Meeting: Council of Governors Public Meeting
Date: 12 March 2015

Title of Paper:
CQUIN (Commissioning for Quality and Innovation) Achievement 2014/15 & Overview 2015/16

Purpose of Paper:
Decision ..... Discussion.... Information....X

Rationale for consideration by Council of Governors
For information

Key Issues: (Actions, Timescales, Costs etc.)
This paper provides the Council with an update on financial and service achievement against the CQUIN scheme for 2014/15. It also provides an overview of the proposed scheme for 2015/16.

Significant achievements have been made in the following areas:
- Maintained results below 3% prevalence of new Pressure Ulcers, one of the lowest results both regionally and nationally.
- Full, and early, implementation of the Staff Friends and Family (test and the Patient Friends and Family test (FFT) across the Trust.
- Delivered non-pharmacological pain management training to community hospital staff.
- Collected 692 Health Improvement Profiles for patients admitted to mental health adult inpatient units with an average of 97% offered to patients within 7 days of admission/transfer.
- Full implementation of Trust-wide patient experience surveys, with results of 95% and higher for the FFT and the 3 ‘core’ question areas of ‘feeling involved’, ‘communication/quality of information’ and ‘staff are friendly and helpful’.
- The Trust held a large consultation event at the KC stadium in October around the Recovery College and continues to build on the findings from the event.
- Improvement in communication with GPs in Forensic services.
- Provision of education training packages for patients and qualified staff around collaborative risk assessment and management in Forensic services.
- Developing a carer engagement strategy in Forensic services.
- Embedding, and routinely using, the clinical dashboards in Forensic services.

Further improvements need to be made in the following areas:
- Although high satisfaction results were achieved in many teams for the FFT and the ‘core’ questions, results of 85%/88% were reported in some teams. Those teams will be supported to action plan and improve as part of the new PE (Patient Experience) CQUIN for 15/16.
• Training for joint working fell behind on the Transformation of Neighbourhood Care Services CQUIN outing achievement at risk. This was as a result of winter pressures, leave and staff capacity in Q3 and early Q4. The lead attended a meeting with CCG (Clinical Commissioning Group) to offer assurance and a recovery plan.

The total available payment was £2.74 million. The Trust has made significant progress and achieved £2.44 million. This equates to 89%. 89% (and higher) has now been achieved for 4 consecutive years despite the increase in size and complexity of some of the 14/15 CQUINs.

The amount of money available to earn as CQUINs for 15/16 has dropped by 1.9% from £2.74 million to £2.68 million.

**Risk Issues: (Financial, Clinical, Governance etc)**

• A number of highly complex and challenging CQUINs have been agreed for 2015/16 which are in addition to a number of additional challenges and priorities in the respective teams for the coming year. We intend to increase the amount of support and guidance offered to the CQUIN leads during 2015/16 with fortnightly monitoring meetings for some leads until the CQUIN process is fully embedded.

• A significant increase in paperwork was experienced during 2014/15 relating to the implementation of the National Staff/Patients Friends and Family test CQUIN. As the FFT is no longer a CQUIN for 15/16, but continues to be a contractual requirement, the CQUIN team will continue to manage FFT and the associated paperwork as part of their portfolio.

• The scheme for MH/CS has been approved in principle but further negotiations need to take place around weightings once the national CQUINs are released, we expect to know what these new CQUINs are before April 1st 2015.

**Recommendations:**

The Council of Governors is asked to note the report.

**Authors of Report:**

Alison Flack, Service Director  
Mike Cheeseman, Head of Service  
Shelley Norton, CQUIN Lead/Senior Quality & Innovation Officer  
Alan Tate, Performance and Contract Manager
Financial Achievement 2014/15

- Total £2.68 million of £2.74 million available (89%) (Values Rounded)

Mental Health & Community Services Achievement 2014/15

National Safety Thermometer (Specific Teams – Community and Mental Health)

- The National Safety Thermometer has been running since June 2012 and will continue during 15/16 as part of the standard contract, rather than continuing as a CQUIN in the new scheme.
- During 2013/14 a 40% reduction in new Pressure Ulcers was reported over the year, leaving us ranked as one of the lowest regionally and one of the lowest nationally.
- As a result of the very low numbers reported in 2013/14, the CQUIN this year (14/15) was to maintain that low performance for a further 12 months. We have achieved this successfully up to February 2015, reporting less than 3% Pressure Ulcer prevalence against the 3.16% target.
- March data is yet to be reported but we expect no change in the percentage prevalence reported (managing wounds/PU’s is part of our business) and expect to earn full payment in April.
- We have collected 6,951 survey sheets since April 2014 with only 209 PU’s reported (many are inherited) this equates to 3.01% average.

Friends and Family Test (Trust-wide)

- Implementation of the Staff Friends and Family test by April 2014 for Quarter 1, 2 and 4. Implementation of the Patient Friends and Family test by October, for an early implementation bonus, or by January 2015 for the one-off implementation payment.
- We have met both deadlines, including the early implementation of the Patient FFT by October, and have received full payment including the bonus payment for early implementation.
- We have distributed 102,830 survey cards to 157 teams, to last them until the end of March 2015.
- At the end of Quarter 3 we had received 1,667 surveys back with an average of 93% reported for the FFT question.
- We now submit our data through UNIFY (from Feb 2015).
- The FFT is now moving away from the CQUIN scheme and will form part of the standard contract. Unfortunately this now means we will no longer receive an incentive payment for implementation of the FFT despite the high costs associated with delivering the FFT across the Trust.
Serious Mental Health Index (SMI) – Improving Physical Healthcare (Mental Health)

- 1 audit on physical health elements collected and reported to GPs. This is captured and reported on our IDL’s (Interim Discharge Letters). We have had to alter the content of the IDL template, following the first audit, to ensure compliance with future audits. We have added employment, accommodation and lifestyle support, the majority of which is covered in the Recovery Star assessments.
- 1 audit on physical health elements collected and the associated actions by staff (ie referral for weight management or smoking cessation). This information is routinely collected through the HIP (Health Improvement Profile – another CQUIN for 14/15).
- This CQUIN is primarily ‘in-house’ audits although some elements are reported to Royal College of Psychiatry (RCP) who liaise with NHS England and report back to us.
- We await the audit outcome for the elements run by RCP which is due to be reported to us by the end of March 2015. We have won the majority of the money for this CQUIN so far.

Deteriorating Patients – Pain Management (Community Hospitals)

- Establish the level of training and understanding of the use of ‘pain’ tools and non-pharmacological pain management techniques by staff in the 3 community hospitals. Only 44% of staff said they had understanding of non-pharmacological pain management techniques and 67% had used these techniques before. Training in Q3 and Q4 will improve the skill level.
- Ratification of the various pain tools available, agree the use of 1 pain tool and provide training on chosen tool and non-pharmacological pain management techniques to staff.
- Monitoring use of the new pain tool and the effectiveness of non-pharmacological pain management with patients.
- Commenced pain management data collection as part of Nursing Dashboard in December. Training delivered Jan and Feb.

Health Improvement Profile (Mental Health)

- Continue to collect HIP information for all admissions/transfers in Hawthorne Court, Avondale, Newbridges and Westlands, implement HIP on 2 new wards (St Andrews and Millview Court).
- Offer HIP to all patients within 7 days of admission/transfer, any red range scores reported (ie high BMI, smoking, high fat intake) must have red range recommended actions completed by staff (ie referral to weight management class, smoking cessation support, referral to GP).
- Provide HIP training to all new adult inpatient staff, provide evaluations for training delivered.
- We have collected 692 HIPs and achieved an offer rate of 97% (on average) within 7 days of admission/transfer to the unit. Some patients are too unsettled to be offered HIP on admission/transfer and these exceptions are acceptable to CCG for full payment.
- We will continue to work on the content of the HIP during 15/16 with more emphasis on the content of the HIP and sharing this information with primary care professionals.
Patient Experience (Trust-wide)

- This CQUIN ran alongside the FFT implementation CQUIN.
- We created a freepost survey card, holding the FFT question and a comment box, but also asking other questions relevant to the patient journey and asking ‘what did we do well’ and ‘what could we do better’.
- We added 3 ‘core’ questions to each of the 9 survey cards, asking about ‘feeling involved’, ‘quality of information/communication’ and ‘staff being friendly and helpful’. These questions are comparable across all service areas regardless of the patient journey.
- The first 6 months of data (from October) has reported very high satisfaction results for the majority of question areas although we are now action planning for change and improvement in specific teams and will share this information on our planned ‘You Said, We Did’ feedback boards.
- During 15/16 we are planning themed workshops, by service area, to encourage more ownership/involvement in change/improvement and action planning at a team level, supported by the PE lead. This will continue to be a CQUIN in 15/16.

Recovery College (Mental Health)

- Hold a stakeholder event and report findings to inform future development of the Recovery College.
- Trial Recovery College courses and feedback, ready to implement across the patch in the future.
- The development of the Recovery College will continue as a CQUIN in 15/16 with the emphasis on working with volunteers, 3rd sector, patients and carers. Offering training and support to allow these people/organisations to deliver training to patients across the Humber area, thus growing the Recovery College portfolio.

Transformation of Neighbourhood Care Teams (Community Teams – Physical Health District Nursing and Older Mental Health)

- Establish joint working standards and develop training to ‘skill up’ both sides of the workforce.
- Develop and hold joint MDT meetings to discuss physical and mental health for shared patients.
- There have been 200 patients discussed at the new joint MDTs (to end of January) of 1,089 shared patients, January saw 1/3rd of shared patients discussed by both teams in the month.
- Training continues in Falls, GP COG, Basic Physical Health Clinical Skills, Wound Care and NEWS, with over 350 staff trained so far. There have been issues with training, including staff leave, sickness, maternity and capacity issues related to winter pressures and safer staffing levels on wards. The Trust has prioritised mandatory training and CQUIN training and asked staff to ensure they attend these courses as a minimum.

Pressure Ulcer Improvement (Community Teams)

- Develop standards for reporting PU’s, grading and assessment. Develop regular action planning against RCA themes and trends (Root Cause Analysis of Pressure Ulcers at Grades 3 and 4).
- Develop Quality of Care Standards for reporting approach for management of wounds from first assessment. Includes systems changes and training. Data has been collected for more than 300 wounds with many results around repositioning, equipment, risk assessments and referrals reporting results of 95% and higher.
- This CQUIN has seen many changes, primary through a change in management, investigation and reporting of PU’s at the Trust. The investigation and reporting element now sits in the SI team, a new mini RCA tool has been developed to allow a robust approach which gleans the maximum information without the burden of a lengthy investigation process.

**Forensic Secure Achievement 2014/15**

**Cardio Metabolic Assessment for Patients with Schizophrenia**
- We are required to demonstrate through, the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia. The audit sample must cover all relevant services provided.
- All patients selected for the audit sample have had their assessments completed.
- Our results must demonstrate that, for 90% of the patients audited, we have undertaken and assessment of each of six key cardio-metabolic parameters (per the “Lester Tool”) with the results recoded in patients notes as appropriate together with a record of associated interventions.
- We await the results but expect full payment of this CQUIN.

**Communication with GPs**
- This requires completion of a programme of local audit of communication with patients’ GPs, focussing on patients on CPA, demonstrating by Quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and ongoing monitoring and treatment needs.
- To best respond to this CQUIN a review of current working practice was undertaken by senior nursing. From this a decision was made to develop a structured process for providing patients’ GPs with up to date information, four weeks after admission and then at regular twelve monthly intervals.
- To ensure this practice continues an audit tool has been devised that will audit on a quarterly basis from September 2014 that GPs have received a letter informing them of their patients care plan and ICD 10 codes. To ensure this is embedded within the patient care pathway each individual ward area will implement this within their integrated care pathway. This will ensure the letter to the patient’s GP is sent four weeks after admission and then on an annual basis in line with the Trust’s required annual physical health screen.

**Friends and Family Test**
- Implementation of the Friends and Family Test for staff and patients.
- Following discussions with the commissioners it was agreed that for Q1 Forensic Services would follow the general Trust approach whilst the development of a “Forensic specific” Friends and Family test was completed. This has now been
completed for both staff and service users and includes an easy read version of the survey.

- The uptake of the F&FT questionnaires has varied across the Wards. It has proved more difficult to engage patients with the questionnaire on the mental illness admission ward, this we hypothesis is in relation to acuity and the challenge of supporting patients in understanding how the questionnaire should be interpreted. On the Wards which support more long stay patient populations the questionnaires have been better received.

- It is hoped that as the F&FT questionnaire becomes more familiar across services there is an increase in the number of completed questionnaires received.

**Collaborative Risk Assessments - Education**

- The provision of an education training package for patients and qualified staff around collaborative risk assessment and management.
- In line with recommendations from the DH best practice in managing risk guidelines document (2007) the service aim to provide a collaborative approach to risk and risk management incorporating the service user’s individual strengths within our approach to recovery.
- Individualised risk management plans have been developed within the framework of the My Shared Pathway document and will focus on a holistic approach to managing risk acknowledging the role of positive risk taking.
- By October 2014 service users had started the collaborative risk assessment, risk management programme utilising the My Shared Pathway document, outcomes of which will be presented within clinical reviews/ multidisciplinary team meetings.
- By March 2015, at least 90% of qualified clinical staff within the Humber Centre to have received training in collaborative risk assessment.
- By March 2015, all service users at the Humber Centre to have been offered relevant education and training, or if not clinically well enough details to be written within their care plans as to when training will be offered.

**Supporting Carer Involvement**

- This CQUIN requires providers to develop a strategy to engage and maintain relationships with carers where the service user has identified this as a choice.
- The CQUIN fits well with the service’s agenda to move forward in the use of information technology. While it will not be a problem-free process, they are confident that they will find the necessary ideas, solutions and opportunities to implement it to its optimum level and to give real benefit to patients, carers, clinicians and other professional involved on the journey to recovery.
- To date the service have developed a written strategy for engaging with carers to maintain good communication including telephone, face to face, written communication and electronic formats (email) if appropriate, including regular carer satisfaction surveys and carer support.

**Service User Formulation of Need at Key Points of Transition**

- We are required to develop a system for sending a formulation to service users following acceptance into a service of what their current needs are and how these needs will be met. The three critical point of transition covered by this CQUIN are:
- Initial admission into secure services
- Transfer to a new provider
- Transfer to a new level of security (whether up or down)

- Quarter 2 has seen significant development of this CQUIN following feedback on the Quarter 1 submission. The letter template has been expanded to reflect different ‘My Shared Pathway’ outcome areas, amendments also made to ensure that key transition points are captured in integrated care pathway format. Audit tool also developed and shared for information.
- Quarter 3 has identified some issues in relation to the application of this CQUIN, which has been identified through the audit and a plan developed to ensure adherence to the agreed Needs Formulation template letter. This being said, 100% of admissions to the service within this quarter did receive a Needs Formulation letter.
- A further audit will take place towards the end of Quarter 4 to ensure that all patients admitted to the service within that Quarter have received a Needs Formulation, all of which have been completed based on the new template.

Specialised Services Quality Dashboard
- This CQUIN is aimed at ensuring that Providers embed and routinely use the required clinical dashboards developed during 2013/14 for specialised services. The commissioner is responsible for agreeing the relevant dashboards with the providers.
- The dashboard is submitted to commissioners in line with requirements.
- The service continues to monitor the dashboard products in Secure Services Business Meetings for further discussion. The report is reviewed at the Business Meeting on a quarterly basis and is reviewed in line with the national results.
- Clinical Supervision & Safeguarding Training will continue to be areas of priority over the coming months. A service review is currently taking place; the outputs of this review will be shared in the next contract meeting

Prisons Achievement 2014/15

Friends and Family Test
During Q2 the Friends and Family Test Questionnaires began to be distributed by the various Humber NHS Foundation Trust Prison teams. The distribution process for the FFT questionnaires were selected by the individual prison teams due to the different service provision.

HMP Humber Primary Care Service - this service has received 13 completed FFT Questionnaires. Results:

- 50% of returned FFT questionnaires would recommend the service to friends and family.
- 100% of returned FFT questionnaires stated that they found staff to be friendly and helpful.

HMP Hull and Humber In-Reach Team - this service have not received any completed FFT Questionnaires to date.
HMP Wakefield Intermediate Care Team - this service has received 5 completed FFT Questionnaires. Results:

- 40% of returned FFT questionnaires would recommend the service to friends and family.
- 80% of returned FFT questionnaires stated that they found staff to be friendly and helpful.

**Communication with GPs (Limited to those on CPA)**

- To best respond to this CQUIN a review of current working practice was undertaken by the Multi-disciplinary team. From this a decision was made to develop a structured process for providing patients (prisoners) GP’s with up to date information.
- The Responsible Clinician supporting the In-reach teams and the In-reach team staff with in HMP Hull & HMP Humber agreed an approach for sharing information with Prisoners GP’s. An agreement was reached that a letter template should be developed to ensure GP’s are provided with relevant up to date information for all Prisoners who are under CPA.
- Content of the letter template was agreed: ICD 10 codes, medications, physical health conditions and on-going monitoring and treatment. Further discussions lead to the agreement that no sample would be used as the numbers of prisoners will be less than 100. All prisoners who met the criteria for a letter would have a letter sent.
- A further audit will be conducted in the early part of Q4 to track to ensure the proposed process has been implemented fully.
<table>
<thead>
<tr>
<th>No</th>
<th>Indicator Name</th>
<th>Indicator Description</th>
<th>£%</th>
<th>Lead Officer/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improving physical healthcare of patients with mental health conditions (SMI)</td>
<td>2 audits to national timescales. 1 for CPA patients and sharing information with GP’s, 1 around physical health information linked with the National Audit of Schizophrenia (NAS) run by Royal College of Psychiatry (RCP) (mental health adult inpatient units)</td>
<td>£ to be confirmed ER % = £ Hull % = £</td>
<td>Mike Cheeseman (Service Lead) (Delivery) Tracy Flanagan, Gill Gilbert, Rachel Boulton</td>
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<tr>
<td>2</td>
<td>Improving urgent care and emergency care across local health communities – CCG select from a list of options</td>
<td>We have not seen the national guidance but we assume this may be related to out of hours care in community nursing (ER out of hours provision only)</td>
<td>£ to be confirmed ER % = £ Hull % = £</td>
<td>Paul Johnson (Service Lead) (Delivery) Sarah Davies</td>
</tr>
<tr>
<td>3</td>
<td>Safe Wards</td>
<td>Developing portfolios of learning to increase patient engagement to reduce conflict and containment on mental health adult psychiatric units</td>
<td>£348,238 ER 0.355% = £189,908 Hull 0.500% = £158,330</td>
<td>Mike Cheeseman (Service Lead) (Delivery) Tracy Flanagan, Gill Gilbert</td>
</tr>
<tr>
<td>4</td>
<td>HIP (year 3)</td>
<td>Develop learning and sharing around HIP content, HIP results and working with primary care colleagues to improve information sharing on physical health information (mental health adult inpatient units)</td>
<td>£348,238 ER 0.355% = £189,908 Hull 0.500% = £158,330</td>
<td>Mike Cheeseman (Service Lead) (Delivery) Tracy Flanagan, Gill Gilbert</td>
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<tr>
<td>5</td>
<td>PE (year 2)</td>
<td>Further development PE culture at the Trust, including developing dashboards, action planning, workshops and triangulation of relevant information for each service area. Includes liaising with patient and carers and other interested stakeholders (trust-wide)</td>
<td>£348,238 ER 0.355% = £189,908 Hull 0.500% = £158,330</td>
<td>Service Lead (Jules Williams) (Delivery) Diane Heaven</td>
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<tr>
<td>6</td>
<td>SPOC</td>
<td>Engagement with staff and GP’s to establish a SPOC to suit all professional needs (ER community services only)</td>
<td>£94,954 ER 0.355% = £94,954</td>
<td>Paul Johnson (Service Lead) (Delivery) Jon Duckles, Val Higo</td>
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<tr>
<td>7</td>
<td>Wound Care</td>
<td>Developing a new 12 week specialist care pathway, investigating current use of infection control dressings and training/awareness for staff managing wounds with infections (ER community services only)</td>
<td>£189,908 ER 0.355% = £189,908</td>
<td>Paul Johnson (Service Lead) (Delivery) Simon Barratt</td>
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<td>8</td>
<td>Mortality Review</td>
<td>Holistic review of MH and LD deaths on caseload and the related physical health needs of the patient at the time of death (mental health and LD only)</td>
<td>£284,935 ER 0.355% = £126,605 Hull 0.500% = £158,330</td>
<td>Allyson Kent (Service Lead and Delivery)</td>
</tr>
<tr>
<td>9</td>
<td>Recovery College</td>
<td>Developing partnerships with voluntary sector, patients and carers to deliver ‘train the trainer’ growing established courses to deliver Humber-wide (trust-wide)</td>
<td>£348,238 ER 0.355% = £189,908 Hull 0.500% - £158,330</td>
<td>Mike Cheeseman (Service Lead) (Delivery) Tracy Flanagan, Gill Gilbert, Project Manager</td>
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<td>10</td>
<td>Catheter Care</td>
<td>Reduce catheter usage and catheter related infection and raise awareness around acute catheter passport preparing the Trust for implementation of our catheter passport (ER community services only)</td>
<td>£94,954 ER 0.355% = £94,954</td>
<td>Allyson Kent (Service Lead) (Delivery) Debbie Davies</td>
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</table>

The above weightings are subject to change. The national guidance will dictate how much each national CQUIN should be worth as a proportion of the CQUIN basket for each commissioner.
### Forensic Services

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator Name</th>
<th>Indicator Description</th>
<th>£/%</th>
<th>Lead Officer</th>
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</thead>
<tbody>
<tr>
<td>MH1</td>
<td>Collaborative Risk Assessments</td>
<td>The provision of an active engagement programme to involve all secure service users in a process of collaborative risk assessment and management.</td>
<td>Tbc</td>
<td>Tbc</td>
</tr>
</tbody>
</table>
| MH2 | Smoking Cessation in Secure Services | This CQUIN directly helps to deliver against domain 1 of the NHS Outcomes Framework: preventing people from dying prematurely and consists of three separate streams:  
- Stream 1: Strategy to improve the “smoke free” status of the service.  
- Stream 2: Adherence to NICE guidance PH48 for interventions whilst in secure services.  
- Stream 3: Supporting continued cessation while on leave from the hospital and following discharge / transfer. | Tbc | Tbc          |
| MH6 | Perinatal specific involvement and support for partners / significant others | This CQUIN requires providers to develop care plans to ensure that appropriate emotional, informational and practical support is offered to partners and significant others to robustly encourage their understanding and participation in the mother’s treatment, care and recovery and to promote their bond with the infant. | Tbc | Tbc          |
| MH8 | Supporting Carer Involvement | The CQUIN builds on the carer involvement strategies developed during 2014/15 and requires providers to evaluate the effectiveness of these strategies and to further develop ways to involve carers, family and friends at a local and regional level. | Tbc | Tbc          |

### Prison Services

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator Name</th>
<th>Indicator Description</th>
<th>£/%</th>
<th>Lead Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Safety Thermometer</td>
<td>Development of a Health &amp; Justice safety thermometer</td>
<td>Tbc</td>
<td>Tbc</td>
</tr>
<tr>
<td>2</td>
<td>NHS Health Checks</td>
<td>A case study/ best practice sharing indicator</td>
<td>Tbc</td>
<td>Tbc</td>
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<tr>
<td>3</td>
<td>Service Improvement</td>
<td></td>
<td>Tbc</td>
<td>Tbc</td>
</tr>
<tr>
<td>4</td>
<td>Improving Patient Experience</td>
<td>Based on improving patient experience around one Quality Statement from either Quality Standards relating to patient/service user experience.</td>
<td>Tbc</td>
<td>Tbc</td>
</tr>
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</table>

The Specialised Mental Health CQUIN indicators for 2015/16 are shown above but until publication of the CQUIN guidance and National Tariff, these are issued as draft and may be subject to change.