



Cheshire and Wirral Partnership

NHS Foundation Trust



Quality Account 2017/18 & Quality Improvement Priorities 2018/19

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What we provide in CE footprint

- CAMHs
- Learning Disability
- Adult Mental health
- Memory services
- Criminal Justice Liaison and Diversion
- Liaison
- Substance Misuse
- IAPT (South CCG)
- Low secure services (NHS E)

Context – service delivery

Contacts in East Cheshire

	2017/18	2016/17	2015/16
Adult Mental Health	49,196	47,941	48,960
CAMHS	16,141	15,162	14,701
Substance Misuse Services	22,292	23,027	17,231
IAPT	20,457	41,656	42,272
Learning Disability Services	9,047	8,342	6,798
Older People Mental Health	21,644	20,607	21,400
Total	138,777	156,735	151,362

Challenges - Community

35% increase in referrals to Adult MH services

60% increase in referrals to Older people MH services

15% increase in referrals to CAMHS in year

Inpatient activity

	National average	CWP
Beds/100,000	19.5	12.6
Admission rates/100,000	216.9	153.9
No fixed abode	2.5%	2.6%
Adult LoS	36.2	30
MHA admission rate	69.4	53.9
Crisis contact rates	3,984	2,689

Inpatient Challenges

- 92% bed occupancy
- 30% fewer home treatment staff
- No 24/7 Home treatment
- No 24/7 Liaison MH services
- Avoiding “turnaways”
- Stopping acute out of area admissions

CAMHS

Waiting times:

- South T2&3 currently 4 weeks
- East T2 currently 2-3 weeks
- East Tier 3 currently 8-10 weeks
- LD CAMHS 3 weeks

Urgent presentations:

- 20% for risk assessment- usually self harm

Challenges - CAMHS

- Team size 20-25% smaller than recommended
- Capacity consumed by increase in risk assessments
- No all age Liaison services - impact on acute hospital
- Significant variation in urban poor vs affluent rural communities
- External changes in 3rd sector organisations

Workforce

	National average	CWP
Sickness	6%	6%
Turnover	12%	5%
Bank and Agency	22%	9%

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Workforce challenges

- National shortages of key MH professionals such as psychiatrist & nursing roles
- Strong competition between providers therefore need to develop new innovative roles
- Ageing workforce with high number of retirements anticipated over next 5 years
- Lack of certainty around funding for future workforce leads to fewer permanent contracts

Quality

	National average	CWP
Patient satisfaction score	70.1%	70.9%
FFT (likely/v.likely)	85.3%	89.3%
Staff engagement	76%	78%

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Quality

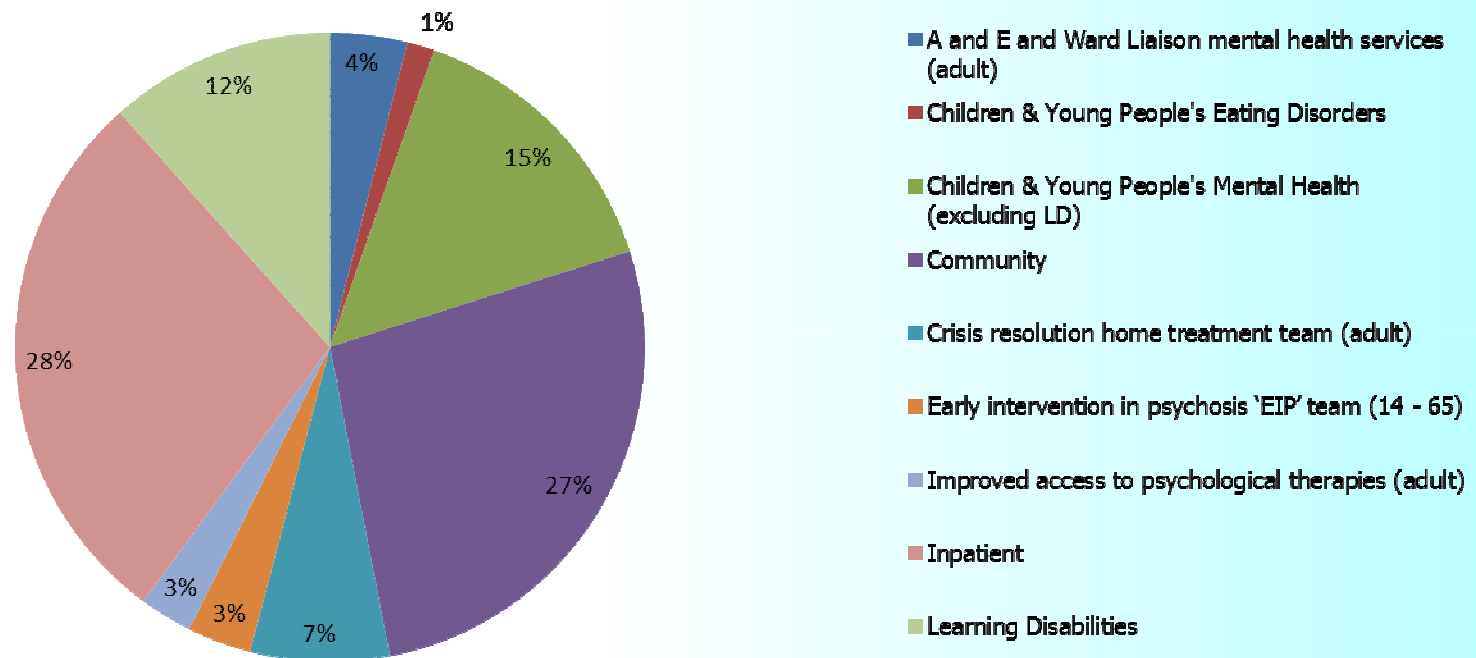
	16/17	17/18
PALS	87	173
Compliments	676	597
Complaints	4	10

Finance - East CCG

	16/17	17/18	18/19
Baseline	15,227	15,669	14,787
CYP	276	68	80
EIP	25		

Financial Information for Eastern Cheshire CCG

Eastern Cheshire CCG Planned Spend by MH Category with CWP 2018/19

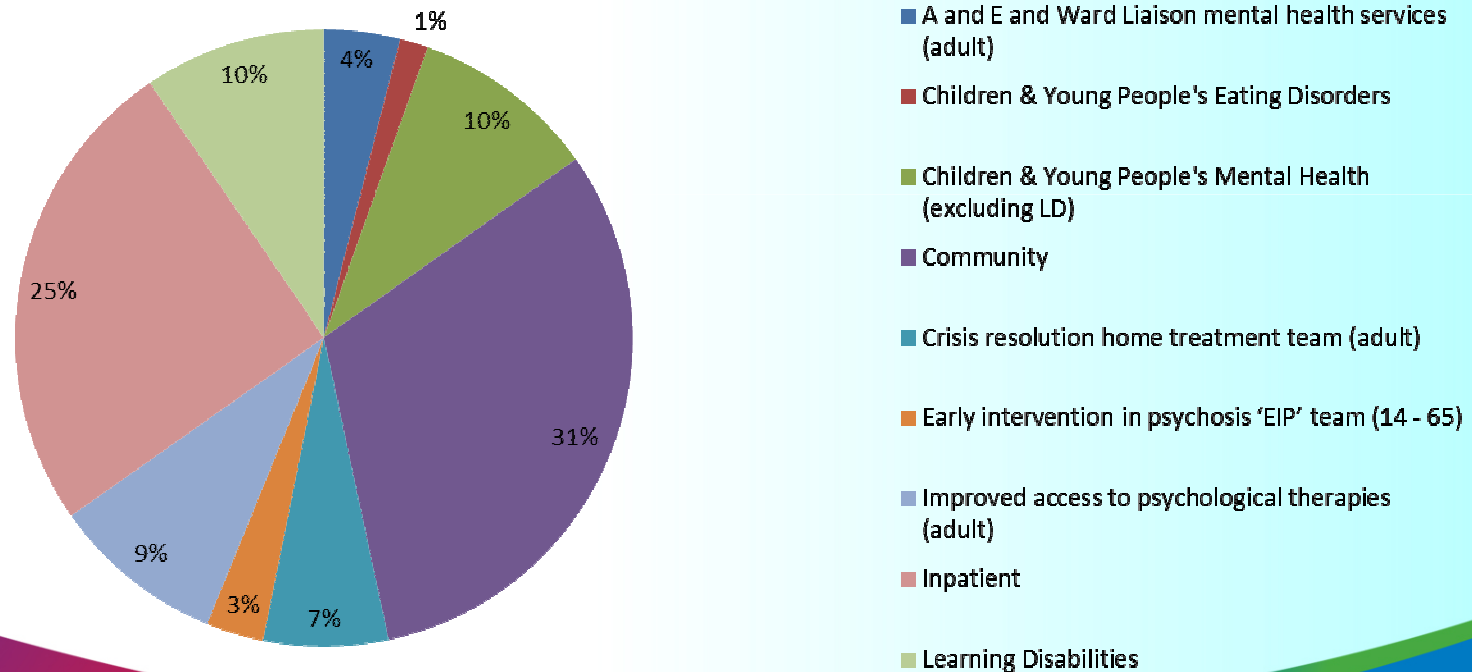


Finance - South CCG

	16/17	17/18	18/19
Baseline	12,674	13,119	13,254
CYP	90	95	25
EIP	16		

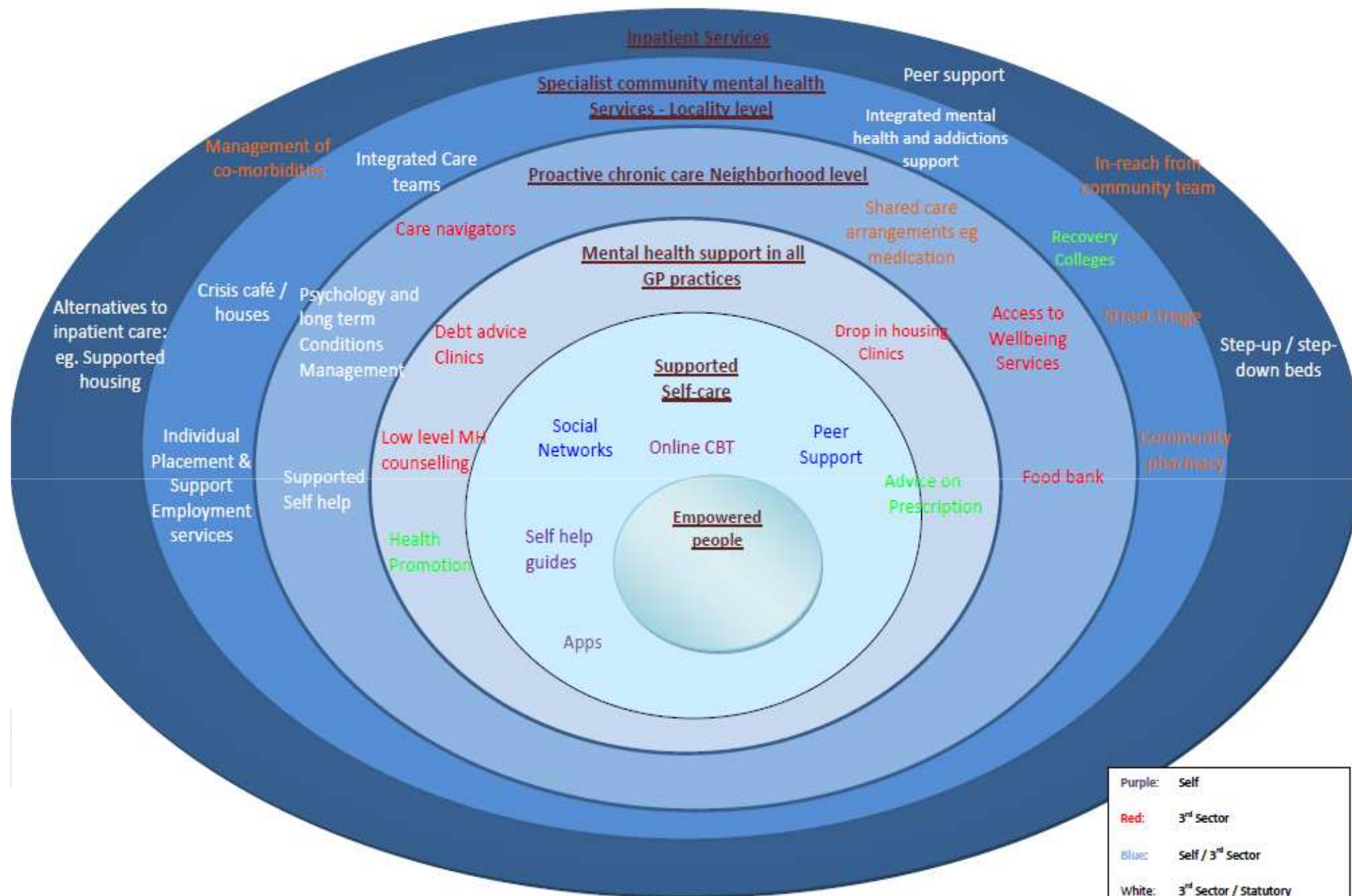
Financial Information for South Cheshire CCG

South Cheshire CCG Planned Spend by MH Category with CWP 2018/19



New developments

- Perinatal service
- Expansion CYP IAPT
- CYP Eating disorders
- CAMHS crisis line
- Criminal justice liaison



Solution to these drivers:
An integrated mental health and wellbeing model

Purple:	Self
Red:	3 rd Sector
Blue:	Self / 3 rd Sector
White:	3 rd Sector / Statutory
Green:	3 rd Sector/Self/Statutory
Orange:	Statutory

Quality Improvement examples

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

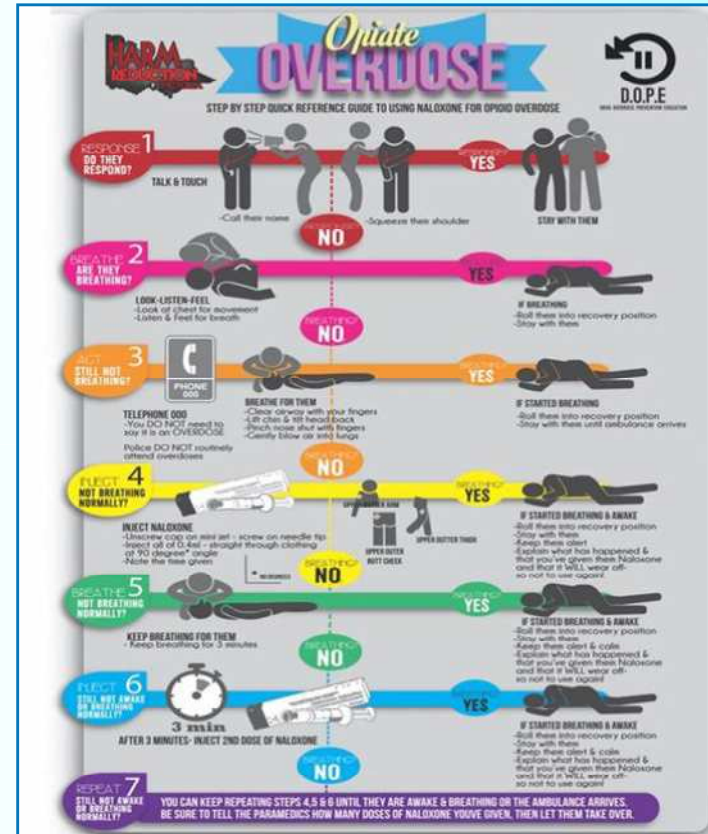
To strengthen staff networks, improve knowledge and share best practice between two NHS Trusts CWP and East Cheshire Trust staff shared knowledge and best practice at a number of 'Dementia Friends' sessions and events celebrating 'Nurses Day' and 'Dementia Awareness Week'.



Quality Improvement examples

Our Substance Misuse Service (SMS) has worked on a project to **prevent avoidable drug related deaths**. Research has shown that with basic training, non-medical professionals, such as friends or family members, can recognise when an overdose is occurring and give naloxone.

All SMS staff have been trained in how to train people accessing SMS services, family, friends and carers to use naloxone



Quality Improvement examples

Yoga for well-being

Following outcomes from a commissioning for quality and innovation (CQUIN) project: *Sustaining health and promoting exercise* (SHAPE), Central and East Recovery College worked alongside a Health Facilitator to offer yoga sessions to people accessing CWP's services in order to increase their physical activity engagement.



Quality Improvement examples

Developing Primary Care Homes

In order to redesign outdated clinical pathway for diagnosing and managing care and treatment for people with dementia and to work more closely with primary care colleagues as part of the 'Caring Together' transformation programme and the development of 'Primary Care Homes', the Older People's Team worked with GPs to redesign the clinical pathway and develop new ways of working together.



Quality Improvement Priorities 2017/18

Increase the identification of patients taking monotherapy or combination antipsychotic treatment, to improve monitoring of the associated risks

- By the end of March 2018, **we increased (from a baseline of zero at April 2017) the number of people who have a documented HDAT alert to 38.**
- We set an improvement target of 80% rate of completion of the HDAT checklist by end of March 2018 – **we achieved 82%**

Improve the Trust wide average bed occupancy rate for adults and older people

- We set an improvement target for adult and older people inpatient wards to reduce to the trust wide average bed occupancy to 85%.
- Although we have yet to meet our target, a number of improvement projects are continuing to work towards this challenging goal

Improvement in embedding a person-centred culture across the Trust

- In 2016, percentage of staff responding positively in NHS Staff Survey that they were able to deliver a person-centred approach in their practice/ delivery of care was 88%. Our target was to increase this to 90%. In the NHS Staff Survey for 2017, **we achieved 93.5%.**

Our patient safety priority 2018/19

Measure		Reduction in the severity of the harm sustained by those people accessing CWP services that cause harm to themselves.	Inpatient MH/ LD ✓
			Community MH/ LD ✓
			Community PH
Rationale	Locally	The number of reported incidents of self-harm has increased over the previous four reporting periods (Source: Trustwide 'Learning from Experience' reports, 2016 – 2017)	
	Nationally	There is a wide variation between services in the frequency of self-harm (Source: Care Quality Commission 'State of Care' report 2016/17)	
Baseline		December 2016 – November 2017 = 2,510 reported incidents of self-harm	
Improvement target		Trustwide incident reports of moderate and significant self-harm (grades A-C) to reduce by 20%	
Source		Incident reporting data as published in the Trustwide 'Learning from Experience' report	

Our clinical effectiveness priority 2018/19

Measure		Improvement in inpatient access to psychological therapies <i>(this priority will also aim to improve community and primary care services access, the improvement target is specific to inpatient services)</i>	Inpatient MH/ LD	✓
			Community MH/ LD	✓
			Community PH	
Rationale	Locally	Gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	Nationally	Health care organisations should be assured that they are providing effective care that includes psychological interventions (Source: Care Quality Commission 'State of Care' report 2016/17)		
Baseline		Ward level access to psychological therapies = variable per ward		
Improvement target		Ward level access to a minimum psychological therapeutic service offer (to be determined at the end of quarter 1 2018/19) by the end of 2018/19		
Source		Quality improvement project reporting		

Our patient experience priority 2018/19

Measure		Improvement in engagement with bereaved families and carers	Inpatient MH/ LD	✓
			Community MH/ LD	✓
			Community PH	✓
Rationale	Locally	Variation in the current levels of engagement with bereaved families and carers (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	Nationally	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 (Source: National Quality Board 'National Guidance on Learning from Deaths' report 2017)		
Baseline		<ul style="list-style-type: none"> ▪ 'Always Events' (based on the key principles set out by the National Quality Board) to be determined at the end of quarter 1 2018/19 ▪ Implementation of 'Always Events' from quarter 2 2018/19 (baseline to be determined end of quarter 2 2018/19) 		
Improvement target		'Always Events' performance to improve to 100%		
Source		'Always Events' reporting data as published in the <u>Trustwide</u> 'Learning from Experience' report		