

CQUINS 2018-19

Title	Metric	Level of Achievement	Comments / Mitigation
1b: Healthy Food for NHS Staff, Visitors and Patients	Maintaining changes to food and drink on offer made during 2016/17 and 2017/18 and introducing changes required in 2018/19.	Fully achieved	
1c: Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%	Fully achieved	
3a: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) – Cardiometabolic assessment and treatment for patients with psychoses	Ensure physical health training programme is built into mandatory training procedures and training is provided to staff. Continue to ensure clear pathways for interventions and signposting for all cardiometabolic risk factors. Complete internal audit to provide assurance that physical health assessment and interventions data are being recorded appropriately on the electronic care record.	Fully achieved	
3b: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) – Collaboration with primary care physicians	Complete alignment of SMI QOF (primary care) and CPA (secondary care) registers and have system in place for routine reconciliation going forward.	Fully achieved	
3b: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) – Collaboration with primary care physicians	Review progress made in implementing shared care protocol between secondary care provider and primary care regarding physical health checks for people with SMI and the appropriate follow-up checks. Agree joint action plan to address outstanding issues.	Fully achieved	

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3b: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) – Collaboration with primary care physicians	Evidence status of interoperability of data and IT systems between secondary and primary care, to facilitate information flow on physical health issues for people with SMI. Agree joint action plan to address outstanding issues.	Fully achieved	
	Results of local audit show that for 90% of eligible service users a comprehensive summary was shared with their GP which includes specific detail relating to cardiometabolic risk factors.	Fully achieved	
4: Improving Services for People with Mental Health Needs who Present to A&E	Results of local audit show that for 90% of eligible service users a comprehensive summary was shared with their GP which includes specific detail relating to cardiometabolic risk factors.	Fully achieved	
	Repeat 2017/18 Quarter 2 milestone on care planning and engagement with local partner agencies with the aim of maintaining / increasing reduction in A&E attendances for the 2017/18 cohort and achieving a reduction in attendances for the 2018/19 cohort. Ensure local data collections are established for the cohort to support evaluation of the CQUIN project, including patient experience, clinical outcomes and health utilisation.	Fully achieved	
	Conduct internal review of Emergency Care Data Set (ECDS) A&E mental health coding and data submission. On the basis of findings, agree a joint data quality improvement plan and agree thresholds for ECDS data quality by the end of Quarter 2 and the end of Quarter 4, as well as arrangements for regular sharing of data between relevant providers regarding people attending A&E with mental health needs.	Fully achieved	

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4: Improving Services for People with Mental Health Needs who Present to A&E	Achieve locally agreed Quarter 2 data quality standards for ECDS submissions.	Fully achieved	
	Review progress against data quality improvement plan and confirm that systems are in place to ensure that coding of mental health need via ECDS submissions is complete and accurate.	Fully achieved	
	Achieve locally agreed Quarter 4 data quality standards for ECDS submissions.	Fully achieved	
	Agree plan to mainstream CQUIN work programme to become business as usual going forward.	Fully achieved	
5: Transitions out of Children and Young People's Mental Health Services (CYPMHS)	Where the 20% reduction in attendances for the cohort of frequent attenders was achieved in 2017/18, the number of attendances by this group remains at least 20% less than the baseline level in 2016/17.	Fully achieved	
	Achieve 20% reduction in attendances by the 2018/19 cohort of frequent attenders from the baseline level in 2017/18.	Fully achieved	
	Sending and receiving providers to refresh implementation plan in light of 2017/18 results and confirm arrangements with commissioners.	Fully achieved	
	Casenote audit demonstrates 80% achievement of joint-agency transition planning standards for service users who transition out of CYPMHS from Quarter 1 to Quarter 2.	Fully achieved	

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5: Transitions out of Children and Young People's Mental Health Services (CYPMHS)	Results of pre-transition / discharge survey demonstrate that 80% of service users feel prepared for transition / discharge for service users who transition out of CYPMHS from Quarter 1 to Quarter 2.	Fully achieved	
	Results of post-transition survey demonstrate that 70% of service users report meeting their transition goals for service users who transition out of CYPMHS in Quarter 1.	Fully achieved	
	Results of post-transition survey demonstrate that 70% of service users report meeting their transition goals for service users who transition out of CYPMHS from Quarter 2 to Quarter 3.	Fully achieved	
	Sending and receiving providers to present a joint report outlining overall CQUIN progress to date. Results to be submitted to NHS England.	Fully achieved	
9a: Preventing Ill Health by Risky Behaviours - Tobacco screening	Demonstrate that of all eligible inpatients in a given quarter, 90% have been screened for smoking status and the results recorded appropriately.	Fully achieved	
9b: Preventing Ill Health by Risky Behaviours - Tobacco brief advice	Demonstrate that of all eligible inpatients in a given quarter identified as smokers, 90% have been given brief advice.	Fully achieved	
9d: Preventing Ill Health by Risky Behaviours – Alcohol screening	Demonstrate that of all eligible inpatients in a given quarter, 50% have been screened for alcohol risk levels and the results recorded appropriately.	Fully achieved	
9e: Preventing Ill Health by Risky Behaviours – Alcohol brief advice or referral	Demonstrate that of all eligible inpatients in a given quarter identified as drinking above low-risk levels, 80% have been given brief advice or referred to specialist services as appropriate.	Fully achieved	

Title	Metric	Level of Achievement	Comments / Mitigation
5: Transitions out of Children and Young People's Mental Health Services (CYPMHS)	Casenote audit demonstrates 80% achievement of joint-agency transition planning standards for service users who transition out of CYPMHS from Quarter 3 to Quarter 4.	Partially achieved	<ul style="list-style-type: none"> In 2018 the Trust undertook a major organisational change programme which affected our workforce in all areas. The resulting changes in staff roles and responsibilities may have impacted on the implementation of this CQUIN at service level. Where service users asked to change or cancel appointments, this could have a delaying effect on required timescales, particularly given capacity within teams to reschedule appointments. The Trust is currently reviewing one of its pathways pertaining to children and adolescents, from the point of view of developing innovative new practices.
	Results of pre-transition / discharge survey demonstrate that 80% of service users feel prepared for transition / discharge for service users who transition out of CYPMHS from Quarter 3 to Quarter 4.	Partially achieved	<ul style="list-style-type: none"> The Trust made efforts throughout the CQUIN to improve service user engagement with surveys, including the rollout of electronic questionnaires on iPads.

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<p>9c: Preventing Ill Health by Risky Behaviours - Tobacco referral and medication offer</p>	<p>Demonstrate that of all eligible inpatients in a given quarter identified as smokers, 30% have been referred to specialist services and offered stop smoking medication.</p>	<p>Partially achieved</p>	<ul style="list-style-type: none"> • The Trust rolled out its Smoke Free policy from April 2018, which included improved training for staff and provision for service users wishing to give up smoking. • Medication offer for inpatients was consistently above the required target. • Efforts to refer inpatients to smoking cessation services were hampered by the lack of a locally commissioned service in North Staffordshire.

Title	Metric	Level of Achievement	Comments / Mitigation
1a: Improvement of Health and Wellbeing of NHS Staff	Performance to target or 5% improvement on 2016 results for 2 out of 3 health and wellbeing related questions on the staff survey	Not achieved	<ul style="list-style-type: none"> Although the performance level required by the CQUIN was not achieved, the Trust did perform better than average on the health and wellbeing theme when compared to other trusts nationally, scoring 6.4 against a national average of 6.1. The national staff survey report highlighted an overall decline in staff health and wellbeing across all trusts, as indicated by the lower theme score. The largest programme of organisational change undertaken by the Trust, which affected our workforce in all Directorates, remained ongoing at the launch of the Staff Survey and this may have had an impact on outcomes.
	Results of national audit show that 90% of eligible inpatients are assessed in relation to their physical health and appropriate interventions provided.	Awaiting national results	<ul style="list-style-type: none"> The national report is scheduled for release in July 2019.
	Results of national audit show that 75% of eligible community service users are assessed in relation to their physical health and appropriate interventions provided.	Awaiting national results	<ul style="list-style-type: none"> The national report is scheduled for release in July 2019.
	Results of national audit show that 90% of eligible service users in the Early Intervention Team are assessed in relation to their physical health and appropriate interventions provided.	Awaiting national results	<ul style="list-style-type: none"> The national report is scheduled for release in July 2019.

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	Results of national audit show that at least 35% of eligible service users in the Early Intervention Team gained no more than 7% body weight in the first year of taking antipsychotic medication.	Awaiting national results	<ul style="list-style-type: none"> <li data-bbox="1518 309 2007 373">• The national report is scheduled for release in July 2019.
	Results of national audit show that at least 10% of eligible service users in the Early Intervention Team who were previously smokers have stopped smoking.	Awaiting national results	<ul style="list-style-type: none"> <li data-bbox="1518 437 2007 501">• The national report is scheduled for release in July 2019.