

Quality payments

Commissioning for Quality and Innovation (CQUIN) payment framework

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence, by linking a proportion of NHS providers' income to the achievement of local quality improvement goals.

2017 – 2019

TEWV have agreed a number of CQUIN schemes for 2017/18 and 2018/19, as they have been as 2 year schemes, which are listed below:

- 10 Non Specialist CQUINs (9 national and 1 local)
- 1 Health & Justice CQUIN
- 4 Specialist CQUINs

You can find out more information about the national CQUIN schemes here:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

Non Specialist CQUINs covering: Tees, Durham & Darlington, North Yorkshire and Vale of York CCGs

Indicator No.	Indicator Name	Description of Goal
1a	Improvement of staff health and wellbeing	<p>The aim of this CQUIN is to: Achieve a 5 percentage point improvement in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress.</p> <ol style="list-style-type: none">1. Question 9a: Does your organisation take positive action on health and well-being? Providers will be expected to achieve an improvement of 5% points in the answer "yes, definitely" compared to baseline staff survey results or achieve 45% of staff surveyed answering "yes, definitely".2. Question 9b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 85% of staff surveyed answering "no".3. Question 9c: During the last 12 months have you felt unwell as a result of work related stress? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 75% of staff surveyed answering "no".

<p>1b</p>	<p>Healthy food for NHS staff, visitors and patients</p>	<p>The aim of this CQUIN is to: Providers will be expected to maintain the four changes that were required in the 2016/17 and then introduce three new changes to food and drink provision:</p> <ul style="list-style-type: none"> a.) 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml). b.) 60% of confectionery and sweets do not exceed 250
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		<p>kcal.</p> <p>c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g</p> <p>In Year two (2018/19) the targets are raised to 80%, 80% and 75% respectively.</p>
1c	Improving the uptake of flu vaccinations for frontline clinical staff within Providers	<p>The aim of this CQUIN is to: Achieve an uptake of flu vaccinations by frontline clinical staff of 70% in year 1 & 75% in year 2</p> <p>This is because: Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season - a much higher incidence than expected in the general population.</p> <p>Influenza is a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.</p>
3a	Cardio metabolic assessment and treatment for patients with psychoses	<p>The aim of this CQUIN is to: Demonstrate that all patients have received cardio metabolic assessment and treatment if they have a diagnosis of psychoses and are in the following services:</p> <ol style="list-style-type: none"> Inpatient wards. <u>All</u> community based mental health services for people with mental illness (patients on CPA), excluding EIP services. Early intervention in psychosis (EIP) services. <p>And in addition, for 2018/19 To demonstrate positive outcomes in relation to BMI and smoking cessation for patients in early intervention in psychosis (EIP) services.</p>
3b	Collaboration with primary care clinicians	<p>The aim of this CQUIN is to: Achieved 90% of patients in the audit sample for whom the mental health provider has provided to the GP* an up-to-date copy of the patient's care plan/CPA review letter or a discharge summary which sets out details of all of the following:</p> <ol style="list-style-type: none"> NHS number All primary and secondary mental and physical health diagnoses Medications prescribed and recommendations (including duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication).

		<p>iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified, as per the Lester Tool.</p> <p>v. Care plan or discharge plan</p> <p>*To take place within the following time periods:</p> <ul style="list-style-type: none"> • Within 48 hours for patients discharged as inpatients • Within 2 weeks for patients on CPA
4	Improving services for people with mental health needs who present to A&E	<p>The aim of this CQUIN is to: Encourage collaboration between providers across the care pathway and as such is to be applied to both acute providers and mental health providers. While it takes account of different responsibilities for providers, performance by both acute and mental health providers will be measured and shared across the pathway and will affect overall achievement against the CQUIN indicator. All mental health and acute providers subject to the scheme will therefore need to work together to ensure the successful delivery of all milestones and to achieve levels of performance necessary to release full reward.</p> <p>For 2017/18:</p> <ol style="list-style-type: none"> 1. Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable. <p>For 2018/19:</p> <ol style="list-style-type: none"> 1. Sustain the reduction in year 1 of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions. 2. Reduce total number of attendances to A&E by 10% for all people with primary mental health needs
5	Transitions out of Children and Young People's Mental Health Services	<p>The aim of this CQUIN is to: Incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.</p> <p>This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN:</p> <ol style="list-style-type: none"> 1. a casenote audit in order to assess the extent of Joint-Agency Transition Planning 2. a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness) 3. a survey of young people's transition experiences after the point of transition (Post-Transition Experience) <p>It applies for the following transfers of care:</p> <ul style="list-style-type: none"> • Young people transitioning out of CAMHS into Adult

		<p>Mental Health Services (AMHS)</p> <ul style="list-style-type: none"> • Young people transitioning out of CAMHS into other relevant CCG-commissioned services • Young people who are discharged from CAMHS solely to primary care rather than to another service in addition to primary care at the locally agreed age for transition.
9	Preventing ill health by risky behaviours – alcohol and tobacco	<p>The aim of this CQUIN is to undertake:</p> <ol style="list-style-type: none"> a) Tobacco screening - Percentage of unique adult patients who are screened for smoking status AND whose results are recorded b) Tobacco brief advice - Percentage of unique patients who smoke AND are given very brief advice c) Tobacco referral and medication offer - Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication d) Alcohol screening - Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems e) Alcohol brief advice or referral - Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral
10	Virtual Recovery College	<p>The aim of this CQUIN is to:</p> <p>Develop an online publicly available information resource and online learning platform for residents of TEWV localities with a focus on personal recovery and self-management.</p> <p>Access to Recovery Colleges is a key part of the Trust's Recovery Strategy. As it is not possible to open physical Recovery Colleges in all of the Trust's localities, we propose to develop an online resource which will offer both:</p> <ul style="list-style-type: none"> • A publicly available website with information about a range of mental health topics written by both professionals and experts by experience • An online learning platform which can be accessed by people living in TEWV localities.

Health and Justice CQUINs covering Street Triage

Indicator No.	Indicator Name	Description of Goal
11	Patient Experience	<p>The aim of this CQUIN is to:</p> <ol style="list-style-type: none"><li data-bbox="662 369 1388 649">1. Establish robust systems to effectively engage with patients and to feedback on the outcomes of activity and decision making. <i>To note - The Provider will seek representative engagement and will strive to overcome barriers that prevent or discourage participation or involvement of "hard to reach" groups, for example by using interpreters, visual aids and adapting facilities for disabled people.</i><li data-bbox="662 683 1388 828">2. Embed a process for the systematic collation, analysis and triangulation of patient experience data from a variety of sources including complaints, Friends and Family Test, and patient surveys.<li data-bbox="662 862 1388 929">3. The provider must submit evidence on a 6 monthly basis that it is fully compliant with this standard.

Specialist CQUINs covering North East Specialist Commissioning Group

Indicator No.	Indicator Name	Description of Goal
MH2	Recovery Colleges for Medium and Low Secure Patients	<p>The aim of this CQUIN is to:</p> <ul style="list-style-type: none"> • Embed a recovery-based approach which will play a central role in achieving positive patient reported outcomes and improving patient experience. • Achieve improved clinical outcomes, reduced lengths of stays and fewer readmissions • Establish co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services
MH3	Reducing Restrictive Practices within Adult Low and Medium Secure Services	<p>The aim of this CQUIN is to:</p> <ul style="list-style-type: none"> • Reduce restrictive approaches which can have a beneficial financial effect by reducing cost pressures on services e.g. reducing levels of sickness, bank staff usage and improving staff morale • Develop, implement and evaluate a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services
MH4	Discharge and Resettlement from Specialised MH In-Patient Services Applies to: <ul style="list-style-type: none"> • Forensics • Adult Eating Disorders • CAMHS Tier 4 	<p>The aim of this CQUIN is to: Achieve at least a 10% reduction in the current average LOS. Discharge planning should commence sufficiently early in the patient's pathway to enable patients to move on when active treatment has finished and patients are ready for discharge.</p> <p>Providers will be expected to:</p> <ul style="list-style-type: none"> ➤ establish or appropriately to enhance a system for specifying and recording estimated discharge dates (EDD) for all admissions, with commissioner and independent expert involvement and involving and informing the service-user ➤ create a system, with funded provider resource, to plan discharge in advance of expected discharge date, building upon existing – Care Programme Approach (CPA) reviews and Care and Treatment Reviews (CTR) ➤ create a system to review each delay if not resolved within the specified timeframes ➤ create a fund to be used to reduce delays caused by issues of minimal expenditure ➤ agree an ambition for year two for reduction in bed days in excess of original expected date of discharge, based upon a detailed strategy and implementation plan, agreed with stakeholders. This will set out how the provider will implement plans for optimising the care pathway from admission to discharge and work with stakeholders as appropriate to deliver the target set for their service and speciality.

MH5	CAMHS Inpatient Transitions to Adult Care	<p>The aim of this CQUIN is to:</p> <ul style="list-style-type: none">• improve children and young people’s experience of transition from children’s to adult’s mental health services• improve children and young people’s outcomes following transition• improve children, young people, parent and carer involvement <p>To ensure the safe transfer of care for children and young people.</p> <p>To reduce the number of delayed transfers of care from inpatient services and impact on length of stay.</p> <p>To maximise the effective utilisation of inpatient capacity.</p>
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