



Quality Report

Quarter 3
October – December 2014

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



Children's Commissioner's Take Over Day 2014 was a huge success for **CAMHS**. The day gives children and young people the chance to work with adults for the day and be involved in decision-making. Children benefit from the opportunity to experience the world of work and make their voices heard, while adults and organisations gain a fresh perspective on what they do.

Young people from **Cheshire East, Cheshire West, Wirral and Tier 4** pictured with members of staff, including **chief executive Sheena Cumiskey** – see page 11

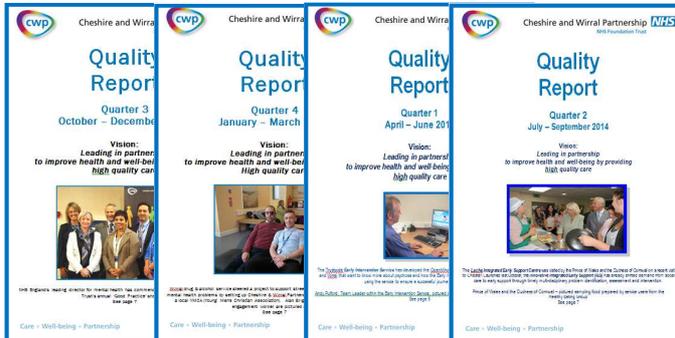
CONTENTS

INTRODUCTION	3
EXECUTIVE SUMMARY – QUALITY HEADLINES THIS QUARTER	4
QUALITY PRIORITIES FOR 2014/15.....	5
Patient Safety priority for 2014/15.....	5
Clinical Effectiveness priority for 2014/15	5
Patient Experience priority for 2014/15	5
IMPROVING OUTCOMES BY SUPPORTING RECOVERY	6
CYP IAPT (Children and Young People’s Improving Access to Psychological Therapies).....	6
QUALITY SUCCESS STORIES	7
Patient Safety News	7 & 8
Clinical Effectiveness News	8, 9 & 10
Patient Experience News and patient feedback.....	11, 12 & 13

An explanation of terms used throughout this report is available on the Trust’s internet:
<http://www.cwp.nhs.uk/reports/1628-quality-reporting-glossar>

Welcome to CWP's third Quality Report of 2014/15

These reports are produced every quarter to update staff, people who use the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across CWP's services, which CWP is required to formally report on in its annual *Quality Account*.



CWP's *Quality Account* 2013/14 and the previous *Quality Reports* of 2013/14 and 2014/15 are available on the Trust's internet site:

<http://www.cwp.nhs.uk/our-publications/reports/categories/431>

Reporting on the quality of the Trust's services in this way enhances public involvement by strengthening the Trust's approach to listening and involving the public, partner agencies and, most importantly, acting on the feedback the Trust receives.

Quality in the NHS is split into three parts. It can mean different things to different people, for example:



This report is just one of many reviewed by the Trust's Board of Directors. Other reports include:

- the three times a year *Learning from Experience* report – reviews learning from incidents, complaints, concerns, claims and compliments, including Patient Advice and Liaison Service [PALS] contacts;
- the quarterly Infection Prevention and Control report – reviews the management and clinical governance systems in place to ensure that people experience care in a clean environment, and are protected from acquiring infections;
- the monthly Performance dashboard – reviews the Trust's quality and safety performance by reporting on compliance in achieving key local and national priorities;
- the Medicines Management Group newsletter – contains clinical information for practitioners, articles of interest and general pharmacy information for ward staff and teams.

Together, these reports give a detailed view of CWP's overall performance.

This *Quality Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide.

EXECUTIVE SUMMARY – QUALITY HEADLINES THIS QUARTER

CWP has made good progress in delivering against its trustwide **quality priorities** for 2014/15 in quarter 3

➔ [see page 5](#)

CYP IAPT is a **service transformation** programme provided in partnership Catch 22 by **CAMHS** staff. They have introduced the full use of **outcome measures** in clinical practice which **supports clinicians and service users to enhance treatment**.

➔ [see page 6](#)

Wirral CAMHS in Adcote House have been awarded a judgement of '**Outstanding**' by **Ofsted** for the work they do with **Wirral Hospitals School and Home Education Service**

➔ [see page 7](#)

CWP CAMHS MyMind were '**Highly Commended**' in the **Innovation in Mental Health** category at the **HSJ Awards 2014**

➔ [see page 8](#)

Wirral locality published the results of their pilot project, the **Wirral Complex Needs Service** which received **positive results**

➔ [see page 9](#)

Children's Commissioner's Take Over Day 2014 was a huge success for **CAMHS**

➔ [see page 10 & 11](#)

CWP has received 575 **formal compliments** about the quality of its services during the third quarter of 2014/15

➔ [see page 13](#)

QUALITY PRIORITIES 2014/15

CWP has set three **trustwide quality priorities** for 2014/15, which reflect the Trust's vision of "leading 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**.

The Trust has made a commitment in its *Quality Account* to monitor and report on these in its quarterly *Quality Reports*. This year, the common focus across all the priorities is **reducing unnecessary avoidable harm** to help reduce avoidable variations in the quality of care and to improve outcomes.

Patient Safety priority for 2014/15 – Achieve a continuous reduction in unnecessary avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents

CWP has worked towards achieving this quality priority, as detailed below:

- 119 staff have now attended Human Factors awareness since April 2014 and they have made a total of 226 pledges, as "culture carriers", to implement **safe, clinical Human Factors practices** in their area of work.
- The Trust's Medical Director, Safe Services and Effective Services Department managers and locality Clinical Directors have completed a 5-day "**Advanced Team Training Programme for Safety**" [ATTP4S] to support the delivery of the Trust's Zero Harm strategy.

Clinical Effectiveness priority for 2014/15 – Achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate

CWP has worked towards achieving this quality priority, as detailed below:

- Effective Service Managers are working with locality Service Directors to refresh and build a **continuous improvement framework** into the locality clinical strategies.
- The **innovation competition** poster published in November resulted in 11 innovation ideas being submitted; the ideas will now be assessed and shared with the Business Development and Innovation Sub Committee in January – an update will be provided in the next *Quality Report*.

Patient Experience priority for 2014/15 – Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values

CWP has worked towards achieving this quality priority, as detailed below:

- Trust values are now incorporated into each CWP job advert to help with **values based recruitment** centred around **care and compassion**.
- An Organisational Development practitioner has been appointed to ensure that **values** are central to the delivery of a new People and Organisational Development strategy.
- An online solution for the friends and family test has been agreed and will be developed early in 2015.



IMPROVING OUTCOMES BY SUPPORTING RECOVERY

CWP is committed to **improving outcomes** for the people who use its services, so that the care and treatment that the Trust provides improves their **quality of life, social functioning and social inclusion**, self-reported **health status** and supports them in reaching their best level of **recovery**. Recovery is CWP's approach to **helping people to be the best they can and want to be**. In each Quality Report, CWP reports on how its services are improving outcomes for people who use its services by supporting recovery.



The **Children and Young People's Improving Access to Psychological Therapies** programme (**CYP IAPT**) is a **service transformation** programme that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. The programme began nationally in 2011 and has a target to work with services that cover **60% of the 0-19 population** by March 2015.

What they did

CWP CAMHS were successful in a **joint bid** in partnership with **Catch22** (3rd sector) provider, to join the **CYP IAPT** project, which started in January 2014. By joining **CYP IAPT** the services became part of a **Learning Collaborative**. Each **Learning Collaborative** includes a Higher Educational Institution (HEI) which provides **training** to existing CAMHS staff set out in the **CYP IAPT National Curriculum**. The **psychological therapies** selected for the curriculum are **NICE** approved. As part of the programme CWP will be given access to resources to improve participation by children, young people and their families in service delivery and design, and to carry out session by session **routine outcome monitoring (ROM)**.

Impact

CAMHS used their **Services User Groups** to help **review practice** and introduce the full use of **outcome measures** in clinical practice. By using outcome measures in sessions it **supports clinicians and service users** to understand what is happening throughout their treatment and to have meaningful discussions with each other. Research shows that this can **enhance treatment** and may help spot 'off track' cases early.

By linking with the IT department CAMHS have **developed their session by session feedback** by using and developing the use of **IPads** in sessions. Young people and their families respond to questionnaires which are then uploaded directly to the Trust's patient information system (CAREnotes) without the need for duplication and young people, their families and clinicians can then see the **progression in their care**. The development of the CAREnotes system to incorporate the outcome measures from sessions was acknowledged by CYP IAPT and CAMHS were asked to deliver a workshop to the **national CYP IAPT conference** in London in October 2014.

Conclusion & Next Steps

CAMHS have successfully identified staff for training opportunities at postgraduate degree level for CBT, Parenting and next year for **Systemic Family Practice**. CWP joined the North West collaboration, which has 14 members; this gave the Trust access to training being delivered by **Salford Higher Education Institute**. There are 8 trainee places: 6 for CWP CAMHS and 2 for Catch22, 4 of these places are for **Cognitive Behavioural Therapy** and 4 places for delivering **Parenting training** to families. At the end of the programme the trainees will have a post graduate diploma in the relative specialism so enhancing the evidence based practice delivery. In addition to the above there are also two Supervisors being trained. The joint partnership have successfully secured further training for 2015/16 by obtaining a further 9 places for trainees who will come from CWP CAMHS.



QUALITY SUCCESS STORIES

In addition to earlier success stories featured in the report, below is a summary of some of CWP's other success stories over the past quarter in **promoting quality** within the communities that the Trust serves, and in **improving the quality of the Trust's services**.

Patient Safety News



Dr Anushta Sivananthan, consultant psychiatrist and medical director, recently had an article published in the **HSJ** (Health Service Journal). The article was in response to new patient safety challenges to mental health services following the Francis, Keogh and Berwick reports into patient safety and demonstrated how the Trust is responding to these challenges.

The article detailed the plans in relation to the Trust's #CWPZeroHarm 'stop, think, listen' campaign which aims to **deliver improvements in safer care** and to **provide better outcomes in mental health**.



Ofsted recently visited **Wirral Hospitals School and Home Education Service** community base. The Trust provides outreach education and teaching to small groups of students attending the **Wirral CAMHS/ Education Assessment Unit in Adcote House**. **Adcote House** is a short-term pupil assessment unit for both primary and secondary students. It has a Primary Group and two Secondary Groups; each group has no more than six pupils at any one time. Placements are part time and short term, lasting 6-8 weeks unless there is a clear plan showing how longer placement may better meet the student's needs at the time.

What they did

Adcote placements can be used for a number of reasons:

- It provides the opportunity to observe a child or young person in an independent yet familiar setting with access to Child and Adolescent Mental Health Specialists to **gain a better understanding** of their presentation. This often includes **neuropsychological psychometric testing** looking at **IQ, attention, impulsivity, memory, planning ability, mental flexibility, processing skills and social skills**.
- Staff can **observe** how a child or young person's behaviour changes in the **small, nurturing environment**.
- To provide a small, nurturing environment for young people with acute mental health needs who may not currently be able to get into school or even out of their own home. This can provide a first step and offer a **supportive daily structure** in order to help the student **reintegrate socially and educationally** without leaving the roll of their current school.
- To provide a place where children and young people with acute mental health difficulties can be monitored in relation to their wellbeing, mood or response to changes in medication. In some cases this **can help to avoid an inpatient placement**.

As part of the Ofsted inspection:

- **Inspectors visited all classes** to look at teaching and learning and its impact on students' progress over time. A learning walk and three lessons were jointly observed with senior leaders.
- **Meetings** were held with the head teacher, senior and middle leaders, governors, a school consultant and a group of students.
- Inspectors took account of the 20 responses to the **Parent View questionnaire** (the online questionnaire for parents), of an email sent to school by a parent and of the 28 questionnaires returned by staff.

Impact

- Students have stated: **'The school provides a safe welcoming place to gain confidence, self-esteem and the necessary academic qualifications to support them in the next stage of their education.'**
- Outstanding teaching over time had had a very strong impact on students' learning.
- Students' achievement was outstanding. Their wide range of abilities was well supported, enabling everyone to make exceptional progress from their starting points.

- Every staff member was dedicated and fully committed to providing a nurturing environment where students were supported and cared for exceptionally well.

Conclusion & Next Steps

Ofsted awarded the school a judgement of ‘**Outstanding**’ for the first time in its 20 year history meaning that the school is deemed to be **highly effective in delivering outcomes exceptionally well for all its pupils’ needs**, ensuring pupils are very well equipped for the next stage of their education, training or employment.

The next step for the **Wirral Hospitals School** and **Home Education Service** community base and **Wirral CAMHS** is to further improve the existing high quality of teaching to support students’ achievement by ensuring all marking clearly identifies the next steps in their learning.

Clinical Effectiveness News



The **HSJ Awards** recognise initiatives that **deliver excellence and innovation**. By shining a spotlight on cutting-edge innovations and best practice, the awards give impetus to improving the quality of healthcare in the UK.

CAMHS MyMind was **Highly Commended** at this year’s HSJ awards in the **Innovation in Mental Health** category. This means the Trust were second place nationally in a category that included all areas of Mental Health, not just CAMHS.

Proud to represent the Trust and to be acknowledged for the Trust’s innovative working with service users were **Dr Faouzi Alam, consultant psychiatrist and medical director, Fiona Pender, consultant clinical psychologist and medical director CWP Wirral CAMHS, Jasmine, an ex-service user** who has helped develop the site and deliver the pitch to the judges and **Lesley Dougan, children and young people’s practitioner** who leads on the twitter feed and chairs the MyMind steering group.



Pictured right, the **BBC’s Nick Robinson** who was hosting the event and **Dr Faouzi Alam, consultant psychiatrist and medical director.**



A new report, “**Mental Health for Sustainable Development**” has recently been published by the **Global Health and Mental Health All-Party Parliamentary groups**.

Special thanks have been given to **Maureen Wilkinson, Medical Lead**, for contributing ideas and evidence for inclusion within the report.

The simple message of the report is that **progress in development will not be made without improvements in mental health**. The reasons are equally straightforward. Mental illnesses cause more disability than any other health condition; bring enormous pain and suffering to individuals and their families and communities; and can lead to early death, human rights abuses and damage to the economy. **Improving mental health is therefore a vital part of a successful development programme.**

The report was officially launched on 26 November at the **Houses of Parliament**. The event was hosted by **Lord Nigel Crisp and Meg Hillier, MP, co-chairs of the APPG group on Global Health**, and **James Morris, MP, chair of the APPG on Mental Health**. Present were invited guests working within UK and global mental health research, policy and practice. The Trust’s contribution will influence national policy and strengthen the health system.

The **Wirral Complex Needs Service** was a pilot project established from 1 October 2013 to September 2014. The overall remit of the project was to attempt to **engender better mental health outcomes** with clients with high levels of service utilisation presenting with combinations of severe personality disorder, ADHD, other commodities such as drug and alcohol misuse and significant levels of risk to self and others.



What they did

Within the period of the pilot, it was agreed that the team would take on **102 new referrals** comprising **50 new community referrals, 35 ADHD referrals, 5 CAMHS referrals** and **12 existing clients from the personality disorder case load**. The overall focus of intervention involved the **assertive engagement** of client who had not engaged with conventional treatment but who, nonetheless, currently accessed services in an unplanned, crisis driven way. Working within this framework, the **objectives were to increase the clients' stability, reduce levels of service utilisation, broadly improve mental health outcomes, and increase the likelihood of the clients' engagement in formal, planned mental health treatments**. An ancillary aim was to provide educational workshops about the assessment and management of complex clients to Primary Care staff.

The team was comprised of a number of largely part time professionals from a number of different disciplines. This included: a **part time psychiatrist, a clinical lead, a psychotherapist, a clinical psychologist, a team manager** and **3 drug and alcohol practitioners**. In addition to this the team has also included a **full time mental health nurse, and 2 recovery mentors and full time admin support**.

At the inception of the team, a number of **outcome measures** were established using CAREnotes Assist technology. This provided a means by which outcome data could be entered on a regular and consistent basis by clinicians and also provided a basis for easily accessed information of aggregated data relating to team performance.



The following measures were used:

1. **Mental Health Recovery Star**. This is a measure rated by both practitioners and clients. The Recovery Star comprises 10 dimensions of mental health which are rated on a 10 point scale.
2. **An adapted version of the Personality Disorder Severity Scale**. This is a widely used observer rating scale which requires practitioners to rate levels of severity of personality disturbance within a number of different domains. The adaptation to the scale involved incorporating ADHD as a factor in the evaluation of the severity and complexity of diagnostic formulation.
3. **Information related to service utilisation**. From the outset practitioners were required to capture information related to clients' usage of different forms of primary and secondary care service. Information captured involved areas such as GP attendance, A & E attendance, out-patient attendance etc.

All of the measures were repeated at 3 monthly intervals, thus providing some indication of client progress throughout the period of the pilot project.

Impact

Over the duration of the pilot period the service received the following referrals:

Personality Disorder referrals:	19
Community referrals:	73
ADHD referrals:	37
CAMHS referrals:	5
<u>Total referrals:</u>	<u>134</u>

From the total number of referrals received, 18 clients (13%) did not engage and did not attend any appointments. Of those who did engage, approximately **52 (49%) were retained in some form of ongoing treatment** whilst **64 (51%) engaged in assessment and consultation** alone. The did not attend rate as a percentage of total appointments offered over the period of the pilot was **14%** and the average waiting time for a first appointment was approximately 4 weeks.

Conclusion & Next Steps

When looking at the **mental health Recovery Star** data, **51** complex needs patients had completed at least one or more Recovery Star. The data indicated modest improvements in total Recovery Star scores with an **overall improvement of 18%**.

The **ADHD/ PD Severity Scale** was completed on **52** complex need patients. The overall rating of this scale suggested an **18% improvement** indicating a movement towards more planned, managed interactions with services.

Service Utilisation Data – The table below reports completion of information on **52** complex needs clients.

Review of Service Utilisation (52 patients)	First	Follow Up	Difference (- represents a reduction)
Visits to GP Surgery	245	75	-170
Visits to Out Of Hours team	12	1	-11
Visits to A&E	97	12	-85

Of note there are very **dramatic reductions in GP attendances**. These reduced from an aggregated total of **245** attendances over the 3 month, pre-treatment period of baseline assessment, to only **75** at follow-up, post intervention period. Equally impressive is the **reduction in A & E attendances**, which reduced from an average of **97** over the 3 month pre-treatment period to **12** at the post assessment review.

The results of the pilot project, discussions within the complex need team and related professionals, along with preliminary discussions with commissioners suggest the following areas might be considered as a way forward for the team:

- **Retain focus on clients** with complex presentations of PD, ADHD and other co-morbid conditions
- **Consider expanding** the number of referrals per annum beyond the figure of 102 agreed for the period of the pilot project
- **Retain a hybrid model** of case management, psycho-social interventions, psychological/psychiatric treatment and assessment
- **Consider adjusting the service criteria** to accommodate service users who currently fall between existing step 4 and 5 referral criteria
- **Expand focus of outcome research**, possibly looking at the impact of intervention for clients who attend for assessment alone
- **Continue to roll out and develop** primary care workshops on complex clients
- **Develop** more formal links with the Frequent Attender panel at Arrowe Park Hospital
- **Consider expanding** the range of group therapy options (e.g. peer support type groups)
- **Develop** self-help literature and self-help workshops (e.g. psycho-educational workshops on 'living with a personality disorder')
- **Expand and adapt** the Trust's Personality Disorder website that is being developed by the West Cheshire Personality Disorder team

Patient Experience News and patient feedback



The **Children's Commissioner's Take Over Day 2014** was a huge success for CAMHS. Young people from **Cheshire East, Cheshire West, Wirral** and **Tier 4** spent the morning completing various different activities. In the afternoon, young people from across the Trust met with CWP Trust Board (including chief executive Sheena Cumiskey) to raise issues important to them.

Wirral CAMHS ran '**The CAMHS Apprentice**', a fun, interactive workshop that aimed to allow young people to make decisions about their CAMHS service. These activities allowed the young people to design their perfect CAMHS worker, to design a child's journey through CAMHS and to discuss their ideas

about where they feel money from a CAMHS budget is spent.

The first activity, led by **Matt Howie, mental health support worker**, involved the young people designing their perfect CAMHS worker. They designed a worker that had characteristics of warmth, smart and patient, but also that professionally they were able to understand and connect with the young person, able to create a friendly and informal environment and to promote **equality** and **value** between clinician and client.

The second activity, led by **Rachel Pulham (assistant psychologist)**, involved designing a child's journey through CAMHS. The young people created a girl called 'Megan', who was having trouble with her mood. The main theme the young people prioritised was that of **choice**. They decided that it would be good to have an Ice Breaker session before 'Megan' received any therapy. The session would take 10-15 minutes and this would be for the clinician and 'Megan' to get to know each other – **equality**. After this 'Megan' would meet with her clinician 2-3 times and then would access an appropriate group with other children and young people with similar problems. The young people pointed out that 'Megan' should have a choice about venue, times and dates, but also a choice about clinician, whether to attend group work or continue 1-1, and their discharge.

The third activity, led by **Rebecca Moon (assistant psychologist)**, involved the children running the '**Bank of CAMHS**'; they were given a budget and asked to place money on CAMHS resources, such as staff, activities, and groups. The children placed monetary importance on more support workers, more activities and resources, and less emphasis on buildings. Also, the young people placed importance on more involvement workers, specifically with regards to children and young people involved in the service being involved in the training of staff.

All the ideas raised were to be raised by the young people at the CWP Trust Board, chaired by CWP Chief Executive, Sheena Cumiskey.

*Pictured below, young people from across the Trust with members of the Trust Board, including **chief executive Sheena Cumiskey**.*



The findings of the annual **CWP Carer's Survey**, launched on 9 June to celebrate **National Carer's Week**, have now been published this quarter. The survey was conducted for one calendar month to ensure staff had time to distribute the survey to known carers. The purpose of the survey was to:

- Obtain an understanding of carer needs around information, support and guidance from the Trust and jointly commissioned carer support services by the Local Authorities and respective Clinical Commissioning Groups.
- Identify positive experiences and what worked well for carers.
- Identify any gaps in the system at a locality level.

What they did

2,100 hard copies of the questionnaire were distributed via the Communications and Engagement Team and a new electronic version of the questionnaire was also introduced to offer carers a choice of feedback. Questionnaires were dispatched directly to the locality Business Support Managers and 200 hard copies were delivered to key partner organisations that provide carer support.

Of the **2,100** questionnaires that were distributed there were **228** returns. Despite best efforts to engage with carers the overall response rate to the 2014 Carer Survey was disappointing. However, the Carer and Patient Experience Leads have seen the

results as an opportunity to work with colleagues in other Trusts as part of a project entitled '**Next Steps in Patient Engagement**'. Several Trusts have worked together to **explore Best Practice** and the findings confirmed that they have also struggled to obtain good response rates to their Annual Carer Surveys.

Impact

The Trust aspires to achieve **2 gold stars** from the **Triangle of Care** which was launched in July 2010 as a joint piece of work between the Carers Trust and the National Mental Health Development Unit. Triangle of Care emphasises the need for **better local strategic involvement** of carers and families in the care planning and treatment of people with mental ill-health. From the results of the survey the Trust are now formulating action plans to introduce **Carer Related Outcome Measures (CROMs)** to ensure that outcomes for carers are added to the performance dashboard and will ensure that **carer engagement is routinely recorded** on the system with **regular performance reporting**.



A project is currently underway to implement Real Time Patient Feedback and it is hoped that this will be extended to include **Real Time Carer Feedback**. The Trust is keen to **work in partnership** with carers and understand their experience; therefore it is important to offer a range of tools to gather carer feedback.

As the Trust has adopted locality based structures, and aspires to achieve fully integrated teams, it would be more efficient to streamline the Annual Carer's Survey by undertaking a joint process with each Local Authority; this also is in line with the Triangle of Care which recommends **better partnership working** between service users, their carers and organisations. Most importantly it would help reduce the expectation on carers who are likely to be stretched in managing the demands on their time and in some cases struggling to sustain their caring roles.

Conclusion & Next Steps

- Discussions with the respective Clinical Commissioning Groups are to commence to look to move to an **integrated locality response** led by the Local Authority to replace a solely standalone CWP Annual Carers Survey in 2015.
- **Modify and review** the Triangle of Care Carers Questionnaire to ensure **episodic carer feedback** is routinely sought ensuring the tool is applicable to all service lines and settings.
- Extend the Real Time monitoring to include carers to offer a variety of methods to obtain carer experience.
- Invest in Carer Awareness training for all staff to meet the requirements of the Triangle of Care and ensure Carers are actively engaged and listened to when offering service users support.

In quarter 3, CWP formally received **575 compliments** from people using the Trust's services, and others, about their experience of the Trust's services. Below is a selection of the comments and compliments received for the services across the Trust:

Adult mental health services – CWP West

“Every single one of the team have been helpful, pleasant and willing and a delight to have in our home. Never once have we felt they are intrusive and nothing is too much trouble. We are very grateful for all of the support. Thank you!”

Physical health services

“You really were a lifeline and (service user) was so glad of your care, and had confidence in each and every one of you.”

Adult mental health services – CWP Wirral

“You are all doing a splendid job and I do not know how we would have coped without you all.”

Drug and alcohol services

“Thank you for all your patience, help and advice.”

Adult mental health services – CWP East

“I am greatly impressed by the standard of care and the coordination/connectivity between the various teams involved.”

Share your stories

We welcome feedback about any of the Trust's services; please share your stories via email at hayley.mannin@cwp.nhs.uk

Look out for more quality stories in the quarter 4 *Quality Report*