

Trust Board Meeting: Wednesday, 9 January 2013

TB2013.06

Title	CQUIN and Quality Account progress and priorities
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Status	A paper for information / discussion
History	A progress report on CQUINs and Quality Account priorities and proposal for reporting these in the Integrated Performance Report.

Board Lead	Professor Edward Baker, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1.	Oxfordshire PCT agreed a series of quality goals (CQUINs) for the Trust for the current financial year. These incorporate the Trust's quality improvement priorities.
2	This report summarises progress against all CQUINs at the end of Quarter 3 2012/13. Progress has been made with the majority of the CQUINs.
3	Agreement has been reached with the PCT to refocus the dementia CQUIN to General Medicine and Geratology.
4	Additional project management support will be fully in place by January 2013.
5	Quality priorities for inclusion in the Integrated Performance Report (IPR) are proposed for discussion

CQUIN and Quality Account Q3 update

1. The Trust has made progress achieving the majority of the CQUINS for Q3.
2. The Trust has increased project management resource to support the achievement of CQUIN / Quality Account priorities. This will be fully in place in January 2013.
3. Table 1 summarises current position achieving the CQUIN and Quality Account priorities. Currently five CQUINS are rated amber and one is rated red.
 - 3.1. CQUIN Dementia screening, assessment and referral is rated red: it has not been possible to meet the strict definitions of this CQUIN (in part on account of EPR implementation), however the following actions have been put in place to improve the care of patients with dementia:
 - 3.1.1. Dementia screening and cognitive assessment requirements referred to EPR team so that the necessary data can be captured electronically
 - 3.1.2. The clerking proforma that incorporates a mandatory cognitive screen for patients aged 75 years or older has been finalised and is in use in AGM and Geratology. Discussions are on-going around rolling out the proforma or at least part of it to other departments/divisions.
 - 3.1.3. The new proforma is being audited at present and due to be completed at the end of December 2012.
 - 3.1.4. A second consecutive survey of >300 AGM admissions in progress providing rates of delirium, dementia and AMTS scores in this population.
 - 3.1.5. The second round of the National Audit of Dementia has been completed.
 - 3.1.6. Funding negotiations in progress to enhance training in dementia to enable key OUH staff to receive specialist training than can be cascaded to other staff.

CQUIN goal	Summary Description	Progress	Rag
VTE Risk Assessment (1A)	90% of adult patients admitted to have VTE risk assessment	90% goal met for each month in Q1 and Q2 2012/13 Implementation of EPR is a known risk to future performance.	
Composite indicator on responsiveness to personal needs (2A)	Scoring 70.2 or more in the composite measure for patient experience. (Relates to 5 in patient questions)	Picker results expected in Jan 2013. System to monitor these responses and actions taken per ward will only be possible once patient feedback system is in place (see 3A).	
Implement an IT system facilitating real time feedback from patients	Agree patient feedback strategy with commissioner including options appraisal of relevant IT systems	Business case for free provider of 'Friends and Family Test (FFT)' agreed at SPC 8.11.12. Decision making group convened 13.12.12 to determine the requirements of system	

CQUIN goal	Summary Description	Progress	Rag
(3A)	(Q1). Procure / system in place by Q3	(NHSO part of group). Business case to follow and procurement process to be confirmed. Patient experience/Involvement Manager resource increased to manage this CQUIN.	
Safety Thermometer (4A)	Percentages of relevant patients for whom full Safety Thermometer data are available in each quarter.	On target for 100% submission from January 2013. 98.81 submitted for November.	
Dementia screening, assessment and referral (5A,B,C)	Over 90% of emergency adult patients aged 75 years and over are asked dementia screening question within 72 hours of admission.	Unable to meet strict definitions of this national CQUIN but working towards likely continuation into 2013/14. Currently refocused within General Medicine, Geratology and Orthogeriatrics. However actions being put in place to increase the numbers of patient across the Trust being screened for dementia for Q4.	
Electronic Track and Trigger (6A) QA PRIORITY	Develop use of electronic track and trigger in year according to trajectory / plan agreed in Q1.	On target.	
m-Health (6B) QA PRIORITY	Develop use of mobile phone for women with gestational diabetes	Ahead of target. Patients recruited, software is working well and has been fully integrated into the clinical service. Funding confirmed for hardware costs.	
Oesophageal Doppler Monitoring (7A)	Gap analysis and rollout (as necessary) of ODM technology.	Stock listed and mapped to usage levels. Progress report an audit results have been sent to the PCT. Local working group has been established. Procedures being agreed to assist procurement / training and audit.	
Child in a Chair (8A)	Reduce waiting times for patients requiring a wheelchair.	A plan for reducing waiting times has being shared with PCT and agreed.	
Digital Dermatology (9A) QA PRIORITY	Increasing use of technology to remotely diagnose dermatological conditions.	Key deliverables for Q2, Q3 and Q4 identified. Plan has been agreed with PCT. Funding for SpR to review referrals being clarified.	

CQUIN goal	Summary Description	Progress	Rag
Digital Laboratories (9B) <i>QA PRIORITY</i>	Increasing use of digital media (ICE system) in laboratory communication with GPs.	Initial download for dashboard successful. Plan has been agreed with PCT.	
Medical Support for elderly surgical patients (10A)	Enhanced medical support for elderly surgical patients in order to reduce length of stay.	Audit evidence and summary of staffing costs is required by the PCT. Audit completed at JR (general surgery and vascular surgery) – results to be sent to PCT. Further audit planned to include NOC.	
COPD (11A)	Improved access to, and timeliness of, NIV for patients with COPD.	Audits completed. Project plan for NIV and Smoking cessation action sent to PCT and agreed. Recurrent funding of nicotine replacement therapy (NRT) is being clarified.	
Cellulitis (11B)	Enhanced outpatient treatment for cellulitis in order to reduce bed days.	Timescales with this CQUIN have slipped. Agreement to pass 10 patients through Pathway. A longer term options being explored to further develop an integrated pathway with primary care.	
Liaison Psychiatry (12A)	Agree structure, appoint staff, define and deliver against KPIs.	2 Consultant Psychiatrists appointed and due to start in March 2013.	
Nursing (13A) <i>QA PRIORITY</i>	Ward manager development programme. Health Care Worker Academy (Quality Account priority)	Formal outcome measures to evaluate the Ward Manager Development Programme have been sent to the PCT. However due to delay in agreeing these, measurement of progress against these outcomes measures has been delayed. Health Care Worker Academy being evaluated by 'Saïd Business School'. Values based selection process in place for recruitment. Beginner portfolio competencies in place.	
Standardisation of Spinal Pathway (14A)	Agree clinical spinal pathway with commissioners and role of standardized outcome measures (PROM)	Agreement for all orthopaedic operative cases (all sites) to be entered into Spine Tango. Neurosurgeons are will start using Spine Tango in January 2013. Single MSK hub for referrals agreed.	

CQUIN goal	Summary Description	Progress	Rag
Development and roll out of palliative Care Support Tool (15A) QA PRIORITY	Overall care plan and pilot tool based on Amber care bundle	Palliative care tool developed and piloted. Deliverables being reviewed within EMTA.	
Medicines Reconciliation (16) QA PRIORITY	Accurately identifying the medicines that a patient is taking on admission.	<p>Medicines reconciliation meeting Q3 CQUIN targets i.e. 75% of patients' medicines reconciliation within 24 hours in at least one month per quarter. (Figure based on point prevalence audit of 939 medicine charts)</p> <p><u>Medicines to take home</u> speeded up by the application of lean processes and now the role out of iPad near to patient ordering directly into the dispensary. The installation of Robot to further speed up dispensing; improve efficiency and reduce dispensing errors is expected in Q4.</p> <p><u>Medicines storage and security audit</u> in Q4 2011/12. Actions plans in place within each Division.</p>	
DTOC (17A)	Mapping of existing and revised patient pathways (Q1).	Patient pathways have been mapped and accepted by the PCT. Plan has been sent to the PCT.	

Proposed quality priorities 2012/13 for immediate inclusion into IPR

4. The stage 2 review of Monitor's Quality Governance Framework was conducted in September by RSM Tenon. Recommendations from both stage 1 and stages 2 reviews were combined and an action plan was approved by Trust Board in November 2012.
5. One of the recommendations from the stage 2 review was to include the monitoring of the Trust Quality Priorities within the Trust Integrated Board Report
6. Table 2: A list of proposed quality priorities for consideration by the Trust Board are listed. These include several from the Quality Account / CQUINs for 2012/13:

	Quality priority	Comments
1	SHMI	Published quarterly (not monthly) by the NHS IC for 12 month rolling year. NB currently 9 months adrift.
2	Monthly financial year to date HSMR	Published by Dr Foster and currently 8 weeks adrift
3	Monthly year to date HSMR at weekends for emergency admissions	Published by Dr Foster and currently 8 weeks adrift
4	Emergency readmission rates	Published by Dr Foster and currently 12 weeks adrift
5	VTE performance	Produced by Orbit
6	% Eligible patients assessed by Safety Thermometer	Figures supplied by Patient Safety Manager
7	Medicines reconciliation	Figures supplied by Pharmacy
8	Dementia CQUIN – no of patients admitted to each area who have had a dementia screen	Figures supplied by EMTA Division
9	Patient feedback CQUIN – no of 'Friends and Family Test' given our within 48 hours of discharge	Figures supplied by Patient Experience Manager
10	Incidents – rate of harm per 100 admissions	Collected via Datix using EPR data. Figures supplied by Risk Management
11	Falls per 1000 bed days	Collected via Datix using EPR data. Figures supplied by Risk Management

7. Once agreed these quality priorities will be reported to the Trust Board each month via the IPR from February 2013.

Recommendation

8. The Board is asked to note the progress made with the CQUINs and to discuss which quality priorities from table 2 should be included in the current Integrated Performance Report.

Board Lead

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Author

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December 2012

