

## Board of Directors (In Public)

### Item 4.3

**Subject:** CQUIN Outcomes 2018/19 and 2019/20 Indicators  
**Date of Meeting:** 30<sup>th</sup> July 2019  
**Prepared by:** Joan Matthews Deputy Director of Nursing and Quality  
**Presented by:** Sue Pemberton Director of Nursing & Operations

| BAF Ref  | Impact on BAF |
|----------|---------------|
| 1.1, 1.2 | None          |

### 1. Executive Summary

In line with CQUIN procedure the Trust has received the final position for LHCH National and Specialist Commissioning CQUIN payments. This paper will provide the details of the commissioners response to the information sent over the four quarter timeframes Q1-Q4 2018-2019. The Trust has achieved the majority of the CQuinns set. (Appendix 1)

### 2. Background

The focus of the CQUIN scheme remains to deliver clinical quality improvements and drive transformational change. The scheme was updated to reflect the ambitions of the Five Year Forward View Next Steps, the NHS Mandate Planning Guidance.

There are two parts to the scheme:

1. Clinical quality and transformational indicators – which have been defined to improve quality and outcomes for patients including reducing health inequalities, encourage collaboration across different providers and improve the working lives of NHS staff.
2. Supporting local areas -through the development of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) – reinforcing the critical role local partners have to deliver system wide objectives.

### 3. Delayed discharges of care

There is a national standard that all discharges from adult critical care should be made within 4 hours of a clinical decision to discharge being taken, within daytime hours. This CQUIN aims to support removal of delays of more than 4 hours, whilst continuing to encourage the removal of delays of more than 24 hours. The Trust has previously always met the CQUIN target however, in 2018/19 a stretch target was set increasing throughout the year.

Q1 and Q2 targets were achieved however Q3 and Q4 were difficult to achieve and the target was not met. The reasons for this included the discharging of 7-10 patients per day to two surgical

wards during this time period which resulted in delays together with the number of patients awaiting transfers to DGH or awaiting care packages due to pressures within the local health system. In addition, Q3 and Q4 saw the implementation of the ACHD Service which again stretched the capacity of the surgical ward bed base to the main 2 surgical wards. These complex patients had an extended stay during their post-operative period on the surgical wards which put pressure on the available surgical ward bed base.

The CQUIN both National and Specialist Commissioning has been agreed as part of the normal contracting process for 2019-20. (Appendix 2). Meetings have occurred with the responsible leads for the above and they have all been given their documentation that describes the evidence required to meet each quarter submission for evidence against each CQUIN.

#### **4. Conclusion**

Some funding was withheld for 18-19 CQUIN as the Trust did not meet the percentage of positive replies to the health and wellbeing aspect within the staff survey. Offering advice and guidance in the first quarter of 18-19 became difficult to achieve given only one doctor was performing this aspect of care. This has now resolved with a further three doctors giving advice and guidance to GP's in addition to respiratory advice which has now commenced. All other CQUINS were achieved.

#### **5. Recommendations**

Note completed CQUINS for 2018-19 and agreed CQUINS for 2019-20.

## Appendix 1 – 2018/19 Outcomes

### 1. National CQUIN Update

|   | Funding Achieved                   |
|---|------------------------------------|
| <b>National</b>   |                                    |
| 1a Improvement of staff health and wellbeing  | Witheld £19,965                    |
| 1b Healthy food for NHS staff, visitors and patients  | £19,965                            |
| 1c Improving the uptake of flu vaccinations for front line staff with Providers                       | £19,965                            |
| 2a. Timely identification of sepsis in emergency departments and acute inpatient settings             | £15,013                            |
| 2b. Timely treatment of sepsis in emergency departments and acute inpatient settings                  | £15,013                            |
| 2c. Antibiotic review   | £15,014                            |
| 2d. Reduction in antibiotic consumption per 1,000 admissions  | £11,260 withheld at present £3,753 |
| 6. Offering advice and guidance   | £53,900 withheld £5,995            |
| 9a. Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening                | £2,995                             |
| 9b. Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice             | £11,979                            |
| 9c. Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication  | £14,974                            |
| 9d. Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening                | £14,974                            |
| 9e. Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral | £14,974                            |
| Total   | £210,026                           |

### 2. Specialist Commissioning

|  | Funding Achieved |
|--|------------------|
| <b>Specialist Commissioning</b>  |                  |
| CUR review   | £647,762         |
| Patient Activation Long Term Conditions  | £62,115          |
| High cost device utilisation -part a Compliance and supporting clinical effectiveness. | £343,802         |
| High cost device utilisation -part b Governance and partnership working:               | £100,000         |
| Medicine Optimisation  | £41,410          |
| Critical Care Timely Discharge (QIPP)  | £179,175         |
| Total  | £1374,264        |

## Appendix 2 – 2019/20 Indicators

|   | Funding agreed  |
|---|-----------------|
| <b>National</b>   |                 |
| CCG2: Staff Flu Vaccinations                              | £73,201         |
| CCG3a: Alcohol and Tobacco - Screening                    | £24,400         |
| CCG3b: Alcohol and Tobacco – Tobacco Brief Advice         | £24,400         |
| CCG3c: Alcohol and Tobacco – Alcohol Brief Advice         | £24,400         |
| CCG7: Three high impact actions to prevent Hospital Falls | £73,201         |
| <b>Total</b>  | <b>£219,602</b> |

|                          | Funding agreed  |
|--------------------------|-----------------|
| <b>Specialist</b>        |                 |
| CUR                      | £234,00         |
| Rethinking Conversations | £200,00         |
| ACHD                     | £156,00         |
| <b>Total</b>             | <b>£590,000</b> |