Commissioning for Quality and Innovation (CQUIN)
Quarter 1 Report: April – June 2014

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

28 July 2014
Contents          Page
Introduction  4
Performance summary  5
Goal 1:  Friends and Family Test (F&F Test)
  Part 1:  Further implementation of the F&F Test  9
  Part 2:  Increase response rates  10
  Part 3:  Further increase response rates within inpatient services  11
Goal 2:  NHS Safety Thermometer  12
Goal 3:  Dementia:
  Part 1:  Assess and Refer  13
  Part 2:  Training  14
  Part 3:  Supporting carers  15
Goal 4:  Advancing Quality (AQ):  Acute Myocardial Infarction  17
Goal 5:  Advancing Quality (AQ):  Heart Failure  18
Goal 6:  Advancing Quality (AQ):  Hip and Knee Replacement  19
Goal 7:  Advancing Quality (AQ):  Pneumonia  20
Goal 8:  Advancing Quality (AQ):  Stroke  21
Goal 9:  Advancing Quality (AQ):  Chronic Obstructive Pulmonary Disease (COPD)  23
Goal 10:  Advancing Quality (AQ):  Hip Fracture  24
Goal 11:  Advancing Quality (AQ):  Sepsis  25
Goal 12:  Advancing Quality (AQ):  Acute Kidney Injury  26
Goal 13:  Advancing Quality (AQ):  Diabetes  27
Goal 14:  Advancing Quality (AQ):  Alcoholic Liver Disease  28
Goal 15:  Prevention of inappropriate emergency admissions  29
Goal 16:  Promoting the elderly voice and carer involvement  30
Goal 17:  Promoting self management in patients with long term conditions at Elmhurst  31
Goal 18: Promoting self management in patients with long term conditions (diabetes, asthma and Parkinson’s disease) 32

Goal 19: Improving outpatient experiences:
   Part 1: Adult general outpatients 33
   Part 2: Urology patients 34
   Part 3: Triage service for pregnant women 35
   Part 4: Paediatric outpatient facilities 36

Goal 20: Liaison between acute care and primary care for patients who self discharge 37

Goal 21: Management of people with complex learning disabilities 38

Goal 22: Implementing Medicine Homecare Services 39

Goal 23: Bowel screening service for vulnerable and deprived groups 40

Goal 24: Breast screening service for vulnerable and deprived groups 41

Goal 25: Neonatal specialised commissioning CQUIN 1 42

Goal 26: Neonatal specialised commissioning CQUIN 2 43

Goal 27: Neonatal specialised commissioning dashboard 44
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 financial value of the 2014/15 CQUIN scheme is £3,855,822.

For 2014/15, there are three national CQUIN goals which focus on the Friends and Family Test (goal one), NHS Safety Thermometer (goal two) and Dementia Care (goal three).

MCHFT and the Clinical Commissioning Groups (CCGs) for Vale Royal and South Cheshire have agreed a further nineteen goals (goals four to twenty two).

The financial allocation for the locally negotiated CQUIN goals has yet to be agreed. This will be concluded during quarter 2.

The North West Specialised Commissioning Group (SCG) negotiated two goals in relation to the screening services (goals twenty three and twenty four) for vulnerable and deprived groups. Goals for the neonatal services provided at Mid Cheshire Hospitals NHS Foundation Trust remain under discussion (goals twenty five to twenty seven) and will be concluded during quarter 2.

This paper summarises progress against the CQUIN goals for quarter 1 (April – June 2014).
## Performance Summary

### Quarter 1 (April – June 2014)

<table>
<thead>
<tr>
<th>Goal No.</th>
<th>Goal Name</th>
<th>Description of Goal</th>
<th>Expected Financial Value of goal (£)</th>
<th>RAG Status Quarter 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Friends &amp; Family Test (F&amp;F Test)</td>
<td>Implement the staff F&amp;F Test</td>
<td>74,560</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Part 1: Further Implementation of the F&amp;F Test</td>
<td>Implement the F&amp;F Test in outpatient and day case departments by 1 October 2014.</td>
<td>37,280</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Part 2: Increase response rates</td>
<td>Increase response rates in acute inpatient services</td>
<td>37,280</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Part 3: Further increase response rates within inpatient services</td>
<td>Further increase response rates within inpatient services to achieve a response rate of 40% or more for the month of March 2015.</td>
<td>99,413</td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>NHS Safety Thermometer</td>
<td>Achieve a 50 percent reduction in pressure ulcer prevalence (based on safety thermometer data).</td>
<td>248,532</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>Dementia: Part 1: Assess and Refer</td>
<td>The proportion of patients aged 75 and over to whom the case finding question is applied following emergency admission; the proportion of those identified as potentially having dementia who are appropriately assessed and the number referred to on GP services.</td>
<td>149,119</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Part 2: Training</td>
<td>Named lead clinician for dementia and appropriate training for staff.</td>
<td>24,853</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Part 3: Supporting carers</td>
<td>Ensuring carers feel supported.</td>
<td>74,560</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>Advancing Quality (AQ): Acute Myocardial Infarction</td>
<td>Implement the AQ care pathway for Acute Myocardial Infarction.</td>
<td>14,912</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>Advancing Quality (AQ): Heart Failure</td>
<td>Implement the AQ care pathway for Heart Failure.</td>
<td>14,912</td>
<td>😞</td>
</tr>
<tr>
<td></td>
<td><strong>Advancing Quality (AQ): Hip and Knee Replacement</strong></td>
<td>Implement the AQ care pathway for Hip and Knee Replacement.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Advancing Quality (AQ): Pneumonia</strong></td>
<td>Implement the AQ care pathway for Pneumonia.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Advancing Quality (AQ): Stroke</strong></td>
<td>Implement the AQ care pathway for Stroke.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>Advancing Quality (AQ): Chronic Obstructive Pulmonary Disease (COPD)</strong></td>
<td>Implement the AQ care pathway for COPD.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Advancing Quality (AQ): Hip Fracture</strong></td>
<td>Implement the AQ care pathway for Hip Fracture.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Advancing Quality (AQ): Sepsis</strong></td>
<td>Implement the AQ care pathway for Sepsis.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td><strong>Advancing Quality (AQ): Acute Kidney Injury</strong></td>
<td>Implement the AQ care pathway for Acute Kidney Injury.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Advancing Quality (AQ): Diabetes</strong></td>
<td>Implement the AQ care pathway for Diabetes.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>Advancing Quality (AQ): Alcoholic Liver Disease</strong></td>
<td>Implement the AQ care pathway for Alcoholic Liver Disease.</td>
<td>14,912</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td><strong>Prevention of inappropriate emergency admissions</strong></td>
<td>To review each emergency admission over the age of 85 who is living in a nursing or residential home to determine if the admission could have been prevented. This will be progressed in partnership with local care homes.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Promoting the elderly voice and carer involvement</strong></td>
<td>To use patient passports for elderly patients who do not have capacity, on the elderly care ward in the first instance. To improve communication with care home facilities at the earliest point of intervention to ensure passports are comprehensive and accurate. To involve carers/relatives in the care of the elderly patient as much as they wish. This will be progressed through the process of open visiting. To involve the RVS volunteer scheme as part of the care team on the care of the</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promoting self management in patients with long term conditions at Elmhurst</td>
<td>To implement self administration of medicines at Elmhurst Intermediate Care Centre to promote independence, participation in self care and improve understanding of medication regimes.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Promoting self management in patients with long term conditions (Diabetes or Parkinson’s)</td>
<td>To develop self care pathways for patients who have Diabetes or Parkinson’s to manage their medicines</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Improving outpatient experiences</td>
<td>To review the current use of adult general outpatients facilities and work closely with patient focus groups to prioritise and improve patient experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Improving outpatient experiences</td>
<td>To progress nurse led services for urology patients to reduce waiting times, improve outcomes and improve patient experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part 1: adult general outpatients</td>
<td>To progress nurse led services for urology patients to reduce waiting times, improve outcomes and improve patient experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part 2: urology patients</td>
<td>To review the effective use of the triage service for pregnant women to improve patient experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part 3: triage service for pregnant women</td>
<td>To review the current use of paediatric outpatient facilities and work closely with patient/parent focus groups to prioritise and improve patient experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part 4: paediatric outpatient facilities</td>
<td>To review the current use of paediatric outpatient facilities and work closely with patient/parent focus groups to prioritise and improve patient experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Liaison between acute care and primary care for patients who self discharge</td>
<td>To review communication with primary care in relation to admissions who self discharge from assessment areas; gastroenterology wards and the female surgical ward.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Management of people with complex learning disabilities</td>
<td>To hold patient and staff focus groups to identify and prioritise service changes to enhance the patient journey and experience.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Implementing Medicine Homecare Services</td>
<td>To develop robust policies and processes to manage the provision of medicines via the Homecare route.</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Bowel screening service for vulnerable and deprived groups</td>
<td>Ensure that a health inequalities action plan is in place to provide a bowel screening service for vulnerable and deprived groups.</td>
<td>21,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Breast screening service for vulnerable and deprived groups</td>
<td>Ensure that a health inequalities action plan is in place to provide a breast screening service for vulnerable and deprived groups.</td>
<td>14,000</td>
<td>✓</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>---</td>
</tr>
<tr>
<td>25</td>
<td>Neonatal specialised commissioning CQUIN 1</td>
<td>Detail to be confirmed.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>26</td>
<td>Neonatal specialised commissioning CQUIN 2</td>
<td>Detail to be confirmed.</td>
<td>96,000</td>
<td>✓</td>
</tr>
<tr>
<td>27</td>
<td>Neonatal specialised commissioning dashboard</td>
<td>Detail to be confirmed.</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

RAG status:

- On track
- Off track but recoverable
- Off track and unlikely to recover
Goal 1: Friends and Family Test (F&F Test)

Part 1: Further Implementation of the F&F Test

Aim

Implement the staff F&F Test

Implement the F&F Test in outpatient and day case departments by 1 October 2014.

Progress Report

Staff F&F Test

- The Trust implemented the Staff F&F Test on 1 April 2014.
- Communication exercises were delivered during the pre-launch period (April) and during the quarter (April to June)
- Data collection was separated into quarters
  - Q1- Emergency Care and Corporate
  - Q2- Women, Children & Sexual Health and Surgery & Cancer
  - Q3- Bank staff (results to be added to Q4 return)
  - Q4- Estates & Facilities and Diagnostics & Clinical Support Services
- The Trust’s own bespoke electronic survey was utilised and postcards were attached to payslips.
- Quarter 1 closed on 30 June 2014 and the return will be submitted by 28 July

F&F Test in outpatient and day case departments

- Plans are progressing with an external provider to implement a pilot of the F&F Test in outpatient and day case departments during August 2014.

Status
Goal 1: Friends and Family Test (F&F Test)

Part 2: Increase response rates

Aim

Increase response rates in acute inpatient services:
Quarter 1 – at least 25%
Quarter 4 – at least 30%

Increase response rates in the accident and emergency department (including assessment areas):
Quarter 1 – at least 15%
Quarter 4 – at least 20%

Progress Report

The response rates for the F&F Test have been as follows:

<table>
<thead>
<tr>
<th>Month</th>
<th>Acute inpatient services</th>
<th>Accident &amp; emergency department and assessment areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2014</td>
<td>46%</td>
<td>23%</td>
</tr>
<tr>
<td>May 2014</td>
<td>46%</td>
<td>21%</td>
</tr>
<tr>
<td>June 2014</td>
<td>50%</td>
<td>21%</td>
</tr>
<tr>
<td>July 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>January 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Status

✓
Goal 1: Friends and Family Test (F&F Test)

Part 3: Further increase response rates within inpatient services

Aim

Further increase response rates within inpatient services to achieve a response rate of 40% or more for the month of March 2015.

Progress Report

The average response rate for quarter 1 was 47% which means the Trust is on track to achieve this element of the CQUIN.

Status

✔️
Goal 2: NHS Safety Thermometer

Aim

Achieve a 50 percent reduction in pressure ulcer prevalence (based on Safety Thermometer data)

Progress Report

During 2013/14, 75 hospital acquired pressure ulcers (defined as new pressure ulcers on the Safety Thermometer) were reported via the Safety Thermometer.

A 50% reduction equates to less than 38 hospital acquired pressure ulcers being reported on the Safety Thermometer during 2014/15.

In quarter 1, nine hospital acquired pressure ulcers were reported and the Trust is on target to achieve the 50% reduction.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of hospital acquired pressure ulcers (new) reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2014</td>
<td>4</td>
</tr>
<tr>
<td>May 2014</td>
<td>1</td>
</tr>
<tr>
<td>June 2014</td>
<td>4</td>
</tr>
<tr>
<td>July 2014</td>
<td></td>
</tr>
<tr>
<td>August 2014</td>
<td></td>
</tr>
<tr>
<td>September 2014</td>
<td></td>
</tr>
<tr>
<td>October 2014</td>
<td></td>
</tr>
<tr>
<td>November 2014</td>
<td></td>
</tr>
<tr>
<td>December 2014</td>
<td></td>
</tr>
<tr>
<td>January 2015</td>
<td></td>
</tr>
<tr>
<td>February 2015</td>
<td></td>
</tr>
<tr>
<td>March 2015</td>
<td></td>
</tr>
<tr>
<td><strong>Total reported</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Status

[✓]
Goal 3: Dementia  
Part 1:    Assess and Refer

Aim
The proportion of patients aged 75 and over to whom the case finding question is applied following emergency admission; the proportion of those identified as potentially having dementia who are appropriately assessed and the number referred to on GP services.

Progress Report
During quarter 1, over 90% of relevant patients were asked the case finding question.
Of those who were identified as potentially having dementia, all were assessed and then referred onto GP services.

Status
✔️
Goal 3: Dementia
Part 2: Training

Aim

Named lead clinician for dementia and appropriate training for staff.

Progress Report

Dr. L. Kalathil, an elderly care Consultant, is the named lead clinician for dementia. He is supported by the named strategic lead for dementia: Phil Pordes, Dignity Matron and the dementia lead nurse: Anna Chadwick. Claire Hassall is the dementia support worker who assists the team, particularly in relation to obtaining data for the national dementia CQUIN.

All new staff to the Trust receive dementia awareness training at induction as do all other staff via mandatory training which they receive bi-annually on BEMU. In addition to this, there are a number of ad hoc learning opportunities including Dementia Friends sessions and education events led by an Advanced Practitioner in Dementia working for the Cheshire and Wirral Partnership Trust.

The Trust is currently reviewing electronic learning modules for dementia and mental capacity/deprivation of liberty safeguards. These will be mandatory for nominated groups of staff. A workbook equivalent for dementia training has already been introduced and those who have completed it have found it to be of great value.

Numbers trained so far:

Dementia Friends sessions: 15 (3 more sessions booked for July/August)

Advanced Practitioner in Dementia events: 83

The figures for dementia awareness training are calculated as a percentage on a rolling programme and, to date, the Trust has achieved 90.6% for clinical staff and 86.9% for non-clinical.

The numbers of staff who have signed up to the e-learning modules and workbook equivalent will be available for the Q2 report.

Status

✔️
Goal 3: Dementia

Part 3: Supporting Carers

Aim:

To support carers of people with dementia. A monthly audit must be undertaken to test whether carers feel supported. The results should be reported to the board.

Progress Report:

A monthly audit takes place to monitor support within the hospital for carers of people living with dementia. It has been a recurrent theme that responses to the audit have been low, despite all carers being given an information pack (containing the audit questionnaire).

Audit results show that the majority of respondents felt supported by the hospital during their person’s stay. Carers report that, in most cases, they had been able to find someone to discuss any concerns regarding their persons care. All clinical areas have an increasing awareness of the dementia lead nurse role and will refer for clinical and carer support as needed.

The “Information about Me to Help You” document is supplied to carers of all people living with dementia, as near to admission as possible. All carers report receiving this and found it useful as a pen portrait of needs. Staff also report their value in offering sensitive, individualised care. This document is under review and will be an integral part of the planned dementia care bundle. It is anticipated that this will serve as the basis for an individualised support plan for the person during their stay in hospital.

There has been variation throughout the quarter in carer feedback about how involved they have felt during their person’s admission (60-88%). The dementia care bundle will aim to address this by enhancing partnership working with carers and involving carers from the outset as experts in their person’s care. Audit figures show that most carers, who have needed to, have been able to visit without restriction.

During this quarter, most of those surveyed felt updated about the medical treatment that their person was receiving. However, the majority of these felt that this was only when they actively enquired. Most of those surveyed in this quarter that felt that discharge planning had been relevant at the time of survey completion and, report being involved in discharge planning for their relative to some extent. The dementia nurse continues to work alongside ward staff and social care colleagues to improve carers’ experiences surrounding information provision and involvement in discharge planning.

The majority of carers audited throughout the quarter report that they felt staff had an understanding of dementia. Ongoing informal training and support is provided on a day to day basis by the dementia lead nurse and Dignity Matron. Dementia awareness sessions have taken place to address safe and sensitive ways to look after people with dementia within an acute setting.
The dementia link worker role is being revitalised to support improvements in care of people with dementia in hospital and their carers. A study day is planned for early October to move this forward. Dementia information boards will shortly be evident in all wards/departments.

All carers who completed the audit report that they had received written information about organisations representing people with dementia, alongside detailed literature from the Alzheimer’s Society. All carers are provided with information to signpost them to available resources, including how to access a carer’s assessment. The Alzheimer’s Society also has an information stand in the main out patients department where information can be accessed by all. Links have been established with the local Alzheimer’s Society to encourage them to feedback any carer concerns to the dementia lead so that issues can be explored and addressed as they arise.

Status

✓
Goal 4: AQ: Acute Myocardial Infarction (AMI)

Aim

Implement the AQ care pathway for Acute Myocardial Infarction

Progress Report

This financial year, the Trust performance of the elements of the pathway is being measured using an appropriate care score (ACS). To meet the target, 95% of patients will have to receive all the care elements listed below:

1. Aspirin at arrival
2. Aspirin prescribed at discharge
3. ACEI or ARB for LVSD*
4. Smoking cessation advice/counselling
5. Beta blocker on discharge
6. Evaluation of left ventricular function
7. Statin prescribed
8. Referral made for cardiac rehabilitation

Current performance is summarised in the graph below. It represents the performance of the Trust against target during the last financial year. There is no available data yet for this financial year. It can be seen that the Trust is highly likely to achieve the target this year.

Status

✅
Goal 5: AQ: Heart Failure

Aim

Implement the AQ care pathway for Heart Failure

Progress Report

The Trust performance of the elements of the pathway is measured using an appropriate care score (ACS). To meet the target, 80.3% of patients will have to receive all the care elements listed below:

1. Left Ventricular Systolic (LVS) assessment
2. Detailed discharge instructions
3. ACEI or ARB for LSVD
4. Smoking cessation advice/counselling
5. Beta blocker at discharge
6. Specialist review

Current performance is summarised in the graph below. It represents the performance of the Trust against target during the last financial year. There is no available data yet for this financial year. It can be seen that the Trust will have to improve performance marginally to meet the target this year.

![Graph showing Heart Failure performance over time]

Planned improvements:

- Pilot an email referral service using the heart failure pathway, so that patients not under a cardiologist can be referred to the heart failure team for advice or review
- The heart failure nurse specialist will liaise closely with the assessment areas to target heart failure patients on admission
- A pathway has been developed to standardise diagnosis and treatment which is awaiting divisional sign off
- 7 day working is part of the larger divisional working plan and this is expected to impact positively on the heart failure service.

Status

😊 😞
Goal 6: AQ: Hip and Knee Replacement

Aim

Implement the AQ care pathway for Hip and Knee replacement

Progress Report

This financial year, the Trust performance of the elements of the pathway is being measured using an appropriate care score (ACS). To meet the new target, 84.6% of patients will have to receive **all** the care elements listed below:

1. Prophylactic antibiotic received within one hour prior to surgical incision
2. Prophylactic antibiotic selection for surgical patients
3. Prophylactic antibiotics discontinued within 24 hours after surgery end time
4. Recommended Venous Thromboembolism (VTE) prophylaxis ordered
5. Appropriate and timely Venous Thromboembolism prophylaxis
6. VTE appropriate duration

Current performance is summarised in the graph below. It represents the performance of the Trust against target the last financial year. There is no available data yet for this financial year. It can be seen that the Trust will have to improve performance significantly to meet the target this year.

Planned Improvement:

- A process will be developed with the hip fracture nurse specialist which will enable all patients who have a fractured neck of femur to have their VTE prophylaxis within 12 hours of surgery, unless this is not clinically appropriate

Status

🤔
Goal 7: AQ: Pneumonia

Aim

Implement the AQ care pathway for Pneumonia

Progress Report

This financial year, the Trust performance of the elements of the pathway is being measured using an appropriate care score (ACS). To meet the new target, 72.5% of patients will have to receive all the care elements listed below:

1. Oxygenation assessment within 24 hours prior to or after hospital arrival
2. Initial antibiotic selection
3. First dose of antibiotics within six hours after hospital arrival
4. Smoking cessation advice/counselling
5. CURB-65 assessment

Current performance is summarised in the graph below. It represents the performance of the Trust against target the last financial year. There is no available data yet for this financial year. It can be seen that the Trust will have to sustain and marginally improve performance to meet the target this year.

Planned Improvements:

- Continue teaching sessions at doctors’ breakfast meetings and handovers to promote the use of patient pathways and championing this group of patients.
- Teaching for the wider team in the assessment areas and the emergency department to ensure the pathway is put into place quickly for patients to enable timely interventions.
- Look at investment needed within the division for consistent and timely data entry.

Status

😊 😞
Goal 8: AQ: Stroke

Aim

Implement the AQ care pathway for stroke

Progress Report

This financial year, the Trust performance of the elements of the pathway is being measured using an appropriate care score (ACS). To meet the new target, 59.5% of patients will have to receive all the care elements listed below:

1. Direct admission to a stroke unit within 4 hours of hospital arrival
2. Screened for swallowing disorders within 24 hours of admission
3. Brain scan within 24 hours of admission
4. Aspirin within 24 hours of admission
5. Physiotherapy assessment within first 72 hours of admission
6. Assessment by an Occupational Therapist within first 72 hours of admission
7. Weighed at least once during admission

Current performance is summarised in the graph below. It represents the performance of the Trust against target the last financial year. There is no available data yet for this financial year. It can be seen that the Trust will have to improve and maintain performance to meet the target this year.

Planned Improvements:

- The provision of a stroke assessment trolley is expected to support timely assessment, appropriate treatment and placement of the patient with a suspected stroke to meet quality targets.
- Partnership working with the University Hospital of North Staffordshire will work towards 24/7 access to Thrombolysis for patients. As part of this project, nursing staff at the Trust will receive extra training and support to enable timely assessment of the stroke patient.
- “Capture Stroke” will be introduced. This is a software package that will enable staff to capture interventions electronically at the point of delivery. It will also act as a reminder for when various interventions are required.
Work will be ongoing during the financial year 2014-15 to scope out therapist provision versus need.

Early supported discharge to continue stroke rehabilitation in the community setting which will be implemented from 1\textsuperscript{st} December 2014.
Goal 9: AQ: Chronic Obstructive Pulmonary Disease (COPD)

Aim

Implement the AQ care pathway for COPD

Progress Report

This is a new focus area. All participating Trusts have been set a target of 50% ACS. There is no data currently available for Trust performance at present. The measures are as follows and are expected to go live around July 2014:

1. Pulse Oximetry and targeted Oxygen prescribed
2. Corticosteroids appropriately administered
3. Bronchodilators appropriately administered
4. Antibiotics appropriately administered
5. Offer Smoking cessation support
6. Offer Pulmonary Rehabilitation referral
7. Review inhaler technique
8. Provide a written self management plan
9. Arrange referral for Home oxygen therapy assessment if appropriate
10. Arrange referral for spirometry if appropriate
11. Ceiling of Care if on Non-invasive ventilation

Additionally information will be collected as a shadow measure:

- Arrange appropriate follow up within 72 hours

The Trust has designed a care pathway that incorporates all these elements.

Status

✅
Goal 10: AQ: Hip Fracture

Aim

Implement the AQ care pathway for hip fracture

Progress Report

This is a new focus area. All participating Trusts have been set a target of 50% ACS. There is no data currently available for Trust performance at present. The measures are currently in draft. More information is expected in the next quarter.

Status

✅
Goal 11: AQ: Sepsis

Aim
Implement the AQ care pathway for sepsis

Progress Report
This is a new focus area. All participating Trusts have been set a target of 50% ACS. There is no data currently available for Trust performance at present. The measures are currently in draft. More information is expected in the next quarter.

Status
✓
Goal 12: AQ: Acute Kidney Injury

Aim
Implement the AQ care pathway for acute kidney injury

Progress Report
This is a new focus area. All participating Trusts have been set a target of 50% ACS. There is no data currently available for Trust performance at present. The measures are currently in draft. More information is expected in the next quarter.

Status
✓
Goal 13: AQ: Diabetes

Aim
Implement the AQ care pathway for diabetes

Progress Report
This is a new focus area. All participating Trusts have been set a target of 50% ACS. There is no data currently available for Trust performance at present. The measures are currently in draft. More information is expected in the next quarter.

Status
√
Goal 14: AQ: Alcoholic Liver Disease

Aim
Implement the AQ care pathway for alcoholic liver disease

Progress Report
This is a new focus area. All participating Trusts have been set a target of 50% ACS. There is no data currently available for Trust performance at present. The measures are currently in draft. More information is expected in the next quarter.

Status
Goal 15: Prevention of inappropriate emergency admissions

Aim

To review each emergency admission over the age of 85 who is living in a nursing or residential home to determine if the admission could have been prevented. This will be progressed in partnership with local care homes.

Progress Report

A meeting has been arranged with the quality team from the Clinical Commissioning Groups for 16 July 2014 to agree the milestones to deliver this CQUIN and consider how processes can be put in place that meet the needs for acute care and local care homes who form part of this goal.

Status

✅
Goal 16: Promoting the elderly voice and carer involvement

Aim

To use patient passports for elderly patients who do not have capacity, on the elderly care ward in the first instance.
To improve communication with care home facilities at the earliest point of intervention to ensure passports are comprehensive and accurate.
To involve carers/relatives in the care of the elderly patient as much as they wish.
This will be progressed through the process of open visiting.
To involve the RVS volunteer scheme as part of the care team on the care of the elderly ward and the trauma orthopaedic ward to ensure socialisation and normalisation of daily activities.

Progress Report

The care of the elderly ward is the pilot ward for this CQUIN. A meeting has been arranged for 16 July with the quality team from the Clinical Commissioning Groups. At this meeting, the plan for delivery will be reviewed and agreed.

Status

✔️
Aim

To implement self administration of medicines at Elmhurst Intermediate Care Centre to promote independence, participation in self care and improve understanding of medication regimes.

Progress Report

Elmhurst Intermediate Care Centre completed a self-medication trial in quarter 4 of 2013/14. During quarter 1 there was a review of that trial and the results. This review led to an agreement that the patient’s own medication (POM) boxes should be relocated to a position where patients can access them more easily. This will enable more people to progress to the stage where they will be fully self-medicating.

The self-medication policy has been fully implemented from 1 April 2014.

A patient story was completed for a lady who was admitted from Leighton hospital following a fall at home. This patient had multiple sclerosis and was independently managing her own medication prior to her fall. The staff worked with the patient to find solutions as to how she could self-inject with one hand and achieved a successful outcome.

A meeting has taken place with members of the quality team from the Clinical Commissioning Groups and representation from Elmhurst to agree milestones for quarters 2, 3 and 4.

Status

☑️
Goal 18: Promoting self management in patients with long term conditions (Diabetes or Parkinson’s)

Aim

To develop self care pathways for patients who have Diabetes or Parkinson’s to manage their medicines

Progress Report

A meeting has taken place with members of the Clinical Commissioning Groups and representation from Pharmacy to agree milestones for quarters 2, 3 and 4

Status

✅
Goal 19: Improving outpatient experience

Part 1: Adult general outpatients

Aim

To review the current use of adult general outpatients facilities and work closely with patient focus groups to prioritise and improve patient experience.

Progress Report

Diagnostics and Clinical support services have appointed a Matron to undertake a review of the outpatient’s facilities and work collaboratively with key individuals to improve patient experience. This role facilitates senior nursing visibility within the department, which increases engagement with the public accessing the general outpatient services.

A milestone meeting has been set to meet with the members of the quality team from the Clinical Commissioning Groups on 29 July 2014, at which point the milestones for quarters 2 - 4 will be decided.

Status
Goal 19: Improving outpatient experience

Part 2: Urology patients

Aim

To progress nurse led services for urology patients to reduce waiting times, improve outcomes and improve patient experience.

Progress Report

A meeting has been arranged for 11 July with the quality team from the Clinical Commissioning Groups to agree the milestones for the year.

Status

✓
Goal 19: Improving outpatient experience

Part 3: Triage service for pregnant women

Aim

To review the effective use of the triage service for pregnant women to improve patient experience.

Progress Report

A meeting has been arranged for 22 July with the quality team from the Clinical Commissioning Groups to agree the milestones for the year.

Status
Goal 19: Improving outpatient experience

Part 4: Paediatric outpatient facilities

Aim

To review the current use of paediatric outpatient facilities and work closely with patient/parent focus groups to prioritise and improve patient experience.

Progress Report

A meeting has been arranged for 22 July with the quality team from the Clinical Commissioning Groups to agree the milestones for the year.

Status

✓
Goal 20: Liaison between acute care and primary care for patients who self discharge

Aim

To review communication with primary care in relation to admissions who self discharge from assessment areas; gastroenterology wards and the female surgical ward.

Progress Report

A meeting has been arranged for 8 July with the quality team from the Clinical Commissioning Groups to agree the milestones for the year.

Status

✓
Goal 21: Management of people with complex learning disabilities

Aim
To hold patient and staff focus groups to identify and prioritise service changes to enhance the patient journey and experience.

Progress Report
A meeting has been arranged for 2 July with the quality team from the Clinical Commissioning Groups to agree the milestones for the year.

Status
✅
Goal 22: Implementing Medicine Homecare Services

Aim
To develop robust policies and processes to manage the provision of medicines via the Homecare route.

Progress Report
A meeting has taken place with Clinical Commissioning Groups to discuss the milestones for the year. These have been progressed into a project initiation document (PID) which is awaiting divisional approval.

The project lead and key clinical, governance, contracting and finance leads within the Trust and Clinical Commissioning Groups have been identified to champion and sponsor the project.

The ‘Self-assessment tool for managements of homecare services in the provider acute trusts’ has been completed.

Status

✓
Goal 23: Bowel screening service for vulnerable and deprived groups

Aim

Ensure that a health inequalities action plan is in place to provide a bowel screening service for vulnerable and deprived groups

Progress Report

As part of the Cheshire Bowel Cancer Screening Programme (BCSP) and its Health promotion activities, low areas of uptake, including areas of deprivation across Cheshire, are being targeted. This information is collated from the Open Exter (bowel Screening) database based on the screening uptake for Faecal Occult Blood tests (FOBt). This information is allocated Red, Amber, Green (RAG) status.

The parameters are: Green for those with an uptake greater than 60%, Amber for those with an uptake of between 50- 60% and Red for those with an uptake of less that 50%. There are currently ten GP’s across Cheshire which are classed as Red.

The bowel screening team contact the relevant GP’s to offer health promotion activities to increase the awareness of bowel screening.

Over the past 12 months the team have delivered health promotion activities in lower uptakes areas such as Northwich, Lache in Chester and central Crewe. These include attending events at GP’s practices, Crewe Alexander FC, Health & Wellbeing Fayres, Bingo Halls, Car Boot Sales, Supermarkets and Styal female prison

The team has also translated the bowel screening poster into Polish to lift language barriers and are able to provide DVD’s for individuals if they are unable to read.

For individuals with learning disabilities, physical disabilities and/or mental illnesses the team make reasonable adjustment. They liaise with their GP’s, carers, (including those in assisted living) family members etc. They have made home visits on numerous occasions to assist those individuals further and have bowel screening leaflets tailored for individuals with learning disabilities.

Status

✔
Goal 24: Breast screening service for vulnerable and deprived groups

Aim

Ensure that a health inequalities action plan is in place to provide a breast screening service for vulnerable and deprived groups.

Progress Report

A meeting has taken place between the Crewe breast screening unit and the screening /immunisation co-ordinator from the Public Health England Wirral, Warrington and Cheshire area team to discuss the health inequalities CQUIN. A scoping exercise for indicator data sources and mapping access was undertaken for each of the vulnerable groups identified.

It was agreed with the Commissioners that the groups which would need to be assessed are:

- Areas of high deprivation (10% most deprived)
- People with learning difficulty
- People with known physical disability
- Travellers
- Homeless
- Other i.e forces

It was also agreed that for the following groups, the NHS Breast Screening Programme (NHSBSP) does not have access to robust data for the following protected groups:

- People with mental illness
- Black and minority ethnic groups
- Lesbian, gay , bisexual and transgender

It was agreed for these three groups that all women in the 50-70 age cohort (47-73 age extension) who are registered with a GP will always be offered 3 yearly breast screening.

The breast unit’s equality impact assessment for breast screening is to be reviewed.

Status

✓
Goal 25: Neonatal specialised commissioning CQUIN 1

Aim
To be confirmed

Progress Report
Discussions are ongoing with the Local Area Team to agree the neonatal specialised commissioning CQUIN to be progressed during 2014/15.

Status
✔
Goal 26: Neonatal specialised commissioning CQUIN 2

Aim

To be confirmed

Progress Report

Discussions are ongoing with the Local Area Team to agree the neonatal specialised commissioning CQUIN to be progressed during 2014/15.

Status

✔️
Goal 27: Neonatal specialised commissioning dashboard

Aim

To be confirmed

Progress Report

Discussions are ongoing with the Local Area Team to agree the neonatal specialised commissioning CQUIN to be progressed during 2014/15.

Status