

## Item: 8.5

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	27 July 2018
<b>Subject:</b>	Report on Quarter 4 (Q4) - Commissioning for Quality and Innovation (CQUIN) schemes of 2017-2019
<b>Presented by:</b>	Karen Martin, Deputy Director of Quality and Clinical Governance / Lead Nurse
<b>Author:</b>	Helen Harris, Quality Lead

<b>STATUS OF THE REPORT:</b>	
To approve <input type="checkbox"/>	To endorse <input type="checkbox"/>
To ratify <input type="checkbox"/>	To discuss <input type="checkbox"/>
To consider <input type="checkbox"/>	For information <input type="checkbox"/>
To note <input checked="" type="checkbox"/>	

<b>PURPOSE OF REPORT</b>
To inform the Board of the achievement status of Hull CCG's main providers with regard to Quarter 4 goals of the 2017-2019 CQUIN schemes.
<b>RECOMMENDATIONS</b>
That the Board receives this report as an update on the achievement of CQUINs by NHS Hull CCG's main providers with a high level of confidence on the process in place to monitor CQUIN achievement with the CCG's main providers and overall medium level of confidence on performance.

<b>REPORT EXEMPT FROM PUBLIC DISCLOSURE</b>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
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<b>CCG STRATEGIC OBJECTIVE</b>
The CQUIN schemes supports Hull CCG's commissioning intentions and commissioning for quality agenda.
Monitoring the quality of care provided by the main CCG-commissioned services is part

of Assurance Framework Objective 2: *Achievement of CCG balanced scorecard domains and strategic performance objectives.*

**IMPLICATIONS:** (summary of key implications, including risks, associated with the paper),

Finance	<p>The national CQUIN scheme is worth 1.5% of Humber Foundation Trust (HFT) and Hull and East Yorkshire Hospital NHS Trust (HEYHT) contract value. 1% of the national scheme is allocated to 'Supporting Local Areas' to prioritise STP engagement and delivery of financial balance across local health economies.</p> <p>Local CQUIN schemes are worth 2.5% for the providers: City Health Care Partnership (CHCP) and Spire Hull and East Riding (Spire).</p>
HR	Specific local CQUIN indicators focus on Health and Wellbeing of staff within provider organisations.
Quality	<p>CQUIN indicators support Hull CCG's quality agenda and commissioning priorities. If the CQUIN scheme is not achieved, there is a risk that the anticipated quality improvement and commissioning goals reflected within the scheme will not be achieved. This risk is mitigated by ensuring that milestones are monitored on a quarterly basis to assess progress towards achievement of goals and identify and manage risks related to non-achievement.</p> <p>The CQUIN reconciliation process needs to be of a high quality to provide assurance to Hull CCG that real quality improvement is taking place, as indicated by evidence from the provider that milestones are being achieved, and a robust process for assessing and reviewing this evidence.</p>
Safety	Specific CQUIN indicators reflect patient safety goals and assurance.

**ENGAGEMENT:**

During the reconciliation process there has been engagement with HFT, HEYHT, Spire, CHCP, ERoY CCG, NL and NEL CCGs.

**LEGAL ISSUES:**

The applicable national CQUIN indicators are mandatory for some providers participating in the CQUIN scheme.

**EQUALITY AND DIVERSITY ISSUES:** (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	x
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

**THE NHS CONSTITUTION:**

CQUINs support patients' rights to receive high quality, safe and clinically effective clinical care and for patients to have a positive experience of care.

## QUARTER 4 CQUIN ACHIEVEMENT 2017-19

### 1. INTRODUCTION

The purpose of this report is to inform the Committee of the achievement of Hull CCG's main providers with regard to Q4 goals of the CQUIN 2017-19 schemes, following external reconciliation with all providers. The schemes for 2017-19 are intended to deliver clinical quality improvements and drive transformational change. The schemes have been designed for specific provider settings as well as to support local providers with their Sustainability and Transformation Plans.

See Appendix A, B, C for the detail of the national and local CQUIN schemes for HEYHT, HFT, CHCP and Spire.

### 2. PROVIDERS' QUARTERLY CQUIN ACHIEVEMENT POSITION – QUALITY AND PERFORMANCE

#### 2.1 Hull and East Yorkshire Hospitals NHS Trust (HEYHT)

Hull CCG is the coordinating commissioner for the HEYHT contract. The Trust was required to deliver against national CQUIN schemes and achieved the following:

##### 1a) Improvement of Health and Wellbeing of NHS Staff

A 5 percent point improvement in two of the three NHS annual staff questions on health and wellbeing, MSK and stress **was not achieved**. However, the Trust has a number of initiatives detailed within the Health and Wellbeing Work Programme to support staff with these specifics, which has been shared with Commissioners, ie. the Trust introduced Physio4 which provided a fast track access to physiotherapy, which has seen a reduction of 2106 FTE days lost between 1 January – 31 December 2017, compared to the previous two years. In addition the Trust has put on mental health and stress management training.

##### 1b) Healthy Food for NHS Staff, Visitors and Patients

The Trust **achieved** the scheme by maintaining and introducing food initiatives across its sites. Commissioners were presented with a quarterly Health and Wellbeing Programme update which demonstrated good progress during 2017/18 and the plans for improvement during 2018/19. ie. 70% of all cold beverages sold on Trust site contain no added sugar. Confectionary items containing no more than 250 calories have been removed from sale.

##### 1c) Improving the Uptake of Flu Vaccinations for Frontline Clinical Staff

A 73% uptake was **achieved** for flu vaccinations by staff against a target of 70%. The target for 2018/19 is 75% uptake.

##### 2a) Timely Identification of Patients with Sepsis in Emergency Departments and Acute Inpatient Settings

The Trust reported an average of 89.9% in the identification of sepsis within the emergency department and inpatients compared to 87.6% in Q3 which resulted in a partial achievement. The Trust **achieved** the full 25% payment for Q4.

- 2b) Timely Treatment of Patients with Sepsis in Emergency Departments and Acute Inpatient Settings  
The Trust achieved 60.4% compared to 76.9% in Q3. The Trust has **partially achieved** the Q4 milestones of the scheme requirements resulting in a 10% payment.
- 2c) Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours  
An empiric review of 95% of cases was **achieved** for 2017/18, against a target of 90%.
- 2d) Reduction in antibiotic consumption per 1,000 admissions  
The Trust **achieved** a 2% reduction from 2016 consumption in:  
i. Total antibiotic usage (for both in-patients and out-patients) per 1,000 admission  
ii. Total usage (for both in-patients and out-patients) of carbapenem per 1,000 admissions  
iii. Total usage (for both in-patients and out-patients) of piperacillin-tazobactam per 1,000 admissions
- 4) Improving services for people with mental health needs who present to A&E  
A 57% reduction has been reported in the cohort of the key 14 attenders. Humber Teaching Foundation Trust has recruited a dedicated clinical manager, psychiatrist and case works to support these frequent patients attending A&E. The **achievement** far exceeded the 20% target.
- 6) Offering Advice and Guidance  
60.1% was **achieved** by the Trust for specialities 'going live' with Advice and Guidance against a target of 35%. The target for Q4 2018/19 is to achieve 75%.

The local response of two working days to turnaround 80% of GP referrals offering advice and guidance achieved 80% against a target of 85%. However, although the Trust **achieved** the target there was a slight deterioration in some specialties of the turnaround times compared to Q3. The Trust is reviewing this for 2018/19.

- 7) e-Referrals  
The Trust **achieved** 100% of GP referrals to consultant-led first outpatient services only published on the eRS.

The national target was to achieve a 4% 'Appointment Slot Issues' by 31 March 2018, but unfortunately the increase in e-RS usage resulted in the number of referrals deferred to the Provider. A local CQUIN scheme was developed to support the Trust in achieving the 35% ASI by 31

March 2018, this **was not achieved** as the outturn for Q4 was 51%. There is now a focus by the Trust to achieve the 4% 'Appointment Slot Issue' by Q2 2019/20.

- 8) Supporting proactive and safe discharge  
The Q4 winter pressures affected the Trust's performance against a target of 2.5%, achieving 2.3%, which resulted in the Trust being awarded **partial achievement** against this scheme. However, there have been positive interventions through the Frailty Intervention Team by reducing inappropriate admissions and admitting patients with significant health care needs.

This scheme will not be continuing in 2018/19.

- 9) The provider was not required to submit against the scheme: Preventing Ill Health by Risky Behaviours – Tobacco / Alcohol (9a-e). Achievement against this scheme will continue in Q2 of 2018/19.

## 2.2 Humber Teaching NHS Foundation Trust (HTFT)

East Riding of Yorkshire CCG is the co-ordinating commissioner for HTFT. The Provider achieved the following against the national CQUINs:

- 1a) Improvement of Health and Wellbeing of NHS Staff  
A 5 percent point improvement in two of the three NHS annual staff questions on health and wellbeing, MSK and stress **was not achieved**.
- 1b) Healthy Food for NHS Staff, Visitors and Patients  
The Trust **achieved** the scheme by maintaining and introducing food initiatives across its sites. ie. 15228 items of confectionary were ordered of which 13973 (91%) did not exceed 250kcal, against the target of 60%. 80% of drinks ordered had less than 5 grams of sugar per 100ml, against a target of 70%.
- 1c) Improving the Uptake of Flu Vaccinations for Frontline Clinical Staff  
A 61.2% uptake was accomplished for flu vaccinations by staff against a target of 70%. The Trust was awarded a **partial achievement** for 2017/18.
- 3a) Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses  
The report demonstrated full evidence of systematic feedback to clinical teams. The national audits undertaken across inpatient and community mental health services were partially achieved against the indicators. Therefore, HTFT **partially achieved** against the Q4 milestones.

The Trust is developing an automated email to provide teams with a performance report and highlighting physical health screening and interventions so the teams can address needs sooner.

- 3b) Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians  
The local audit findings reported differences in the completion of CPA reviews / care plans compared to discharge summaries and the inclusion of physical health risk factors and recording of dates and times on documents that are shared with the patient's GP. An action plan was produced and will be monitored on a monthly basis. HFTF was awarded **full achievement** against this scheme.
- 4) Improving services for people with mental health needs who present to A&E  
The Trust submitted and **achieved** the requirements for Q4 (linked to HEYHT CQUIN Scheme 4) which indicated a 57% reduction in A&E attendances from the cohort of 14 patients who are known to be the frequent attenders.
- 5) Transitions out of Children and Young People's Mental Health Services (CYPMHS)  
The Trust presented a detailed report, experience survey, an action plan on the use of surveys and the use of technology in capturing this information. The milestones were partially met for the joint agency planning, pre and post-transition questionnaires. Joint working has been developed between CAMHS and AMHS which has led to improved relationships and awareness of services. The Trust **partially achieved** against the scheme due to the questionnaire response rates.
- 9) Preventing ill-health by risky behaviours – alcohol and tobacco 2017-19  
HTFT **fully achieved** the milestones for Q4 and showed an increased performance against targets for ensuring patients receive tobacco screening, tobacco brief advice, tobacco referral and medication offer, alcohol screening, alcohol brief advice or referral.

### 2.3 City Health Care Partnership (CHCP) CIC

CHCP is required to deliver against local CQUINs (refer to Appendix B) within 3 contracts:

Contract 1: Community Services (Commenced 1 April 2016) for Hull CCG

Contract 2: Community Services (Out of Scope) for Hull, East Riding and Vale of York CCGs

Contract 4: Paediatric for Hull, East Riding and Vale of York CCGs

Hull CCG is the coordinating commissioner for the above contracts. The Provider was required to deliver against local CQUIN schemes and achieved the following:

- 1) Integrated Care Assessment (ICA)  
CHCP has **fully achieved** against this one-year scheme for Q4. CHCP presented to the Commissioners on 7 June which provided evidence of the positive impact on patient care, the patients accessing the 'My Advance Care Plan', the ICA being used for Palliative Care and End of

Life. Quarterly audits of utilisation of the ICA will be undertaken. The Provider will be required to present a bi-annual report to the Integrated Governance, Quality and Safety Group to demonstrate progress and improvement.

2) Domiciliary Care

The report detailed the 70% of patients received a 2-hour domiciliary visit. The decline in the number of patients allocated a timed visit was due to patients not wanting a timed visit. To support the planned visits, a Duty Nurse will provide support for unplanned visits. A logistics solution is being investigated with the University of Hull to improve the undertaking of visits in a timely and efficient manner. CHCP are currently procuring an integrated mechanism to share information between clinical systems to ensure consistency in data and reporting. Trajectories to improve performance over 70% is to be set in Q1 2018/19.

CHCP has been awarded **full achievement** against the Q4 milestones for this scheme.

3) Improvement of Health and Wellbeing of Staff

The staff survey results are to be presented to staff within CHCP week ending 15 June. The outcome will be reported to Commissioners following this. The staff survey questions were presented to the Commissioners as evidence.

CHCP **has been awarded full achievement** against this scheme.

4) Improving the Uptake of Flu Vaccinations for Frontline Staff

CHCP **achieved** a 57% uptake against a target of 48%. Commissioners have agreed a target of 62% for 2018/19.

5) e-Referrals

100% of referrals are able to be received via e-RS with no issues related to appointment slots. This scheme is **fully achieved** against the Q4 milestones.

6) Preventing Ill-Health By Risky Behaviours

CHCP submitted Q4 smoking and alcohol indicators, which illustrated 100% **achievement** against agreed trajectories.

7) Improving the Assessment of Wounds

100% of patients received a baseline holistic audit and a baseline wound assessment. 95% of patients had received a monthly re-audit with the TIME framework (3% did not attend and 2% were in hospital). 45% of patients wounds had healed. 85% of wounds showed evidence of healing. Wound care protocols will be reviewed in line with national and local evidence including NICE.

**Full achievement** has been awarded to CHCP against the scheme.



- 8) **Multi-Disciplinary Teams**  
Commissioners had confirmed there was no requirement for the Provider to undertake a presentation. CHCP confirmed 223 patients were reviewed within the MDT meetings (top 2% of frequent attenders of unplanned admissions). Advanced Care Planning and the ReSPECT documentation is being discussed with every patient while on their journey through the ICC. The MDT Co-ordinators will be providing support to patients in their own home and in the ICC and signposting patients to Social Prescribing. Commissioners require a bi-annual report to be presented to the Integrated Governance, Quality and Safety Group.

CHCP have **fully achieved** against this scheme for Q4.

#### **2.4 Spire Hull and East Riding Hospital (Spire)**

Spire was required to deliver against two local CQUINS (refer to Appendix C for the scheme detail). Spire achieved against each scheme as follows:

- 1) **Preventing Ill Health By Risky Behaviours**  
Spire was not required to submit information under this scheme until Q2 2018/19. However, Spire provided an update following the completion of an audit of elective admissions which identified 91% patients had been screened for smoking and alcohol. Further work has been identified to improve the reporting against the alcohol indicators.
- 2) **BMI / Smoking Compliance Audit**  
The availability of BMI / Smoking data from primary care improved from 77% to 89%. For 2018/19 the Commissioners and Spire have agreed to retire the BMI / Smoking scheme and replace it with a scheme that focusses on Patient Experience within the outpatient setting. This was due to the changes made during 2017/18 related to the introduction of the MSK triage service for orthopaedic referrals.

Spire was awarded **full achievement** for Q4 against Scheme 2.

### 3. PROVIDERS' YEAR-END CQUIN FINANCIAL ACHIEVEMENT POSITION

The year-end financial achievement position for each provider is summarised below, including financial achievement against the full contract and for Hull CCG only:

Provider Payment Summary Q1-4 2017/18					
Provider	Achievement %	Hull Q1-4 Target £	Hull Q1-4 Actual £	Total Contract Target Q1-4 £	Total Contract Actual Q1-4 £
HEYHT*	94%	4,396,966	4,132,781	8,159,467	7,669,220
CHCP**	100%	781,390	781,390	810,900	810,900
Spire	100%	42,242	42,242	86,328	86,328
HFT***	86.5%	815,067	705,031	0	0
<b>Q4 Total £</b>	<b>95.1%</b>	<b>6,035,665</b>	<b>5,661,444</b>	<b>9,056,695</b>	<b>8,566,448</b>

\*Under the Aligned Incentive Contract, NHS Hull and East Riding of Yorkshire CCGs will be paid 100% against the schemes.

\*\*Total of Contracts 1, 2, 4

\*\*\*East Riding of Yorkshire CCG is the lead commissioner for the HFT Contract, therefore overall contract totals are excluded.

### 5. RECOMMENDATION

That the Committee receives this report as an update on the achievement of CQUINs 2017-19 by NHS Hull CCG's main providers with a high level of confidence on the process in place to monitor CQUIN achievement with the CCG's main providers and overall medium level of confidence on performance. The Committee may wish to take a view on particular providers per the paper.

#### Glossary of Terms:

Commissioning for Quality and Innovation Scheme (CQUIN), for which up to 2.5% of a provider's contract value is put towards improving quality and innovation per a scheme of CQUIN goals agreed by commissioners and the provider; and included within the provider's NHS contract as a contractual requirement.

## APPENDIX A: HEYHT – 2017/18 Q4 PAYMENT SUMMARY

Payment Summary for Quarter 4						
No.	Indicator	Achievement	Hull CCG Target £	Hull CCG Actual £	Total Contract Target £	Total Contract Actual £
1a	Improvement of health and wellbeing of NHS Staff	Not achieved	146,566	0	271,982	271,982
1b	Healthy food for NHS staff, visitors and patients	Achieved	146,566	146,566	271,982	271,982
1c	Improving the uptake of flu vaccinations for frontline clinical staff	Achieved	146,566	146,566	271,982	271,982
2a	Timely identification and treatment for sepsis in emergency departments and acute inpatient settings	Achieved	27,481	10,992	50,997	50,997
2b	Timely identification and treatment for sepsis in inpatient settings	Partial Achievement	27,481	10,992	50,997	20,399
2c	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	Achieved	27,481	27,481	50,997	50,997
2d	Reduction in antibiotic consumption per 1,000 admissions	Achieved	109,924	109,924	203,987	203,987
4	Improving services for people with mental health needs who present to A&E	Achieved	175,879	175,879	326,379	326,379
6	Advice and Guidance	Achieved	109,924	109,924	203,987	203,987
7	e-Referrals	Achieved	109,924	109,924	203,987	203,987
8	Supporting proactive and safe discharge	Partial Achievement	175,879	140,703	326,379	261,103
9a	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco Screening	No submission	0	0	0	0
9b	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco Brief Advice	No submission	0	0	0	0
9c	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco referral and medication	No submission	0	0	0	0
9d	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Screening	No submission	0	0	0	0
9e	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Brief Advice or Referral	No submission	0	0	0	0
10	STP Engagement (provider paid monthly)	Achieved	219,848	219,848	407,974	407,974
11	Risk Reserve * (paid in Q2 of 201718)	N/A	0	0	0	0
<b>Q4 Total £</b>			<b>1,423,519</b>	<b>1,208,799</b>	<b>2,641,630</b>	<b>2,545,756</b>
<b>YTD Total £</b>			<b>4,396,966</b>	<b>4,132,781</b>	<b>8,159,467</b>	<b>7,669,220</b>

## APPENDIX B: HFT – 2017/18 Q4 PAYMENT SUMMARY

Payment Summary for Quarter 4				
No.	Indicator	Achievement	Hull CCG Target £	Hull CCG Actual £
1a	Improvement of health and wellbeing of NHS Staff	Not achieved	54,338	0
1b	Healthy food for NHS staff, visitors and patients	Achieved	54,338	54,338
1c	Improving the uptake of flu vaccinations for frontline clinical staff	Partially achieved	54,338	27,169
3a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for patients with psychoses	Partially achieved	91,288	65,205
3b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians	Achieved	9,781	9,781
4	Improving services for people with mental health needs who present to A&E	Achieved	65,205	65,205
5	Transitions out of children and young people's mental health services (CYPHMS)	Partially achieved	81,507	79,061
9a	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco Screening	Achieved	2,038	2,038
9b	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco Brief Advice	Achieved	8,151	8,151
9c	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco referral and medication	Achieved	10,188	10,188
9d	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Screening	Achieved	10,188	10,188
9e	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Brief Advice or Referral	Achieved	10,188	10,188
<b>Q4 Total £</b>			<b>451,548</b>	<b>341,512</b>
<b>YTD Total £</b>			<b>815,067</b>	<b>705,031</b>

\*the figures will be confirmed once the final approved submission has been received from ERoY CCG.

## APPENDIX C: CHCP – 2017/18 Q4 PAYMENT SUMMARY – CONTRACT 1

Payment Summary for Quarter 4				
No.	Indicator	Achievement	Hull CCG Target £	Hull CCG Actual £
1	Single Assessment	Achieved	66,441	66,441
2	Domiciliary Care	Achieved	39,865	39,865
3	Improvement of health and wellbeing of NHS Staff	Achieved	26,576	26,576
4	Improving the uptake of flu vaccinations for frontline clinical staff	Achieved	66,441	66,441
5	e-Referrals	Achieved	16,610	16,610
6a	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco Brief Advice*	Achieved	8,305	8,305
6b	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco referral and medication*	Achieved	8,305	8,305
6c	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Screening*	Achieved	8,305	8,305
6d	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Brief Advice or Referral*	Achieved	8,305	8,305
7	Improving the Assessment of Wounds	Achieved	33,221	33,221
8	MDTs/ Integrated community teams	Achieved	46,509	46,509
<b>Q4 Total £</b>			<b>328,883</b>	<b>328,883</b>
<b>YTD Total £</b>			<b>664,412</b>	<b>664,412</b>

## CHCP – 2017/18 Q4 PAYMENT SUMMARY – CONTRACT 2

Payment Summary for Quarter 4						
No.	Indicator	Achievement	Hull CCG Target £	Hull CCG Actual £	Total Contract Target £	Total Contract Actual £
3	Improvement of health and wellbeing of NHS Staff	Achieved	4,455	4,455	4,965	4,965
4	Improving the uptake of flu vaccinations for frontline clinical staff	Achieved	11,155	11,155	12,412	12,412
5	e-Referrals	Achieved	8,354	8,354	9,309	9,309
<b>Q4 Total £</b>			<b>23,964</b>	<b>23,964</b>	<b>26,686</b>	<b>26,686</b>
<b>YTD Total £</b>			<b>55,776</b>	<b>55,776</b>	<b>62,059</b>	<b>62,059</b>

## CHCP – 2017/18 Q4 PAYMENT SUMMARY – CONTRACT 4

Payment Summary for Quarter 4						
No.	Indicator	Achievement	Hull CCG Target £	Hull CCG Actual £	Total Contract Target £	Total Contract Actual £
3	Improvement of health and wellbeing of NHS Staff	Achieved	4,896	4,896	6,754	6,754
4	Improving the uptake of flu vaccinations for frontline clinical staff	Achieved	12,240	12,240	16,886	16,886
5	e-Referrals	Achieved	9,180	9,180	12,664	12,664
<b>Q4 Total £</b>			<b>26,316</b>	<b>26,316</b>	<b>36,304</b>	<b>36,304</b>
<b>YTD Total £</b>			<b>61,202</b>	<b>61,202</b>	<b>84,429</b>	<b>84,429</b>

**APPENDIX D: SPIRE – 2017/18 Q4 PAYMENT SUMMARY**

<b>Payment Summary for Quarter 4</b>						
<b>No.</b>	<b>Indicator</b>	<b>Achievement</b>	<b>Hull CCG Target £</b>	<b>Hull CCG Actual £</b>	<b>Total Contract Target £</b>	<b>Total Contract Actual £</b>
1a	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco Brief Advice	No submission	0	0	0	0
1b	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Tobacco referral and medication	No submission	0	0	0	0
1c	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Screening	No submission	0	0	0	0
1d	Preventing Ill Health by Risky Behaviours – alcohol and tobacco: Alcohol Brief Advice or Referral	No submission	0	0	0	0
2	BMI / Smoking Audit	Achieved	25,634	25,634	34,531	34,531
<b>Q4 Total £</b>			<b>25,634</b>	<b>25,634</b>	<b>34,531</b>	<b>34,531</b>
<b>YTD Total £</b>			<b>25,634</b>	<b>25,634</b>	<b>34,531</b>	<b>34,531</b>

## APPENDIX A – NATIONAL CQUIN SCHEMES FOR HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST AND HUMBER FOUNDATION NHS TRUST

No.	CQUIN Scheme	Goal	Summary of Requirements
1	Improving staff health and wellbeing	Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.	<ul style="list-style-type: none"> <li>- Improvement of health and wellbeing of NHS staff (healthy activities)</li> <li>- Healthy food for NHS staff, visitors and patients</li> <li>- Improving the uptake of flu vaccinations for front line staff within Providers</li> </ul>
2	Reducing the impact of serious infections	Timely identification and treatment for sepsis and a reduction of clinically inappropriate antibiotic prescription and consumption.	<ul style="list-style-type: none"> <li>- Timely identification of sepsis in emergency departments and acute inpatient settings</li> <li>- Timely treatment for sepsis in emergency departments and acute inpatient settings</li> <li>- Antibiotic review</li> <li>- Reduction in antibiotic consumption per 1,000 admissions</li> </ul>
3	Improving physical healthcare to reduce premature mortality in people with serious mental illness	Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).	<p>Improving physical healthcare to reduce premature mortality in people with SMI:</p> <ul style="list-style-type: none"> <li>- Cardio metabolic assessment and treatment for patients with psychoses</li> </ul> <p>Improving physical healthcare to reduce premature mortality in people with SMI:</p> <ul style="list-style-type: none"> <li>- Collaborating with primary care clinicians</li> </ul>
4	Improving services for people with mental health needs who present to A&E	Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.	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.
5	Transitions out of Children and Young People's Mental Health Services	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.	<ul style="list-style-type: none"> <li>- A case note audit in order to assess the extent of Joint-Agency Transition Planning; and</li> <li>- A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and</li> <li>- A survey of young people's transition experiences after the point of transition (Post-Transition Experience).</li> </ul>
6	Offering Advice and Guidance	Improve GP to access consultant advice prior to referring patients in to secondary care.	The scheme requires providers to set up and operate A&G services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care. A&G support should be provided either through the ERS platform or local solutions where systems agree this offers a better alternative. A&G is provided via telephone, email, or an online system.
7	E-referrals	All providers publish all of their services and make all first outpatient appointment slots available on e-referral service by 31 March 2018.	This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. This indicator is not looking at percentage utilisation of the system.
8	Supporting proactive and safe discharge	Enabling patients to get back to their usual place of residence in a timely and safe way.	Compliance with Emergency Care MDS. Provider required to map existing discharge pathways, roll-out new protocols, collect baseline/trajectories. Increase proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission.
9	Preventing ill health by risky behaviours – alcohol and tobacco	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.	Tobacco screening, tobacco brief advice, tobacco referral and medication offer, alcohol screening, alcohol brief advice or referral
10	Improving the assessment of wounds	To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment. Number of patients on the provider's caseload with wounds that have failed to heal for 4 weeks or more following self-care, primary, community or specialist care.



## APPENDIX B – LOCAL CQUIN SCHEME FOR CITY HEALTH CARE PARTNERSHIP

NO	CQUIN Scheme	GOAL
1	<b>Single Assessment</b>	The Single Assessment scheme is to provide an integrated, holistic assessment, management and review of the service user. The developed Integrated Care Assessment (ICA) will be used across all of Hull Integrated Community Services. This will bring together all current service specific elements into one electronic template that will be part of the service user and carer Electronic Care Record. It will be available in all services, across all disciplines to ensure that holistic planning and care can be undertaken. ICAs, joint decision making, care plans with service user, carers and family as partners will be supported and they will be able to understand and manage their full spectrum of needs, and ongoing coordination of care with regular reviews. ICA involves a comprehensive assessment of the whole person, and their full range of health and social needs.
2	<b>Domiciliary Care</b>	The core component of this approach to domiciliary care is to scale up generalist services, into multi-disciplinary teams of nurses, allied health professionals, support care workers alongside voluntary and charity sector support staff. Service users/ carers will be at the centre of all aspects of provision, and the aim is to develop a system that delivers recovery-focused service users/ carers outcomes. Domiciliary Care will be provided with a 2 hour appointment window. It will facilitate transparent access to services when and where it is needed. The service will be flexible in tailoring the service to service user's needs. People will be made aware of the services available to them and confident that they can access what they need when they need it. It will support people to manage their health and care needs in their own homes by exercising self-management, choice and control where possible.
3	<b>Improvement of health and wellbeing of staff</b>	The Health & Wellbeing CQUIN introduced in 2016 encouraged providers to improve their role as an employer in looking after employees health and wellbeing. Part of this scheme provides the option to introduce schemes focussing on mental health, physical activity and MSK. The focus of this element of the CQUIN will shift from the introduction of schemes to measuring the impact that staff perceive from the changes – via improvements to the health and wellbeing questions within the CHCP staff survey. 2016/17 survey results will be analysed and will formulate an action plan for 2017/18. Two additional questions on MSK and Stress (item 13 and 14) will be introduced in the 2017/18 survey. An improvement action plan identifying specific actions is to be undertaken in 2017/18 and will lead to improvements on the results of the survey for 2018/19.  Year 1 - 2017/18 A new Annual Staff Survey will be produced to include Health and Wellbeing, MSK and Stress questions (13-14 above). This outcome will set a baseline for health and wellbeing, MSK and stress for all future reporting.
4	<b>Improving the uptake of flu vaccinations for frontline staff (clinical and non-clinical ie. patient facing).</b>	
5	<b>E-referrals</b>	This indicator relates to GP referral to appropriate community services only and the availability of services and appointments on the NHS e-Referral Service. It is not looking at percentage utilisation of the system. All providers will publish all such services and make all appointment slots available on NHS e-Referral Service (eRS) by 31 March 2018. The incentive is designed to encourage a move towards a paperless NHS 2018 which will be a move away from any paper based processes.
6	<b>Preventing ill health by risky behaviours</b>	This scheme provides patients with advice and referral to services to prevent ill-health related to tobacco and alcohol. The first quarter requires the provider to identify a baseline and undertake a quarterly audit. Quarter 2 onwards is to target / improve performance across the indicators of a non-repeat admission (at least one night) of a patient who has not already received in the intervention within the period of the CQUIN.
7	<b>Improving the Assessment of Wounds</b>	The indicator aims to increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.
8	<b>MDTs/ Integrated community teams</b>	The key part of the new community services delivery is to improve the quality of care through better ways of working based on the MDT model. The provider is required to develop, define and implement Multi-Disciplinary Teams of nurses, allied health professionals, support care workers and voluntary sector staff (together with any mental health and public health professionals as appropriate) working flexibly together for all services, supporting high risk & complex patients with care co-ordinators and GPs. These should be aligned to the evolving practice based groupings outlined in the primary care strategy, the dedicated community nursing teams supporting each practice and explore opportunities for co-location with community hubs, integrated care centres or in lead practices with sufficient space to support regular MDTs. Arrangements need to clarify the days, membership, frequency, leadership & accountability for the MDTs as well as the process for identifying the patients on the MDT 'caseload' and how information will be shared across the MDT.

## APPENDIX C – LOCAL CQUIN SCHEME FOR SPIRE HULL AND EAST RIDING HOSPITAL

NO	CQUIN Scheme	GOAL
1a-d	<b>Preventing Ill Health by Risky Behaviours</b>	This scheme provides patients with advice and referral to services to prevent ill-health related to tobacco and alcohol. The first quarter requires the provider to identify a baseline and undertake a quarterly audit. Quarter 2 onwards is to target / improve performance across the indicators of a non-repeat admission (at least one night) of a patient who has not already received in the intervention within the period of the CQUIN. The reporting of this scheme will be in 2018/19
2	<b>BMI / Smoking</b>	To undertake a compliance / audit of all patient referrals received from any GP practice, provider that requires an outpatient appointment / procedure / treatment, with regards to specific information on a patients BMI % and whether a patient smokes. This will support the delivery of the STP.