

Tavistock and Portman CQUIN Targets

Full Financial year results

2014/15

Generic CQUIN Targets

	Detail of indicator	Performance at Q4	Progress	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG
Friends + Family Test	Indicator 1a – Implementation of Staff Friends + Family (FFT) Test by TPFT by 30 May 2014.	Achieved in Q1	Achieved. Implementation.				
Friends + Family Test	Indicator 1b – Early Implementation of Service User FFT by 1 October 2014	Achieved	Achieved. This data is collected via the patient ESQ Experience of Service questionnaire.	N/A	N/A		
Friends + Family Test	Indicator 1c – Full implementation of Service User FFT by 1 January 2015.	Achieved	Achieved. This data is collected via the patient ESQ Experience of Service questionnaire.	N/A	N/A		
Physical Health	Indicator 2 – Appointing clinical leader and training of Mental Health (MH) staff for Physical Health for People with MH Problems. (Q1 Appoint Trust Lead, End Q3 Develop and agree action plan to implement programme for ensuring staff are discussing and supporting service users and end Q4 Evidence all milestones set out in Action Plan have been achieved.)	Report in Q3	Target achieved.		N/A		
CAMHS Experience of Service (ESQ)	Indicator 3a – User Satisfaction (Target 75% satisfaction). Percentage of service users reporting satisfaction with the service as measured against CHI-ESQ.	97%	Target achieved.				
CAMHS ESQ	Indicator 3b – User Satisfaction with Explanation of Help (Target: 75% satisfaction). ESQ analysis 2012/13 identified a specific area for improvement in relation to the following statement “Satisfaction with explanation of help available”.	83%	Target achieved.				
SAAMHS Outcome monitoring	Indicator 4a - For the Total CORE scores to indicate an improvement from pre-assessment (Time 1) to End of Treatment (Time 2) for 50% of patients.	53%	Target achieved. We are pleased to report that we exceeded our target, as 53% of patients who completed the CORE forms at time 1 and Time 2 showed an improvement in their Total CORE score from the pre to the End of Treatment stage.				
SAAMHS Outcome monitoring – End of Treatment	Indicator 4b – For the total CORE scores to indicate an improvement from pre-assessment (Time 1) to post-assessment (Time 2) for 65% of patients over the age of 25.	57%	Target not achieved.				

SAAMHS	Indicator 5a – Smoking Cessation - Recording of smoking status for all new service users (aged 18 and over) who have received 2 appointments during each quarter in 2014-15. ¹	81%	Target achieved.				
SAAMHS	Indicator 5b – Smoking Cessation - Provision of smoking cessation advice to all service users identified as smokers with advice on local stop smoking services. (Based on an audit of case notes of 25% of service users who have been identified as smokers in 5a.) ¹	99%	Target achieved.				
CAMHS Outcome Monitoring + Clinical Effectiveness	Indicator 6 - For at least 75% of patients (attending CAMHS who qualify for CQUINS) to achieve an improvement in their score on the Goal Based Measure from Time 1 pre assessment and Time 2 (6 month or end of therapy) on 2 targets, but only for patients who have attended at least 4 appointments and who completed GBM at Time 1.	75%	Target achieved.	N/A	N/A		
CAMHS Length of Treatment	Indicator 7 – All new cases whose first treatment attendance was 1 November 2012, or after, should not be in treatment for longer than a maximum of 2 years EXCEPT where longer treatment is specifically agreed.	2%	2% of the cases have stayed open for longer than 2 years. 100% of these have agreement from the senior clinical manager (24/24).	N/A	N/A		

¹ City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) figures are included in both SAAMHS Indicator 5a and 5b

Specialist - GIDS CQUIN Targets ²

GIDS CQUINS				
CQUIN	Detail of Indicator	Performance at Q4	Progress	Quarter 4 RAG
ESQ	To collect and report on ESQ data	Achieved target.	GIDS are reporting their ESQ figures on a Quarterly Basis.	
Audit workshop	To host a collaborative audit workshop.	Achieved target.	GIDS hosted the collaborative audit workshop on 10 th March and have produced a single provider report.	

² GIDS: Gender Identity Development Service

Specialist - Portman CQUIN Targets

CQUIN Target	Detail of indicator	Performance at Q4	Quarter 4 RAG
Specialist Outcome Monitoring	Indicator 1 For a 100% of SWAP'S to be completed by clinicians for patients (attending Specialist Services who qualify for CQUINS) at assessment who are offered treatment.	100% of SWAP's completed by clinicians to date.	
Specialist Outcome Monitoring	Indicator 2 For at least 65% of patients (attending Specialist Services who qualify for CQUINS) to show improvement form Time 1 to Time 2 on PROM target.	100% of patients with a PROM for Time 1 and Time 2 show an improvement.	

SWAP

The Shedler-Westen Assessment Procedure-200 (SWAP-200) is a clinician-rated assessment measure of personality disorders. It was introduced as a diagnostic and outcome measure of personality difficulties for all Portman Clinic patients assessed and offered treatment from 1st April 2010 onwards.

SWAP																			
Target 100%	2010 - March 2013			Q1				Q2				Q3				Q4			
	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 4	Time 1	Time 2	Time 3	Time 4	Time 1	Time 2	Time 3	Time 4	Time 1	Time 2	Time 3	Time 4
<i>Time 1= start of treatment Time 2 = after 1 year of treatment</i>																			
No. of patients offered treatment in Q3				11				5				5				12			
No. of SWAPs completed by clinicians for patients at assessment who are offered treatment.				11	6	12	5	5	3	3	1	5	4	3	1	12	4	0	4
% of SWAPs completed by clinicians for patients at assessment who are offered treatment.				100				100				100				100			

PROM

For their PROM (patient-reported outcome measure), the Portman Clinic has designed the Presenting Problems Monitoring Questionnaire (PPMQ). The PPMQ, which is specific to the patients seen at the Portman Clinic, describes the frequency of the presenting problems or index behaviours which brought the patient to the Portman Clinic for help at the time when the patient was referred or, if the patient has recently been convicted, prior to the conviction. The measure is completed by the clinician with the patient at the end of the assessment, and at six-monthly intervals at the end of therapy. The Portman Clinic anticipates a reduction in 'problem' frequency at six months from baseline for the majority of their patients, as a consequence of therapy.

PROM				
<i>Patients included in sample :</i> <i>All patients who begin treatment >1.4.15 or in 2014-15 but have not completed 6 months by 1.4.15 and have a completed PROM at the end of assessment</i>				
<i>Target 65% to show improvement</i>	Q1	Q2	Q3	Q4
Number of patients with 1 completed PROM	11	5	5	12
Number of patients with 2 completed PROM's	4	2	2	6
Number of patients who show improvement form time 1 and time 2	4	2	2	6
% patients showing improvement time 1 to time 2	100%	100%	100%	100%