Commissioning for Quality and Innovation (CQUIN)

Quarter 3 Report: October – December 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 January 2013
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Performance summary</td>
<td>4</td>
</tr>
<tr>
<td>Goal 1: Venous Thrombo Embolism (VTE) Prevention</td>
<td>6</td>
</tr>
<tr>
<td>Goal 2: Patient Experience – Personal Needs</td>
<td>7</td>
</tr>
<tr>
<td>Goal 3: Dementia Screening</td>
<td>8</td>
</tr>
<tr>
<td>Goal 4: Dementia Risk Assessment</td>
<td>9</td>
</tr>
<tr>
<td>Goal 5: Dementia Referral for Specialist Diagnosis</td>
<td>10</td>
</tr>
<tr>
<td>Goal 6: NHS Safety Thermometer</td>
<td>11</td>
</tr>
<tr>
<td>Goal 7: Cancer Network - Staging Data</td>
<td>12</td>
</tr>
<tr>
<td>Goal 8: Cancer Network - Chemotherapy Prescribing and Data Collection</td>
<td>13</td>
</tr>
<tr>
<td>Goal 9: Prognostication and Advanced Care Planning</td>
<td>14</td>
</tr>
<tr>
<td>Goal 10: Children and Young People Personal Diabetes Record</td>
<td>15</td>
</tr>
<tr>
<td>Goal 11: Children’s Integrated Care Pathway</td>
<td>16</td>
</tr>
<tr>
<td>Goal 12: Co-ordinated Electronic Patient Records</td>
<td>17</td>
</tr>
<tr>
<td>Goal 13: Always Event 1: Implement Essence of Care Benchmarks</td>
<td>18</td>
</tr>
<tr>
<td>Goal 14: Always Event 2: Medical Interventions and Medicines Management</td>
<td>19</td>
</tr>
<tr>
<td>Goal 15: Always Event 3: Caring for Carers of Patients with Complex Needs</td>
<td>20</td>
</tr>
<tr>
<td>Goal 16: Advancing Quality (AQ): Acute Myocardial Infarction</td>
<td>21</td>
</tr>
<tr>
<td>Goal 17: Advancing Quality (AQ): Heart Failure</td>
<td>22</td>
</tr>
<tr>
<td>Goal 18: Advancing Quality (AQ): Hip and Knee Replacement</td>
<td>23</td>
</tr>
<tr>
<td>Goal 19: Advancing Quality (AQ): Stroke</td>
<td>24</td>
</tr>
<tr>
<td>Goal 20: Advancing Quality (AQ): Patient Experience</td>
<td>25</td>
</tr>
<tr>
<td>Goal 21: Advancing Quality (AQ): Pneumonia</td>
<td>26</td>
</tr>
<tr>
<td>Goal 22: Integrated Neighbourhood Team</td>
<td>27</td>
</tr>
</tbody>
</table>
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 3 (October – December 2012)
## Performance Summary

### Quarter 3 (October - December 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>
<th>RAG Status Quarter 3</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>
<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>
<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>
<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>
<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>
<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>
<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></td>
<td>1.440</td>
<td>✔️</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></td>
<td>15.000</td>
<td>✔️</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></td>
<td>12.000</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>10.</td>
<td>Children and Young People Personal Diabetes</td>
<td>Develop and implement hand held records for children and young people with diabetes.</td>
<td></td>
<td>10.000</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Record</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>
<td>✓</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</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>
<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>
<td>✓</td>
<td>✓</td>
</tr>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<td>✓</td>
</tr>
</tbody>
</table>

RAG status:

On track

Off track but recoverable

5
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 3 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%
October 2012 96.2%
November 2012 97.2%
December 2012 95.2%

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 due to be implemented in January 2013.

A proforma has been developed which includes the dementia case finding question, diagnostic assessment tool and referral pathway. This was piloted effectively during September with 50% of patients being asked the dementia screening question.

The clinical coders and information services have agreed a process to determine the data capture 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).

Unfortunately, the number of patients who have been asked the dementia screening question identified by the clinical coders is very low. Consequently, renewed efforts have been planned with the divisional matrons and ward managers to increase the numbers and the proforma has been updated following feedback.

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 was piloted and rolled out in October 2012.

It is evident that, for those patients who answer positively to the case finding questions, the risk assessment is being completed. However, use of the dementia screening question is currently low. Actions are in place to address this.

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

The referral pathway for patients who require diagnostic advice / follow up has been agreed with the commissioners and the proforma has been amended to reflect the agreed pathway.

It is evident that, for those patients who respond positively to the dementia risk assessment, the referral process is completed. However, use of the dementia screening question is currently low. Actions are in place to address this.

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.

Between October and December 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 and December are shown below:

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>% staged in September</th>
<th>% staged in December</th>
<th>Progress (↑↓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancers</td>
<td>82%</td>
<td>75%</td>
<td>↓</td>
</tr>
<tr>
<td>Breast cancers</td>
<td>64%</td>
<td>77%</td>
<td>↑</td>
</tr>
<tr>
<td>Colorectal cancers</td>
<td>72%</td>
<td>75%</td>
<td>↑</td>
</tr>
<tr>
<td>Upper gastrointestinal cancers</td>
<td>71%</td>
<td>72%</td>
<td>↑</td>
</tr>
</tbody>
</table>

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.

As at December 2012, partial downloads have been implemented and continue to be undertaken.

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). The next meeting to more this forwards is scheduled for 30 January 2013.

• The Trust has agreed to purchase further communications skills training sessions from Cheshire Hospices Education (CHE). Five “Communicating Well” training sessions have been completed and attended by 63 staff so far. This has been evaluated well and there are three sessions left to run. 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. In November 2012 two further sessions were held in clinical areas by the end of life facilitators.

• 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 patients have been given the booklets and if not why not (e.g. not appropriate or refused). A spot audit of compliance is scheduled for February 2013.

• 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.
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**

<table>
<thead>
<tr>
<th>Standard/ Process/ Issue/Gap Identified</th>
<th>Action Required</th>
<th>Responsible Lead</th>
<th>Timescales (by end of):</th>
<th>Progress / Closure Date &amp; Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outline plans for a child/carer experience survey after 3 months following implementation of personal diabetes record.</td>
<td>Design and distribute feedback survey and collate results.</td>
<td>Paediatric Diabetic Nurse Specialist Community Paediatrics Matron</td>
<td>1. 31/10/12</td>
<td>As part of the pilot project the feedback survey has now been designed and sent out to 25 pilot families. 20 replies to the feedback survey have been received. These are currently being evaluated and formatted into a report by the Patient Experience Team. The report will be published in the final quarter.</td>
</tr>
<tr>
<td>2. Documentation audit of the personal diabetes record designed including outline plan as to how this will be undertaken.</td>
<td>Design audit tool and outline plan for audit.</td>
<td>Paediatric Diabetic Nurse Specialist Community Paediatrics Matron</td>
<td>2. 31/10/12</td>
<td>The outline plan for the audit is in progress. The audit proforma has been designed to collect data from the patients on each contact ie home visits, inpatient admissions and outpatient appointments to demonstrate the family are using the record. The audit also aims to ensure the document is being completed.</td>
</tr>
<tr>
<td>3. Agreement as to which children/ young people are to be included in pilot and roll out pilot to include a maximum of 25 children.</td>
<td>Identify the patients to be included in the pilot project.</td>
<td>Paediatric Diabetic Nurse Specialist Community Paediatrics Matron</td>
<td>3. 31/10/12</td>
<td>The 25 patients have been identified from the current diabetes caseload. These families have now been given the personal diabetes record and feedback forms completed.</td>
</tr>
</tbody>
</table>

**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>On-going design work – Pathways to be completed:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) At birth or following – stable high risk.</td>
<td>Clinical Lead</td>
<td>Quarter 3</td>
<td>Complete the care pathways.</td>
<td>Care Pathways completed.</td>
<td>As agreed through the CQUINs working group, the project and pathways were renamed ‘First Steps Pathways’. The set of pathways required were amended and agreed as: Stable (no risk) Stable (low risk) Stable (high risk) Complex Three points of entry and transition (if appropriate) have been agreed as: Antenatal (before birth) Neonatal (within the first four weeks of life) Paediatric (through to age 2.5) The completed pathways below</td>
</tr>
<tr>
<td>2) At birth or following – unstable high risk.</td>
<td>Service Manager</td>
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<tr>
<td>3) At birth or following – palliative care.</td>
<td></td>
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</tr>
<tr>
<td>What</td>
<td>Who</td>
<td>When</td>
<td>Action</td>
<td>Outcome</td>
<td>Progress/ Date Completed</td>
</tr>
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<td>---------------</td>
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<td>will be piloted during Q4</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.

• For quarter 3 – there is still a requirement for a nominated CCG representative to be identified for the relevant working groups. The workstream have been formed and will plan in the requirements of the CCG once these are known and discussed.

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:
- Personal Care
- Self Care

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 3 requires a joint medicines management audit to be undertaken.

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

Medicines reconciliation within 48 hours of admission for 96% 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

The Carer’s survey had a 94.62% response rate.

Areas of good practice identified were:

- 95% of carers were provided with visiting times and contact details
- 75% of carers said they were involved in care planning
- 85% of carers thought that there was nothing else the healthcare professionals could have done to support them.

Areas for action identified through the survey:

- 35% of carers would like to receive some more help. Action – Integrated Discharge Team (IDT) to encourage and support ward staff in identifying potential patients who require assessment and ask existing carers if they need more support.
- 20% of carers would have liked a social services carers assessment but were not offered one. Action –To share these findings with the hospital social service team.
- 50% of carers did not look at the bedside information folder during patients admission. Actions – Trust’s patient information coordinator and matrons to be informed of findings and engage Ward staff to actively promote bedside folder.
- 70% of carers were not encouraged to participate/support their dependents care during admission. Action – Information to be shared with matrons, carers to be actively welcomed/encouraged to assist with meal time support.

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 2012 to September 2012.

![AMI - Composite Scores 2012/13](image)

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 2012 to September 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 2012-September 2012.

![Hip & Knee Composite scores 2012/13](chart.png)

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 2012 to September 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 *25% survey response rate from the AQ focus areas by March 2013.

(*There are two figures within the CQUIN for the cumulative survey responses: 25 % over the year or a 10% quarterly increase)

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 2012 to November 2012 is shown below and the percentage return rate is currently 14.7%. This means the Trust is still on track for the 25% increase over the year, but has not reached the 10% quarterly increase target.

The volume of surveys completed by patients remains high but the matching of these surveys to the identified AQ population remains low.

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 2012 to September 2012.

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

The reduced results are caused because the route of antibiotic administration does not always align with the recorded CURB65 score and the antibiotic policy. Medical staff have been reminded that they must document reasons in medical record if they are administering antibiotics via the intravenous route when CURB65 suggests oral administration. For example, a patient with a CURB65 score of zero should receive oral antibiotics as per the MCHFT policy. However, if the patient is given intravenous antibiotics then that patient would fail the pneumonia target if no reason for the administration of intra-venous antibiotics was documented in the medical record.
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

The Trust is making steady progress towards the elements of this goal which are described below. The Deputy Service Manager from Emergency Care has been attending the monthly meetings on the first Thursday on each month. Whilst the meetings are taking place, progress against the implementation of an evaluation report is slow. A falls inpatient and outpatient leaflet has been created at MCHFT, which has been shared and rolled out.

- Participation in the development of a falls prevention education programme for primary and secondary care.
- Participation in the implementation plan for the falls prevention education programme detailing a priority list for staff who will undertake the training.
- Implementation of the falls education programme at MCHFT with evaluation of the training.
- Participation in an evaluation report of the implementation of the integrated neighbourhood team using key performance indicators specified in the service specification.
- Participation in the user satisfaction survey
- Participation in the evaluation of the education programme for patients
- Participation in the implementation of educational materials for patients who use hospital services inappropriately

Status

✅