Commissioning for Quality and Innovation (CQUIN) 2016/17

Provider: Tavistock and Portman NHS MH Foundation Trust

Host Commissioner: Camden Clinical Commissioning Group

Commissioning for Quality and Innovation (CQUIN) Scheme

Contract Year	2016/17		
Contract Type	Mental Health (Block)		
Provider/ Code	Tavistock & Portman NHS FT (RNK)	**Local Contract Ref.**	RNK/07R/201617
Co-ordinating Commissioner/ Code	Camden Clinical Commissioning Group (07R)	**Expected Financial Value of CQUIN Scheme**	£139,901
Associate CCG/ Code	Barnet Clinical Commissioning Group (07M)	**Expected Financial Value of CQUIN Scheme**	£15,153
Associate CCG/ Code	Enfield Clinical Commissioning Group (07X)	**Expected Financial Value of CQUIN Scheme**	£3,892
Associate CCG/ Code	Haringey Clinical Commissioning Group (08D)	**Expected Financial Value of CQUIN Scheme**	£12,589
Associate CCG/ Code	Islington Clinical Commissioning Group (08H)	**Expected Financial Value of CQUIN Scheme**	£6,274
Associate CCG/ Code	City & Hackney Clinical Commissioning Group (07T)	**Expected Financial Value of CQUIN Scheme**	£25,013
Associate CCG/ Code	Hertfordshire Clinical Commissioning Groups (06K & 06N)	**Expected Financial Value of CQUIN Scheme**	£2,309
Associate CCG/ Code	West London Clinical Commissioning Group (08Y)	**Expected Financial Value of CQUIN Scheme**	£1,375
Associate CCG/ Code	Central London Clinical Commissioning Group (09A)	**Expected Financial Value of CQUIN Scheme**	£3,823
Associate CCG/ Code	Ealing Clinical Commissioning Group (07W)	**Expected Financial Value of CQUIN Scheme**	£1,170
Associate CCG/ Code	Hammersmith & Fulham Clinical Commissioning Group (08C)	**Expected Financial Value of CQUIN Scheme**	£1,104
Associate CCG/ Code	Brent Clinical Commissioning Group (07P)	**Expected Financial Value of CQUIN Scheme**	£1,601
Associate CCG/ Code	Hounslow Clinical Commissioning Group (07Y)	**Expected Financial Value of CQUIN Scheme**	£231
CQUIN Scheme as % of Actual Outturn Value of Contract	2.50%	**Total Expected Financial Value of CQUIN Scheme**	£214,437

Indicator Summary

Goal Number	CQUIN Type	Indicator Number	Indicator Name	Indicator Weighting (% of goal available)	Goal weighting (%)	Expected Financial Value of Indicator	Click to go to Indicator sheet
1a	National	1	Introduction of health and wellbeing initiatives- Option B	0.25%	10%	£21,443.71	1st indicator
1b	National	2	Healthy food for NHS staff, visitors and patients	0.25%	10%	£21,443.71	2nd indicator
1c	National	3	Improving the uptake of flu vaccinations for front line staff	0.25%	10%	£21,443.71	3rd indicator
2a	Local	4	Living Well Programme	1.00%	40%	£85,774.82	4th indicator
2b	Local	5	Domestic Violence and Abuse	0.25%	10%	£21,443.71	5th indicator
2c	Local	6	Safe and timely discharge	0.50%	20%	£42,887.41	6th indicator
		Total		**2.50%**	**100.0%**	**£214,437**	

Commissioning for Quality and Innovation (CQUIN) Scheme

Indicator Number	Indicator Name	CQUIN weighting (% of goal available)	Expected Financial Value of Indicator	Milestone weighting (% of CQUIN scheme available) Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Expected payment for achievement Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	YTD CQUIN achievements Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1	Introduction of health and wellbeing initiatives- Option B	10%	£21,444	0.03%	0.06%	0.06%	0.100%	0.25%	£2,144	£5,361	£5,361	£8,577	£21,444					£0
2	Healthy food for NHS staff, visitors and patients	10%	£21,444	0.05%			0.20%	0.25%	£4,289	£0	£0	£17,155	£21,444					£0
3	Improving the uptake of flu vaccinations for front line staff	10%	£21,444				0.25%	0.25%	£0	£0	£0	£21,444	£21,444					£0
4	Living Well Programme	40%	£85,775	0.100%	0.250%	0.250%	0.400%	1.00%	£8,577	£21,444	£21,444	£34,310	£85,775					£0
5	Domestic Violence and Abuse	10%	£21,444	0.025%	0.063%	0.063%	0.100%	0.25%	£2,144	£5,361	£5,361	£8,577	£21,444					£0
6	Safe and timely discharge	20%	£42,887		0.25%		0.25%	0.50%	£0	£21,444	£0	£21,444	£42,887					£0
	TOTAL	100%	£214,437	0.20%	0.63%	0.38%	1.30%	2.50%	£17,155	£53,609	£32,166	£111,507	£214,437	£0	£0	£0	£0	£0

Indicator Number	Indicator Name	Quarter 1 Camden	Barnet	Enfield	Haringey	Islington	C&H	Herts	W/London	C/London	Ealing	H&F	Hounslow	Brent	Total
1	Introduction of health and wellbeing initiatives- Option B	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
2	Healthy food for NHS staff, visitors and patients	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
3	Improving the uptake of flu vaccinations for front line staff	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
4	Living Well Programme	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
5	Domestic Violence and Abuse	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
6	Safe and timely discharge	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	TOTAL	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

Indicator Number	Indicator Name	Quarter 2 Camden	Barnet	Enfield	Haringey	Islington	C&H	Herts	W/London	C/London	Ealing	H&F	Hounslow	Brent	Total
1	Introduction of health and wellbeing initiatives- Option B	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
2	Healthy food for NHS staff, visitors and patients	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
3	Improving the uptake of flu vaccinations for front line staff	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
4	Living Well Programme	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
5	Domestic Violence and Abuse	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
6	Safe and timely discharge	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	TOTAL	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

Indicator Number	Indicator Name	Quarter 3 Camden	Barnet	Enfield	Haringey	Islington	C&H	Herts	W/London	C/London	Ealing	H&F	Hounslow	Brent	Total
1	Introduction of health and wellbeing initiatives- Option B	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
2	Healthy food for NHS staff, visitors and patients	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
3	Improving the uptake of flu vaccinations for front line staff	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
4	Living Well Programme	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
5	Domestic Violence and Abuse	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
6	Safe and timely discharge	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	TOTAL	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

Indicator Number	Indicator Name	Quarter 4 Camden	Barnet	Enfield	Haringey	Islington	C&H	Herts	W/London	C/London	Ealing	H&F	Hounslow	Brent	Total
1	Introduction of health and wellbeing initiatives- Option B	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
2	Healthy food for NHS staff, visitors and patients	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
3	Improving the uptake of flu vaccinations for front line staff	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
4	Living Well Programme	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
5	Domestic Violence and Abuse	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
6	Safe and timely discharge	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	TOTAL	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

CQUIN Type	National
Pick List	1. NHS Staff health and wellbeing

Local Contract Ref	
Goal number	1a
Goal name	Introduction of health and wellbeing initiatives
Indicator number	1
Indicator name	Introduction of health and wellbeing initiatives- Option B
Goal weighting (% of CQUIN scheme available)	
Indicator weighting (% of goal available)	0.25%
Description of indicator	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues. Providers should develop a plan and ensure the implementation against this plan. This plan will be subject to peer review (further guidance will be issue on the peer review aspect in the next 4-6 weeks). This should cover the following three areas; a) Introducing a range of physical activity schemes for staff. Providers would be expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges. b) Improving access to physiotherapy services for staff. A fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay; and c) Introducing a range of mental health initiatives for staff. Providers would be expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training.
Numerator	N/A
Denominator	N/A
Rationale for inclusion	Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment. As well as the economic benefits that could be achieved, evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients. The Five Year Forward View made a commitment 'to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy'. This CQUIN builds on this promise and the developments made across England during the past year through some of the work being undertaken within NHS England's Healthy Workforce Programme to help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy & well. A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. The role of board and clinical leadership in creating an environment where health and wellbeing of staff is actively promoted and encouraged.
Data source	Local implementation plan
Frequency of data collection	Quarter 1 – once Quarter 4 - once
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarter 1 – once Quarter 4 - once
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	Introducing the agreed initiatives as set out in their plan
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	Introducing the agreed initiatives as set out in their plan
Are there rules for any agreed in-year milestones that result in payment	Yes see milestone requirements below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	N/A

Milestones (only complete if the indicator has in-year milestones)

Date/period milestone relates to	**Rules for achievement of milestones (including evidence to be supplied to commissioner)**	**Date milestone to be reported**	**Milestone weighting (% of CQUIN scheme available)**
Quarter 1	A) Physical activity schemes for staff: i) Update the Trust policy on cycle to work scheme, communicate and promote this to staff across the organisation. ii) Develop and agree staff physical health activities/plan with commissioner (including; walking meetings). B) Access to physiotherapy services for staff: i). Brief report to commissioners on the numbers of staff accessing OH for MSK related problems in 2015/16. ii). Establish a fast track physiotherapy service for staff suffering from MSK issues with Occupational Health Provider. iii) Evidence of communication plan to staff around MSK and how to access the service. iv). Continue to review and update processes for referral for physiotherapy services and inform staff of the service. C) Mental Health Initiatives: i) Deliver mental health and wellbeing awareness training event in the Trust. ii) Identify a range of mental health initiatives or training needs for staff on stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training and agree staff access arrangements and how use of the initiatives will be monitored. iii) Publicise in-house staff consultation service and externally sourced counselling resources to all staff.	01/07/2016	10%
Quarter 2	A) Physical activity schemes for staff: i) Measure and report on number of staff who access or use the cycle to work scheme with expected increase uptake per quarter. ii) Audit the number of bikes on the bike rack on a weekly basis. ii) Implement and review staff physical health activities/plan (including framework for 'walking meetings) as agreed with commissioner and report on activities uptake from Q3. B) Access to physiotherapy services for staff: i) Continue to review and update processes for referral for physiotherapy services and inform staff of the service. C) Mental Health Initiatives: i) Confirmation the Health & Safety Manager has been trained as a Mental Health First Aid 'train the trainer'. ii) Number of staff accessing the identified mental health initaitives or training needs outlined in Q1 (with an agreed increase in % or number each month, reported each quarter). iii) Health and Safety Manager to develop a training plan for Mental Health First Aiders in Q3 and Q4. iv) Confirmation the Physical Health Specialist Nurse (PHSN) has been trained for CBT for sleep problems.	30/09/2016	25%

Quarter 3	A) Physical activity schemes for staff: i) Measure and report on staff physical health activities uptake or use per month with an expected reasonable increase uptake per quarter. ii) Measure and report on staff monthly use of the cycle to work scheme with expected increase uptake per quarter. B) Access to physiotherapy services for staff: i) Measurement and report on the effectiveness of the service/fast track: -How long it takes for staff to be seen for physio per month (share a copy of the report provided under the OH contract). -Report on levels of sickness relating to MSK issues per month. -Numbers of staff referred for physiotherapy service per month -Numbers of staff receiving the fast track physio service for MSK problems per month C) Mental Health Initiatives: i) Number of staff accessing the identified mental health initaitives or training needs outlined in Q1 (with an agreed increase in % or number each month, reported each quarter). ii) Health and Safety Manager agree a plan for training up to minimum of 6 additional colleagues as Mental Health First Aiders in Q3. iii) Number of staff trained as a Mental Health First Aider (with an agreed increase in % or number each month, reported each quarter). iv) Repeat 2015 survey of staff on Trust approach to mental health in the workplace. v) Deliver mental health in the workplace awareness training. vi) Provide evidence of publicising staff support services.	31/12/2016	25%
Quarter 4	A) Physical activity schemes for staff: i) Measure and report on staff physical health activities uptake with an expected reasonable increase uptake per quarter. ii) Measure and report on staff monthly use of the cycle to work scheme with expected increase uptake per quarter. iii) Evaluate the effectiveness of the schemes (feedback from staff and continued use) in Q4 through an audit and develop plan for 17/18. B) Access to physiotherapy services for staff: i) Measurement and report on the effectiveness of the service/fast track: -How long it takes for staff to be seen for physio per month (share a copy of the report provided under the OH contract). -Report on levels of sickness relating to MSK issues per month. -Numbers of staff referred for physiotherapy service per month -Numbers of staff receiving the fast track physio service for MSK problems per month ii) Evaluate the effectiveness of the MSK service and share a report with commissioners (feedback from staff and continued use) in Q4 and plans developed for 17/18. C) Mental Health Initiatives: i) Number of staff accessing the identified mental health initaitives or training needs outlined in Q1 (with an agreed increase in % or number each month, reported each quarter). ii) Health and Safety Manager agree a plan for training up to minimum of 6 additional colleagues as Mental Health First Aiders in Q4. iii) Number of staff trained as a Mental Health First Aider (with an agreed increase in % or number each month, reported each quarter). iii) Report numbers seenby PHSN for CBT for sleep problems throughout the year. iv) Report outcomes from the mental health in the workplace awareness training. v) Report number of staff contacts with First Aiders in Q3 and Q4. vi) Report results of mental health in the workplace survey to assess whether awareness of support to staff with mental health problems has increased compared with results of 2015 survey.	31/03/2017	40%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	**% of CQUIN scheme available**
N/A	N/A

Supporting Guidance and References

https://www.nice.org.uk/guidance/ng13

CQUIN Type	National
Pick List	1. NHS Staff health and wellbeing

Local Contract Ref	
Goal number	1b
Goal name	
Indicator number	2
Indicator name	Healthy food for NHS staff, visitors and patients
Goal weighting (% of CQUIN scheme available)	
Indicator weighting (% of goal available)	0.25%
Description of indicator	**Part A:** Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17, including: a). The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b). The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c). The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d). Ensuring that healthy options are available at any point including for those staff working night shifts. CQUIN funds will be paid on delivering the four outcomes above. In many cases providers will be able to achieve these objectives by renegotiating or adjusting existing contracts. **Part B:** Providers will also be expected to submit national data collection returns by July based on existing contracts with food and drink suppliers. This will cover any contracts covering restaurants, cafés, shops, food trolleys and vending machines or any other outlet that serves food and drink. The data collected will include the following; the name of the franchise holder, food supplier, type of outlet, start and end dates of existing contracts, remaining length of time on existing contract, value of contract and any other relevant contract clauses. It should also include any available data on sales volumes of sugar sweetened beverages (SSBs).
Numerator	N/A
Denominator	N/A
Rationale for inclusion	PHE's report "Sugar reduction – The evidence for action" published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year. Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. Consumption of sugar and sugar sweetened drinks. It is important for the NHS to start leading the way on tackling some of these issues, starting with the food and drink that is provided & promoted in hospitals.
Data source	Quarter 1 The responses to the proposed questions below will form part of a national data collection. Providers will submit the responses via UNIFY following locally agreed sign off process by the commissioner. 1) Name of franchise holder 2) Name of supplier or vendor(s) 3) Type of sales outlet (restaurant, café, vending, shop/store, trolley service) 4) Start date of existing supplier contract 5) End date of existing supplier contract 6) Remaining length of contract (time to expiration) with external supplier(s) 7) Total contract value 8) Value of contract for the financial year 2015/16 9) Profit share agreements that are in addition to the contract value (percentage of profit that is received by the NHS Provider from the supplier) 10) Free text box: Contract break clauses 11) Volume of Sugar Sweetened Beverages sold Quarter 4 1) Question: Have you changed your food supplier during 2016/17(Yes/ No) If yes who is your new food supplier? Any additional questions relating to this CQUIN will be assessed and agreed through CQRG.
Frequency of data collection	End of Quarter 1- once only End of Quarter 4- once only
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	End of Quarter End of Quarter 4
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	To be determined and signed off by CQRG
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	As soon as possible after Q4 2016/17
Are there rules for any agreed in-year milestones that result in payment	Yes see -milestones requirements below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	

Milestones (only complete if the indicator has in-year milestones)			
Date/period milestone relates to	**Rules for achievement of milestones (including evidence to be supplied to commissioner)**	**Date milestone to be reported**	**Milestone weighting (% of CQUIN scheme available)**
Quarter 1	The collection of the 11 data points outlined in part b and the submission via unify	01/07/2016	20%
Quarter 4	Report to be shared with commissioner based on the step-change introduction on the four outcomes outlined in part (a). As outlined in the payment rules below any partial or full payment will be based on the introduced step-change on the four outcomes outlined in part (a) as above.	31/03/2017	80%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	**% of CQUIN scheme available**
0 out of 4 changes introduced	No payment
1 out of 4 changes introduced	25% payment of milestone weighting part a.
2 out of 4 changes introduced	50% payment of milestone weighting part a.
3 out of 4 changes introduced	75% payment of milestone weighting part a.
All 4 changes introduced	100% payment of milestone weighting part a.

Supporting Guidance and References

https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action

CQUIN Type	National
Pick List	1. NHS Staff health and wellbeing

Local Contract Ref	
Goal number	1c
Goal name	Flu vaccinations for front line staff
Indicator number	3
Indicator name	Improving the uptake of flu vaccinations for front line staff
Goal weighting (% of CQUIN scheme available)	
Indicator weighting (% of goal available)	0.25%
Description of indicator	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%
Numerator	Number of front line healthcare workers (permanent staff and those on fixed contracts) who have received their flu vaccination by December 31 2016
Denominator	Total number of front line healthcare workers (permanently contracted staff and fixed term contracts)
Rationale for inclusion	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. Influenza is also 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. The green book recommends that healthcare workers directly involved in patient care are vaccinated annually. It is also encouraged by the General Medical Council and by the British Medical Association.
Data source	Providers to submit cumulative data monthly over four months on the ImmForm website
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Dec-16
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Dec-16
Final indicator value (payment threshold)	A 75% uptake of the flu vaccination
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	As soon as possible after Q4 2016/17
Are there rules for any agreed in-year milestones that result in payment	N/A
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes - see partial payment section
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	

Milestones (only complete if the indicator has in-year milestones)

Date/period milestone relates to	**Rules for achievement of milestones (including evidence to be supplied to commissioner)**	**Date milestone to be reported**	**Milestone weighting (% of CQUIN scheme available)**
Quarter 4	A 75% uptake of the flu vaccination	31/03/2017	100%
		Total	100%

0

Evidence of front-line staff who opts out of the flu vaccination must be provided to commissioners and excluded from the total number of front line healthcare workers. Staff who choose to receive their vaccination at their local GP or other external organisation must be captured and included in the numerator/ denominator.

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)

Final indicator value (payment threshold)	**% of CQUIN scheme available**
64% or less	No payment
65% - 74% uptake of flu vaccinations	50% payment
75% or above	100% payment

Supporting Guidance and References

http://www.nhsemployers.org/campaigns/flu-fighter/nhs-flu-fighter

CQUIN Type	Local
Pick List	

Local Contract Ref	
Goal number	2a
Goal name	Living Well Programme
Indicator number	4
Indicator name	Living Well Programme
Goal weighting (% of CQUIN scheme available)	
Indicator weighting (% of goal available)	1.00%
Description of indicator	1. To develop a Living Well Programme for patients / service users and carers with four focussed sessions including the following issues: smoking; alcohol; good body weight (healthy nutrition) and stress management. 2. Develop the programme with service users and carers ensuring that those with protected characteristics and others who may experience barriers to healthy living are involved. 3. Develop information on physical health issues and the Living Well programme for patients / users and carers 4. Deliver the programme 5. Evaluate the programme and provide feedback to participants 6. Use the evaluation to develop ongoing programme for 2016/17 The programme will be developed and led by a Physical Health Specialist Nurse (PHSN), working closely with the Patient and Public Involvement Team. 7. To continue to deliver one to one and group sessions for patients around smoking and alcohol consumption via self referrals or drop in sessions, looking further at how these can be developed to include broader physical health matters. This programme will form an element of the Trust Sign up to Safety Physical Health Goals and will be reported on a quarterly basis to the Patient Safety Workstream.
Numerator	
Denominator	
Rationale for inclusion	Good mental health is associated with good physical health and there is evidence that links the two. Public health messages and evidence around healthy weight management, smoking, alcohol consumption and managing stress are issues that should be included within the holistic management of patients at the Tavistock and Portman NHS FT. Both overweight and obesity are associated with an increased risk of numerous chronic and severe health problems which contribute to a reduced life expectancy and impact negatively upon quality of life (WHO, 2003) and has a high associate cost. NICE guidance on Obesity (CG 189: Nov' 2014) recommends steps for people with a BMI over 30. New commissioning guidance 'Commissioning Excellent Nutrition and Hydration' NHSE (October 2015) highlights the risks of malnutrition. 'Around 1 in 3 patients admitted to acute care will be malnourished or at risk of becoming so (NICE, 2011). The excess annual health costs associated with malnutrition alone are estimated to exceed £19 billion. (BAPEN, 2015) Therefore it is essential that malnutrition and dehydration problems are better recognised and treated. Drinking more than the amount suggested by guidelines can damage a person's health. For example, alcohol is one of the biggest behavioural risks for disease and death (as well as smoking, obesity and lack of physical activity). In England in 2010 to 2011 there were 1.2 million alcohol-related hospital admissions and around 15,000 deaths caused by alcohol. Alcohol CQUINs have been in place for two years, but there is still much to be done to acheive full compliance with NICE guidance. Helping patients to stop smoking is among the most effective and cost-effective of all interventions the NHS can offer patients.
Data source	Provider - Data to be provided for denominator as part of regular reporting arrangements. Provider - Data for numerator to be collected manually or through Trust recording systems.
Frequency of data collection	On-going, real time data collection through Trust recording systems and ad hoc questionnaires
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17 (Final payment subejct to CQRG ratification)
Final indicator value (payment threshold)	Payment based on results at end of each quarter against quarterly milestones.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	N/A
Final indicator reporting date	Quarter 4, 2016/17
Are there rules for any agreed in-year milestones that result in payment	Yes see milestone requirements below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	N/A

If yes, please enter details in tables below.

Milestones (only complete if the indicator has in-year milestones)

Date/period milestone relates to	**Rules for achievement of milestones (including evidence to be supplied to commissioner)**	**Date milestone to be reported**	**Milestone weighting (% of CQUIN scheme available)**
Quarter 1-4	1). Quarterly referrals to PHSN for further intervention - smoking, alcohol for all new patients aged 14 and above. 2). Quarterly report - numbers, issues and outcomes, (number of 1:1 /group sessions / external referrals) with evidence of GPs being informed within 2 weeks of attending appointment (improvement would be monitored against Q1 as baseline). 3). Improve use and completion of physical health form details (current baseline at end of 2015/16 was 27%).		
Quarter 1	1). Evidence of consultation with service users and carers (minimum of 100 participants) as to what forms of intervention they would find helpful - programme scope and content. 2). Review NICE guidance on improving physical health of mental health patients, including children and provide a report showing how the programme is in line with NICE guidance. 3). Scope information, leaflets, online resources etc available to provide a respository of material for the Living Well Programme. 4). Improve use and completion of physical health form details with an audit of at least 35% Physical Health Form completed in Q1.	01/07/2016	10%

Quarter 2	1). Develop programme of interventions 2). Advertise programme and recruit participants - provide report at end Q2 on numbers recruited. 3). Deliver training programme for staff to understand the relevance and benefits of the Living Well Programme. 4). Improve use and completion of physical health form details with an audit of at least 45% Physical Health Form completed in Q2.	30/09/2016	25%
Quarter 3	1). Deliver programme to include materia on smoking; alcohol; good body weight (healthy nutrition) and stress management during October / November 2016. 2). Provide evidence of programme delivery - numbers, dates and content. 3). Improve use and completion of physical health form details with an audit of at least 60% Physical Health Form completed in Q3.	31/12/2016	25%
Quarter 4	1). Survey all participants to find out what they found helpful and what could make the intervention more helpful and provide a report by the end of Q4. 2). Develop Wellbeing Programme for 2017/18. 3). Evidence PPI feedback via newsletters. 4). Provide feedback report to the Clinical Quality and Patient Experience (CQPE) workstream meeting on the CQUIN January 2017. 5). Improve use and completion of physical health form details with an audit of at least 70% Physical Health Form completed in Q4.	31/03/2017	40%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	**% of CQUIN scheme available**
Payments shall be apportioned evenly to reflect achievement(s) reached for the respective indicators/ milestones within the reporting period. i.e. where the Trust only meets 1 out of 4 indicators within the quarter, commissioner's rules for payment will only apply to the indicators/ milestones achieved; subject to evidence supplied to and reviewed by commissioners.	

CQUIN Type	Local
Pick List	

Local Contract Ref	
Goal number	2b
Goal name	Prevention
Indicator number	5
Indicator name	Domestic Violence and Abuse
Goal weighting (% of CQUIN scheme available)	
Indicator weighting (% of goal available)	0.25%
Description of indicator	Identify, assess and advise patients and carers where there is evidence of domestic violence and to ensure this is part of the core training outcomes for staff eligible for Level 2 and 3 safeguarding children and adult trainings. The aforementioned training has been framed according to the four Quality Statements, (see NICE Quality Standard Domestic Violence and Abuse QS116 2016). Evidence team managers and/or those staff with safeguarding lead responsibilities receive competency-based training in the use of CAADA-DASH assessment tool with target 95% by end Q4 Evidence clinical staff receiving Level 2 and Level 3 Domestic Violence and Abuse training with target of 95% by end Q4 Measure level of identified domestic violence and abuse within the patient and service user population through the following metrics: - numbers of safeguarding alert forms (SAFs) with domestic violence / abuse presentation - Number of referrals of victims ot specialist agencies - Number of referrals to MARAC - Number of perpetrators referred to specialist agencies
Numerator	Based on Year 1 DV outcomes (2015/16)
Denominator	Based on Year 1 DV outcomes (2015/16)
Rationale for inclusion	The cost of domestic violence, in both human and economic terms, is so significant that even marginally effective interventions are cost effective. NICE guidance (CG: 50) was published in Feb 14 and a NICE DV Quality Standard is due for publication Feb 2016. The UK Government is committed to publishing an updated Violence Against Women & Girls strategy in the Autumn '15. The strategy will focus on preventing violence from happening in the first place and intervening earlier in cycles of abuse, as well as continuing to improve the protection for victims and bringing offenders to justice.
Data source	Provider - Local implementation plan
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	Payment based on results at end of each quarter against quarterly milestones.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	Quarter 4, 2016/17
Are there rules for any agreed in-year milestones that result in payment	Yes see milestone requirements below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	

If yes, please enter details in tables below.

Milestones (only complete if the indicator has in-year milestones)

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	1). Train the trainer completion of CAADA-DASH training course (refresher) by Named Professional Safeguarding Children. 2). Identify Team managers to be identified for CAADA-DASH training and establish dates for Q2-4 with 100% completion by end of Q4. 3). Identify Clinical Staff for Level 2 and Level 3 Domestic Violence and Abuse Training and establish dates for Q2-4 with 100% completion by end of Q4. 4). Baseline data on numbers of SAFs with domestic violence / abuse presentation; number of referrals of victims to specialist agencies / number of referrals to MARAC / number of perpetrators referred to specialist agencies.	01/07/2016	10%
Quarter 2	1). Evidence of roll out of training programme to Team managers. Sample training plan to be provided. 2). Evidence roll out of training programme on domestic violence and abuse to clinical staff for Level 2 and Level 3. 3). Review and amend training according to feedback. 4). Report including numbers of SAFs with domestic violence / abuse presentation; number of referrals of victims to specialist agencies / number of referrals to MARAC / number of perpetrators referred to specialist agencies.	30/09/2016	25%
Quarter 3	1). Evidence of roll out of training programme to Team managers. Sample training plan to be provided. 2). Evidence roll out of training programme on domestic violence and abuse to clinical staff for Level 2 and Level 3. 3). Report including numbers of SAFs with domestic violence / abuse presentation; number of referrals of victims to specialist agencies / number of referrals to MARAC / number of perpetrators referred to specialist agencies.	31/12/2016	25%
Quarter 4	1). Report on the numbers and % of staff trained for the CAADA-DASH assessment training completed. 2). Report on the numbers and % of staff with completed domestic violence and abuse Level 2 and Level 3 training. 3). Final report including numbers of SAFs with domestic violence / abuse presentation; number of referrals of victims to specialist agencies / number of referrals to MARAC / number of perpetrators referred or sign posted to specialist agencies.	31/03/2017	40%

		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	**% of CQUIN scheme available**
1% improvement or less	No payment
2% improvement	25% payment
3% improvement	50% payment
4% improvement	75% payment
5% improvement	100% payment

CQUIN Type	Local
Pick List	

Local Contract Ref	
Goal number	2c
Goal name	Discharge Arrangements
Indicator number	6
Indicator name	Safe and timely discharge
Goal weighting (% of CQUIN scheme available)	
Indicator weighting (% of goal available)	0.50%
Description of indicator	1). To ensure appropriate arrangements are in place for the safe and timely discharge of patients. 2). At least 85% of patients' GPs must be sent a discharge letter within 2 weeks of the discharge date. 3). 90% of GP letters meeting mandatory fields standard (mandatory fields for discharge letters to provide a standard set of information for GPs are: Date of last appointment, Name of Dr/Clinican last seen by, Assessment of Risk, Any medication and amount being prescribed in line with NICE guideline/medicines management policy etc, Diagnosis (if applicable) and any other applicable information.
Numerator	N/A
Denominator	N/A
Rationale for inclusion	The purpose of this CQUIN is to improve patients' experience and safety by ensuring that acute, community and social services operate in a seemless manner and that there is effective communication between each of the agencies contributing to patients' care. By ensuring that effective discharge arrangements are in place for all patients, Commissioners will ensure that acute and community service providers and primary care will all be used to greatest benefit and that waste of resources caused by delays and duplicated effort can be avoided. For elderly and or vulnerable patients in particular, the risks associated with readmissions will be minimised.
Data source	Provider
Frequency of data collection	Quarter 2 and 4
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarter 2 and 4
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	Payment based on results at end of each quarter against quarterly milestones.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	Quarter 4, 2016/17
Are there rules for any agreed in-year milestones that result in payment	Yes see milestone requirements below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	N/A

If yes, please enter details in tables below.

Milestones (only complete if the indicator has in-year milestones)

Date/period milestone relates to	**Rules for achievement of milestones (including evidence to be supplied to commissioner)**	**Date milestone to be reported**	**Milestone weighting (% of CQUIN scheme available)**
Quarter 2 and 4	Audit to be undertaken in Q2 (using Q1 data) and Q4 (using Q3 data) with 85% Discharge letters sent to GPs within 2 weeks of the discharge date. Minimum of 20 samples of patient notes must be audited.	30/09/2016 31/03/2017	50%
Quarter 2 and 4	Audit to be undertaken in Q2 (using Q1 data) and Q4 (using Q3 data) with 90% Discharge letters including information as per the stated mandatory fields. Minimum of 20 samples of patient notes must be audited.	30/09/2016 31/03/2017	50%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)

Final indicator value (payment threshold)	**% of CQUIN scheme available**