Commissioning for Quality and Innovation (CQUIN)

Quarter 2 Report: July – September 2012

Quality and Safety at Heart
Mid Cheshire Hospitals NHS Foundation Trust

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Executive Lead: Julie Smith, Director of Nursing & Quality

30 October 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 2 (July – September 2012)
### Performance Summary

**Quarter 2 (July - September 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 Quarter 1</th>
<th>RAG Status Quarter 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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<td>✅</td>
</tr>
<tr>
<td>10.</td>
<td>Children and Young People Personal Diabetes Record</td>
<td>Develop and implement handheld records for children and young people with diabetes.</td>
<td>10.000</td>
<td>353,200</td>
<td>✅</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>
<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>
<td>✅</td>
</tr>
<tr>
<td></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>
<td>✔️</td>
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<tr>
<td>14</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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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 2 remains above 90%

April 2012  94.0%

May 2012  94.9%

June 2012  94.4%

July 2012  96.7%

August 2012  95.7%

September 2012  96.5%

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 phoned 212 patients at home who were discharged home in August to determine their satisfaction with their stay in hospital. This will help the Trust gauge possible ratings in the inpatient survey, although the results will not be available until February 2013. Overall responses were positive, with 88% of patients advising they would recommend the Trust.

Improvements have 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

A prompt for nursing staff to ask the dementia case finding question has been included in the revised nursing assessment documentation which is currently with the printers.

In addition, a proforma has been developed which includes the dementia case finding question, diagnostic assessment tool and referral pathway. This has been piloted during September in relation to the case finding question with the intention of full roll out during October 2012.

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

The dementia diagnostic assessment tool has been included on the dementia screening proforma. This will be piloted in October 2012 with the intention of roll out in November 2012.

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

A draft referral pathway has been included on the dementia screening proforma which will be finalised and implemented during quarter 3.

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 commenced data submission in July 2012.

Between July and September 2012, 100% of applicable patients were included in the NHS Safety Thermometer data collection process.

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 September are shown below:

Lung cancers staged: 82%
Breast cancers staged: 64%
Colorectal cancers staged: 72%
Upper gastrointestinal cancers staged 71%

The urology cancers are not attributed to MCHFT therefore discussions are taking 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

• The Specialist Palliative Care (SPC) team have been working with the End of Life Support Model Team to adopt the Electronic Prognostic Assessment and Indicator Guide for End of Life (E-page). This will be added to the Trust's intranet which includes prognostication tools, Advanced Care Planning (ACP) tools and all other End of Life tools.

• The Trust has agreed to purchase further communications skills training sessions from Cheshire Hospices Education (CHE). These sessions are 1 hour long and can be delivered to 30 clinical staff twice a month. The initial period of training will take place from 07/11/12 to 28/02/13 and, if well attended, a further 3 months training will be purchased to run on the same basis.

• The SPC have completed a training needs analysis to try to secure funds from the 2013-14 training budget to continue this communication skills training next year.

• The End of Life facilitators have provided drop in teaching sessions in clinical areas and so far have provided training for 81 staff on 10 wards (5 medical & 5 surgical). These sessions include training on ACP, prognostication and the Liverpool Care Pathway. New sessions have been offered throughout October and November by the End of Life facilitators.

• Senior staff from the End of Life Support Model Team are currently liaising with other professionals within the Trust regarding the red flag system to see if this can be linked in with the Acute Oncology Alert System (RAPPA). As the web IT systems are currently being implemented in GP practices, this may also have an impact on how the Trust identifies patients in their last 12 months of life.

• Patients who are identified as being in their last 12 months of life are being offered the national booklet ‘Planning for Your Future Care: A Guide’. The palliative care form has been amended so that the SPC team can record which
• A meeting took place during July 2012 with both cancer and non cancer speciality teams to share ideas on how specialist nurses can improve communication with GPs and District Nurses when patients are identified in their last 12 months of life. A referral form to the GP has been developed which advises when a patient is suitable for the Gold Standards Register in Primary Care which will be audited in February 2013.
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

- The personal diabetes record is in its final stages of the draft format. This will be distributed to 25 families in November for the pilot to take place.

- Written guidelines have been developed and are currently awaiting final approval prior to piloting the personal diabetes record.

- The communications plan has been completed to assist the implementation of the personal diabetes record with stakeholders and will be implemented during the next quarter.

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 convene a working group to include representation from health, social care and commissioners.</td>
<td>Simon Dowson/ Sharon Hibbert</td>
<td>Sep 2012</td>
<td>Identify working group members in partnership with commissioners. Develop working group draft terms of reference. Arrange initial working group meeting and plan of dates for future meetings.</td>
<td>Working group in place.</td>
<td>Working group met 18th Sep 2012 with representation from health, social care and commissioning. Representation from Cheshire West, General Practice and Social Care disability team to be invited to be part of the working group. Draft terms of reference to be ratified at next meeting 30th October 2012.</td>
</tr>
<tr>
<td>2 The designated project manager will lead the design of a project plan working with key stakeholders. The project plan will include the development and implementation of the pathway including a communication strategy to</td>
<td>Sharon Hibbert</td>
<td>2nd Quarter 2012</td>
<td>Design a project plan for the development and implementation of the pathways.</td>
<td>Project plan in place and agreed with the working group.</td>
<td>Draft project plan developed in quarter 1, updated in quarter 2 and in use as a working document by the project manager. Plan for quarters 3 &amp; 4 to be agreed at the working group meeting on 30th October 2012.</td>
</tr>
</tbody>
</table>
professionals and public.

3 Work with commissioners and key stakeholders to develop a set of care pathways that identifies what, by when and to what quality standard. These standards should then inform wider service development, specifications and on-going commissioning across CCG’s and the Local Authority.

4 Ensure there are guidelines/policies developed around service delivery and governance and inter-agency protocol established.

<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>professionals and public.</td>
<td>Working group led by Project Lead – Simon Dowson</td>
<td>2nd Quarter 2012</td>
<td>Develop set of care pathways that identify what, by when and to what quality standard.</td>
<td>Care pathways developed.</td>
<td>Care pathways developed for healthy, stable and complex children. The working group approved the basic care pathways Sep 2012. Pathways have been further developed to include the detail of the quality standards.</td>
</tr>
<tr>
<td>3 Work with commissioners and key stakeholders to develop a set of care pathways that identifies what, by when and to what quality standard. These standards should then inform wider service development, specifications and on-going commissioning across CCG’s and the Local Authority.</td>
<td>Working group led by Project Lead – Simon Dowson</td>
<td>2nd Quarter 2012</td>
<td>Identify the guidelines/policies to be developed around service delivery and governance and inter-agency protocols where required to support the implementation of both the pilot and final pathways.</td>
<td>Guidelines/policies in place to support the implementation of both the pilot and final pathways.</td>
<td>On-going identification of required guidelines/policies in line with the pathway development. Presentation of identified required guidelines/policies to the working group meetings (Clinical MDT and Governance MDT to Oct 2012 meeting) to agree action required and responsible lead. On-going review and management/escalation as required by working group with set timescales/work plan to ensure the required policies are developed to support the pathways.</td>
</tr>
</tbody>
</table>

Status
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

- A member has been provided by the Clinical Commissioning Group (CCG) at a strategic level, which ensures representation on the ICT strategic steering group. This representative, in collaboration with the Trust, will ensure the development of an information strategy that meets the needs of primary care.

- The Trust has formed, as part of its ICT strategy for an Electronic Patient Record (EPR), an EPR work stream. Representation has been requested (yet to be confirmed) for a CCG representative to be part of the EPR Work stream. The CCG representative on this work stream, in collaboration with the Trust, will be responsible for ensuring this CQUIN goal is integrated within the work of this work stream.

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

The agreed Essence of Care audit programme for each benchmark has now been completed and shared with the steering group. The audit schedule is on track with the following audits highlighting examples of those undertaken so far:
- Care Environment
- Communication
- Prevention and Management of Pain

Overleaf shows an example of the areas of best practice / areas for improvement identified following the Communication audit.

Status

✔
Essence of Care:  
“The Good, The Bad, and The Ugly”

Benchmark  Communication

Audit Lead  Matron, Women’s, Children’s Division

Date of Completion  June & July 2012

The Good - Areas of Best Practice:
- Ward staff spoke to patients, relatives and families in a friendly, helpful manner.
- There were patient information leaflets available in the ward areas and/or in parents lounge.
- All staff demonstrated a knowledge and understanding of the Trust complaint procedure and the majority of staff stated the importance of dealing with issues locally in a timely fashion.
- All staff were clear of the process for booking an interpreter.
- The majority of staff were able to demonstrate a level of understanding in regards to the consent policy and implications around capacity. If staff were unsure they were able to say where they would seek help or support.
- In Paediatrics the staff showed good awareness around the issues of consent especially in relation to the young person.

The Bad - Areas for Development:
- Staff were not all aware of the process for accessing an ‘advocacy service’ for their patients – information in regards to this can be found via the quick links on intranet.
- There are some occasions when staff did not engage with patients/relatives immediately when they approached the desk which did give the impression that they were being ignored. Staff should ensure that they at the least give eye contact and advise that they will be with them as soon as they can.
- Need to raise staff awareness about the hospital adult passport and that it can be found on the intranet.
- Paediatric assessment documentation does not necessarily cover all aspects of a communication assessment – this needs to be included during the review of documentation.
- Adult documentation – need to make more use of the relatives communication sheet as this seems to be used infrequently so it is more difficult to look back at this communication to see what has been said.
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 2 requires a joint medicines management audit and a joint case note review in relation to medical interventions to be undertaken.

The medicines management was undertaken in September 2012 and the results showed:

Medicines reconciliation within 48 hours of admission for **85%** 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%

The case note review for quarter 2 did not take place due to difficulties aligning diaries with Trust and Commissioning staff. This is being arranged for October 2012

**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 2 requires the implementation of the agreed survey for carers of patients with complex needs. The results are to be analysed during quarter 3.

The carer’s survey has been completed and the responses are currently with the patient experience team being inputted onto Easyquest prior to analysis.

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 to May 2012.

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

Data completeness for the shadow measures is consistently greater than the required 95%.

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 to May 2012.

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

Data completeness for the shadow measures is consistently greater than the required 95%.

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 to May 2012.

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

Data completeness for the shadow measures is consistently greater than the required 95%.

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 to May 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 2 – 3 months behind.

The % return rate for MCHFT from April to July is shown below and averages 15.05% / month

Status

![Checkmark]
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 to May 2012.

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

The Emergency Care Division has recently set up a pneumonia group to discuss these results and implement improvements in the pathway.

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 2 requires:

- The development with key stakeholders of information leaflets to support patients self manage their condition.
- Participation in the development of a plan for the implementation of the information leaflets.
- In conjunction with the lead organisation and key stakeholders, develop educational materials for patients who use hospital services inappropriately.

The Trust is making steady progress towards this goal. The Deputy Service Manager from Emergency Care has been attending the monthly meetings on the first Thursday on each month.

The group has focused its attention towards health and social economy planning during the winter period and the provisions that can / have been put in place from each setting in order to ensure that the increased demand upon healthcare during this period is managed safely and effectively for patients, particularly for the Frail Elderly community.

Various models of community teams are being reviewed by the group (such as London and Liverpool) in order to evaluate effectiveness and workforce requirements. At present no literature has been discussed or created through this group, however, a falls training pack is being created via the Older Persons Specialist Nurse based at Leighton Hospital.

Status