Commissioning for Quality and Innovation (CQUIN)

Quarter 4 Report: January – March 2013

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

29 April 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 4 (January – March 2013).
## Performance Summary

**Quarter 4 (January – March 2013)**

<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>Achieved (√)</th>
<th>Not achieved (x)</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 hand held 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</td>
<td>21.000</td>
<td>741,600</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Category</td>
<td>Description</td>
<td>Goal 12</td>
<td>Goal 13</td>
<td>Goal 14</td>
<td>Goal 15</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>12.</td>
<td><strong>Co-ordinated Electronic Patient Records</strong></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>13.</td>
<td><strong>Implement Essence of Care Benchmarks</strong></td>
<td>Implement the essence of care benchmarks as ‘always events’</td>
<td>12.000</td>
<td>423,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td><strong>Medical Interventions and Medicines Management</strong></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><strong>Caring for Carers of Patients with Complex Needs</strong></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><strong>AQ Acute Myocardial Infarction</strong></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><strong>AQ Heart Failure</strong></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><strong>AQ Hip and Knee Replacement</strong></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><strong>AQ Stroke</strong></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><strong>AQ Patient Experience</strong></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><strong>AQ Pneumonia</strong></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><strong>Integrated Neighbourhood Team</strong></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:**

- **Achieved**

- **Not achieved**

For goals 16-21, the Trust has anticipated the final results. The reporting for this advancing quality programme does not close until August 2013.
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 has achieved this goal as the organisation has achieved over the 90% target for all 4 quarters in 2012/2013. Progress against this target is monitored through the Trust VTE group.

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2012</td>
<td>94.0%</td>
</tr>
<tr>
<td>May 2012</td>
<td>94.9%</td>
</tr>
<tr>
<td>June 2012</td>
<td>94.4%</td>
</tr>
<tr>
<td>July 2012</td>
<td>96.7%</td>
</tr>
<tr>
<td>August 2012</td>
<td>95.7%</td>
</tr>
<tr>
<td>September 2012</td>
<td>96.5%</td>
</tr>
<tr>
<td>October 2012</td>
<td>96.2%</td>
</tr>
<tr>
<td>November 2012</td>
<td>97.2%</td>
</tr>
<tr>
<td>December 2012</td>
<td>95.2%</td>
</tr>
<tr>
<td>January 2013</td>
<td>95.5%</td>
</tr>
<tr>
<td>February 2013</td>
<td>96.4%</td>
</tr>
<tr>
<td>March 2013</td>
<td>94.9%</td>
</tr>
</tbody>
</table>

Status

✓
Goal 2: Patient Experience: Personal Needs

Aim

The aim is to achieve an increase of two (with no decrease) in satisfaction ratings from the 2010/2011 national inpatient survey in relation to the following 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 2010/11 national inpatient survey is 64.

The results from the current survey are shown below. The results from 2010 and 2011 are also provided.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement in decisions about treatment / care</td>
<td>69</td>
<td>69</td>
<td>71</td>
<td>↑</td>
</tr>
<tr>
<td>Hospital staff being available to talk about worries / concerns</td>
<td>59</td>
<td>62</td>
<td>53</td>
<td>↓</td>
</tr>
<tr>
<td>Privacy when discussing condition / treatment</td>
<td>79</td>
<td>78</td>
<td>80</td>
<td>↑</td>
</tr>
<tr>
<td>Being informed about side effects of medication</td>
<td>41</td>
<td>42</td>
<td>44</td>
<td>↑</td>
</tr>
<tr>
<td>Being informed who to contact if worried about condition leaving hospital</td>
<td>72</td>
<td>73</td>
<td>73</td>
<td>→</td>
</tr>
</tbody>
</table>

As can be seen, improvements have been made in 3 of the 5 questions but there has been a significant reduction in the availability of hospital staff to discuss worries and concerns (a reduction of 9).

Consequently, the overall CQUIN score remains at 64 which means an increase of two has not been achieved.

A review of staffing levels on the wards has recently been undertaken and these results are being discussed within the clinical divisions and by the Executive team.

Risk assessments in relation to a number of wards in the emergency care division have been undertaken and actions are being progressed to review skill mix on the wards, manage sickness, review non clinical roles and reduce vacancies. An overseas recruitment campaign in Ireland and Spain has been particularly helpful in managing vacancies to an acceptable level.

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 was implemented in January 2013.

A proforma has been developed which includes the dementia case finding question, diagnostic assessment tool and referral pathway.

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. This action has seen the results improve by 20%, but the target of 90% has not been achieved.

Further work is due to take place with the Information Services Team, Ward Staff and Coders.

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 frequently being completed. However, use of the dementia screening question remains low. Actions are in place to address this.

Status

X
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 frequently 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 2013, 100% of applicable patients were included in the NHS Safety Thermometer data collection process.

Between January and March 2013, 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 December and March are shown below and highlight improvements in staging for all cancer types.

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>% staged in September</th>
<th>% staged in December</th>
<th>% staged in March</th>
<th>Progress (↑ ↓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancers</td>
<td>82%</td>
<td>75%</td>
<td>79%</td>
<td>↑</td>
</tr>
<tr>
<td>Breast cancers</td>
<td>64%</td>
<td>77%</td>
<td>82%</td>
<td>↑</td>
</tr>
<tr>
<td>Colorectal cancers</td>
<td>72%</td>
<td>75%</td>
<td>78%</td>
<td>↑</td>
</tr>
<tr>
<td>Upper gastrointestinal cancers</td>
<td>71%</td>
<td>72%</td>
<td>80%</td>
<td>↑</td>
</tr>
</tbody>
</table>

The urology cancers are not attributed to MCHFT.

**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 completed and continue to be undertaken.

As at March 2103, partial downloads continue as national guidance.

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

- Currently MCHFT uses the Prognostic Indicator Guidance Tool (PIG) and this is well embedded into practice and signposts to all relevant documentation. The MCHFT site within the E-Paige resource is being developed to commence the process to unify prognostication across the locality.

- MCHFT has purchased communications skills training sessions from Cheshire Hospices Education (CHE). These sessions are available to clinical staff. Eight ‘Communicating Well with Patients & Families’ training sessions have been completed and attended by 101 clinical staff since Nov 2012. This training has helped to ensure that over 50% of clinical facing staff have attended an appropriate level of communication skills training.

- Training in end of life care is available to all clinical staff. Teaching and training is provided by the specialist palliative care team, the end of life service model facilitators and through the education partnership with CHE. MCHFT also has a proactive palliative link nurse group who meet for 2 days a year and keep ward staff up to date with end of life Issues.

- Patients who are identified as being in their last 12 months of life are offered the national booklet ‘Planning For Your Future Care: A Guide’ as demonstrated by a spot audit carried out in February 2013. The specialist palliative care team multi disciplinary team form has been amended so that the team can record which patients have been given the booklets and if not, why not (for example: not appropriate or refused).

- Referral to the Gold Standards Register (GSF) in primary care is integral to a patient’s discharge. The acute GSF referral form has been developed and launched for use by the specialist palliative care team and disease specific clinical nurse specialists in the first instance.

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 all children and young people with Type 1 Diabetes having a personal diabetes record following the implementation of a pilot phase of 25 patients 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. Undertake documentation audit and present results</td>
<td>Complete audit</td>
<td>Linda Edge</td>
<td>28.2.13</td>
<td>Audit and patient feedback survey completed and changes made accordingly.</td>
</tr>
<tr>
<td>2. Present results and action plan of child/carer experience survey for pilot.</td>
<td>Compile results from survey and produce action plan</td>
<td>Linda Edge/ Bev Walley</td>
<td>28.2.13</td>
<td>Changes made following patient feedback. 21 out of 25 patients responded.</td>
</tr>
<tr>
<td>3. Ensure plan in place to roll out personal diabetes record to all applicable children and young people with diabetes from 1 April 2013</td>
<td>Arrange for printing of final document</td>
<td>Linda Edge</td>
<td>28.2.13</td>
<td>All alterations made to the Personal Diabetes Record document. Sent for professional printing and awaiting return for the team to hand out to approximately 140 patients from April 2013 onwards.</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>Progress/ Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pilot implementation of all pathways</td>
<td>The pathways were piloted during quarter four with newly diagnosed patients entering the pathways in the antenatal, neonatal and paediatric period. The implementation of the pilot pathways was evaluated and the results presented to the First Steps Pathways CQUIN Group at the end of February 2013.</td>
</tr>
<tr>
<td>2. Evaluate implementation of the pilot pathways and present results</td>
<td>The pilot period was considered too small (2 months) to fully evaluate the pathways from the antenatal period, through birth to 2 ½ years of age, particularly in relation to the process of transition between pathways. The joint review group will continue to monitor implementation of the pathways on a quarterly basis. Positive feedback was received from parents within the pilot group. Amendments were made to the paperwork within the antenatal pathway and patient letters were finalised. The pathways were fully implemented during March 2013.</td>
</tr>
</tbody>
</table>

Status

First step pathways.docx
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 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, an Electronic Patient Record (EPR) work stream. Representation has been requested 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 4 – the CCGs have provided a nominated representative to sit on the strategy group but not the specific work groups. The CCG are currently looking to recruit an IT manager who will believe represent them on the required work groups. In terms of the data set and GP portal, work has commenced. A workshop has been arranged so that the patient administration system and order communications system can be demonstrated which will be followed by discussions about the information required for the portal. Attending the workshop will be senior representation from MCHFT and the CCG.

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 Essence of Care audit programme for 2012/13 has been completed and outcomes shared with the steering group.

Feedback from staff has been very positive and recommendations from the audits have been shared at Sister’s meetings, ward meetings and at Divisional Boards.

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

The medicines management was undertaken in March 2013 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 survey was repeated in March 2013. 21 carers completed the survey (a response rate of 95.2%).

The survey discovered that the number of carers who did not receive help but would have liked to help fell from 35% to 24%

95% of carers said they were involved in care planning to some extent.

90% of carers received or were offered a carer assessment by social services. This has improved from a result of 20% from the first survey

67% of carers made use of the bedside information folder during the patient’s admission which is an improvement against the 50% who used the folders in the first survey.

48% of carers felt they received enough information about their relatives condition or treatment. As a result, ward staff have been encouraged to give relatives information leaflets about conditions and offer meetings with appropriate practitioners to discuss care management.

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 December 2012.

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

Data completeness for the composite quality score 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 December 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 composite quality score is consistently greater than the required 91.97%.

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-December 2012.

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

Data completeness for the composite quality score 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 December 2012.

The reduction in ACS in November and December is due to high number of patients requiring admission who are not always able to be transferred to the acute stroke unit within the recommended timescales. The emergency care division is working with the local commissioners to review the stroke pathway in both the hospital and the community.

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.

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 13.9%

### Patient Experience Measures (PEMs) Audit Report 2012/2013

**Advancing Quality Programme**

Trust: RBT. Mid Cheshire Hospitals NHS Foundation Trust

<table>
<thead>
<tr>
<th>All Clinical Areas (Excluding Strich)</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>YTD Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Surveys Received</td>
<td>57</td>
<td>55</td>
<td>58</td>
<td>70</td>
<td>66</td>
<td>65</td>
<td>60</td>
<td>56</td>
<td>51</td>
<td>54</td>
<td>48</td>
<td>54</td>
<td>510</td>
</tr>
<tr>
<td>Number of Surveys Matched to SUS PIR</td>
<td>56</td>
<td>52</td>
<td>52</td>
<td>72</td>
<td>60</td>
<td>63</td>
<td>62</td>
<td>51</td>
<td>51</td>
<td>54</td>
<td>44</td>
<td>51</td>
<td>470</td>
</tr>
<tr>
<td>Of the Surveys matched to SUS PIR</td>
<td></td>
<td>17</td>
<td>16</td>
<td>17</td>
<td>16</td>
<td>17</td>
<td>17</td>
<td>16</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>15</td>
<td>168</td>
</tr>
<tr>
<td>Indicative AQ Population from SUS PIR</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
<td>172</td>
</tr>
<tr>
<td>Number of Live Discharges</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td>9674</td>
</tr>
<tr>
<td>% Return Rate</td>
<td>11.3</td>
<td>24.2</td>
<td>11.4</td>
<td>12.8</td>
<td>12.9</td>
<td>15.3</td>
<td>16.8</td>
<td>11.8</td>
<td>11.8</td>
<td>11.8</td>
<td>12.8</td>
<td>13.8</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

The completion of surveys for the Orthopaedic population is currently 27.2%, but when this is combined with the population for the other focus areas it brings the overall percentage down to 13.9%

MCHFT achieved the Quarter 1 threshold for matched survey responses.

Status

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

31
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 December 2012.

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

An improvement has been noted in the delivery of care in December 2012 for patients diagnosed with Pneumonia. With an increased volume of patients being treated, the compliance of each metric has also improved. Antibiotic administration within 6 hours of arrival is the area the Trust continues to work to resolve.

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

The Trust is making steady progress towards the elements of this goal.

The Deputy Service Manager from Emergency Care has been attending the monthly meetings and the workshops in scoping the neighbourhood teams.

Further discussions have taken place to understand the benefits of Consultant Geriatrician support within the community. This work is currently ongoing with participation from the Medical Director, Lead Consultant Clinicians, the Deputy Service Manager from the Emergency Care Division and the Commissioners.

One of the projects has included participation in the development of a falls prevention education programme for primary and secondary care.

Status

✅