

Trust Board Briefing Paper

1.0 Introduction to “Making Every Contact Count” (MECC)

As an NHS Organisation we have the responsibility to protect and improve the overall health and wellbeing of our staff and service users.

- MECC is about encouraging a healthy culture for the organisation.
- MECC makes up a small part of the contact we already have with patients.
- Staffs takes small steps to offer basic information and signpost patients to further information and lifestyle services.
- It can be as simple as starting a conversation about a lifestyle issue.
- Most people want to be healthy and even improve their own health.
- Research has found that patients welcome the opportunity to talk to staff about lifestyle issues, but don't start this conversation themselves or think that staff is too busy to talk.
- MECC makes it easier for these people to make change.

2.0 Background

As an organisation we have a responsibility to protect and improve the overall health and wellbeing of our service users and staff. If we help people to have healthier diets, maintain a healthy weight, take regular exercise, drink alcohol within the recommended daily limits, and stop smoking, the benefits to their health, (physical and mental) would be enormous.

Making Every Contact Count (MECC) is about staff using the contact they have with service users and the public to give healthy lifestyle information around stopping smoking, drinking alcohol within recommended limits, having a healthy diet, maintaining a healthy weight and undertaking the recommended levels of physical activity.

2.1 Why is this important?

NHS Midlands and East population:

- 22% smoke
- 17.9% drink alcohol at increasing risk level and 6.1% drink at high risk levels.
- 61% of men and 71% of women do not meet recommended levels of physical activity.
- 75% men and 71% women do not eat their five a day.

Smoking Statistics for Shropshire

- With a smoking prevalence of 18.73% and an adult population of 241,500, Shropshire has an estimated smoking population of 45,233.
- An estimated 70% of smokers want to quit.

3.0 How will success be measured?

MECC forms part of the SATH NHS Trust CQUIN scheme for 2012/13, the CQUIN metrics descriptors are divided into three areas.

1. Organisational readiness and leadership
2. staff readiness and training
3. delivery of brief advice, signposting and referral

The detailed descriptors for the CQUIN are outlined below in the table.

1. Organisational Readiness and Leadership

NHS Organisations to provide evidence of board commitment to implementation of Making Every Contact Count

Organisation to provide

Essential

- Board level sign off by board e.g. minutes
- Named board lead – Vicky Morris
- Named implementation lead – Graeme Mitchell

Desirable

- Named clinical champion – Dr Ellin Roddy
- Named admin support (training liaison officer)
 - Training – Tom George
 - Communications – Chris Hudson
- Evidence of policies and procedures to implement MECC
 - Training programme for staff in MECC skills
 - Referral system to enable staff to refer appropriate clients into lifestyle change services e.g. smoking cessation
 - Reporting structure to capture the number of contacts and referrals made
 - Staff engagement programme
 - Complete the sustainability questionnaire

CQUINN Goal weighting 2%

Value £113,561

Quarterly monitoring

Milestones and partial payments to be confirmed

2. Staff Readiness and Training

Number of NHS staff completing locally agreed training in delivering brief advice as required to implement MECC

Organisation to provide

Essential

- Number of staff signed up for training
- Number of staff completed training
- SHA will provide training questionnaire to be completed pre training and 3 weeks post training

Staff Groups to be trained as defined by organisation

- Accident and Emergency.
- Out – Patients.
- Pre – Op
- Medical Admission units
- Maternity
- Ward Staff.
- Across both sites

CQUINN Goal Weighting 5%

Value £283,903

Quarterly monitoring

Milestones and partial payments to be agreed

Quarterly monitoring

3. Delivery of brief advice , signposting and referral to behaviour change services

To measure the increase in

- The numbers of contacts by all trained staff with other and /or patients to raise healthy lifestyles issues and offer brief opportunistic advice
- The number and quality of referrals made to local stop smoking services by the trust

Organisations to provide :

Essential

- Number of contacts made by trained staff with patients or other staff to raise healthy lifestyle issues
- Number of clients referred to SSS
- SSS to provide via PCT's number clients who have accessed the service
- SSS Via PCT's number of 4 week quitters who had attended SSS

CQUINN Goal weighting 3%

Value £ 170,342

Quarterly monitoring

Milestones and partial payments to be agreed

Implementation

An action plan to achieve this CQUIN scheme is attached (Appendix 1)

Conclusion

MECC currently forms part of the 2012/13 locally agreed CQUIN scheme. As part of the action required for quarter one this paper should have been brought to the attention of the Board in July for approval. It was delayed by one month, and the board are therefore asked to note the delay and that the paper is now submitted for board approval. The impact of the CQUIN income for Quarter 1 will be negotiated with the PCT. Progress will be monitored internally by the Deputy Chief Nurse, with the Associate Director of Quality ensuring that the specific MECC goals are achieved and highlighted in quarterly returns to the SHA using a standard template provided by them. Progress will be reported as part of CQUIN update via the quarterly Quality report submitted to the Quality and Safety Committee.

Approval

The Board are asked to note the criteria for organisational readiness and leadership
And approve the Executive lead and organisational leads.

Graeme Mitchell

Associate Director of Quality and Patient experience

**Action Plan for MECC
CQUIN 2012/13 Q1 update**

Author: Graeme Mitchell

CQUIN Metric	Action Required	Time scale Reporting Frequency	Lead	Evidence to support achievement	Remedial Action	RAG
1. Organisational and Leadership Board level sign off a scheme	Preparation of Board paper and action plan to brief on scheme	Once only July 2012	Graeme Mitchell	Minutes of board report	Papers to be submitted to next August board meeting.	
	Presentation of briefing paper to trust board	August 2012	Vicky Morris	Minutes of board report		
	Named Leads for Board: <ul style="list-style-type: none"> • Implementation • Training • Communication • Clinical 	Once during scheme July 2012		<ul style="list-style-type: none"> • <i>Board Executive Lead:</i> Vicky Morris • <i>Implementation Lead:</i> Graeme Mitchell • <i>Clinical Lead:</i> Dr Ellin Roddy, Sister Julie Rudge • <i>Training Lead:</i> Tom George • <i>Communication:</i> Chris Hudson 	Paper delayed to be submitted to next available board meeting discuss with V. Morris	
	<ul style="list-style-type: none"> • Policies to support implementation of MECC • Develop training package • Sustainability questionnaire • Final CQUIN indicators to be signed off 	Quarterly	Graeme Mitchell Julie Rudge Tom George Linda Offord Vicky Morris	<ul style="list-style-type: none"> • E: Learning package available • Referral database • Training records face to face • Questionnaire completed • CQUIN scheme signed off 		

<p>2. Staff and Training</p>	<p>Number of staff to be trained to be determined at CQUIN scheme sign off. 80% of RGN in front line areas to be trained total to be trained AED Pre-Op AMM SAU MAT OPD 80% of 323 RGN Band 7 MECC presentation Communication Leader in weekly Quality News</p>	<p>Quarterly returns:</p> <ul style="list-style-type: none"> • Number signed up • Number trained • SHA post training questionnaire completed 	<p>Graeme Mitchell Rachel Pearson Linda Offord</p>	<p>Quarterly returns from:</p> <ul style="list-style-type: none"> • Julie Rudge – Excel • Tom George training returns NHSLM • MECC Presentation at Band 7 meeting • Communication on Intranet • PCT data returns on completed post training questionnaire 	<p>Excel spreadsheet sent back for further work. 10th September deadline for revised version</p> <p>Linda Offord to supply questionnaire 49 staff trained by Q1 15% of total</p>	
<p>2.1 Delivery of brief advice/ intervention</p>	<p>Increase by 10% the number of contacts made to HSSS</p>	<p>Number of contacts Monthly referral data Reported quarterly for MECC</p>	<p>All staff</p>	<p>Number of contacts Number of referrals made to HSSS SQL report from PSAG will form part of implementation of MECC PSAG</p>	<p>PCT to provide MECC data regarding 4 week quitters ; Linda Offord asked for data</p>	
<p>3. Awareness of what is available for brief intervention for staff</p>	<p>Amanda Wilson, exercise for cancer programme to meet with Graeme Mitchell re lifestyle referrals</p>	<p>Not determined yet but not required for MECC CQUIN Collated quarterly</p>	<p>Graeme Mitchell Heidi Smith Jess Hancox Amanda Wilshaw</p>	<p>No. of patient referrals made to excise for cancer programme No. of staff trained in Brief Intervention for cancer programme</p>	<p>Number of referrals made to service No data received Patient Lifestyle leaflets to be distributed to all clinical areas 3/9/12</p>	
	<p>B14 – Alcohol Liaison Nurses Staff trained in Brief intervention smoking and alcohol</p>	<p>Not determined yet but not required for MEC C CQUIN Collated quarterly</p>		<p>Monthly referral data from new service provider Aquarius Monthly returns from Matron Pinches re training data and referrals</p>	<p>Alex Pinches to provide monthly data on Alcohol referrals and training records Matron Pinches asked to provide. No returns received yet – new provider Aquarius has been asked to send data.</p>	

