

CQUiNs Quarter 4 Update												
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
1.1 Extend Friends and Family Test to Maternity												
Requirement	N/A						Maternity FFT to be implemented					
Status	N/A						Maternity FFT has been implemented					
1.2 Improve Response Rate of Friends and Family Test (Target Value = 15% rising to 20% by year end)												
Response Rate	3.2	1.3	25.5	21.9	18.1	18.3	8.8	11.2	22.6	34.2	37.2	31.2
Responses	35	14	285	244	201	198	109	135	247	408	410	381
Episodes of Care	1089	1108	1118	1116	1111	1082	1241	1201	1094	1192	1103	1221
1.3 Improve NHS Staff Survey Friends and Family Test												
Question Considered "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"												
	Strongly Disagree	Disagree	Neither Agree Nor Disagree			Agree	Strongly Agree					
2012 Staff Survey	5	12	21			50	12		3.53			
2013 Staff Survey	3	5	25			50	18		3.75			
Comment	Comparative results between 2012 and 2013 Staff Survey show an improvement in the year to year score											
1.4 Provide Evidence of Responses to Patient Feedback												
Evidence of Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2.1 Send NHS Safety Thermometer to NHS Information Centre												
Status	Sent	Part	Sent	Sent	Sent	Sent	Sent	Sent	Sent	Sent	Sent	Sent
3.1.1. Assess Emergency Admissions >= for Demenia (Target Value = 90%)												
Assessment Rate	100	NIL	NIL	100	NIL	NIL	75	75	67	100	50	0
No Assessed	2	0	0	1	0	0	3	3	2	1	1	0
No Patients	2	0	0	1	0	0	4	4	3	1	2	1

3.1.2. Refer Postivie Assessed Dementia Patients for Diagnostics (Target Value = 90%)												
Diagnostic Rate	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	100	NIL
Diagnostics Completed	0	0	0	0	0	0	0	0	0	0	1	0
Positive Assessments	0	0	0	0	0	0	0	0	0	0	1	0
3.1.3. Refer Positive Diagnostic Dementia Patients to Specialised Services (Target Value = 90%)												
Referral Rate	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Referrals	0	0	0	0	0	0	0	0	0	0	0	0
Positive Diagnostics	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Confirm Lead Clinican for Demenia and complete appropriate training for staff												
Status	The CQUIN has been implemented and is considered complete											
3.3 Undertake a quarterly audit of Carers of Patients with Dementia to ensure they feel appropriatelt supported												
Status	NIL			NIL			NIL			NIL		
4.1 Ensure all eligible patients receive a VTE assessment (Target Value - 95%)												
Assessment Rate	95	96	98	98	98	97	97	97	98	97	98	98
No Assessed	1577	1602	1508	1672	1567	1583	1701	1692	1601	1703	1560	1697
No eligible	1660	1665	1545	1712	1608	1637	1756	1742	1639	1751	1593	1739
Comment												
4.2 Ensure all instances of Hospital Aquired Thrombosis have a RCA carried out (TV = 100%)												
RCA Rate	NIL	NIL	100	NIL	NIL	NIL	100	NIL	NIL	NIL	NIL	NIL
No Completed	0	0	1	0	0	0	1	0	0	0	0	0
No VTEs	0	0	1	0	0	0	1	0	0	0	0	0
Comment												

5.0 Provide a quarterly update on the implementation of the Francis Report												
Quarter 1	The Trust has an action plan that has been approved by the Clinical Governance Committee. It has also been presented to the Governance and Clinical Assurance Committee											
Quarter 2	Francis Report is now a permanent agenda item at Clinical Governance Committee. Recommendations and Trust actions progressing. Have been assigned to an executive and operational lead											
Quarter 3	Francis Report remains a permanent agenda item at Clinical Governance Committee. Recommendations and Trust actions progressing well in this quarter with support of the executive and operational leads											
	The Trust has continued to implement the recommendations of the Francis Report. As of March, the Trust had fully implemented 73% of the recommendations. 27% were partly though not yet fully implemented. There were no recommendations that had not been implemented to some degree											
Comment												
6.1 Provide a quarterly update on the implementation of Electronic Transmission of Inpatient Correspondence												
Quarter 1	All inpatient discharge summaries are now electronically constructed and contain the recommended minimum dataset. The Trust regards this CQUIN measure as complete given that this was introduced in 2012-2013											
Quarter 2	As per Quarter 1											
Quarter 3	As per Quarter 1											
Quarter 4	As per Quarter 1											
6.1.1 Electronic Inpatient Summaries to Contain Minimum Dataset (Target Value = 100%)												
Compliance Rate	100	100	100	100	100	100	100	100	100	100	100	100
Comment												
6.2 Provide a quarterly update on the Implementation of Electronic Transmission of Outpatient Correspondence												
Quarter 1	An implementation plan has been developed and is available											
Quarter 2	The project is progressing in accordance with the revised implementation plan											
Quarter 3	The project is progressing in accordance with the revised implementation plan											
Quarter 4	Project progressing, and piloted, but further work required to ensure clarity on the scope of the project. Project will require further implementation time (during 2014/2015) in order to reach completion											
Comment												

6.3 Provide a quarterly update on the implementation of Electronic Transmission of Emergency and Day Case Correspondence												
Quarter 1	An implementation plan has been developed and is available											
Quarter 2	The project is progressing in accordance with the Q1 implementation plan											
Quarter 3	The project is progressing in accordance with the Q1 implementation plan											
Quarter 4	Project progressing, and piloted, but further work required to ensure clarity on the scope of the project. Project will require further implementation time											
Comment												
7.1 Ensure CWT patients referred receive their first diagnostic test on or before Day 14 (Target Value = 85%)												
14 Day Test Rate	-	-	-	-	-	-	-	-	-	-	-	-
Comment	The standard (and list of diagnostic tests) has not been signed off by the CCG's within the Cheshire and Merseyside Strategic Clinical Networks. At the last network meeting (15/04/14) it was confirmed that some, but not all CCG's had ratified the standard. The Trust understands that it is now expected that the standard will be introduced during 2014-15, but there is no date for introduction, or if it will be backdated to the start of 2014-15											
7.2 Ensure CWT patient referral made by Day 42 (Target Value= 85%)												
42 Day Test Rate	100	89	50	67	67	0	0	100	100	50	0	100
No Patients by Day 42	2	8	4	2	2	0	0	1	1	1	0	1
No Patient Referrals	2	9	8	3	3	1	6	1	1	2	1	1
Comment												
8.1 Improve Breastfeeding Rates (Target Value = 60%)												
42 Day Test Rate	52	52	54	51	51	51	55	52	53	55	54	53
No Patients by Day 42	331	342	307	361	373	362	374	351	370	382	324	349
No Patient Referrals	636	660	570	704	731	703	678	573	699	690	601	658
Comment												

8.2.1 Incorporate Brief Intervention Training into Mandatory Training												
Quarter 1	Head of Midwifery to discuss with CCG colleagues. Clarification required											
Quarter 2	Awaiting response from CCG colleagues. Head of Midwifery obtaining figures of when midwives have had previous brief intervention training. Will retrain if required											
Quarter 3	Training is provided to all midwives annually as part of Maternity Study Day 1 with records kept on the Trust OLM system to ensure all staff are captured											
Quarter 4	Brief intervention training is now incorporated into the Trust annual training and will be on going through out 2014											
Comment												

8.2.2 Ensure Maternal Smoking Status is captured at 38 weeks (Target Value = 95%)												
Capture Rate	100	100	100	100	100	100	100	100	100	100	100	100
No Patients Asked	636	666	582	704	735	714	685	687	700	696	618	669
No Deliveries	636	666	582	704	735	714	685	687	700	696	618	669
Comment												

8.2.3 Provide Brief Intervention Advice to Maternal Smokers (Target Value = 95%)												
Advice Rate	95	95	97	97	99	94	96	95	95	95	96	97
No Interventions	143	136	141	161	140	127	152	147	104	158	160	148
No Smokers	150	143	145	166	141	135	159	154	109	167	166	153
Comment												

8.2.4 Provide Onward Referral to Stop Smoking Service for Maternal Smokers (Target Value = 50%)												
Advice Rate	99	100	99	98	99	99	99	99	99	99	99	99
No Interventions	149	143	144	162	140	133	157	153	108	166	164	151
No Smokers	150	143	145	166	141	135	159	154	109	167	166	153
Comment												

8.3 Provide a quarterly update in the Implementation of Vitamin D Guidelines	
Quarter 1	Awaiting clarification and direction from CCG on availability of Vitamin D. Head of Midwifery to discuss implementation with CCG
Quarter 2	Awaiting action from public health regarding how LCH get vitamin D into children's centres. Pharmacy in LWH currently developing PGD guidelines.
Quarter 3	Universal Vitamin D is in the process of being implemented. PGD has been deemed necessary for this so is in the process of being formatted and circulated. There is also an SOP outlining how women will receive the vitamins.
Quarter 4	The actions for the implementation of Vitamin D have been completed from LWH. There is ongoing communication with children's centres and public health
Comment	

8.4 Provide a quarterly update on Implementation of BFI Audit Tools	
Quarter 1	Updated Action Plan is available
Quarter 2	Updated Action Plan is available
Quarter 3	Updated Action Plan is available
Quarter 4	Awaiting feedback from BFI regarding accreditation for stage 3. Actions completed, expected green.
Comment	

8.3 Provide a quarterly update on the Implementation of the Flu Vaccinations to Pregnant Women	
Quarter 1	Awaiting clarification and direction from CCG on availability of Flu Vaccine. Head of Midwifery to discuss
Quarter 2	Teleconference booked with Dan Seddon re: this on 25/09/2013. Plan to offer in all areas that women are scanned plus by community midwives. All training for midwives arranged
Quarter 3	trriage and assessment. We also offered it to inpatient antenatal women. Between the dates of 18.11.2013 and 31.01.2014 over 300 women were vaccinated on Crown Street site, this is in addition to the signposting by community midwives to the practice nurse flu clinic in the GP surgeries. We hope to extend this services across other site next year
Quarter 4	This quarter fell outside of the recognised flu season, therefore vaccinations were not given. LWH did however continue to discuss the flu season update with the CCG
Comment	