Trust Board Paper Q

To:	Trust Board
From:	Mark Wightman, Director of Marketing & Communications
Date:	27 June 2013
CQC regulation:	All applicable

Title: Making Every Contact Count (MECC) Progress Report for 12/13 and Implementation Plan for 13/14

Author/Responsible Director:

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Purpose of the Report:

To provide an update on progress made during 2012/13 and to seek Board approval for the 13/14 MECC Implementation Plan

The Report is provided to the Board for:

Decision Discussion Х

Assurance

Endorsement

Summary / Key Points:

The aim of Making Every Contact Count (MECC) is to improve the health of the population by using every contact with an individual to maintain or improve their mental and physical health and wellbeing.

MECC was one of the Regional CQUINs for 12/13 and is now a locally agreed CQUIN scheme for 13/14

Following review of UHL's MECC Implementation Plan by Public Health and Commissioners, the 12/13 thresholds were considered to have been met and 100% of CQUIN monies paid (see Appendix 1).

Those areas of the plan not fully completed have been 'rolled over' into 13/14.

The implementation plan for 13/14 has been drafted by the LLR MECC Steering Group and is submitted for approval by the Trust Board (Appendix 2).

The MECC Plan for 13/14 will continue to include actions to increase advice being offered to patients who smoke or are at risk of harmful drinking.

Public Health requested that the MECC plan included offering advice about 'healthy eating' and 'exercise'. Following discussion with commissioners, it has been agreed to start implementation in the pre-assessment clinics.

Recommendations:

To approve the 13/14 MECC Implementation Plan



NHS Trust

Previously considered at another c	orporate UHL Committee?				
Yes - At the UHL MECC Steering Group on 14 th June 2013					
Board Assurance Framework:	Performance KPIs year to date:				
Resource Implications (eg Financia	 , HR):				
Yes – potential loss of CQUIN monies					
Assurance Implications:					
Patient and Public Involvement (PPI) Implications:					
Stakeholder Engagement Implications:					
Yes – Commissioners					
Equality Impact:					
Information exempt from Disclosure:					
Requirement for further review?					

APPENDIX 1

Work Stream	Action	Exec Lead	Comple tion Date	Stat us	Progress - Q4	
MECC	UHL MECC Board Lead confirmed	MLL	Jun-12	С	Mark Wightman, Director of Communications is MECC Board Level Lead	
MECC	UHL MECC Implementation Plan approved by Trust Board	MW	Jun-12	С	Approved at June Trust Board meeting	
MECC	UHL Implementation Lead confirmed	MW	Jun-12	С	Rebecca Broughton, HOE Implementation Lead until Full Time MECC lead appointed	
MECC	Establish UHL MECC Steering Group (linked to LLR MECC Steering Group_	MW	Jun-12	С	Steering Group established - Chaired by MW.	
MECC	Assessment of lifestyle risk factors to be incorporated into new Nursing Documentation	CR	Nov-12		New documentation now in place. However recent audit has identified potential need to revise Health Promotion section	
MECC	Recruit MECC Advisor	MW	Dec-12	С	Commenced post on 18th March	
MECC	MECC Communication Strategy agreed and implemented	MW	Jun 12 and ongoing	с	MECC incorporated into UHL communication channels using Desktop Intranet, Staff Magazine, etc MECC insite page updated with MECC advisor contact details, information regarding the importance of staffs asking about lifestyle, alcohol harm reduction and smoking cessation added to public facing internet pages.	
MECC	MECC Smoking Cessation, Alcohol Reduction Training Programme agreed and incorporated into existing Educational Programmes focusing on priority areas	MW	Sep 12 and ongoing	С	Education and awareness raising via Intranet and Staff Magazine plus 'Road Shows'. Smoking cessation is part of 'essential to role' training, alcohol harm reduction has recently been added to this programme. Time slot has been identified in mandatory training (72 dates) for acute care, commenced in Apr '13.	
MECC	MECC 'Smoking Cessation' and 'Alcohol Reduction' training tools developed (taking into account currently available packages and UHL's eductional strategy)	MW	Sep-12	с	MECC message incorporated into Smoking Cessation and Alcohol Reduction training sessions. Message being reinforced ward to ward by MECC advisor (priority areas identified from Q3 referrals). Visits to also inform advisor on further action regarding areas needing input and further training.	
MECC	Smoking Cessation and Alcohol Reduction training sessions delivered and numbers of staff trained monitored		Jun 12 and ongoing	С	Training being delivered by STOP advisor, MECC advisor and ALW. Ongoing, sessions being delivered and numbers monitored. Alcohol liaison team also delivering sessions covering MECC for student nurses.	
MECC	Scope appropriateness of incorporating MECC as part of core job descriptions	MW/ KB	Mar-13	tbc	Discussions with Human Resources commenced regarding the practicalities of incorporating commitment to health promotion in core job description.	

C = completed tbc = to be continued

Work Stream	Action	Exec Lead	Comple tion Date	Stat us	Progress - Q4
MECC	Review MECC for Staff and how ties into Well- being@Work	MW / KB	Mar-13	tbc	Discussions held with Wellbeing at work regarding the provision of healthy lifestyle information in consultations with staffs. Large amount of practical information and advice already available on UHL insite page for Wellbeing at work. Wellbeing is presently looking into an obesity awareness programme but this is still in the early stages.
MECC	Review of STOP data to inform future priorities and to look at their referrals to other services		Mar-13	tbc	Numbers of referrals to STOP reviewed, found to be increased upon Q3. Referral figures from LLR full year report identify a slight drop in ALW referrals on Q3 (although still greater than Q2 and Q1).
Smoking Cessation	Feedback of 11/12 Audit results and reinforce 'smoking cessation advice and referral' within: High risk inpatient areas (Respiratory, Cardiac, SAU and Breast Surgery, Outpatient clinics' (TIA, Diabetes, MaxFax, Vascular and Breast Antenatal Clinic. Pre-op assessment	MW	Jun-12	С	MECC audit shows good identification of smokers (and drinkers) in high risk areas identified. Advice and referral for specialist advice less well documented. This has identified areas to potentially work on in 13/14. (appendix 3)
Smoking Cessation	Smoking Cessation Advice and Referral' education and awareness raising sessions in Oncology	MW	Oct-12	С	Nursing and medical staff training given in Oncology & Haematology. Training is currently ongoing; several dates were completed in Q4 (with 32 members of staffs trained) further dates have been arranged. Since appointment of MECC advisor sessions now cover both smoking cessation and alcohol harm reduction messages. Training has been mainly nursing staff so far.
Smoking Cessation	Smoking Cessation Posters for both patients and staff to be displayed in all clinical areas. Referral form will be attached to the posters.	кн	Jul-12	С	
Smoking Cessation	Re-audit previous CQUIN areas and baselining then re-audit in Oncology	MW	Oct 12 & Mar 13	С	Reaudit commenced in October. Ongoing audit upon appointment of CQUIN audit clerks - Feb 13.
Smoking Cessation	Pilot Smoking Cessation 'hot clinics' within COPD to include evaluation of benefit and ongoing resource requirements	кн	Mar-13	С	Clinics ran from January to late March '13 visiting CDU and CCU. New model for service designed and due to commence in June '14
Smoking Cessation	Review and revise the UHL Smoking Cessation Policy.	AT	Nov-12	С	Reviewed in Nov '12

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Work Stream	Action	Exec Lead	Comple tion Date	Stat us	Progress - Q4	
Alcohol Reduction	Appoint additional Alcohol Liaison Workers	DS	Sep-12	С	Additional workers employed. To commence weekend and evening working during 13/14 and to then evaluate effectiveness - funded from CQUIN monies	
Alcohol Reduction	Confirm Priority Areas for 12/13. Potentially: Gastroenterology – (Ward 29, 30) and related departments ED, EDU, AMU 15 &16 (short stay Unit if resurrected) Metabolic medicine – (ward 31 and 38) Surgical - 18 LRI and 26, 27 LGH Stroke services – Ward 25, 26 Neurology – Brain Injury Unit other departments eg. ENT, Endoscopy	DS	Jun-12	C	Priority areas confirmed and ALWs raising awareness of their service on all 3 sites. The priority areas identifed are being visited by the MECC advisor to further raise awareness. 5 of the areas identified here were part of an admission paperwork audit looking at the identification of smokers and problem drinkers and advice given. This has identified areas to potentially take forwards in 13/14.	
	Finalise joint employee alcohol awareness raising campaign in collaboration with LPT	DS	Aug-12	С	Joined up message developed with LPT.	
Alcohol	Review and amend the Leics Emergency Dept Paddington Alcohol Test (LEDPAT) risk assessment tool in collaboration with ED	DS	Aug-12	с	The Leics Emergency Dept Paddington Alcohol Test (LEDPAT) was reviewed and amended 02/13. Guidelines for Acute Alcohol Withdrawl Management updated in 03/13.	
	Increase presence of ALW within ED and EDU to promote brief interventions and referrals	DS	Mar-13	tbc	Alcohol liaison team have actively promoted LEDPAT tool for use in ED and EDU. Training for SPR's in EDU has been delivered. Alcohol liaison link nurses are being identified in the department.	
Alcohol Reduction	Extend ALW service to Glenfield and LGH wards, to include staff training on 'brief interventions' and raising awareness of referral process to ALW	DS	Dec-12	С	Alcohol liaison workers now attend Glenfield.	
Healthy Eating / Exercise	Confirm referral pathway for Primary Care services to support Exercise and Healthy Eating	MW	Mar-13	tbc	Agreed with Public Health that smoking cessation and alcohol harm reduction were to be UHL priorities for 12/13.	
	Raise awareness and identify priority areas for Healthy Eating and Exercise signposting in 13/14	MW	Mar-13	tbc	Carry forward to 13/14, MECC advisor to investigate practicalities of liaising with dietetics regarding input in Healthy Eating and physiotherapy regarding Exercise.	

University Hospitals of Leicester

13/14 MAKING EVERY CONTACT COUNT 'MECC' IMPLEMENTATION PLAN

WORK STREAM	ACTION	TIMESCALE	LEAD
COMMUNICATION	Review and update Comms Plan to also include Healthy Eating and expansion of criteria for referring patients for 'Harmful Drinking'	End June 13	MECC Advisor / Head of Comms
	Programme of 'Road Shows' in the Restaurants in collaboration with STOP and ALW and ?Dietetics	Commence July 13	MECC Advisor
EDUCATION	Confirm MECC training plans with Divisional Training/Ed Leads, to include AHPs, HCAs, Medical and Nursing Staff	End June 13	MECC Advisor
	Provide Smoking Cessation, Alcohol Awareness and MECC teaching sessions in line with agreed plan	End Mar 14	MECC Advisor / STOP / ALW Lead
	Assess staff's awareness and review referral patterns and audit data for each ward/clinic area	End June 13	MECC Advisor
12/13 MECC PROGRESS REVIEW	Agree '13/14 MECC plan' for wards/clinics with higher numbers of patients that smoke or at risk of harmful drinking	End June 13	MECC Advisor
	Agree and implement process for MECC advice/referrals within the Pre-Assessment Clinics	Jul 13	MECC Advisor / Pre- Assessment Lead Nurses

WORK STREAM	ACTION	TIMESCALE	LEAD
WORKFORCE	Roadshows, poster campaigns and teaching sessions to include focus on 'MECC for staff' in collaboration with 'Wellbeing at Work' team and Occupational Health	Commence July 13	MECC Advisor
SMOKING CESSATION	Evaluate 'Bedside project' and agree priorities for 13/14	Jun 13	STOP
ALCOHOL REDUCTION	Extend hours of working for Alcohol Liaison team, to include evenings and weekends		ALW Lead
HEALTH EATING AND EXERCISE	Scope and agree plan for introducing 'healthy eating' and exercise advise as part of the Pre Assessment Process	Jul 13	MECC Advisor / ITAPs Medical/Nursing Leads
	Scope use of Patient Centre for capturing Smoking Status	Oct 13	MECC Advisor
DOCUMENTATION	Review of MECC section within the 'Green to Go' and Nursing Assessment documentation, in collaboration with Senior Nurse for Clinical Practice	July 13	MECC Advisor
	Confirm referral pathway for services to support Healthy Eating	Jul 13	MECC Advisor
PATIENT INFORMATION	MECC information to be included in the revised Bed-Side Patient Information Booklets	Oct 13	CRR CBU Lead Nurse