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):** £15,153
- **Enfield Clinical Commissioning Group (07X):** £3,892
- **Haringey Clinical Commissioning Group (08D):** £12,589
- **Islington Clinical Commissioning Group (08H):** £6,274
- **City & Hackney Clinical Commissioning Group (07T):** £25,013
- **Hertfordshire Clinical Commissioning Groups (06K & 06N):** £2,309
- **West London Clinical Commissioning Group (08Y):** £1,375
- **Central London Clinical Commissioning Group (09A):** £3,823
- **Ealing Clinical Commissioning Group (07W):** £1,170
- **Hammersmith & Fulham Clinical Commissioning Group (08C):** £1,104
- **Brent Clinical Commissioning Group (07P):** £1,601
- **Hounslow Clinical Commissioning Group (07Y):** £231

**CQUIN Scheme as % of Actual Outturn Value of Contract:** 2.50%

**Total Expected Financial Value of CQUIN Scheme:** £214,437

### Indicator Summary

<table>
<thead>
<tr>
<th>Goal Number</th>
<th>CQUIN Type</th>
<th>Indicator Number</th>
<th>Indicator Name</th>
<th>Indicator Weighting (% of goal available)</th>
<th>Goal weighting (%)</th>
<th>Expected Financial Value of Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>National</td>
<td>1</td>
<td>Introduction of health and wellbeing initiatives - Option B</td>
<td>0.25%</td>
<td>10%</td>
<td>£21,443.71</td>
</tr>
<tr>
<td>1b</td>
<td>National</td>
<td>2</td>
<td>Healthy food for NHS staff, visitors and patients</td>
<td>0.25%</td>
<td>10%</td>
<td>£21,443.71</td>
</tr>
<tr>
<td>1c</td>
<td>National</td>
<td>3</td>
<td>Improving the uptake of flu vaccinations for front line staff</td>
<td>0.25%</td>
<td>10%</td>
<td>£21,443.71</td>
</tr>
<tr>
<td>2a</td>
<td>Local</td>
<td>4</td>
<td>Living Well Programme</td>
<td>1.00%</td>
<td>40%</td>
<td>£85,774.82</td>
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<tr>
<td>2b</td>
<td>Local</td>
<td>5</td>
<td>Domestic Violence and Abuse</td>
<td>0.50%</td>
<td>20%</td>
<td>£42,887.41</td>
</tr>
<tr>
<td>2c</td>
<td>Local</td>
<td>6</td>
<td>Safe and timely discharge</td>
<td>0.50%</td>
<td>20%</td>
<td>£42,887.41</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>2.50%</td>
<td>100.0%</td>
<td>£214,437</td>
</tr>
<tr>
<td>Indicator Name</td>
<td>CQUIN weighting (% of goal available)</td>
<td>Expected Financial Value of Indicator</td>
<td>Camden</td>
<td>Barnet</td>
<td>Enfield</td>
<td>Haringey</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>1. Introduction of health and wellbeing initiatives- Option B</td>
<td>10%</td>
<td>£21,444</td>
<td>0.03%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.100%</td>
</tr>
<tr>
<td>2. Healthy food for NHS staff, visitors and patients</td>
<td>10%</td>
<td>£21,444</td>
<td>0.05%</td>
<td>0.20%</td>
<td>0.25%</td>
<td>0.4289</td>
</tr>
<tr>
<td>3. Improving the uptake of flu vaccinations for front line staff</td>
<td>10%</td>
<td>£21,444</td>
<td>0.25%</td>
<td>0.25%</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>4. Living Well Programme</td>
<td>40%</td>
<td>£85,775</td>
<td>0.100%</td>
<td>0.250%</td>
<td>0.250%</td>
<td>0.400%</td>
</tr>
<tr>
<td>5. Domestic Violence and Abuse</td>
<td>10%</td>
<td>£21,444</td>
<td>0.025%</td>
<td>0.063%</td>
<td>0.063%</td>
<td>0.100%</td>
</tr>
<tr>
<td>6. Safe and timely discharge</td>
<td>20%</td>
<td>£42,887</td>
<td>0.25%</td>
<td>0.25%</td>
<td>0.50%</td>
<td>0.0000</td>
</tr>
</tbody>
</table>

**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
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.

### 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.**

### Access to physiotherapy services for staff:

- **a) Introducing a range of physical activity schemes for staff.**
- **b) Improving access to physiotherapy services for staff.**
- **c) Establishing a fast track physiotherapy service for staff suffering from MSK issues with Occupational Health Provider.**

### CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?

- N/A

### Milestones

<table>
<thead>
<tr>
<th>Date/period milestone relates to</th>
<th>Rules of achievement of milestones (including evidence to be supplied to commissioner)</th>
<th>Data milestone to be reported</th>
<th>Milestone weight [% of CQUIN scheme available]</th>
</tr>
</thead>
</table>
| **Quarter 1**                  | - Update the Trust policy on cycle to work scheme, communicate and promote this to staff across the organisation.  
- Develop and agree staff physical health activities/plan with commissioner (including; walking meetings).  
- Access to physiotherapy services for staff.  
- Brief report to commissioner on the numbers of staff accessing GPs for MSK related problems in Q1/16.  
- Establish a fast track physiotherapy service for staff suffering from MSK issues with Occupational Health Provider.  
- Evidence of communication plan to staff around MSK and how to access the service  
- Continue to review and update processes for referral for physiotherapy services and inform staff of the service.  
- Deliber mental health and wellbeing awareness training event in the Trust.  
- 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.  
- Publicise in-house staff consultation service and externally sourced counselling resources to all staff. | 30/09/2016 | 10% |
| **Quarter 2**                  | - Audit the number of bikes on the bike rack on a weekly basis.  
- Implement and review staff physical health activities/plan (including framework for ‘walking meetings’ as agreed with commissioner and report on activities uptake from Q3.  
- Access to physiotherapy services for staff.  
- Continue to review and update processes for referral for physiotherapy services and inform staff of the service.  
- Continue/monitor mental health initiatives.  
- Confirmation of the Health & Safety Manager to develop a training plan for Mental Health First Aiders in Q3 and Q4.  
- Confirmation the ICT Manager has developed a new/updated procedure to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay; and  
- Confirmation the Health & Safety Manager has been trained as a Mental Health First Aid ‘train the trainer’.  
- Number of staff accessing the identified mental health initiatives or training needs outlined in Q1 (with an agreed increase in % or number each month, reported each quarter).  
- Health and Safety Manager to develop a training plan for Mental Health First Aiders in Q3 and Q4.  
- Confirmation the Physiotherapy Specialist Nurse (PHYSN) has been trained for CBT for sleep problems. | 30/09/2016 | 15% |
### Quarter 3

<table>
<thead>
<tr>
<th>A) Physical activity schemes for staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Measure and report on staff physical health activities uptake or use per month with an expected reasonable increase uptake per quarter.</td>
</tr>
<tr>
<td>ii) Measure and report on staff monthly use of the cycle to work scheme with expected increase uptake per quarter.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to physiotherapy services for staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Measurement and report on the effectiveness of the service/last 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).</td>
</tr>
<tr>
<td>ii) Report on levels of sickness relating to MSK issues per month.</td>
</tr>
<tr>
<td>iii) Numbers of staff referred for physiotherapy service per month.</td>
</tr>
<tr>
<td>iv) Numbers of staff receiving the fast track physio service for MSK problems per month</td>
</tr>
<tr>
<td>v) Mental Health Initiatives:</td>
</tr>
<tr>
<td>i) Number of staff attending the identified mental health initiatives or training needs outlined in Q1 (with an agreed increase in % or number each month, reported each quarter).</td>
</tr>
<tr>
<td>ii) Health and Safety Manager agree a plan for training up to minimum of 6 additional colleagues as Mental Health First Aiders in Q3.</td>
</tr>
<tr>
<td>iii) Number of staff trained as a Mental Health First Aider (with an agreed increase in % or number each month, reported each quarter).</td>
</tr>
<tr>
<td>iv) Repeat 2015 survey of staff on Trust approach to mental health in the workplace.</td>
</tr>
<tr>
<td>v) Deliver mental health in the workplace awareness training.</td>
</tr>
<tr>
<td>vi) Provide evidence of publicising staff support services.</td>
</tr>
</tbody>
</table>

**31/12/2016 55%**

### Quarter 4

<table>
<thead>
<tr>
<th>A) Physical activity schemes for staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Measure and report on staff physical health activities uptake with an expected reasonable increase uptake per quarter.</td>
</tr>
<tr>
<td>ii) Measure and report on staff monthly use of the cycle to work scheme with expected increase uptake per quarter.</td>
</tr>
<tr>
<td>iii) Evaluate the effectiveness of the schemes (feedback from staff and continued use) in Q4 through an audit and develop plan for 17/18.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to physiotherapy services for staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Measurement and report on the effectiveness of the service/last 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).</td>
</tr>
<tr>
<td>ii) Report on levels of sickness relating to MSK issues per month.</td>
</tr>
<tr>
<td>iii) Numbers of staff referred for physiotherapy service per month.</td>
</tr>
<tr>
<td>iv) Numbers of staff receiving the fast track physio service for MSK problems per month</td>
</tr>
<tr>
<td>v) 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.</td>
</tr>
<tr>
<td>vi) Mental Health Initiatives:</td>
</tr>
<tr>
<td>i) Number of staff attending the identified mental health initiatives or training needs outlined in Q1 (with an agreed increase in % or number each month, reported each quarter).</td>
</tr>
<tr>
<td>ii) Health and Safety Manager agree a plan for training up to minimum of 6 additional colleagues as Mental Health First Aiders in Q4.</td>
</tr>
<tr>
<td>iii) Number of staff trained as a Mental Health First Aider (with an agreed increase in % or number each month, reported each quarter).</td>
</tr>
<tr>
<td>iv) Repeat outcomes from the mental health in the workplace training.</td>
</tr>
<tr>
<td>v) Report number of staff contacts with First Aiders in Q3 and Q4.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**31/03/2017 40%**

#### Total 100%
### Description of indicator

Part A: Providers will be expected to achieve a step-change in the health of the food offered on their premises in 2016/17, including:
1. 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;
2. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS);
3. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and
4. 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).

### 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

### Frequency of reporting to commissioner

End of Quarter
End of Quarter

### Baseline period/date

Not applicable
Not applicable

### Baseline value

Not applicable
Not applicable

### Final indicator period/date (on which payment is based)

Quarter 4, 2016/17

### Final indicator value (payment threshold)

Final indicator value (payment threshold) to be determined and signed off by CQRG

### Final indicator reporting date

As soon as possible after QA 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?
<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>The collection of the 11 data points outlined in part b and the submission via unify</th>
<th>01/07/2016</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 4</td>
<td>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.</td>
<td>31/03/2017</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Total**

| 100% |

### Rules for partial achievement at final indicator period/date

<table>
<thead>
<tr>
<th>Final indicator value (payment threshold)</th>
<th>% of CQUIN scheme available</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 out of 4 changes introduced</td>
<td>No payment</td>
</tr>
<tr>
<td>1 out of 4 changes introduced</td>
<td>25% payment of milestone weighting part a.</td>
</tr>
<tr>
<td>2 out of 4 changes introduced</td>
<td>50% payment of milestone weighting part a.</td>
</tr>
<tr>
<td>3 out of 4 changes introduced</td>
<td>75% payment of milestone weighting part a.</td>
</tr>
<tr>
<td>All 4 changes introduced</td>
<td>100% payment of milestone weighting part a.</td>
</tr>
</tbody>
</table>

**Supporting Guidance and References**

## Flu vaccinations for front line staff

**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

### 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 immunForm website.

### Frequency of data collection
Monthly

### Organisation responsible for data collection
Provider

### Frequency of reporting to commissioner
Dec-16

### Baseline period/date
Dec-16

### Baseline value
Dec-16

### 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 (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?

### 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?

### Supporting Guidance and References
**Description of indicator**

1. To develop a Living Well Programme for patients / service users and carers – with four focused 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.

- 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.

**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 TWST and Portman NPS FT.

Both overweight and obesity are associated with an increased risk of numerous chronic and severe health problems which contribute to a reduced life expectation and impact negatively upon quality of life (WHO, 1998) and has a high associate cost. NICE guidance on Obesity (CG 189: Nov '15) recommends steps for people with a BMI over 30.

New commissioning guidance ‘Commissioning Excellent Nutrition and Hydration’ NPHSE (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 £15 billion. (SAPSN, 2013). 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 achieve 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.

**Frequency of data collection**

Ongoing, real time data collection through Trust recording systems and ad hoc questionnaires.

**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.

**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 subject 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 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

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

<table>
<thead>
<tr>
<th>Date/period milestone relates to</th>
<th>Rules for achievement of milestones (including evidence to be supplied to commissioner)</th>
<th>Data milestone to be reported</th>
<th>Milestone weighting (% of CQUIN scheme available)</th>
</tr>
</thead>
</table>
| **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%).| **01/07/2016** | 20% |
| **Quarter 3**                  | 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 repository of material for the Living Well Programme.  
4. Improve use and completion of physical health form details with an audit of at least 15% Physical Health Form completed in Q1.| **01/07/2016** | 20% |
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 materials 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.
3. Evidence PPI feedback via newsletters.
5. Improve use and completion of physical health form details with an audit of at least 70% Physical Health Form completed in Q4.

01/03/2017 40%

Total 100%

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

<table>
<thead>
<tr>
<th>Final indicator value (payment threshold)</th>
<th>% of CQUIN scheme available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments shall be apportioned evenly to reflect achievement(s) reached for the respective indicator/ 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.</td>
<td></td>
</tr>
</tbody>
</table>

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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 2014 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.

<table>
<thead>
<tr>
<th>Indicator name</th>
<th>Domestic Violence and Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator number</td>
<td>5</td>
</tr>
<tr>
<td>Goal name</td>
<td>Prevention</td>
</tr>
<tr>
<td>Goal weighting (% of CQUIN scheme available)</td>
<td>0.25%</td>
</tr>
<tr>
<td>Description of indicator</td>
<td>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 training. 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 at specialist agencies - Number of referrals to MARAC - Number of perpetrators referred to specialist agencies</td>
</tr>
<tr>
<td>Numerator</td>
<td>Based on Year 1 DV outcomes (2015/16)</td>
</tr>
<tr>
<td>Denominator</td>
<td>Based on Year 1 DV outcomes (2015/16)</td>
</tr>
<tr>
<td>Rationale for inclusion</td>
<td>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 2014 and a NICE DV Quality Standard is due for publication Feb 2016. The UK Government is committed to publishing an updated Violence Against Women &amp; 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.</td>
</tr>
</tbody>
</table>

### Table: Milestones [only complete if the indicator has in-year milestones]

<table>
<thead>
<tr>
<th>Date/period milestone relates to</th>
<th>Rules for achievement of milestones (including evidence to be supplied to commissioner)</th>
<th>Date milestone to be reported</th>
<th>Milestone weighting (% of CQUIN scheme available)</th>
</tr>
</thead>
</table>
| 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% |
### Rules for partial achievement at final indicator period/date

<table>
<thead>
<tr>
<th>Final indicator value (payment threshold)</th>
<th>% of COLUIN scheme available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% improvement or less</td>
<td>No payment</td>
</tr>
<tr>
<td>2% improvement</td>
<td>25% payment</td>
</tr>
<tr>
<td>3% improvement</td>
<td>50% payment</td>
</tr>
<tr>
<td>4% improvement</td>
<td>75% payment</td>
</tr>
<tr>
<td>5% improvement</td>
<td>100% payment</td>
</tr>
</tbody>
</table>
Goal number: 2c
Goal name: Discharge Arrangements
Indicator number: 6
Indicator name: Safe and timely discharge

Indicator weighting (% of CQUIN scheme 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/Clinician 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 seamless 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.

Final indicator reporting date: Quarter 4, 2016/17
Are there any rules for partial achievement of the indicator at the final indicator period/date? N/A
Are there any rules for partial achievement at final indicator period/date? (only complete if the indicator has partial achievement rules at 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)

<table>
<thead>
<tr>
<th>Date/period milestone relates to</th>
<th>Rules for achievement of milestones (including evidence to be supplied to commissioner)</th>
<th>Date milestone to be reported</th>
<th>Milestone weighting (% of CQUIN scheme available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 2 and 4</td>
<td>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.</td>
<td>30/09/2016 31/03/2017</td>
<td>50%</td>
</tr>
<tr>
<td>Quarter 2 and 4</td>
<td>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.</td>
<td>30/09/2016 31/03/2017</td>
<td>50%</td>
</tr>
</tbody>
</table>

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

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