**d/Deaf Communications CQUIN Reporting Template 2019-20**

|  |  |
| --- | --- |
| Provider | *Enter text* |
| Service name (including ward names) | *Enter text* |
| Level of security (medium/low/non-secure) | *Enter text* |
| Male/Female | *Enter text* |
| Service Type | *Enter text* |
| Name of lead in provider completing template | *Enter text* |
| NHS E Commissioning Team managing contract | *Enter text* |
| Name of Lead for contract from NHS E Commissioning Team | *Enter text* |

## **Quarter 1**

|  |  |
| --- | --- |
| Trigger 1 part 1 | Evidence that skills profiling exercise has been completed, training needs identified |
| *Enter text* |
| Outcome of skills profiling exercise |
| *Enter text* |
|  |  |
| Trigger 1 part 2a | Outcome of audit of patient communication assessments identifying number of patients related |
| *Enter text* |

Please attach any additional evidence separately.

## **Quarter 2**

|  |  |
| --- | --- |
| Trigger 1 part 2b | organisational portrait setting out roles/responsibilities assigned to named individuals and meeting/committee structure that shows accountability and decision-making structures and identifies responsibility for attending provider network/Deaf Advisory Group in Quarter 3 |
| *Enter text* |
| Trigger 1 part 3 | Set out progress against plan metrics and active participation in network/DAG with evidence of co-production in delivery |
| *Enter text* |
| Trigger 1 part 4 | Provide details of organisational plan in response to baseline assessment outcomes conducted in Q1, including delivery metrics, timescale and allocation of financial resources and approach to co-production.Include data showing no. patients admitted in Q1, provide evidence and data evidence of assessments completed |
| *Enter text* |
|  |  |
| Trigger 3 part 1 | Provide evidence that evaluation tools have been developed and preparations made for reporting in Q4 including evidence of co-production |
| *Enter text* |

Please attach any additional evidence separately.

## **Quarter 3**

|  |  |
| --- | --- |
| Trigger 2 part 1 | Provide a narrative report setting out progress against plan metrics |
| *Enter text* |
| Trigger 2 part 2 | Provide evidence of active participation in network/DAG |
|  | *Enter text* |

Please attach any additional evidence separately.

## **Quarter 4**

|  |  |
| --- | --- |
| Trigger 2 part 1 | Provide a narrative report setting out progress against plan metrics |
| *Enter text* |
| Trigger 2 part 2 | Provide evidence of active participation in network/DAG |
|  | *Enter text* |
| Trigger 2 part 3 & 4 | Number of new patients admitted in previous quarter and evidence of completed communication assessment for allNumber of existing patients and % with completed All About Me Recovery PlanNumber of new of patients admitted in previous quarter and % with completed All About Me Recovery |
| *Enter text* |
|  |  |
| Trigger 3 part 2 | Provide evaluation of impact and refreshed change programme reflecting outcome for implementation from Q1 year 2  |
|  | *Enter text* |
| Trigger 3 part 3 | Co-produced annual report of progress over previous quarters including outcome of evaluation and updated delivery plan in response to findings including embedded evidence of achievement against metrics for continued implementation of communications assessments for all new patients and roll out of All About Me Recovery Plans. Include case vignettes demonstrating impact for carers and patients. |
|  | *Enter text* |

Please attach any additional evidence separately.

## Appendix: PSS5 d/Deaf Communications Triggers Y1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trigger** | **Sub trigger requirement (extracted from published CQUIN indicator template)** | **Qs** | **Value (% of year)** | **Reporting detail** |
| Trigger 1 | Using guidance in appendix, each provider 1. Establish baseline service position of team skills and capabilities to undertake communication assessments and implement All About Me Recovery Tool and/or the Deaf CAMHS Assessment and identify change required 2a. Complete baseline quantitative and qualitative audit of patient communication assessments  | Y1Q1 | 5% | Trigger 1-3: All data collected via national template. |
| 2b. Establish service/organisational governance infrastructure, reporting, engagement and communication processes needed to oversee and deliver service change programme over years 1 and 23. Evidence of work with national deaf provider network and Deaf Advisory Group to enable sharing of national intelligence and development of inter-organisational working, design and delivery of national training programme 4. Agree the required local service change programme including local training plan, outcome metrics, delivery mechanisms/approach and resources to deliver improvements against baseline in each service | Y1Q2 | 5% |
| Trigger 2 | Using guidance in the appendix, provider to demonstrate 1. Active implementation of change programme including use of All About Me and/or Deaf CAMHS Assessment, team training and delivery of communications assessments against agreed programme metrics 2. Evidence of active contribution to work of National Deaf Advisory Group and National Provider Network 3. Sunburst Tool Communications assessment/CAMHS Communication Profiles completed for >25% of existing patients by end of Q4 and all new admissions in previous quarter 4. All About Me Recovery planning used for >25% of existing patients by end of Q4 and 100% of new patients admitted in previous quarter | Y1Q3 | 0% |
| Y1Q4 | 80% |
| Trigger 3 | 1. Evidence of development of evaluation tools and preparation for reporting in Q42. Evaluation of impact and refreshed change programme reflecting outcome for implementation from Q1 year 3. Annual report co-produced with patients, staff and carers/families – reflecting on changes made and impact with recommendations for continued action in year 2  | Y1Q2 | 0% |
| Y1Q4 | 10% |