

# CQUIN Supplement

## Quality Account 2012-2013







## Introduction







The CQUIN framework was introduced in April 2009 as a National Framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of local quality improvement goals. The Framework aims to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.






This additional information relates to Sections 2.1 and 2.4.4 of the UHCW 2012/2013 Quality Account. The information below details performance against the 2012/2013 CQUIN goals for both the Arden Cluster Clinical Commissioning Groups (formerly NHS Coventry and NHS Warwickshire) and the West Midlands Specialised Commissioners.






The 2012/2013 CQUIN Scheme was worth 2.5% of the overall outturn value of the activity delivered.






### 1. 2012/2013 CQUIN Performance (The Arden Cluster CCGs)



No.	National/ Regional or Local	CQUIN description	Target	UHCW Performance	Achievement
1a	National	Patients are given a VTE risk assessment on admission	90.0%	93.6%	 Full Achievement
1b	Regional	Patients are given the appropriate chemical prophylaxis following a VTE risk assessment	90.0%	95.6%	 Full Achievement
2	National	Patient Experience Survey – improvement on the overall score for the National Inpatient Survey or an improvement against 5 questions	65.4 overall Q41: 68.2 Q44: 55.5 Q46: 78.3 Q65: 47.6 Q70: 77.5	65.3 70.2 53.0 82.3 44.1 76.9	 Partial Achievement UHCW achieved an improvement against 2 of the questions. This is classed as partial achievement
3a	Regional	Patient Revolution - the Net Promoter Score question is established and reported for 10% of inpatient discharges, with patients surveyed at or within 48 hours of	10.0%	14.7%	 Full Achievement

No.	National/ Regional or Local	CQUIN description	Target	UHCW Performance	Achievement
		discharge.			
3b	Regional	Patient Revolution - monthly Trust Board minutes for each month clearly demonstrate reporting of patient experience including Net Promoter Score (broken down to organisational, speciality and ward level), board challenge and actions relating to improvement	Net Promoter Score discussed at each Trust Board	Net Promoter Score discussed at 10 out of 10 Trust Board meetings in 2012/13	 Full Achievement
3c	Regional	Patient Revolution - organisations collate and review the Net Promoter Score on a weekly basis	Evidence of weekly collation and review of the Net Promoter Score from beginning of Quarter 2	Evidenced for the period July 2012 to March 2013	 Full Achievement
3d	Regional	Patient Revolution - achievement of either: (a) a 10 point improvement in the Net Promoter Score or (b) achievement or maintenance of top quartile performance throughout 2012/13.	54%	44.3%	 Failure
4	National	Safety Thermometer - Number of months per quarter for which a complete record of Safety Thermometer survey data covering all appropriate patients in all appropriate settings for all relevant measures is submitted.	Three consecutive quarterly submissions of monthly survey data	Submission made for the period April to December 2012	 Full Achievement
5a	National	Dementia – emergency patients aged 75 and above who following admission to hospital, have been asked the case finding question, “Have you been significantly forgetful in the last 6 months?”	3 consecutive months during 2012/2013 at 90%.	90% or more delivered in August, September and October 2012 and thereon	 Full Achievement
5b	National	Dementia – emergency patients aged 75 and above, who on admission have been found as at risk of dementia, who	3 consecutive months during 2012/2013 at	90% or more delivered in August, September and October	 Full Achievement



No.	National/ Regional or Local	CQUIN description	Target	UHCW Performance	Achievement
		have had a dementia risk assessment, using the hospital electronic dementia risk assessment tool	90%.	2012 and thereon	
5c	National	Dementia – emergency patients aged 75 and above who score above 8 on the diagnostic assessment who are referred to their GP	3 consecutive months during 2012/2013 at 90%.	90% or more delivered in August, September and October 2012 and thereon	 Full Achievement
6	Local	Psychiatric Liaison (RAID) - the implementation of a comprehensive psychiatric liaison service	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
7a	Local	Flow/Discharge - Introduction of daily morning board rounds	percentage of wards consistently conducting daily morning board rounds against quarterly trajectory:  Q1: 25% Q2: 50% Q3: 75% Q4: 100%	Q1: 46% Q2: 50% Q3: 65% Q4: 100%	 Partial Achievement  Trajectory not delivered in Q3. This is classed as partial achievement
7b	Local	Flow/Discharge - Scoping of 7-day Board Rounds	Scoping of 7-day board rounds and implemented in at least one ward	Milestones delivered	 Full Achievement
7c	Local	Flow/Discharge - Introduction of Multi-disciplinary Discharge Meetings	Percentage of wards consistently conducting weekly MDT meetings against quarterly trajectory:  Q1: 25% Q2: 50% Q3: 75% Q4: 100%	Q1: 35% Q2: 50% Q3: 39% Q4: 46%	 Partial Achievement  Trajectory not delivered in Q3 and Q4. This is classed as partial achievement
7d	Local	Flow/Discharge -	- Average	- CT: 20.5	








No.	National/ Regional or Local	CQUIN description	Target	UHCW Performance	Achievement
		Reducing internal waits due to CT scans, TTOs and medical outliers	<p>wait for CTs to be 29.3 hours</p> <ul style="list-style-type: none"> <li>- 37.7% of TTOs to be received before midday</li> <li>- Medical outliers to be reduced to 87</li> </ul>	<p>hours</p> <ul style="list-style-type: none"> <li>- TTOs: 36.4%</li> <li>- Medical outliers: 145</li> </ul>	 <p>Partial Achievement</p> <p>Required improvement not delivered for TTOs and medical outliers. This is classed as partial payment</p>
7e	Local	Flow/Discharge – Implementation and delivery of criteria-led discharges	Pathway delivery against a trajectory	<ul style="list-style-type: none"> <li>- COPD pathway partially delivered</li> <li>- Breast pathway partially delivered</li> <li>- Gastric pathway delivered</li> </ul>	 <p>Partial Achievement</p> <p>1 out of 3 pathways delivered. This is classed as partial payment</p>
8a	Local	Reducing Inappropriate Face-to-face Contacts "Digital by Default" - Introduction of Appropriate 'Virtual' Clinics in Rheumatology	Quarterly milestones to be delivered	Milestones delivered	 <p>Full Achievement</p>
8b	Local	Reducing Inappropriate Face-to-face Contacts "Digital by Default" - Introduction of Appropriate 'Virtual' Clinics in Endocrinology	Quarterly milestones to be delivered	Milestones delivered	 <p>Full Achievement</p>
8c	Local	Reducing Inappropriate Face-to-face Contacts "Digital by Default" - Introduction of Appropriate 'Virtual' Clinics in Urology	Quarterly milestones to be delivered	Q1 – Q3 milestones delivered. Q4 milestone partially delivered	 <p>Partial Achievement</p> <p>Q4 milestone partially delivered. This is classed as partial payment</p>
9	Local	Smoking Status and CO	Quarterly	Milestones	

No.	National/ Regional or Local	CQUIN description	Target	UHCW Performance	Achievement
		Testing For Pregnant Women	milestones to be delivered	delivered (Final performance for Q4 to be ratified in July 2013)	 Full Achievement
10a	Local	Oesophageal Doppler Monitoring - patients receiving ODM or a similar fluid management technology who have undergone Upper GI surgery	Quarterly milestones to be delivered	Q1 milestone delivered. Q2 – Q4 milestones partially delivered	 Partial Achievement  Q2 – Q4 milestones partially delivered. This is classed as partial payment
10b	Local	Oesophageal Doppler Monitoring - patients receiving ODM or a similar fluid management technology who have undergone Major Vascular Surgery	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
10c	Local	Oesophageal Doppler Monitoring - patients receiving ODM or a similar fluid management technology who have undergone Major Head and Neck Surgery	Quarterly milestones to be delivered	Q1 and Q2 milestones delivered. Q3 and Q4 milestones partially delivered	 Partial Achievement  Q3 and Q4 milestones partially delivered. This is classed as partial payment
10d	Local	Oesophageal Doppler Monitoring - patients receiving ODM or a similar fluid management technology who have undergone Renal Surgery	Quarterly milestones to be delivered	Q1 milestone delivered. Q2 – Q4 milestones partially delivered	 Partial Achievement  Q2 – Q4 milestones partially delivered. This is classed as partial payment







No.	National/ Regional or Local	CQUIN description	Target	UHCW Performance	Achievement
10e	Local	Oesophageal Doppler Monitoring - patients receiving ODM or a similar fluid management technology who have undergone Major Trauma	Quarterly milestones to be delivered	Q1 milestone delivered. Q2 and Q3 milestone failed. Q4 milestone partially delivered	 Partial Achievement  Q2 and Q3 milestones failed. Q4 milestone partially delivered. This is classed as partial payment
10f	Local	Oesophageal Doppler Monitoring - patients receiving ODM or a similar fluid management technology who have undergone Emergency General Surgery	Quarterly milestones to be delivered	Q1, Q2 and Q4 milestones delivered. Q3 milestone partially delivered	 Partial Achievement  Q3 milestone partially delivered. This is classed as partial payment

## 2. 2012/2013 CQUIN Performance (West Midlands Specialised Commissioners)

No.	National/ Regional or Local	CQUIN description	Target(s)	UHCW Performance	Achievement
1	National	Patients are given a VTE risk assessment on admission	90.0%	93.6%	 Full Achievement
2	National	Patient Experience Survey – improvement on the overall score for the National Inpatient Survey or an improvement against 5 questions	65.4 overall Q41: 68.2 Q44: 55.5 Q46: 78.3 Q65: 47.6 Q70: 77.5	65.3 70.2 53.0 82.3 44.1 76.9	 Partial Achievement  UHCW achieved an improvement against 2 of the questions. This is classed as

No.	National/ Regional or Local	CQUIN description	Target(s)	UHCW Performance	Achievement
					partial achievement
3	National	Safety Thermometer - Number of months per quarter for which a complete record of Safety Thermometer survey data covering all appropriate patients in all appropriate settings for all relevant measures is submitted.	Three consecutive quarterly submissions of monthly survey data	Submission made for the period April to December 2012	 Full Achievement
4a	National	Dementia – emergency patients aged 75 and above who following admission to hospital, have been asked the case finding question, “Have you been significantly forgetful in the last 6 months?”	3 consecutive months during 2012/2013 at 90%.	90% or more delivered in August, September and October 2012 and thereon	 Full Achievement
4b	National	Dementia – emergency patients aged 75 and above, who on admission have been found as at risk of dementia, who have had a dementia risk assessment, using the hospital electronic dementia risk assessment tool	3 consecutive months during 2012/2013 at 90%.	90% or more delivered in August, September and October 2012 and thereon	 Full Achievement
4c	National	Dementia – emergency patients aged 75 and above who score above 8 on the diagnostic assessment who are referred to their GP	3 consecutive months during 2012/2013 at 90%.	90% or more delivered in August, September and October 2012 and thereon	 Full Achievement
5a	Regional	Implementation of clinical dashboards for specialised services - Cardiac dashboard	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
5b	Regional	Implementation of clinical dashboards for specialised services - Cardiology dashboard	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
5c	Regional	Implementation of clinical dashboards for specialised services - Renal Dialysis dashboard	Quarterly milestones to be delivered	Milestones delivered	



No.	National/ Regional or Local	CQUIN description	Target(s)	UHCW Performance	Achievement
					Full Achievement
5d	Regional	Implementation of clinical dashboards for specialised services - Haemophilia dashboard	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
5e	Regional	Implementation of clinical dashboards for specialised services - NNIC dashboard	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
5f	Regional	Implementation of clinical dashboards for specialised services - Trauma dashboard	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement
6	Regional	Cardiac Surgery inpatient waits within 7 days	Quarterly milestones to be delivered	Q1, Q2 and Q3 milestones delivered. Q4 milestone partially delivered	 Partial Achievement  Q4 milestone partially delivered. This is classed as partial payment
7	Regional	Increasing use of home renal dialysis	Quarterly milestones to be delivered	Q1 and Q3 milestones delivered. Q2 and Q4 milestones partially delivered	 Partial Achievement  Q2 and Q4 milestones partially delivered. This is classed as partial payment
8	Regional	(Neonatal) Improved timely TPN administration	Quarterly milestones to be delivered	Milestones delivered	 Full Achievement

The 2012/2013 CQUIN scheme is worth 2.5% of the total outturn value of the activity delivered.

### 3. 2013/2014 CQUIN Scheme agreed with The Arden Cluster

No.	National/ Regional or Local	CQUIN description	Target
1.1	National	Friends and Family Test - Phased expansion	Delivery of Friends and Family roll-out for maternity services
1.2	National	Friends and Family Test – Increased Response Rate	A response rate of 20% or more
1.3	National	Friends and Family Test - Improved Performance on the Staff Friends and Family Test	A score greater than 68% in the 2013/14 Staff Survey
2.2	National	NHS Safety Thermometer – Improvement	To maintain a reduction in incidence of all new pressure ulcers at less than 0.50%. To reduce prevalence to 3% or below
2.3	Local	NHS Safety Thermometer - Integrated approach to prevalence reduction (local CQUIN)	Quarterly milestones to be delivered
3.1	National	Dementia – Find, Assess, Investigate and Refer	90%
3.2	National	Dementia – Clinical Leadership	Named lead clinician for dementia and appropriate training for staff
3.3	National	Dementia – Supporting Carers of People with Dementia	To undertake an audit of carers of people with dementia to test whether they feel supported
4.1	National	VTE Risk Assessment	95%
4.2	National	VTE Root Cause Analyses	95%
5a	Local	Discharge and Flow - reducing delays in imaging	Quarterly milestones to be delivered
5b	Local	Discharge and Flow - reducing delays receiving TTO's	Quarterly milestones to be delivered
5c	Local	Discharge and Flow - reducing delays - therapy	Quarterly milestones to be delivered
5d	Local	Discharge and Flow - reducing the number of medical outliers	Quarterly milestones to be delivered
5f.1	Local	Discharge and Flow - 7 day Board Rounds (2013/14 Extension of 2012/13 Indicators 7a and 7b)	Quarterly milestones to be delivered
5f.2	Local	Discharge and Flow - 7 day Board rounds (Clinical Audit and Scoping)	Quarterly milestones to be delivered
5g	Local	Discharge and Flow - escalation to MDT	Quarterly milestones to be delivered
6a	Local	End of Life (Acute Hospital)	Quarterly milestones to be delivered
7a	Local	Gerontology - improving outcomes for elderly surgical patients	Quarterly milestones to be delivered
7b	Local	Gerontology - improving the assessment and care of frail elderly	Quarterly milestones to be delivered
8a	Local	Frequently admitted patients MDT review	Quarterly milestones to

No.	National/ Regional or Local	CQUIN description	Target
			be delivered
9a	Local	Enhanced Recovery - Enhanced Recovery Programme for Arthroplasty Pts	Quarterly milestones to be delivered
9b	Local	Enhanced Recovery - Reduced Length of Stay for Fracture Neck of Femur Patients	Quarterly milestones to be delivered
9c	Local	Enhanced Recovery - Advanced Fluid Monitoring (formerly CQUIN 10 2012/13)	Quarterly milestones to be delivered
10a	Local	Cancelled outpatients	Quarterly milestones to be delivered
11a	Local	Psychiatric Liaison (Training)	Quarterly milestones to be delivered
12	Local	Ambulatory Care	Quarterly milestones to be delivered

### 3. 2013/2014 CQUIN Scheme agreed with West Midlands Specialised Commissioning Team

No.	National/ Regional or Local	CQUIN description	Target
1.1	National	Friends and Family Test - Phased expansion	Delivery of Friends and Family roll-out for maternity services
1.2	National	Friends and Family Test – Increased Response Rate	A response rate of 20% or more
1.3	National	Friends and Family Test - Improved Performance on the Staff Friends and Family Test	A score greater than 68% in the 2013/14 Staff Survey
2.2	National	NHS Safety Thermometer – Improvement	To maintain a reduction in incidence of all new pressure ulcers at less than 0.50%. To reduce prevalence to 3% or below
3.1	National	Dementia – Find, Assess, Investigate and Refer	90%
3.2	National	Dementia – Clinical Leadership	Named lead clinician for dementia and appropriate training for staff
3.3	National	Dementia – Supporting Carers of People with Dementia	To undertake an audit of carers of people with dementia to test whether they feel supported
4.1	National	VTE Risk Assessment	95%
4.2	National	VTE Root Cause Analyses	95%
5	National	Providers continue to embed and routinely use the required clinical dashboards for specialised services	Quarterly milestones to be delivered
5a	National	Cardiac dashboard	Quarterly milestones to be delivered
5b	National	Cardiology dashboard	Quarterly milestones to

No.	National/ Regional or Local	CQUIN description	Target
			be delivered
5c	National	Renal Dialysis dashboard	Quarterly milestones to be delivered
5d	National	Haemophilia dashboard	Quarterly milestones to be delivered
5e	National	NNIC dashboard	Quarterly milestones to be delivered
5f	National	Trauma dashboard	Quarterly milestones to be delivered
6	National Pick-list	Neonatal 1 - Improving access to breast milk in preterm infants	Quarterly milestones to be delivered
7	National Pick-list	Neonatal 2 - Timely administration of total perenateral nutrition (TPN) in preterm infants	Quarterly milestones to be delivered
8	National Pick-list	Neonatal 4 - Retinopathy of prematurity (ROP) screening	Quarterly milestones to be delivered
9	National Pick-list	Cardiac 1 - Cardiac Surgery inpatient waits within 7 days	Quarterly milestones to be delivered
10	National Pick-list	Renal Dialysis 2 - Increase use of Renal Patient View (RPV)	Quarterly milestones to be delivered
11	National Pick-list	Renal transplant 1 - To reduce the cold ischaemic time for all kidney transplants	Quarterly milestones to be delivered



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