Commissioning for Quality and Innovation (CQUIN)

Quarter 1 Report: April – June 2012

Quality and Safety at Heart
Mid Cheshire Hospitals NHS Foundation Trust

Jayne Hartley, Deputy Director of Nursing & Quality

Executive Lead: Julie Smith, Director of Nursing & Quality

31 July 2012
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Introduction

The CQUIN framework was introduced in April 2009 as a national framework for locally agreed quality improvement schemes.

These schemes require the development of clear plans and goals through agreement between providers and commissioners.

The goals have a proportion of the provider’s contract income linked to them which is earned by the provider upon achievement of the goals.

The overall financial value of CQUIN schemes is currently 2.5% of the provider’s contract value.

For MCHFT, the expected financial value of the 2012/13 CQUIN scheme is £3,532,000.

The NHS Institute for Innovation and Improvement has designed a standard template for CQUIN schemes to ensure each goal is clearly defined and able to be measured with a financial weighting attributed as a percentage.

For 2012/13, there are six national CQUIN goals which focus on the prevention of Venous Thrombo Embolism (VTE) (goal one), Patient experience (goal two), Dementia Care (goals three, four and five) and the NHS Safety Thermometer (goal six).

The SHA has negotiated eight regional goals with commissioners which have been included within MCHFT’s CQUIN scheme. These relate to the Cancer Network (goals seven and eight) and Advancing Quality (goals sixteen to twenty one).

MCHFT and the local commissioners have also agreed a further eight local goals (goals nine to fifteen and goal twenty two).

This paper summarises progress against the CQUIN goals for quarter 1 (April – June 2012)
## Performance Summary

**Quarter 1 (April - June 2012)**

<table>
<thead>
<tr>
<th>Goal No.</th>
<th>Goal Name</th>
<th>Description of Goal</th>
<th>Goal Weighting as %</th>
<th>Expected Financial Value of goal (£)</th>
<th>RAG Status Quarters 1 and 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VTE prevention</td>
<td>Reduce avoidable death, disability and chronic ill health from VTE.</td>
<td>0.125</td>
<td>4,400</td>
<td>✔️</td>
</tr>
<tr>
<td>2</td>
<td>Patient Experience – Personal Needs</td>
<td>Improve responsiveness to personal needs of patients.</td>
<td>0.125</td>
<td>4,400</td>
<td>✔️</td>
</tr>
<tr>
<td>3</td>
<td>Dementia Screening</td>
<td>Improve awareness and diagnosis of dementia.</td>
<td>0.125</td>
<td>1,466</td>
<td>😞</td>
</tr>
<tr>
<td>4</td>
<td>Dementia Risk Assessment</td>
<td>Improve awareness and diagnosis of dementia.</td>
<td></td>
<td>1,466</td>
<td>😞</td>
</tr>
<tr>
<td>5</td>
<td>Dementia Referral for Specialist Diagnosis</td>
<td>Improve awareness and diagnosis of dementia.</td>
<td></td>
<td>1,466</td>
<td>😞</td>
</tr>
<tr>
<td>6</td>
<td>NHS Safety Thermometer</td>
<td>Improve collection of data in relation to pressure ulcers, falls, urinary tract infection and VTE.</td>
<td>0.125</td>
<td>4,400</td>
<td>✔️</td>
</tr>
<tr>
<td>7</td>
<td>Cancer Staging Data</td>
<td>Increase number of patients’ pre treatment data discussed and recorded at cancer MDT meetings</td>
<td>1.440</td>
<td>50,900</td>
<td>✔️</td>
</tr>
<tr>
<td>8</td>
<td>Chemotherapy Prescribing &amp; Data Collection</td>
<td>Implementation of electronic prescribing of parenteral chemotherapy compatible with data collection using the systematic anti cancer therapy data set (SACT)</td>
<td>15.000</td>
<td>529,800</td>
<td>✔️</td>
</tr>
<tr>
<td>9</td>
<td>Prognostication &amp; Advanced Care Planning</td>
<td>Implement prognostication of the last 12 months of life to ensure advanced care planning can take place.</td>
<td>12.000</td>
<td>423,800</td>
<td>✔️</td>
</tr>
<tr>
<td>10</td>
<td>Children and Young People Personal Diabetes Record</td>
<td>Develop and implement hand held records for children and young people with diabetes.</td>
<td>10.000</td>
<td>353,200</td>
<td>✔️</td>
</tr>
<tr>
<td>11</td>
<td>Children’s Integrated Care Pathway</td>
<td>Develop and implement an integrated care pathway for children aged 0 - 2.5 years old who have complex physical or neurological conditions.</td>
<td>21.000</td>
<td>741,600</td>
<td>✔️</td>
</tr>
<tr>
<td>12</td>
<td>Co-ordinated Electronic Patient Records</td>
<td>Produce a strategy for a 5 year plan for hospital electronic patient records.</td>
<td>3.000</td>
<td>106,000</td>
<td>✔️</td>
</tr>
<tr>
<td>13</td>
<td>Implement Essence of Care Benchmarks</td>
<td>Implement the essence of care benchmarks as ‘always events’</td>
<td>12.000</td>
<td>423,800</td>
<td>✔️</td>
</tr>
<tr>
<td></td>
<td>Medical Interventions and Medicines Management</td>
<td>Develop always events relating to medical interventions and medicine management.</td>
<td>12.000</td>
<td>423,800</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>--------</td>
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<td></td>
</tr>
<tr>
<td>15.</td>
<td>Caring for Carers of Patients with Complex Needs</td>
<td>Document evidence of carers being actively involved where they wish to be involved, feel well informed and supported.</td>
<td>12.000</td>
<td>423,800</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>AQ Acute Myocardial Infarction</td>
<td>Implement the AQ care pathway for AMI</td>
<td>0.010</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>AQ Heart Failure</td>
<td>Implement the AQ care pathway for heart failure</td>
<td>0.010</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>AQ Hip and Knee Replacement</td>
<td>Implement the AQ care pathway for hip and knee replacement</td>
<td>0.010</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>AQ Stroke</td>
<td>Implement the AQ care pathway for stroke</td>
<td>0.010</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>AQ Patient Experience</td>
<td>All patients to complete an AQ PEMs survey</td>
<td>0.010</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>AQ Pneumonia</td>
<td>Implement the AQ care pathway for pneumonia</td>
<td>0.010</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Integrated Neighbourhood Team</td>
<td>Participate in the development of an integrated neighbourhood team.</td>
<td>1.000</td>
<td>35,300</td>
<td></td>
</tr>
</tbody>
</table>

**RAG status:**

- **On track**

- **Off track but recoverable**

- **Off track and unlikely to recover**
Goal 1: VTE Prevention

Aim

The aim is to ensure that 90% of adult in-patients have had a VTE assessment on admission to hospital. This must be achieved for the whole of quarter 4.

Progress Report

The Trust consistently achieved above 90% for the whole of quarter 4 in 2011/2012.

The % compliance rate for quarter 1 remains above 90%

April 2012  94.0%
May 2012  94.9%
June 2012  94.4%

Status

✓
Goal 2: Patient Experience: Personal Needs

Aim

The aim is to achieve a 2% increase in satisfaction ratings from the 2010/2011 national inpatient survey in relation to the following questions (in addition to a zero % decrease in any of these questions):

1. Involvement in decisions about treatment / care
2. Hospital staff being available to talk about worries / concerns
3. Privacy when discussing condition / treatment
4. Being informed about side effects of medication
5. Being informed who to contact if worried about condition leaving hospital

Progress Report

The baseline figure from the 10/11 national inpatient survey is 64%.

The CQUIN percentage score from the 11/12 survey was 65% but there was a decrease in the percentage score for question 3.

Volunteers, governors and staff from the Trust will phone as many patients as possible at home who are discharged home in August to determine their satisfaction with their stay in hospital. This will also help the Trust gauge possible ratings in the inpatient survey, although the results will not be available until February 2013.

Improvements have also been made to the information leaflets advising patients about their medicines and who to contact for advice if required.

The percentage scores for each of the CQUIN questions from the past 3 years are shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement in decisions about treatment / care</td>
<td>68%</td>
<td>69%</td>
<td>69%</td>
</tr>
<tr>
<td>Hospital staff being available to talk about worries / concerns</td>
<td>63%</td>
<td>59%</td>
<td>62%</td>
</tr>
<tr>
<td>Privacy when discussing condition / treatment</td>
<td>77%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>Being informed about side effects of medication</td>
<td>40%</td>
<td>41%</td>
<td>42%</td>
</tr>
<tr>
<td>Being informed who to contact if worried about condition leaving hospital</td>
<td>71%</td>
<td>72%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Status
Goal 3: Dementia Screening

Aim

To ask the dementia case finding question within 72 hours of admission as an emergency to patients who are aged 75 and above, or who have a known diagnosis of dementia or who have a clinical diagnosis of delirium.

The dementia case finding question is:

‘Has the person been more forgetful in the past 12 months to the extent that it has significantly affected their daily life’

Payment of the CQUIN is based upon 90% achievement in any three consecutive months.

Progress Report

The dementia case finding question has been included in the revised nursing assessment documentation which is currently with the printers. As soon as this is available, it will be implemented.

Work is ongoing with information services to determine exactly how the data will be captured for the number of patients fitting the criteria who have been asked the dementia case finding question (numerator) against the number of patients aged 75 and above admitted as emergency inpatients, minus a range of exclusions such as critical illness, sensory impairment, re-admissions who have been assessed in the last 6 months, lack of translator (denominator).

Status

😢😢
Goal 4: Dementia Risk Assessment

Aim

To ensure all patients who respond positively to the dementia case finding question have a dementia diagnostic assessment, including investigations, undertaken.

Payment of the CQUIN is based upon 90% achievement in any three consecutive months. In addition, payment for goal 4 is dependent upon the success of goal 3. If goal 3 fails to achieve three consecutive months at 90% then goal 4 will fail.

Progress Report

Discussions are underway, initially with Emergency Care Consultants, to develop the dementia diagnostic assessment tool which will be completed by medical staff. There is national guidance available from the Department of Health to ensure uniformity across the NHS in the development of these assessment forms.

Nursing staff will be responsible for alerting medical staff to those patients who respond positively to the dementia case finding question.

Status

😊 😞
Goal 5: Dementia Referral for Specialist Diagnosis

Aim

To ensure all patients who have had a diagnostic assessment, where the outcome is either positive or inconclusive, are referred for further diagnostic advice / follow up.

Payment of the CQUIN is based upon 90% achievement in any three consecutive months. In addition, payment for goal 5 is dependent upon the success of goal 3. If goal 3 fails to achieve three consecutive months at 90% then goal 5 will fail.

Progress Report

Discussions are underway with the clinical commissioning groups to clarify the referral process for patients who require further diagnostic advice / follow up.

Once the pathway is agreed, processes will be established in the Trust to agree how these referrals will be made.

Status

😊😊
Goal 6: NHS Safety Thermometer

Aim

To ensure all relevant patients are surveyed each month to collect data on four outcomes: pressure ulcers, falls, urinary tract infections in patients who have a urinary catheter and VTE.

Payment of the CQUIN is based upon three consecutive quarterly submissions of monthly survey data to the NHS Information Centre. This means data must be submitted from July 2012.

In addition, each set of complete data for a single quarter will qualify the Trust for 33.3% payment of the total value of this CQUIN.

Progress Report

Nursing and Midwifery staff piloted the NHS Safety Thermometer tool for all relevant patients in May and June and will be ready to go live with data submission from July 2012.

Data has been successfully collected and submitted using the NHS Safety Thermometer tool for the last eighteen months in 4 areas in the Trust as part of an SHA pilot project.

Status

✅
Goal 7: Improve Completeness of Cancer Staging Data

Aim

To ensure cancers in five specified tumour groups are staged in line with national targets. The tumour groups are lung, breast, colorectal, upper gastrointestinal and urology. The target to be achieved by the end of the year for all tumour groups is 70%.

Payment of the CQUIN is based upon achievement of milestones throughout the year:

Quarter 1 requires achievement of 25% data input for each tumour group
Quarter 2 requires achievement of 40% data input for each tumour group
Quarter 3 requires achievement of 55% data input for each tumour group
Quarter 4 requires achievement of 70% data input for each tumour group

Progress Report

There is a two / three month delay for the availability of data due to data validation processes.

The validated results for the end of April are shown below:

Lung cancers staged: 91%
Breast cancers staged: 48.9%
Colorectal cancers staged: 72%
Upper gastrointestinal cancers staged 80%

The urology cancers are not attributed to MCHFT therefore discussions are to take place to agree how the staging for this group of cancers is to be progressed.

Status

✔
Goal 8: Chemotherapy Prescribing & Data Collection

Aim

To implement electronic prescribing of parenteral chemotherapy to standardise regimens and allow the collection of high quality data. For those Trusts without electronic prescribing, there is an expectation that they will commence partial downloads from Somerset to Oxford cancer intelligence.

Payment of the CQUIN for MCHFT is based upon the commencement of partial downloads from the Somerset Cancer Register to the Oxford National Cancer Intelligence Network from September 2012.

Progress Report

The Trust currently uses the Somerset Cancer Register and is progressing plans to commence partial downloads to the Oxford National Cancer Intelligence Network from September 2012.

Status

✔️
Goal 9: Prognostication & Advanced Care Planning

Aim

To implement prognostication of the last 12 months of life to allow advanced care planning to commence in a timely and appropriate way so that appropriate support, communications and pathways can be implemented.

Payment of the CQUIN is based upon the development of electronic prognostication tools, attendance at communication skills and end of life training, development of a coding system to identify patients in the last 12 months of life, patient information and increased referral of relevant patients to the gold standards register in primary care.

Progress Report

There are no milestones to be reported in quarter 1.

Status

✅
Goal 10: Children and Young People Personal Diabetes Record

Aim

To develop and implement hand held records for children and young people with diabetes. This will help educate the patient in the principles of good diabetes care and involve them and their carer more closely with their management plan.

Payment of the CQUIN is based upon 25 children and young people having a personal diabetes record following the implementation of a pilot phase plus a review of the effectiveness of the record via a documentation audit and a user experience survey.

Progress Report

Quarter 1 requires the development of baseline data to identify the number of Children and Young People eligible to have a personal diabetes record.

This has been calculated and 143 children and young people have been identified.

A database with information relating to these individuals has been developed.

Status
Goal 11: Children’s Integrated Care Pathway

Aim

To produce care pathways for children aged 0 – 2.5 years old who have complex conditions or who are palliative.

This process will include close working between acute and community services (health, local authority and primary care) to improve the health and social care outcomes for these children and their families / carers.

Three pathways have been identified:
At birth or following for the stable high risk child
At birth or following for the unstable high risk child
At birth or following for the palliative child

Payment of the CQUIN is based upon pilot implementation of the three pathways and evaluation through consultation with users and professionals in quarter 4, with the aim of full implementation in quarter 1 2013.14.

Progress Report

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
<th>Action</th>
<th>Outcome</th>
<th>Progress/Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MCHFT to take the lead for the development and implementation of the Integrated Children’s Discharge Pathway for 0 – 2.5 year olds.</td>
<td>Stephen Eaton/Simon Dowson</td>
<td>31.05.12</td>
<td>MCHFT to identify Project Lead and Project Manager.</td>
<td>Leads identified. Work plan agreed.</td>
<td>Project Lead – Simon Dowson, Clinical Lead Paediatrics. Project Manager – Sharon Hibbert, Service Manager Women’s, Children’s and Sexual Health Division. CQUIN presented to Paediatrics Clinical Governance Meeting 16 May 12. Work plan agreed for Project Manager May 2012.</td>
</tr>
<tr>
<td>2. MCHFT with partners undertake a baseline data collection, identifying project management resources, comms strategy with stakeholders etc.</td>
<td>Sharon Hibbert</td>
<td>31.05.12</td>
<td>Develop Project Plan. Commence base line data collection. Identify project management resources. Develop comms strategy with stakeholders.</td>
<td>Project Plan to include identified project management and comms strategy with stakeholders. Base line data available. Progress report 31 May 2012</td>
<td>Project plan developed (draft format). Project management resource agreed by MCHFT and in place. Base line data collection process agreed – data collection started. Draft comms strategy agreed internally. Meeting requested with Steve Tatham May 2012. Progress report completed 31 May 2012</td>
</tr>
</tbody>
</table>

Status

17
Goal 12: Co-ordinated Electronic Patient Records

Aim

To develop a five year plan with involvement from the clinical commissioning groups (CCG) to put electronic patient records in place.

Payment of the CQUIN is based upon the production of a plan that is fit for purpose to produce future CQUINs about implementation. This requires the completion of the report with costing by January 2013.

Progress Report

Quarter 1 requires the establishment of CCG representation on the MCHFT IT strategy group and development of collaborative information strategy between primary and secondary care.

This has been implemented. Copies of the ICT strategy and terms of reference have been provided to the CCG. MCHFT is awaiting the nomination of a representative.

Status

✔️
Goal 13: Always Event 1: Implement Essence of Care Benchmarks

Aim
To implement the Essence of Care (EoC) Benchmarks to improve the quality of care and patient safety.

The EoC 2010 benchmarks developed by the Department of Health contain 12 benchmarks:
- Bladder, bowel and continence care
- Care environment
- Communication
- Food and drink
- Personal hygiene
- Prevention and management of pain
- Prevention and management of pressure ulcers
- Promoting health and well being
- Record keeping
- Respect and dignity
- Safety
- Self Care

Payment of the CQUIN is based upon the development and implementation of an audit tool for each benchmark.

Progress Report
Quarter 1 requires the development of an agreed audit tool for each benchmark.

This requirement has been completed and the audit tools have been approved by the EoC steering group.

Status

✅
Goal 14: Always Event 2: Medical Interventions and Medicines Management

Aim

**Medical Interventions:**
- To ensure diagnostic tests are ordered that are relevant for the patient’s disease / condition
- To ensure history taking includes co-morbidities and patient’s smoking / alcohol history
- To ensure results of tests are reviewed, acted upon and relevant results are notified to GP’s

**Medicines management:**
- To ensure there is medicines reconciliation within 48 hours of admission for 70% of patients and for 100% of patients taking high risk drugs
- To ensure 90% of drugs are prescribed according to the medicines formulary
- To ensure patients are discharged with medicines to last for two weeks

Payment of the CQUIN is based upon joint audits taking place between MCHFT and the Commissioners. There will be quarterly medicines management audits and six monthly medical interventions audits.

**Progress Report**

Quarter 1 requires a joint medicines management audit to be undertaken.

This audit was undertaken in June 2012 and the results showed:

Medicines reconciliation within 48 hours of admission for **83%** of patients against a standard of 70% of patients.

Medicines reconciliation within 48 hours of admission for **100%** of patients taking high risk drugs against a standard of 100%

**Status**
Goal 15: Always Event 3: Caring for Carers of Patients with Complex Needs

Aim

To develop and implement process for evaluating the experiences of carers of patients with complex needs to ensure they are actively involved, where they wish to be involved, feel well informed and are supported.

Payment of the CQUIN is based upon the completion of a survey in quarters 2 and 4 with the development of an action plan in quarter 3.

Progress Report

Quarter 1 requires the development of the survey that is to be used for carers of patients with complex needs in quarter 2.

This requirement has been completed and the survey has been approved by the patient experience action group.

Status

✓
Goal 16: AQ: Acute Myocardial Infarction (AMI)

Aim

To ensure the clinical process measures for AMI are implemented for all patients admitted following an acute myocardial infarction.

Payment of the CQUIN is based upon achievement of:

95% achievement against the composite quality score (CQS), which will result in payment of 75% of the CQUIN and

Participation in the shadow measures, which will result in payment of 25% of the CQUIN.

Progress Report

Information relating to progress with the Advancing Quality targets is published via the North West Advancing Quality Alliance (AQUA).

The data processing schedule means that the results, when reported, are usually 4 months behind. The following graph shows the progress of MCHFT for April 2011 to February 2012.

The CQUIN target for 2012/13 is 95% which is the same as 2011/12

Status
Goal 17: AQ: Heart Failure

Aim

To ensure the clinical process measures for heart failure are implemented for all patients admitted with a diagnosis of heart failure.

Payment of the CQUIN is based upon achievement of:

91.07% achievement against the composite quality score (CQS), which will result in payment of 75% of the CQUIN and

Participation in the shadow measures, which will result in payment of 25% of the CQUIN.

Progress Report

Information relating to progress with the Advancing Quality targets is published via the North West Advancing Quality Alliance (AQUA).

The data processing schedule means that the results, when reported, are usually 4 months behind. The following graph shows the progress of MCHFT for April 2011 to February 2012.

The CQUIN target for 2012/13 is 91.97% which is an increase against the target of 82.22% for 2011/12

Status

✓
Goal 18: AQ: Hip and Knee Replacement

Aim

To ensure the clinical process measures for hip and knee replacement surgery are implemented for all patients admitted for this type of orthopaedic surgery.

Payment of the CQUIN is based upon achievement of:

95% achievement against the composite quality score (CQS), which will result in payment of 75% of the CQUIN and

Participation in the shadow measures, which will result in payment of 25% of the CQUIN.

Progress Report

Information relating to progress with the Advancing Quality targets is published via the North West Advancing Quality Alliance (AQUA).

The data processing schedule means that the results, when reported, are usually 4 months behind. The following graph shows the progress of MCHFT for April 2011 to February 2012.

The CQUIN target for 2012/13 is 95% which is the same as 2011/12

Status
Goal 19: AQ: Stroke

Aim

To ensure the clinical process measures for stroke care are implemented for all patients admitted following a stroke.

Payment of the CQUIN is based upon achievement of:

90% achievement against the composite quality score (CQS), which will result in payment of 75% of the CQUIN and

50% achievement against the appropriate care score (ACS), which will result in payment of 25% of the CQUIN.

Progress Report

Information relating to progress with the Advancing Quality targets is published via the North West Advancing Quality Alliance (AQUA).

The data processing schedule means that the results, when reported, are usually 4 months behind. The following graph shows the progress of MCHFT for April 2011 to February 2012.

The CQUIN target for 2012/13 remains the same as 2011/12

Status

✅
Goal 20: AQ: Patient Experience

Aim

To ensure patients admitted for treatment relating to the AQ conditions complete an AQ patient experience survey.

Payment of the CQUIN is based upon achievement of a cumulative 10% survey response rate from the AQ focus areas by March 2013.

Progress Report

Information relating to progress with the Advancing Quality targets is published via the North West Advancing Quality Alliance (AQUA).

The data processing schedule means that the results, when reported, are usually 3-4 months behind.

The year to date total % return rate for MCHFT from April 2011 to March 2012 is 11.1%

Status
Goal 21: AQ: Pneumonia

**Aim**
To ensure the clinical process measures for pneumonia are implemented for all patients admitted following a diagnosis of pneumonia.

Payment of the CQUIN is based upon achievement of:

83.93% achievement against the composite quality score (CQS), which will result in payment of 100% of the CQUIN

There are no shadow measures set for the pneumonia pathway.

**Progress Report**

Information relating to progress with the Advancing Quality targets is published via the North West Advancing Quality Alliance (AQUA).

The data processing schedule means that the results, when reported, are usually 4 months behind. The following graph shows the progress of MCHFT for April 2011 to February 2012.

The CQUIN target for 2012/13 is 83.93% which is an increase against the target of 83.38% for 2011/12

**Status**
Goal 22: Integrated Neighbourhood Team

Aim

To participate in the development of an integrated neighbourhood team with the lead organisation – East Cheshire Trust Community Business Unit.

Payment of the CQUIN is based upon the above participation to implement the project, develop key performance indicators, develop patient information leaflets to support patients self manage their conditions, develop a falls prevention education programme and finally evaluate the implementation of the project.

Progress Report

Quarter 1 requires confirmation of the intention to participate and work with a working group and commit to attending meetings.

This requirement has been completed. The deputy general service manager from the emergency care division is the representative for MCHFT on this group. The meetings will take place on the first Thursday of each month and the first meeting has been arranged for July 2012.