-help books for people who struggle to use social media sites. The lead nurse also uploads regular tweets to the CWP eating disorder service twitter account, this may include links to interesting articles or motivational quotes. As it became apparent what a big topic this was for the people accessing the service, the staff added it to the agenda for their weekly community meeting; this enables them to bring forward any social media they have found particularly helpful/ unhelpful to share with others.

## Results:

People have reported they find talking about their social media use to someone quite eye opening as it is usually something they have kept quite private. Also they have found some of the blogs and pages identified on the social media board helpful, people are also informing staff of sites they have found helpful to put on the board.

## Next steps:

The wards plans are to continue to develop their library dedicated to self-help books with the intention to include more staff within the team who have an interest in social media. Furthermore, the ward hope to the share the best practice that they have employed to colleagues focussing on the Patient Safety Quality Account **priority in relation to self-harm** (see page 4). The techniques and skills could be of significant benefit to people who self-harm.



For more information, contact Cath Moore, Clinical Lead Nurse, at [cath.moore1@nhs.net](mailto:cath.moore1@nhs.net)

# Clinical Effectiveness Improvements

## Delivering affordable care

The following projects show how CWP teams are delivering care which maximises use of resources and minimises waste.

### Responsive Mental Health Law team provide bespoke training for staff

#### Background:

Mental Health Act (MHA) monitoring visits by the Care Quality Commission (CQC) and MHA audits have highlighted areas for improvement regarding compliance with the Mental Health Act Code of Practice. The CQC have previously identified certain areas for quality improvement including documentation of capacity assessments in relation to admission and treatment, explanation of rights at appropriate times and inclusion and completion of reports and leave forms.

#### What we wanted to achieve:

A mandatory e-learning package is available for all staff regarding the Mental Health Act 1983, but this is supported by comprehensive face-to-face training at centralised locations across the Trust. Attendance at these training sessions had reduced since their inception and the Mental Health Law (MHL) team wanted to look at ways to **improve and maximise the delivery of training to clinical staff**.

#### What we did:

The MHL team manager discussed with Matrons how MHA training could be delivered differently for ward staff to maximise attendance and impact. As a result, the existing centralised training programme was overhauled to **take the training to staff instead**. Face-to-face sessions were set up at the Bowmere, Springview and Millbrook inpatient units to encourage staff attendance by reducing their time off the ward. PowerPoint presentations were replaced with scenario-based sessions. These include a close look at documentation on CAREnotes, learning from CQC MHA visits, discussions on how improvements can be made and sustained, and examples of identified good practice.

#### Results:

Although key areas are covered, each session is different and driven by discussions based on 'live' scenarios. This has proved to be a successful approach with feedback being extremely positive. The word cloud below is composed of attendees' comments from what they found most useful about the training, in addition to other positive feedback.



- "All relevant and interesting."
- "Session was really helpful."
- "Useful discussing different scenarios in practice."
- "Really useful update which can be transferred into practice."
- "More engaging than previous sessions."

## Next steps:

The MHL Team intend to continue to review the content of the sessions using a PDSA approach, building in feedback from future CQC MHA visits and learning from incidents and audits. Sessions are currently scheduled up until March 2019, however the training programme is to be extended Trustwide for a further twelve months.

For more information, please contact Jan Devine, Mental Health Law Manager, on 01244 393167

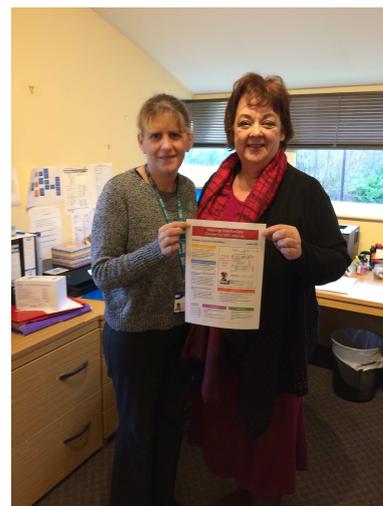
## Community care team transform referral system, improving access to care

### Background:

There are nine community care teams (CCTs) across the Trust, three of which are in Chester and includes East CCT. A CCT is very multi-disciplinary in nature and includes district nurses, community staff nurses, assistant practitioners, health care assistants, physiotherapists, occupational therapists, therapy assistants, clinical case managers, social workers, care co-ordinators and administration support. Referrals to the team are received through many different methods including from a hospital or GP practice through a referral form. The team identified that there was insufficient information being received at the point of referral which was impacting on time, resource and person-centredness, as a referral can be made for a huge variety of reasons reflected by the multi-disciplinary nature of the team.

### What did we want to achieve?

The team recognised that the referral form was cumbersome and complex and required improvement. Furthermore, referrals were being made to the Community Care Team in many different ways from the GP practices in the cluster, of which there are four, and to address this the team also wanted to standardise the overall referral system.



### Releasing Time for Care Chester East CCT referrals

Liz Stewart, Tracey Palmer, Kathy Williams      October 2018

#### Introduction

The referral template for the transfer of care to the Community Care Team was cumbersome and complex. Very few people were using it and referrals were received in a myriad of ways. We were looking to 'standardise across the "patch".'

#### The Model for Improvement

##### What were we trying to accomplish?

A quick and easy process to ensure the doctors categorised the care their patient needed and minimised the administrative overhead.

##### What did we measure to test if our change was an improvement?

This began as a qualitative exercise (or so we thought...!). We recognised that this was a burdensome task involving many different key personnel. Nothing was standardised. Therefore we could only measure the quality and develop a process map of the information.

##### What changes did we make (including in-progress)?

- PDSA1: Trial in-house at Upton Village Surgery. Simplified layout and wording.
- PDSA2: Trialed by Chester East Network. Amended the time descriptors.
- PDSA3: Roll-out to Chester City locality (on-going)

#### Challenges

- Choice of language – learnt a valuable lesson that every person's views and interprets words differently. Example: Cnic3(Urgent/Non-Urgent/Immediate/Emergency) – which is the most pressing?
- Adoption by all clinicians and CCT teams/localities

#### Next Steps

- Install in the Chester City locality for the next PDSA cycle.
- After studying the results and making any further adjustments, we will then offer the model to the other localities and CCT teams.

General Practice Forward View - Time for Care Programme - Learning in Action

### What we did:

The team developed a new referral form, ensuring that a triage system or priority assessment was included to ensure **timely access to the service**. The team were very keen to ensure that the form was piloted and undertook a PDSA cycle, collaborating with one of the GP cluster practices', gathering feedback on any areas on which to improve before spreading the initiative to the rest of the cluster.

### Results:

The results have been very encouraging; everybody in the cluster feels the form is **more efficient, streamlined and effective** and has **impacted positively on the delivery of patient care**. There is a **greater awareness and understanding of the person's needs on referral** which precipitates an **improved timeliness to a person's access to the appropriate service**. Furthermore, through the PDSA cycle, the team have identified that the administration time within the GP practices and CCT has, on average, **saved 45 minutes a day**.

### Next steps:

The new referral form has been shared with the team's CCT colleagues within the Trust and their GP network colleagues with the intention of rolling it out to all teams.

For more information, please contact Liz Stewart, Chester East Community Care Team Manager, on 01244 385579

## Red2Green continues to makes strides in improving quality and reducing length of stay

### Background:

The Red2Green project has been running for over a year and the next stage is now focussed on the **sustainability of the project and embedding it within the culture of the wards** in CWP. Red2Green aims to optimise patient flow through the identification of wasted time in a person's journey, and reduce internal and external delays. The emphasis is on people receiving **active and timely care in the most appropriate setting and for no longer than required**, so that people do not lose one more day of community living than is absolutely necessary. For inpatient settings, this is vital in improving quality of care and freeing up capacity within the system by reducing length of stay.

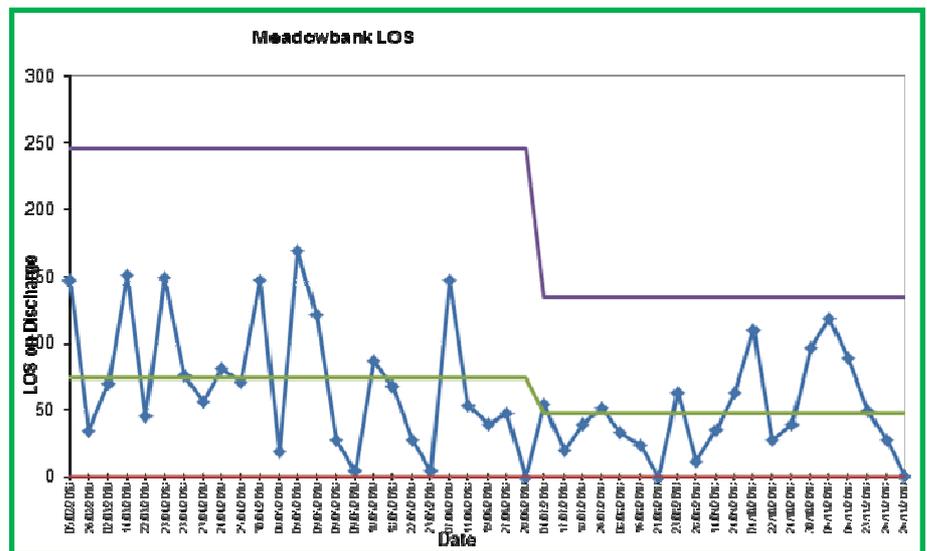
# Red2Green

### What we did:

A steering group for the future of the Red2Green project has been planned to support the continuous improvement of flow through inpatient services and ensure consistency in the approach across the Trust. Administration support has been identified as being vital and is being allocated to support the board rounds on the wards. The criteria was redeveloped to be applicable to an organic ward.

### Results:

Red2Green has successfully spread to nine wards within CWP including Acute and Organic wards and is being trialled within community intensive support services in Wirral. The engagement and motivation from staff in the project has maintained and been the driver for the continued success of the project. It has been particularly successful on Meadowbank, an organic ward, where the average length of stay (LOS) has reduced from 73.6 to 47.3 days – a 35% reduction after a shift on the 04/07/18 after beginning the project on 21/06/18.



### Next steps:

The plan is for the Red2Green data on all participating wards to be included in the Trust's Locality Data Packs (LDPs) on an ongoing basis. The escalation processes are to be refined, in addition to reviewing the process on each ward to identify issues and further areas for improvement. The Trust's rehabilitation wards are to adapt and trial the use of Red2Green initiative. Furthermore, the impact on the Intensive Support Service is to be reviewed as we would be hoping to reduce the amount of time someone is identified as in crisis on the Dynamic Support Register. From an electronic point of view, the functionality of the Trust's clinical notes system, CAREnotes, is being reviewed with the intention of Red2Green data and actions being captured through CAREnotes in order to reduce duplication.

**For further information, please contact Kyle Blackwood, Service Improvement Project Officer, on 01244 397391**

## Delivering Sustainable care

Quality services and systems include sustainability as a fundamental principle. The following projects show how CWP teams are delivering care that can be supported within the limits of financial, social and environmental resources.

### CWP's Quality Improvement (QI) Hub A centralised intranet site for all things QI

#### Background:

Quality Improvement (QI) is about **continuously improving to provide safer care, better outcomes and experiences for people who access our services**. CWP formalised this approach by introducing a QI strategy in 2018, which has been agreed and approved by the Board. The Trust's QI Strategy describes how, over an initial 3 year period, we will create the right environment and foster a culture that supports and continues to build our QI capability.

#### What did we want to achieve?

From the outset, when the Quality Improvement Faculty held their first meetings in the early part of 2018 with the Trust's Associate Directors in attendance, it was clear that there was no predominant location for staff to find information about QI. There were multiple stand-alone intranet pages located across a wide range of teams, with snippets of information about QI, but this caused confusion when trying to find resources or look for signposting. QI is everybody's business and we wanted to make the information and resources about QI to be as engaging and easily accessible from a central intranet based hub. We wanted the QI hub to be a jargon free environment that enticed staff to read the content rather than frighten them away.



#### What we did:

The Quality Support Manager from the Safe Services team knew that the team's administrator had experience with web design, was skilled on the computer and would love a challenge. She took her idea of a centralised QI intranet hub to him and explained the vision. Engagement with other colleagues helped to develop a creative image that would become the identity of any CWP QI work and become the QI theme for the Trust. Everybody involved enjoyed being creative with coloured pens and post-it notes, and with some great contributions #cwpqi was born. A Twitter account was also created and this image became the 'handle' that any staff member can use when tweeting about their QI projects and achievements. They worked collaboratively with other teams across the support services network to engage participation and encourage contribution

of resources with which to populate the Intranet pages. Using mobile phones, clinical staff were filmed talking about how they had started their QI projects and what steps they had put in place to sustain the project; this part of the intranet site will continue to expand.

#### Results:

The project gained momentum and buy-in from senior Trust management when the leads delivered a series of presentations to the Safe Services team, the Quality Committee and the Non-Executive Directors' business meeting. On each occasion, the enthusiasm and praise was inspiring and motivating for the team to keep progressing the project. Feedback included congratulations for being a QI champion and for taking on a project using initiative, rather than waiting to be asked. By tweeting regularly about QI related work that is happening in the Trust, the number of twitter followers has rapidly increased from 2 on launch day to now more than 150.

### Next steps:

The current QI Hub can be accessed by more than 3500+ CWP staff and whilst the Twitter account is available for public access, the Hub is not. CWP is keen to share with other NHS trusts and members of the public the excellent work they are doing around QI, a project plan is being developed to assist with the launch of a public accessible internet QI hub.

For further information, please contact Alison Reavy, Quality Support Manager, on 01244 393137

## Cognitive Stimulation Therapy programme reaps rewards for patients

### Background:

The National Institute for Health Clinical Excellence (NICE) and Memory Service National Accreditation Programme (MSNAP) have identified the value of psychosocial interventions such as Cognitive Stimulation Therapy (CST) for people with dementia. The Older People's Mental Health Service in Chester have been providing CST for several years and over that time have developed the intervention in accordance with best practice.



### What did we want to achieve?

The team wanted to build on the foundation of current CST sessions to spread the programme further, making it accessible to more people and gaining feedback from carers in order to evaluate the impact of the therapy.

### What we did:

Initially people attended seven weekly sessions; as the team's skills and confidence developed, they were extended to ten weekly sessions. The team are now in the position to deliver a programme of fourteen hourly sessions, held twice weekly for up to eight people at a time. It is run by two staff members, usually an occupational therapist and support worker. Again the confidence and experience of staff involved has increased to enable sessions to be led by different staff members within the team. Sessions are

structured and always include discussion on current affairs and activity relating to a specific topic, for example childhood memories, creative activity, sounds or word games. The principles of reality orientation and reminiscence therapy are incorporated into the sessions in a helpful and sensitive 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. For the final session of the programme, carers were invited to help them understand the principles of CST and provide a pack of activity ideas to enable them to continue to support people at home once the programme has ended.



Image courtesy of MR Lightman at FreeDigitalPhotos.net

### Results:

Research has shown that CST **improves communication** for those attending the groups. The qualitative research gathered has shown a general **improvement in mood, confidence, concentration and alertness** for those attending. Feedback from people and their carers has been positive.

*"It's given me more thinking capacity.  
It gives you confidence."*

*"I take more notice of the  
news and read the paper,  
it's helped my memory"*

## Carer's perspective:

"she can't wait to tell me what has happened and speaks about the group with eagerness"

### Next steps:

The team's intentions are to further extend the range of disciplines within the team to act as co-therapist in the sessions with a view to having a wider range of staff available to lead subsequent programmes; furthermore, to investigate the possibility of other agencies taking on the role of maintenance CST as well.

For further information, please contact Rebecca Stancombe, Specialist Occupational Therapist, on 01244 397427

## Patient Experience Improvements and Patient Feedback

### Delivering Acceptable and Accessible care

The following projects show how CWP teams are delivering care which takes into account the preferences and aspirations of people. They also show how CWP teams are delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs.

## Improving well-being and recovery through Mindfulness and Tai-Chi

### Background:

The Trust's Millbrook Unit, based in Macclesfield, wanted to develop a well-being group facilitated by various staff, adopting a collaborative, multi-disciplinary approach to aid recovery for people within their acute adult mental health and dementia wards.

### What did we want to achieve?

The staff wanted to encourage patients to improve their skills in managing distress, enhance well-being and self-awareness and improve physical health using a variety of mindfulness techniques and adapted Tai Chi. It was important that the sessions were accessible to everyone, including those with no previous knowledge, in a friendly informal environment. It was also important that it was available to all patients, across every ward, to enable efficient use of therapy staff time and collaborative working.



### What we did:

The Well-being sessions were developed as a joint effort between members of the Therapy team, once identified that Mindfulness and Tai Chi could have positive benefits. The Mindfulness section of the session is facilitated by an Art Therapist and the Tai Chi exercises are facilitated by a Physiotherapist. The Occupational Therapy staff also support the session by helping to identify and encourage people who may benefit from attendance, and by helping to co-facilitate the session. The team recognised that it is crucial to identify whether the sessions are valuable and helpful to people, so they have developed evaluation forms which are offered for completion after the session.

### A bit of background to these therapies:

#### Mindfulness

Mindfulness is the skill of being able to bring our attention to what we want to focus on, being immersed in, and appreciating the present moment; it involves noticing our thoughts, feelings and senses and choosing when to act on these and when just to observe them. The well-being group sessions often focus on sensations such as experiencing different pleasant scents or passing round



musical instruments to try. They also explore ways that we can be compassionate to ourselves such as giving ourselves a kind message: 'May you be happy. May you find peace. May you be well.'

### **Tai Chi**

Tai chi sessions involve slow graceful movements and stretches to music in a sitting position.

The goals are as follows:

- To improve joint range of motion and muscle strength.
- To improve balance and coordination.
- To improve awareness, attention span and concentration.
- To improve health and well-being.
- To improve hand eye coordination.
- To improve functional reach.

### **Results:**

The sessions are now an established part of the Therapeutic activity timetable and take place weekly. The therapeutic activity timetable has a better balance of activities and opportunities, encompassing daily living skills sessions, social groups, well-being sessions and gym. As the well-being session is available to people across three wards, it enables them to mix with different people and is an efficient use of workforce. Staff have also improved skills and awareness of Tai Chi and Mindfulness interventions.



### **People's feedback:**

During the period of eleven weeks, 91 people attended in total, averaging eight people per session. The staff were really pleased to find that on the whole people found the sessions really helpful. With regards to Tai Chi, 80% of people found it helpful or very helpful, whilst for Mindfulness, it was 83%. Feedback received from participants included:

*"Closing your eyes, having positive thoughts was relaxing and I found it helped. We discussed our thoughts when you're down or depressed, and talked about things to make it more positive."*

*"Helps focus the mind."*

*"Reawakened the senses."*

*"The session was calming and restful."*

*"Very enjoyable and relaxing..."*

*"A Change of rhythm, calming."*

### **Next steps:**

The positive feedback indicates that the sessions should continue and are a valued part of the therapeutic activity program. The staff plan to explore the benefits of other therapy staff widening their skills in order for individual or further sessions to be facilitated.

**For further information contact Syed Zaheer, Specialist Physiotherapist or Sally Turner, Art Therapist on 01625 508 582**

## Mini posters: Building relationships between patients and staff

### Background:

Through gathering feedback from young people at Ancora House, the Trust's CAMHS inpatient service learned that, on admission, they would like to see pictures of who their mini team is in order to allay anxieties. Although Ancora already had a staff team board on the ward, young people wanted to know who their individual team members were, including their consultant, named nurse, associate nurse, clinical support worker, psychologist and occupational therapist.



### What did we want to achieve?

Staff were keen to ensure that a simple way of providing this information was used that could be easily tailored to each young person and quickly completed on admission. What was very important was that it was young person friendly and easy to read.

### What we did:

Coproduction was identified as being crucial to the success of this initiative and as a result, young people collaborated with staff to designing a poster to achieve the aim. They used rainbow coloured boxes and simple wording to explain who the team members are, designing the layout and creating the colour scheme.

### Results:

The qualitative feedback from young people has highlighted how helpful they have found the posters:

*"I love the colourful chart which brightens up my notice board"*

*"I can't remember names so is great to see the pictures of staff and know who I am seeing"*

*"This is really useful and helps relieve anxieties of who I am seeing"*

### Next steps:

As this initiative has been really successful, the ward want to continue to work with young people to design and create helpful information and update and refresh existing literature, including the Smoking cessation leaflet, CHEDS welcome leaflet and information about keeping safe on the ward.

For further information, please contact Clair Josting Moulder, Participation Lead on 01244 397667

## Learning Disability Coffee Morning drop-in facilitates friendships and opportunities

### Background:

For individuals with a learning disability, it can be difficult to have access to social inclusion opportunities outside of the typically commissioned service times; this can lead to loneliness and can have a detrimental impact on the health and wellbeing of those with learning disability.

## What we want to achieve?

The community learning disabilities team in Trafford wanted to combat this loneliness for people who have limited opportunities for social engagement within their local community. One of the ways in which to do this was to try to re-establish longstanding friendships, thus improving their overall health and wellbeing.



## What we did:

The team identified that there were people who had known each other since their youth and following a change in day service provision lost contact and did not have the means to re-establish this. Research was completed and it was identified that there were limited services within the Trafford locality for people with LD at the weekends. The idea of a drop-in was discussed with people with Learning Disabilities who the team felt would benefit from weekend

social engagement opportunities. An accessible venue was sought and negotiations were carried out with the venue staff around cost and timings. Flyers were produced and distributed within the local community.

## Results:

The drop-in has been running since January 2018, and the number of attendees has increased each month with friendships having been re-established. Since attending the drop-in, **people's confidence has increased and some have also made their own social arrangements with one another**, without CLDT involvement. Families and carers have volunteered their skills, for example one parent has volunteered to attend do some sewing and quilting with members. Positive feedback has further demonstrated that this initiative really is benefiting people.

*"As a parent, it was a pleasure to meet other parents and form new friendships. We chatted about the ups and the downs of caring for our special loved ones"*

*"I like to go to coffee morning with my friend... I have a good morning"*

*"Helping out at the coffee morning felt like I was giving something back and rewarding in itself and it gave me the opportunity to interact with our service users outside of the assessment and care planning processes"*

## Next steps:

The future plans for this successful initiative are to establish additional drop-in groups, including an evening group with the introduction of a rota of volunteers, including social care colleagues, to ensure the longevity of the group/s. The team want to continue gaining regular feedback from clients and carers to further improve the

service maintaining a person-centred focus. Furthermore, the team would also like speakers to attend the drop-in coffee mornings to discuss topics such as cancer screening programmes.

**For further information, please contact Louise Stott, Clinical Support Worker, on 0161 912 2809**

## Multi-Family Therapy Workshop for Anorexia Nervosa wins national award!

### Background:

Cheshire Eating Disorder Service run a bi-annual 4-day intensive workshop for families called "Multi-Family Therapy", with the aim of facilitating conversations with other families, sharing experiences and developing a greater understanding.

### What did we want to achieve?

The team wanted to find out what the families participating in the workshop liked and disliked, valued and didn't value to better understand the experiences of the families invited to take part. It was also important to find out if families had any preconceptions that were then changed by taking part, and whether there is anything that needed to be altered with regards to the workshop to make it more accessible to families, as attending the workshop for 4 consecutive days is a big commitment.



### What we did:

The team liaised with the CWP research department who supported in the writing up of a proposal, and completion of an ethics application. Afterwards, the team created a questionnaire for the participating families that would cover 4 time points (pre-workshop, post-workshop, 6-week follow up and 12-week follow up) in order to follow the views and opinions of the families over time and understand any changes; from preconceptions to ending-reflections. Questions covered a range of topics, and included rating scales and open-answer questions to allow for both qualitative and quantitative data collection. The families were happy to be involved in giving feedback, particularly to help us improve the workshop for the future. Once all the data was gathered, the results were analysed and grouped by their themes.

### Results:

A range of themes were identified including "Feeling Less Alone", the "Importance of Other Families" and "Recovery Focussed Drivers" (e.g. hope, less fear for the future, determination, optimism). It also highlighted themes of "Negative Emotions" (e.g. apprehension, emotionally draining, intense therapy) and made the team more aware of the impact the 4-day workshop has on family life (e.g. taking time out of work). Despite the high commitment and emotional toll of such an intensive therapy, the qualitative results demonstrated that recovery focussed language, e.g. hope and optimism, increased exponentially by the final follow up day 12 weeks after the workshop, in addition to "Familial Changes" such as more open communication, closeness and greater "Understanding of the Experiences of Young People & Anorexia". The project itself was greatly appreciated by the families who felt listened to and involved in their care by taking part in the project. It also allowed staff to understand more about their experiences and how their views of the workshop and of anorexia alter over time.

*"We are not alone...We can beat this"*

*"A painful, emotional,  
powerful week"*

*"Things can get better if  
I want them to"*

*"I have seen that I'm  
not alone in my  
feelings!"*

*"Be prepared for ups  
and downs for a long  
time. Keep hope alive!"*

*"I really didn't want to come at  
the start of the week but I'm  
leaving feeling quite positive, so  
thank you"*

Not only did the workshop receive considerable positive feedback from families, a poster was submitted National CYP Community ED Conference in London earlier this year in relation to the initiative and it won first place in the 'Interventions' category. The team were very proud to be able to showcase the work of CHEDS' Multi-family therapy workshop at a national level, but also to demonstrate how their commitment to getting feedback from people and families can help to maximise understanding of their experiences and ultimately improve services further.

### Next steps:

The intention is to repeat the service evaluation again in order to compare and contrast the feedback and experiences between different groups of families, and highlight what has been improved upon, but also, to highlight any other areas that may need attention.



Cheshire and Wirral Partnership NHS Foundation Trust

## Participant experiences of a Multi-Family Therapy Workshop for Anorexia Nervosa and the perceived helpfulness of the workshop over time

Author: Elenya Harston, Cheshire and Merseyside Adolescent Eating Disorder Service (CHEDS)

### Aims and Objectives:

- Understanding the experience of families taking part in a Multi Family Therapy Workshop (MFTW) over time
- Determining what participants found most and least helpful to better inform our delivery of MFTW

### Sampling

Multi Family Therapy workshops (MFTW) are run twice yearly at CHEDS for up to 6 families of young people (YP; aged 13-18) with anorexia nervosa. The diagram (below) outlines time points at which data was collected, in addition to the number of participants giving feedback from the total number in attendance.



### Measures

Questionnaires consisted of 5-point Likert scales (see examples below), in addition to a number of qualitative answer questions, covering themes of helpfulness, changes made, what families found most and least important and what they will take away from the MFTW at each time point.



### Data Analysis

Descriptive statistics were used to analyse quantitative data from Likert scales. Thematic analysis of qualitative data resulted in themes being identified and grouped into larger categories displayed in Figure 1.

### Results

As shown in Table 1, average helpfulness ratings increased from T1 to T3, then decreased at T4. In Table 2, average change ratings were less positive from T1 to T4.

Table 1: Average Helpfulness Ratings of the MFTW on 5-Point Likert Scales

	T1 (n=11)	T2 (n=12)	T3 (n=6)	T4 (n=7)
Mean (SD)	3.82(0.87)	3.92(1.16)	4.5(0.65)	4.14(0.90)

Table 2: Average Response to "Do you feel you/your family will make/have made any changes as a result of the MFTW?" Rated on 5-Point Likert Scales

	T1 (n=10)	T2 (n=11)	T3 (n=5)	T4 (n=7)
Mean(SD)	4.20(0.42)	4.18(0.60)	3.80(0.84)	3.71(0.76)

**What was most important to you from the Multi Family Therapy Workshop?** Consistently "Feeling Less Alone", "Importance of Other Families", "Recovery Focused Drivers" and "Support & Supportive Environment".

**What was least important to you from the Multi Family Therapy Workshop?** At T2, frustration over structured activities being unhelpful (e.g. mindfulness) and the difficulty of meal times. At T3, this question received no responses. T4 highlighted repetitive themes and activities but the majority of the sample gave no response (71.4%).

**What will you take away with you from the Multi Family Therapy Workshop?** Consistently "Recovery Focused Drivers", "Sharing of information and New Skills", the "Importance of Other Families", "Support," and "Understanding". At T1, "Staff Support" was highlighted, but did not arise at later time points.

**Do you feel you and/or your family will make any changes as a result of the Multi Family Therapy Workshop?** At T1, "Negative Emotions" (e.g. Apprehension, Anxiety, Uncertainty), "New Skills", "Support" and "Familial Changes". At subsequent time points, participants consistently highlighted "Familial Changes" (dominant at T2), "Understanding" (dominant at T3) and "Recovery Focused Drivers" (discussed increasingly until T4 when it was the dominant theme across the sample).

Figure 1: Themes identified through Thematic Analysis of qualitative feedback



**'Final Thoughts'-Space for participants to discuss any other thoughts they had about the workshop** At T1, themes of "Negative Emotions" (e.g. apprehension) and "Recovery Drivers" (e.g. hope) were equally prominent. At T2, discussion focused on apprehension becoming optimism as a result of the MFTW and the impact "Timing & Organisation" has on normal family life. At T3, "Recovery Focused Drivers" and "Support" discussion increased until T4 when "Recovery Focused Drivers" became the dominant theme, highlighting hope for the future and the value of seeing recovery examples (e.g. BEAT Youth Ambassador).

### Conclusions

To better understand the experience of families in our intensive 4-day MFTW, we invited participants to give feedback at 4 time points.

Perceived helpfulness of the MFTW generally increased over time, which may reflect the initial trepidation of families embarking on the MFTW slowly becoming optimism. Changes made were gradually rated as less positive perhaps reflecting how families had high expectations of the workshop initially, and these views subsequently became more realistic, or perhaps participants had already been able to make positive changes earlier in the process.

The "Importance of Other Families" was a dominant theme throughout this service evaluation, which highlighted how providing more opportunities for families within our service to meet in supportive environments (e.g. parent support groups) could be very beneficial.

What also became apparent was the disruption MFTW has on families, and practitioners should consider methods of reducing this impact, for example by considering using evening or weekend hours for future MFTWs.

Despite the high commitment and emotional toll of such an intense therapy, statements reflecting "Recovery Focused Drivers" (e.g. hope for the future, less fear, optimism, strength) had increased exponentially by T4, in addition to "Familial Changes" such as more open communication, closeness and greater "Understanding of the Experiences of Young People & Anorexia".

These rudimentary findings have shed some light on the complex experiences of families embarking on MFTW at CHEDS, which will help inform practitioners conducting future MFTWs in our service, in addition to the next evaluation scheduled for April 2018.

**Acknowledgements** The author would like to thank all the families for their honest and detailed feedback throughout this process.

"We are not alone. We can beat this..."  
 "...A painful, emotional, powerful week..."  
 "Things can get better if I want them to..."  
 "I have seen that I'm not alone in my feelings!"  
 "I really didn't want to come at the start of the week but I'm leaving feeling quite positive, so thank you ☺"  
 "Be prepared for ups and downs for a long time. Keep hope alive!"

For further information, please contact Elenya Harston, Clinical Psychology Assistant on 01244 393220

## Neston and Willaston Community Care Team collaborate with the Third Sector to improve quality of life



### Background:

There is a high incidence of over 65 year old females living alone in the Neston area, and as part of compassionate communities, Neston and Willaston Community Care team wanted to try to build collaborations with the third sector to improve wellbeing, especially for this demographic.

### What did we want to achieve?

The team's aim was to try to **improve quality of life and educate**, also being inclusive with other demographics such as male residents over the age of 65, with the hope of **decreasing the chance of possible hospital admission in the future**. In order to do this, it was identified that collaborative working with other services to enhance patient care and improve understanding of support available would be of real benefit.

### What we did:

The team engaged with Healthbox who are just starting up initiatives in the Neston area such as introducing foodbanks and combatting social isolation. The team also engaged with Live at Home which is an initiative, arranging events for local people who may be socially isolated and aims to offer lunches, outings and guest speakers. The team met with representatives from both initiatives and arranged for their therapy assistant to attend a session and deliver a talk on falls prevention. In addition, one of the community nurses is to soon deliver a talk on the importance of looking after your skin, especially in pressure areas.



The team met with representatives from both initiatives and arranged for their therapy assistant to attend a session and deliver a talk on falls prevention. In addition, one of the community nurses is to soon deliver a talk on the importance of looking after your skin, especially in pressure areas.

### Results:

The results so far are demonstrating cohesive and collaborative working with the third sector to improve the patient experience within the local areas, with lots of positive feedback from many different stakeholders.

*"Lovely meeting your team and felt the session was excellent"*

**Live at Home**

*"excellent opportunity for working together to improve quality of life for Neston residents"*

**Healthbox**

*"really looking forward to helping reduce inequalities in the Neston area and offering health education to our residents"*

**Welcome Network**

### Members of the public attending afternoon coffee and cake session:

*"enjoyed the talk today and found the information very useful"*

*"It was nice to listen to the nurses and I found the session comforting to know that the nurses are there"*

*"Such a nice afternoon and very interesting"*

### Next steps:

The team are planning to deliver sessions on care provision by the integrated community team and engagement in compassionate communities. The end result will hopefully identify people who are potentially at rising risk of hospital admission and, as a result, the team can intervene earlier and offer support to prevent admission and further complications.

For further information, please contact Fran Johnston, Neston and Willaston Community Care Team Manager and Clinical Case Manager, on 0151 488 8440

## Greater collaboration between CWP's Macmillan specialist palliative care team and their hospice colleagues

### Background:

The community Macmillan specialist palliative care team is made up of a number of healthcare professionals including clinical nurse specialists, an occupational therapist, physiotherapist, therapy assistant and assistant practitioner who provide advice and support to patients in the community diagnosed with cancer or another life limiting condition; their focus is very much around improving the quality of life. They also provide a link between care agencies and the home, e.g. hospital, hospice or community services. Last year, the team moved bases to be located within the Hospice of the Good Shepherd.



### What did we want to achieve?

The principle aim of the relocation was to ensure that the link or 'joined up' care was maximised for the people they serve, many of whom are also hospice patients.

### What we did:

With the help of CWP Estates and ICT, the team systematically moved base to the hospice. The team consider themselves very fortunate that the

hospice were able to offer a large office space which was vacant following the building of a new day hospice, now known as the Living Well Centre. The team are now fully settled and are on site and able to attend multi-disciplinary team meetings more frequently and liaise more closely with their hospice colleagues.

### Results:

The team have greatly improved their working relationships with their hospice colleagues who both strive to provide a seamless service for patients. As a result of the move, closer working has been easily facilitated and the ability to work more collaboratively due to their colocation with hospice staff has meant that **more timely admissions and discharges** are achieved. The team are also able to seek face to face expert advice and, reciprocally, hospice staff are able to discuss patient issues with them. Although the team have always provided Occupational Therapy and Physiotherapy to the hospice, being based on site has furthermore **improved access to more timely interventions**.



### Next steps:

The team are working with their colleagues within the hospice and the Countess of Chester Hospital to look at the possibility of pooling referrals via a single point of access. This will avoid duplication and further enable the patient to be seen by the most relevant team and clinician in as timely a manner as possible.

For further information, please contact Adrian Bunnell, Clinical Specialist Occupational Therapist and Team Leader, Macmillan Specialist Community Palliative Care Team, on 01244 397356

Between August and November 2018/19, CWP formally received 956 compliments from people accessing the Trust's services, and others, about their experience. Below is a selection of the comments and compliments received:

#### Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury:

- "My daughter seemed happy on return from Respite Care. Staff kept me informed about my daughter's health and well-being. Staff are always friendly and helpful when I call the centre."
- The care co-ordinator from another Trust has been very impressed with the multi-disciplinary approach towards the patient's care that he has observed at Greenways. He acknowledges that this has been very beneficial for the patient and acknowledges that the patient's father has been well supported in the process. He wanted to pass his compliments on to the team.

#### Specialist Mental Health – Bed based:

- A bench has recently been sited by the entrance door to the unit; this was utilised by a service user and his mother to facilitate a visit in the fresh air within eye sight of staff. The service user's mother commented on how nice it was to be able to sit outside with her son and enjoy the sunflowers.
- "Every aspect of my stay was aimed at making me feel secure and confident whilst recovering."
- His sister thanked the staff for all of the help and contact during his admission. She stated that the discharge/ transfer home to Poland was arranged beautifully and could not thank the staff involved enough.
- "Thank you for all your help, love and support through a difficult time."
- Patient's parents wanted to thank the team for all their help and support at their difficult time.

#### Specialist Mental Health – Place based:

- "I can't tell enough what a help the Recovery College has been in my recovery, particularly the Reader Workshop. I can't wait for the next one to start."
- She had complimented her experience of the service and felt it had been a very positive one – that we had taken time to hear her current difficulties and she didn't feel dismissed.
- "I found the discussions and leaflets the most useful part of the course. I found the tutor very friendly and helpful."

#### Children, Young People & Families:

- "Things were explained to me, I was asked if I understood and if I was okay with everything. I now feel things are going in the right direction."
- "The service is absolutely amazing, very carefully put across, very comfortable to work with and talk to."
- "The communication between all departments was seamless, the care and compassion we were given was really appreciated and their expertise was second to none."
- "The nurse was lovely and took time to listen to both my son's and my concerns."
- "CAMHS helps with a lot of worries and concerns I have for my daughter's behaviour."

#### Neighbourhood Based Services:

- Patient's daughter said she felt very reassured during the care by the nurses and that her mum was safe and said she really cared for the nurses a lot.
- "I found it really helped my thought process and how to look at situations differently."
- "Everyone he has met has been pleasant, helpful and extremely caring and he has enjoyed his many attendances in our clinics. He is very happy with the service he has received."

## Share your stories

We welcome your best practice stories and Quality Improvement successes; please share your work via the Safe Services Department using the QI Hub page on the intranet or contact the Healthcare Quality Improvement Team on 01244 397410

Look out for more about Quality Improvement in Edition 3 2018/19 of the Quality Improvement Report