



*Corby Clinical Commissioning Group and Nene Clinical Commissioning Group*

**NHS Nene and NHS Corby  
Clinical Commissioning Groups**

**Annual Commissioning for  
Quality and Innovation  
(CQUIN) Report**

**2015-2016**

## **2015/16 CQUIN Annual Achievement Report**

### **1. Introduction**

The Commissioning for Quality and Innovation (CQUIN) payment framework is a national framework that enables commissioners to reward excellence, by linking a proportion of the providers' income conditional to the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and Provider, with active clinical engagement. From April 2009, CQUIN schemes were developed annually, and in line with the NHS Operating Framework, published guidance on the CQUIN framework.

The CQUIN framework is intended to reward excellence and encourage a culture of continuous quality improvement in all providers. Each provider of acute, ambulance, care home, community, and mental health and learning disability services on the NHS Standard Contract is entitled to earn the nationally specified percentage of contract value subject to agreeing and achieving goals in a CQUIN scheme. CQUIN payment was calculated as 2.5% of the Actual Outturn Value of the provider contract in 2015/16.

Local CQUIN themes for 2015/16 for the three main NHS providers were developed under the following themes:

#### **Stroke**

All three trusts developed CQUIN schemes aimed at improving care of patients who had had a stroke. The focus of the schemes was on delivery of speech and language therapy and psychological input.

#### **Cancer**

Both acute trusts developed CQUIN schemes to improve the care of patients within specific cancer pathways.

#### **Integrated care closer to home**

All three trusts developed schemes to try and improve integrated care closer to home. These schemes focused on the following clinical areas:

- End of Life Care
- Maternal Mental Health
- Heart Failure

#### **Clinical Collaboration**

Key to all schemes was the focus of clinical collaboration and the three main NHS trusts were required to evidence improved clinical collaboration and shared learning as part of their CQUIN schemes.

CQUIN schemes were developed for the full year for the following providers:

- Kettering General Hospital Foundation Trust (KGH)
- Northampton General Hospital (NGH)
- Northampton Healthcare Foundation Trust (NHfT)
- East Midlands Ambulance Service (EMAS)
- Woodland Hospital - Ramsay
- Three Shires Hospital – BMI

Performance against CQUIN schemes is monitored through Clinical Quality Review Meetings or Contract Review Meetings with providers. Achievement is reviewed each quarter through the CCG CQUIN review panel (quarterly performance detail can be seen at appendix 1). Led by the quality team, this panel also has representatives from the contracting, finance and joint commissioning teams and collectively agrees achievement for each provider and makes recommendations to the executive teams regarding this.

The purpose of this report is to provide an overview of achievement on meeting the CQUIN scheme requirements this year.

## **2. Summary of Achievement**

Summary of achievement for 2015/16 can be found at appendix 1.

## **3. KGH**

The trust elected to adopt the default tariff rollover (DTO) contract for 2015/16. This contract option did not attract payment for CQUIN performance. Nevertheless the trust voluntarily chose to undertake both national and local CQUINs.

### **3.1 National CQUINs**

There were four national CQUIN goals applicable to KGH in 2015/16:

#### **3.1.2 Acute Kidney Injury (AKI)**

This CQUIN focused on AKI diagnosis and treatment in hospital and the plan of care to monitor kidney function after discharge, this was measured through the percentage of patients with AKI treated in an acute hospital whose discharge summary included each of four key items of information listed below:

- Stage of AKI (a key aspect of AKI diagnosis);
- Evidence of medicines review having been undertaken (a key aspect of AKI treatment);
- Type of blood tests required on discharge for monitoring (a key aspect of post discharge care);
- Frequency of blood tests required on discharge for monitoring (a key aspect of post discharge care).

**Outcome:** The end of year achievement, whilst demonstrating a sustained improvement during the year, did not meet the national threshold for full payment. On this basis the CQUIN was assessed as being partially achieved.

### 3.1.3 Sepsis

This CQUIN had two elements:

1. To ensure that patients arriving in the hospital via the Emergency Department (ED) or by direct emergency admission to any other unit (e.g. Medical Assessment Unit) or acute ward for whom sepsis screening was appropriate were screened for sepsis using an appropriate tool.
2. To rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock.

**Outcome:** The trust did not fully meet either requirement for this CQUIN. For the screening requirement the trust provided evidence for a baseline and demonstrated an improvement on that baseline during quarter two. This was not sustained throughout quarters three and four.

Sepsis antibiotic administration performance mirrored that of sepsis screening with an improvement against the baseline demonstrated during quarter two and not sustained in quarters three and four.

### 3.1.4 Dementia

This CQUIN had three elements

**Dementia FAIRI:** The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, the number referred on to specialist services and the numbers of patients who have a *plan of care on discharge* that has been shared with general practice.

**Dementia clinical leadership:** The provider had to develop a local training programme and report quarterly to their board numbers and overall percentage of staff who had completed the training.

**Dementia supporting carers:** The provider had to demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported and reported the results to their Board biannually.

**Outcome:** Dementia FAIRI: the trust failed to meet the requirements of this CQUIN in each quarter during 2015/16 with performance in quarters one and two, although steady at c70%, falling below the requirement for the cases identified and then deteriorating during both quarter three and further into quarter four to less than 30% with a similar pattern demonstrated for assessment performance. Dementia Clinical Leadership and supporting carers: the trust provided evidence of a clinical lead and detailed reports relating to training and development of staff. However the CQUIN requirement to provide information to demonstrate the percentage of staff trained, and the outcome of the audit of training, was not provided to the board. The trust did not report the outcome of a carers' survey to the board. On this basis the CQUIN requirement was not met.

### 3.1.5 Reducing the proportion of avoidable emergency admissions to hospital

This CQUIN was adapted locally and aimed to improve the experience of patients who were attending the trust with conditions that had been defined by the CQUIN technical specification as avoidable emergency admissions and increase the percentage of these patients as a proportion of all emergency admissions who were being seen and treated through the ambulatory care centre (ACC).

**Outcome:** Evidence of a significant reduction in the proportion of avoidable admissions was not available. In keeping with the CQUIN there needed to be a minimum of a 50% reduction in avoidable admissions. The information provided demonstrates less than minimum required. As such this CQUIN was not achieved.

### **3.2 Local CQUINs**

There were four local CQUINs:

#### **3.2.1 Cancer: Chemotherapy Services:** This local CQUIN had two parts:

Telephone follow ups for chemotherapy patients 7 days post day 1 treatments. Patients treated both as inpatients and outpatients receiving intravenous or combination intravenous and oral chemotherapy will receive a follow up telephone consultation assessment of toxicities 7 days post cycle day 1. Inpatient pre- chemotherapy assessment in emergency admissions for chemotherapy: haematology patients admitted for urgent/emergency initiation of chemotherapy treatments to receive pre-chemotherapy assessment prior to administration of chemotherapy.

**Outcome:** The trust was required to achieve an increasing percentage target for telephone consultation assessment and pre chemotherapy assessments by quarter. The trust performed well against each element this CQUIN and significantly exceeded the requirement for each quarter.

#### **3.2.2 End of Life: Implementation of the End of Life Care Strategy – End of Life Care Bundle**

This CQUIN has two parts which required first that the trust develop a care bundle for a defined patient segment/population and care setting that will result in significantly better outcomes, through an improved patient and carer experience and secondly that a strategy for end of life training is rolled out to staff.

**Outcome:** The trust made good progress in quarters one and two with baseline audits developed and evidence of roll out of both training and the care bundle developed. The trust also published their end of life strategy in November 2015. During quarters three and four the trust indicated that increasing numbers of staff had received training although was not able to provide details regarding the total numbers. The care bundle was rolled out to all appropriate wards. As such the CQUIN requirement across the year was partially met.

#### **3.2.3 Heart failure single point of access**

This required the trust to develop a business case for the integration of acute and primary care heart failure services, patients will have education for self-monitoring and life style advice.

**Outcome:** The trust developed a business case for a consultant led community heart failure service and has been in liaison with the CCGs' planned care team regarding implementation. As such the CQUIN requirement was met.

#### **3.2.4 Improving stroke care**

There are two elements to this CQUIN:

Firstly improved psychological support in stroke care: to improve psychological care to KGH stroke patients. The CQUIN involved the development and implementation of a pathway to screen for mood and cognitive impairment post stroke and training for staff, enabling them to deliver support for those with Level 1 and 2 psychological needs; and secondly the development and implementation of a training package to nursing and therapy assistants in the stroke team at KGH

to improve the delivery of speech and language therapy (SALT) to stroke inpatients along with review and business case for additional specialist speech and language therapy support for the stroke unit.

**Outcome:** The trust provided information in relation to training in psychological support that up to the end of quarter three 65% of suitable staff had received training. Information received in quarter four advised that while training had continued the percentage of staff trained was not provided. As such the CQUIN was partially achieved. For improvements in speech and language therapy the trust provided a business case for the increasing SALT resources within the team. The business case has been subject to internal trust processes during the year. No alternative plan regarding training was provided. As such the trust did not meet the requirements during quarters three and four and the CQUIN was partially achieved.

#### **4. NGH**

##### **4.1 National CQUINs**

There were four national CQUIN goals applicable to NGH in 2015/16:

##### **4.1.1 Acute Kidney Injury (AKI)**

This CQUIN focused on AKI diagnosis and treatment in hospital and the plan of care to monitor kidney function after discharge. This was measured through the percentage of patients with AKI treated in an acute hospital whose discharge summary included each of four key items of information listed below:

- Stage of AKI (a key aspect of AKI diagnosis);
- Evidence of medicines review having been undertaken (a key aspect of AKI treatment);
- Type of blood tests required on discharge for monitoring (a key aspect of post discharge care);
- Frequency of blood tests required on discharge for monitoring (a key aspect of post discharge care).

**Outcome:** The trust met all the requirements for achievement of this CQUIN. By the end of quarter four 90.5% of all discharge summaries contained the required four key elements.

##### **4.1.2 Sepsis**

This CQUIN had two elements:

- To ensure that patients arriving in the hospital via the Emergency Department (ED) or by direct emergency admission to any other unit (e.g. Medical Assessment Unit) or acute ward for whom sepsis screening was appropriate were screened for sepsis using an appropriate tool.
- To rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock.

**Outcome:** The trust met all requirements for achievement of this CQUIN. By the end of quarter four 92.5% of patients who should be were being screened for sepsis and 91.7% of patients who required antibiotics were receiving these within 1 hour.

##### **4.1.3 Dementia**

This CQUIN had three elements

**Dementia FAIRI:** The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, the number referred on to specialist services and the numbers of patients who have a *plan of care on discharge* that has been shared with general practice.

**Dementia clinical leadership:** The provider had to develop a local training programme and report quarterly to their board numbers and overall percentage of staff who had completed the training.

**Dementia supporting carers:** The provider had to demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported and reported the results to their Board biannually.

**Outcome:** Dementia FAIRI: The trust met the requirements of this CQUIN in every quarter during 2015/16. Dementia Clinical Leadership: the trust failed to establish their training programme in quarter one and report to their board but achieved this throughout the rest of the year so this element of the CQUIN was partially achieved. Dementia supporting carers: The trust met the requirements of this element of the CQUIN.

#### **4.1.4 Reducing the proportion of avoidable emergency admissions to hospital**

This CQUIN was adapted locally and aimed to improve the experience of patients who were attending NGH with conditions that had been defined by the CQUIN technical specification as avoidable emergency admissions and increase the percentage of these patients as a proportion of all emergency admissions who were being seen and treated through the ambulatory care centre (ACC).

**Outcome:** The trust met the requirements of the CQUIN. They were required to increase the percentage of patients with the defined conditions being seen through the ACC from 4.5% to above 8%, they reached 9.2%. The trust also evidenced action taken from patient feedback to improve patient experience.

## **4.2 Local CQUINs**

There were six local CQUINs:

### **4.2.1 Cancer Care: Electronic holistic needs assessment (eHNA) and care planning**

The trust were required to pilot the eHNA tool with patients referred from Oxford with a diagnosed neurological malignancy and by year end evidence through eHNA that concerns had been identified and written in a care plan in 100% of newly diagnosed patients. The trust were also required to invite representatives from KGH, NHFT and CCG to a countywide meeting to share learning.

**Outcome:** The trust met all the requirements of the CQUIN.

### **4.2.2: End of life**

This CQUIN focussed on the implementation of the AMBER care bundle on four medical wards. The AMBER care bundle was developed by Guys & St Thomas's hospital and provides a systematic approach to manage the care of hospital patients who are facing an uncertain recovery and who are at risk of dying in the next one to two months.

AMBER stands for:

- **Assessment**
- **Management**
- **Best practice**
- **Engagement**
- **Recovery uncertain**

The trust was also required to share learning through a countywide meeting.

**Outcome:** The trust achieved this CQUIN by providing evidence that they had held a countywide meeting and implemented the AMBER care bundle on Creaton, Allebone, Talbot Butler and Becket wards.

#### **4.2.3 Heart Failure.**

The trust had two CQUINs under the title of heart failure.

##### **4.2.3.1 Cardiac Rehabilitation**

The trust were required by end of February 2016 to have offered a total of 70 patients a broad cardiac rehabilitation programme which includes psychological, educational and exercise based elements. The trust were required to provide a report evidencing that at least 50% of these patients had undertaken at least one of the elements of their cardiac rehabilitation in the community and will include collaborative working with community services. The trust were also required to submit a summative report.

**Outcome:** The trust achieved all elements of this CQUIN. They offered the cardiac rehabilitation to 74 patients and 51% of the rehabilitation programme was undertaken in the community.

##### **4.2.3.2 Single point of access**

The aim of this CQUIN was to ensure patients with heart failure were reviewed by a member of the heart failure team prior to discharge and that these patients have direct access to the same heart failure team up to 4 weeks post discharge.

**Outcome:** The trust achieved all elements of the CQUIN and by quarter four the team had had 364 contacts from patients all of whom were given telephone advice. All patients who required rapid outpatient review received this and admissions were avoided. The trust has also begun to establish outpatient clinics in the community.

#### **4.2.4 Stroke**

The trust had two CQUINs under the title of stroke.

##### **4.2.4.1 Psychological support in stroke care.**

The aim of this CQUIN was to improve psychological care to NGH stroke patients. This was to be undertaken by developing and implementing a pathway to screen for mood and cognitive impairment post stroke and providing training for staff, enabling them to deliver support for those patient with Level 1 and 2 psychological needs. Evidence of improved psychological input was to be provided through the outcomes of SSNAP (Sentinel Stroke National Audit Programme)

**Outcome:** 92% of agreed staff received training, but the trust did not manage to improve their SSNAP results for psychological input to level A. An evaluation of the work was undertaken. The trust met the requirements of the CQUIN for quarters one to three and partially achieved the requirements in quarter four.

##### **4.2.4.2 Improving delivery of speech and language therapy (SALT) to stroke patients at NGH**

The aim of this CQUIN was to develop and implement a training package to nursing and therapy assistants in the stroke team to improve the delivery of speech and language therapy to stroke inpatients. Evidence of an improved amount of SALT was to be provided through the outcomes of SSNAP (Sentinel Stroke National Audit Programme)

**Outcome:** The trust trained 60% of identified staff and in quarter four delivered an additional 1095

minutes of SALT. However the trust did not improve their SSNAP results to the required level. This CQUIN was partially achieved.

## **5. NHft**

NHft had seven CQUIN schemes for 2015/16, three national and four local.

### **5.1 National CQUINs**

#### **5.1.1 Dementia**

This CQUIN had three elements

**Dementia FAIRI:** The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, the number referred on to specialist services and the numbers of patients who have a plan of care on discharge that has been shared with general practice. Provider to achieve 90% or more for each element of the indicator for quarter 4 2015/16 taken as a whole.

**Outcome:** The trust did not achieve 90% or more of each element and therefore did not achieve CQUIN.

**Dementia clinical leadership:** The provider had to develop a local training programme and report quarterly to their board numbers and overall percentage of staff who had completed the training. The trust had to achieve an overall compliance of 90%.

**Outcome:** The trust achieved 92% throughout community hospitals. Board reports were also evidenced. CQUIN achieved.

**Dementia supporting carers:** The provider had to demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported and reported the results to their Board biannually.

**Outcome:** The trust only partially achieved this CQUIN as they did not meet the requirements in quarter two.

#### **5.1.2a National CQUIN: Cardio Metabolic Assessment and Treatment for Patients with Psychoses**

For achievement the trust had to develop an implementation plan and provide evidence through audit results that demonstrated for 90% of patients the provider had undertaken an assessment of each of the following key cardio metabolic parameters, with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle interventions, medication review, treatment according to NICE guidelines and /or onward referral to another clinician for assessment, diagnosis, and treatment)

The parameters were:

- Smoking status;
- Lifestyle (including exercise, diet alcohol and drugs);
- Body Mass Index;
- Blood pressure;
- Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate);
- Blood lipids.

The implementation plan was submitted and progress provided throughout the year. The trust are awaiting the publication of their audit results from the Royal Collage of Psychiatrists however the

information submitted has been checked and although not yet published indicates that the trust did not achieve 50% across all areas to be eligible for minimum payment; therefore quarter 4 of this CQUIN was not achieved.

**Outcome:** The trust achieved an overall partial achievement.

**5.1.2b Communication with General Practitioners:** The trust had to complete an audit that demonstrates that, for 90% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient's care plan or a comprehensive discharge summary for patients with no CPA initiated during quarter 2.

**Outcome:** The trust did not complete the audit and therefore did not achieve this CQUIN.

**5.1.3 National CQUIN: 5 Urgent and Emergency Care:** The trust were required to reduce the proportion of avoidable emergency admissions to hospital following administration of first dose IV therapy. The indicator has been developed to ensure that patients needing first dose IV therapy receive highly responsive urgent care services outside of hospital. The introduction of community based preventative measures, guidance and pathways with an improved ambulatory care services at the hospital "front door" would both be expected to have a positive impact on this indicator.

**Outcome:** This CQUIN was partially achieved with quarter 2 being the only fully achieved quarter. The trust was unable to meet the trajectory of patients administered with IV therapy.

## **5.2 Local CQUINs**

**5.2.1 Local CQUIN 1 Implementing the end of life care strategy** – The trust were required to develop end of life care training and education within NHFT to ensure there is high quality consistent care for all patients who are thought to be in the last few days and hours of life.

**Outcome:** The trust has met all of the requirements across the year. This CQUIN has been achieved.

**5.2.2 Local CQUIN 2 Implementing the end of life care strategy – County wide, end of life care practice development** - This CQUIN aimed to bring NHFT, NGH and KGH end of life leads together to develop, co-ordinate and oversee the end of life care educational strategy.

**Outcome:** The trust has met all of the requirements across the year. This CQUIN has been achieved.

**5.2.3 Local CQUIN 3 Improving Maternal Mental Health Pathways: Education** - This CQUIN required the provider to develop education awareness and training to clinicians across both acute, mental health and primary care in Maternal Mental Health in order to provide support not only to the mother but partner /significant other including other member of the family.

**Outcome:** The trust partially achieved quarter one and fully achieved quarters two, three and four.

**5.2.4 Local CQUIN 4 Improving support in Perinatal Mental Health using Think Family approach and aligning the pathways** - To achieve this CQUIN the trust had to:

- Review how health visitor (HV) and adult mental health (AMH) maternal mental health pathways are aligned. Identify areas for improvement and implement recommendations for improvement to the aligned pathway
- HV and AMH Services will develop systems which capture information and activity relating to numbers of pregnant women and postnatal mothers with mental health problems
- HV and AMH will develop emotional, practical and informational support offered to all

partners and significant others with the mothers consent.

**Outcome:** The trust achieved all elements of this CQUIN.

#### **5.2.5 Local CQUIN 5 Psychological input into Stroke pathway : provision of education and training**

The CQUIN aimed to improve staff skills in dealing with stroke patients through:

- provide a train the trainer educational package to KGH and NGH,
- deliver training to NHFT staff in stroke beds within community hospital

**Outcome:** The trust achieved all elements of this CQUIN

**5.2.6 Local CQUIN 6 Clinical Psychological input into Stroke pathway** – This CQUIN aimed to improve the access to psychological interventions to patients on the stroke pathway. NHFT will provide clinicians to provide a psychological interventions service to the stroke pathway within NGH, KGH, NHFT community hospitals and community stroke pathway.

**Outcome:** The trust achieved all elements of this CQUIN.

### **6. EMAS**

EMAS has two national and three local CQUINs.

#### **6.1 National Schemes:**

##### **6.1.1 National Paramedic pathfinder – reducing rates of 999 calls which result in transportation to A&E.**

The scheme aimed to avoid unnecessary hospital admissions through the use of alternative pathways and the utilisation of the Paramedic Pathfinder. The development of the scheme aimed to build upon actions taken in 2014/15 with a programme of alternate pathway review across the whole East Midlands. Providing Commissioners with a broader understanding of the options available to frontline ambulance clinicians, identifying gaps in provision and capturing which schemes are perceived to be the most successful and clinically effective.

This CQUIN, therefore, required that the trust provide evidence of actions taken to reduce the proportion of avoidable emergency admissions to hospital by embedding the use of Paramedic Pathfinder into frontline practice.

**Outcome:** The trust provided evidence that actions had been taken in accordance with the CQUIN requirement.

##### **6.1.2 National: Reducing the proportion of avoidable emergency admissions to acute hospitals of patients with mental health (MH) conditions**

This CQUIN required that the trust demonstrate actions taken to improve the quality of care and patient experience in particularly the provision of compassion and treating patients with dignity and respect; and to embed a process for improving patient experience and patient safety and signposting alternative pathways for patients with mental health issues.

This required the trust to work collaboratively in the development of MH signposting options to reduce MH admissions to emergency departments, to plan for the development, implementation and evaluation of signposting options to support the reduction of emergency admissions of patients with MH needs, address any barriers to implementation and develop guidance for the roll out of the CQUIN to each of the localities

**Outcome:** The trust met the requirement for this CQUIN.

### **6.1.3 Local: Quality Everyday Initiative** (implemented on a regional basis).

'Quality Every day' is a method of ensuring that the trust focused on quality at every opportunity and has the benefit of ensuring that everyone understands quality and their responsibility to deliver a high quality service. The purpose of this CQUIN is to provide crews, stations and departments with a coordinated comprehensive and up to date range of standards which can be measured, providing accurate and timely feedback.

**Outcome:** The trust provided evidence of implementation of the quality everyday initiative and met the requirements for this CQUIN.

## **6.2 Two county based schemes were approved at the start of the year.**

### **6.2.1 Local: Frail Elderly Ambulance Liaison Officer** (Northamptonshire specific)

To provide two EMAS leads to integrate within the local health and social care community to support the local community of Frail, Elderly Persons and their carers to access the right care in the right time and in the right place. The FELO will facilitate a multi-agency approach to prevent avoidable ED attendance. The initiative includes care homes, residential homes and warden controlled environments.

**Outcome:** The trust completed the requirements for the year with the exception of quarter four when the information failed to demonstrate the requirements for contact with warden controlled facilities and also for reductions in conveyance. This resulted in 80% achievement for quarter four. As such this CQUIN was partially achieved.

### **6.2.2 Local: Increasing the access to early resuscitation attempts in remote areas (Lincolnshire specific).**

This CQUIN required that the trust identify challenging and remote locations where EMAS will face difficulty in providing a response to a cardiac arrest call within a timely nature (National standard response time is 8 minutes for a Red 1 Category). Following the identification of three groups of key locations, the scheme will formulate a delivery plan and ensure the placement of publically accessible automatic external defibrillators (AED) and train key members of these communities in the provision of basic life support.

**Outcome:** This CQUIN was monitored specifically through the co-ordinating commissioner and Lincolnshire CCGs. The CQUIN requirement was met.

## **7. Ramsay Woodland Hospital**

Ramsay Woodland hospital two local CQUIN schemes

### **7.1 Local CQUINs**

#### **7.1.1 Outpatient Letters - Improved quality and timeliness of Outpatient Letters**

The hospital was required to identify themes and trends in the system causing a delay in meeting a 5 working day target in dispatching outpatient letters following attendance for a T&O clinic. Then the hospital was required to establish systems and processes to improve timeliness and quality of outpatient letters.

**Outcome:** The hospital achieved this CQUIN. By the end of quarter four, 95% of letters had all required quality elements, 99% of letters were sent within five working days and 80% of patients who requested were copied into letters.

**7.1.2 Improved Discharge Process.** The aim of this CQUIN was that by the end of quarter four an increased number of patients (90%) would report that they were aware of who to contact should they have any post discharge concerns.

**Outcome:** The hospital did not achieve their 90% target but made significant progress towards this with 86% of patients reporting that they were aware of who to contact should they have any post discharge concerns. This CQUIN was partially achieved.

## **8. BMI Three Shires Hospital (TSH)**

BMI Three Shires had two local CQUIN schemes in 2015/16.

### **8.1 Local CQUIN**

#### **8.1.1 Outpatient Letters - Improved quality and timeliness of Outpatient Letters**

The hospital was required to identify themes and trends in the system causing a delay in meeting a 5 working day target in dispatching outpatient letters following attendance. Then the hospital was required to establish systems and processes to improve timeliness and quality of outpatient letters.

**Outcome:** The hospital achieved all elements of this CQUIN including over 95% of letters had all required quality elements, 95% of letters were sent within five working days and 92% of letters were copied to patients.

#### **8.1.2 Six Cs (1.25%)**

The hospital was required to provide evidence that a culture of compassionate care for nursing and care staff had been embedded. These values, known as the Six Cs are: Care, compassion, competence, communication, courage and commitment.

**Outcome:** The hospital achieved all elements of this CQUIN.

## **9. Conclusion**

During 2015/16 the review of CQUIN schemes has been developed to include input from contracts, finance, clinicians and commissioners alongside the quality team. This has led to a more robust review and challenge process of evidence submitted by providers. It is positive to note the achievements made from implementing the CQUIN schemes outlined in this paper.

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Quality Team

NHS Nene and NHS Corby Clinical Commissioning Groups

Not due	Achieved	Partially achieved	Not achieved
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KGH 15/16 CQUIN POSITION							
CQUIN goal	Description	% contract value	Q1	Q2	Q3	Q4	Year end
National CQUIN							
1.0 Acute Kidney Injury		NA	G	R	R	A	A
2.0 Sepsis	2.1 Sepsis screening	NA	G	G	G	R	A
	2.2 Sepsis antibiotic screening	NA	B	G	G	R	A
3.0 Dementia	3.1 Dementia Find, Assess, Investigate, Refer and Inform	NA	R	R	R	R	R
	3.2 Named lead clinician for dementia and appropriate training for staff	NA	G	G	R	R	A
	3.3 Dementia supporting carers of people with dementia	NA	B	G	B	R	A
4.0 Reducing the Proportion of Avoidable Emergency Admissions to Hospital		NA	B	B	B	R	R

<b>Local CQUIN</b>							
<b>5.0 Cancer Care - Chemotherapy Services</b>	Telephone follow ups for Chemotherapy patients 7 days post day 1 treatments	NA	G	G	G	G	G
	Telephone follow ups for Chemotherapy patients 7 days post day 1 treatments	NA	G	G	G	G	G
<b>6.0 End of life</b>	End of Life Care Bundle	NA	G	G	G	A	A
	End of Life Care Training and Education Strategy	NA	G	G	R	A	A
<b>7.0 Heart Failure</b>	Single point of access	NA	G	G	G	G	G
<b>8.0 Stroke</b>	Improved Speech & Language Therapy Service	NA	G	G	G	A	A
	Improved Psychology Support	NA	G	G	R	R	A

<b>NGH 15/16 CQUIN POSITION</b>							
<b>CQUIN goal</b>	<b>Description</b>	<b>% contract</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year end</b>

		value					
National CQUIN							
1.0 Acute Kidney Injury		0.25%	G	G	G	G	G
2.0 Sepsis	2.1 Sepsis screening	0.1%	G	G	G	G	G
	2.2 Sepsis antibiotic screening	0.15%	B	G	G	G	G
3.0 Dementia	3.1 Dementia Find, Assess, Investigate, Refer and Inform	0.15%	G	G	G	G	G
	3.2 Named lead clinician for dementia and appropriate training for staff	0.05%	R	G	G	G	A
	3.3 Dementia supporting carers of people with dementia	0.05%	B	G	B	G	G
4.0 Reducing the Proportion of Avoidable Emergency Admissions to Hospital		0.5%	B	B	B	G	G
Local CQUIN							

5.0 Cancer Care	Electronic holistic needs assessment and care planning	0.2%	G	G	G	G	G
6.0 End of life	AMBER care bundle	0.2%	G	G	G	G	G
7.0 Heart Failure	7.1 Cardiac rehabilitation	0.25%	G	B	G	G	G
	7.1 Single point of access	0.2%	G	G	G	G	G
8.0 Stroke	8.1 Psychological support in stroke care	0.2%	G	G	G	A	A
	8.2 Improving delivery of speech and language therapy to stroke patients at NGH	0.2%	G	G	G	A	A

NHFT 15/16 CQUIN POSITION							
CQUIN goal	Description	% contract value	Q1	Q2	Q3	Q4	Year end
National CQUIN							
1.0 Dementia	1.1 Dementia Find, Assess, Investigate, Refer and Inform	0.15%	B	B	B	R	R

	1.2 Named lead clinician for dementia and appropriate training for staff	0.05%	G	G	G	G	G
	1.3 Dementia supporting carers of people with dementia	0.05%	B	R	B	G	A
<b>2.0 Improving physical healthcare to reduce premature mortality in people with severe mental illness</b>	2.1 Cardio metabolic assessment and treatment for patients with psychoses	0.2%	G	B	G	R	A
	2.2 Communication with general practitioners	0.05%	B	R	B	B	R
<b>3.0 Reducing the Proportion of Avoidable Emergency Admissions to Hospital</b>		0.25%	A	G	A	A	A
<b>Local CQUIN</b>							
<b>4.0 End of life</b>	4.1 End of life care training and education within NHFT	0.3%	G	G	G	G	G
	4.2 County wide End of life care practice development	0.3%	G	G	G	G	G
<b>5.0 Maternal mental Health</b>	5.1 Improving MMH Pathways: Education	0.3%	A	G	G	G	A

	5.2 Improving support in Perinatal MH using Think Family approach and aligning the pathways	0.3%	G	G	G	G	G
6.0 Stroke	6.1 Psychological input into Stroke pathway : provision of education and training	0.3%	G	G	G	G	G
	6.2 Clinical Psychological input into Stroke pathway	0.25%	G	G	G	G	G

EMAS 15/16 CQUIN POSITION							
CQUIN goal	Description	% contract value	Q1	Q2	Q3	Q4	Year end
National CQUIN							
1.0 Reducing emergency admissions	Paramedic pathfinder – reducing rates of 999 calls which result in transportation to A&E.	1%	G	G	G	G	G
	Reducing the proportion of avoidable emergency admissions to acute hospitals of patients with mental health (MH) conditions	1%	G	G	G	G	G
Local CQUIN							

<b>2.0 Quality Everyday initiative</b>		0.1%	G	G	G	G	G
<b>3.0 Frail Elderly Ambulance Liaison Officer</b>		0.2%	G	G	G	A	A
<b>4.0 Resuscitation</b>	Increasing the access to early resuscitation attempts in remote areas (Lincolnshire specific).	0.2%	G	G	G	G	G

<b>BMI THREE SHIRES 15/16 CQUIN POSITION</b>							
<b>CQUIN goal</b>	<b>Description</b>	<b>% contract value</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year end</b>
<b>Local CQUIN</b>							
<b>1.0 Outpatient Letters</b>	Improved quality and timeliness of outpatient letters	1.25	G	G	G	G	G
<b>2.0 Six Cs</b>	Ensure Six C's compliance and embedded within TSH.	1.25	G	G	B	G	G

RAMSAY WOODLANDS 15/16 CQUIN POSITION							
CQUIN goal	Description	% contract value	Q1	Q2	Q3	Q4	Year end
Local CQUIN							
1.0 Outpatient Letters	Improved quality and timeliness of outpatient letters	1.25	G	G	B	G	G
2.0 Improved discharge process	Improved discharge information and patient understanding	1.25	G	G	G	A	A