Worcestershire Health and Care NHS
NHS Trust

Delivering the Commissioning for Quality and Innovation (CQUIN) Targets in Worcestershire Health and Care NHS Trust

Document Type	Operational Policy
Unique Identifier	*To be set by Web and Systems Development Team*
Document Purpose	To set out processes and responsibilities in the delivery of the CQUIN Targets for the Trust
Document Author	Della Lewis, Head of Quality Governance
Target Audience	All Trust staff who are involved in the delivery of CQUIN targets
Responsible Group	Quality and Safety Committee
Date Ratified	25th June 2014
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or email communications@hacw.nhs.uk.

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
1		Sandra Brennan, Director of Quality (Executive Nurse)	
		Bill Creaney, Medical Director	
		Stephen Collman, Director of Service Delivery	
		Robert Mackie, Director of Finance	
		Mark Smedley	
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		Matt Stringer, Service Delivery Unit (SDU) Lead, Community Care	
		Mark Dickens, SDU lead, Adult Mental Health	
		Fran Tummey, SDU lead, Children and Young People, Dental Services and Sexual Health	
		Ruth Krivosic, Learning Disability Services Lead	
		David Thomas, Operation Lead, Offender Health	
		Naomi Seers, Patient Experience Lead	
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		Chris Freke, Clinical Service Locality Manager	
		Jane Loudon, Clinical Service Locality Manager	
		Sue Lahiff, Clinical Service Locality Manager	
		Judy Adams, Contract Monitoring Manager	
		Clare Boniface, Patient Safety Manager	
		Rachel Martin, Quality Governance Manager	
2	16/06/14	Clinical Policies Administrator	Formatting

1. Introduction

CQUINs (Commissioning for Quality and Innovation) make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

The CQUIN framework aims to make sure that quality is central to commissioner-provider relationships and enhance a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

The model of co-production for CQUINs that the Trust works to supports the development and agreement of clinically meaningful indicators.

2. Aim

The aim of this protocol is to provide a framework specifically for Worcestershire Health and Care NHS Trust (WHCT) incorporating the development, consultation, negotiation, approval and monitoring of individual CQUIN indicators and the CQUIN scheme in its totality. This will support effective improvements in quality of care for patients and underpin the Trust's values and strategic goals.

3. Financial Context

CQUIN payments are made to providers in accordance with the detail set out in the NHS Standard Contract.

CQUIN targets are currently set at a maximum level of 2.5 per cent value for all healthcare services commissioned through the NHS Standard Contract. One fifth of this value (0.5 per cent of overall contract value) is linked to national CQUIN goals, where these apply.

Each CQUIN scheme contains a number of goals and each goal has a percentage weighting attached to it – the weighting reflects the maximum percentage of the scheme of which will result in payment upon achievement of the goal. For instance, a goal which has 10% weighting attached to it will attract 10% of the overall financial value of the scheme upon achievement.

The percentage weighting is attributed by the commissioner and is expected to reflect the amount of work required to be undertaken by the Trust to achieve the goal.

Each goal contains one or more indicators which detail the measurement methods, the target achievements and payment thresholds assigned to each individual indicator within the goal.

Non-participation in any applicable national CQUIN scheme would result in non-payment of that proportion of CQUIN funding, except where this is agreed as a CQUIN variation.

4. Principles for Agreement of the CQUINs

The following principles of negotiation underpin the development of the CQUIN schemes:

- Focus on quality improvements with clear, identifiable improvement outcomes for patients
- Clinical involvement in determining the right targets
- Improvement of efficiency and effectiveness of services
- Stretching but realistic targets in terms of administrative burden and investment required by the Trust to achieve them.

5. Governance Route for Agreeing CQUINs

Negotiations with the commissioners commence every year in late Autumn with a view to agreeing schemes in February before signing the contract.

The Trust

Within the Trust, the Chief Executive and Trust Board are ultimately responsible for the contract sign-off. The Quality and Safety committee and Finance and Performance committee oversee the CQUIN agreement and performance and report this to Board.

A short term Contracts Group is set up during the contract negotiation phase each year to bring together key staff within the Trust from Finance, Information and Performance, Business Planning and Quality teams. This ensures there is a clear communication-sharing route in the Trust for all contractual issues, including the CQUIN negotiations. This group reports to the Finance and Performance committee and the Quality and Safety Committee.

The Contracts Group is chaired by the Associate Director of Information and Performance.

The Head of Quality Governance will inform Senior Operational and Clinical Managers in the Trust as soon as the list of potential CQUINs is available. Any CQUINs suggested by Trust staff will also be included in this initial list.

From the outset each suggested CQUIN will be allocated a named Lead and a process indicator:

- Purple = National mandatory CQUIN
- Green = Approved and signed off by SDU lead and lead clinician
- Amber = Principle approved but indicator measures in development
- Red = Not approved in principle. Further negotiation needed.
- Blue = rejected

The total number of CQUINs agreed by the Trust need to be manageable. Care will be taken to ensure sub-indicators are not too numerous, are clear and measurable.

6. Trust CQUIN Lead

Each proposed CQUIN will have a nominated Lead in the Trust who has a good understanding of the operational and clinical consequences of the CQUIN.

The CQUIN lead will be responsible for:

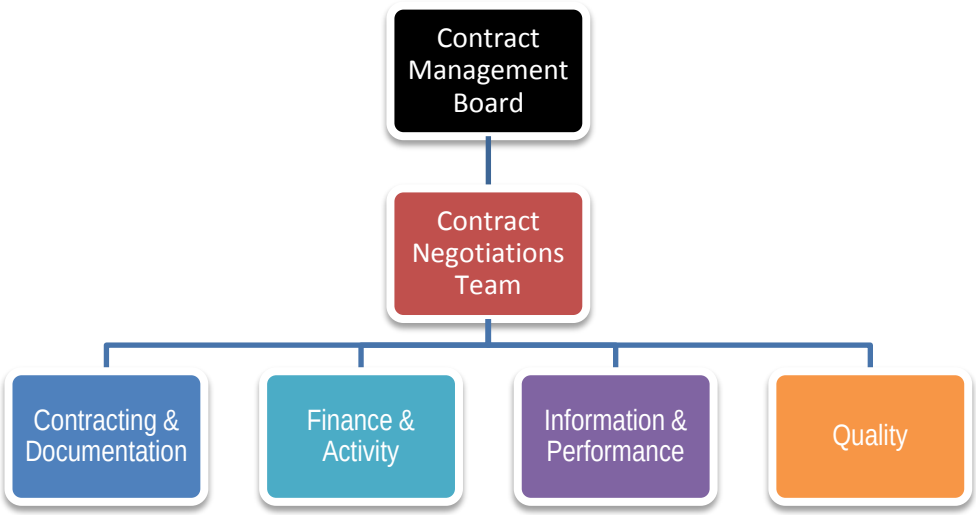
- Ensuring the targets are achievable
- Suggesting more effective targets if appropriate
- Determining and reporting on the resource that would be required to deliver the CQUIN
- Including appropriate clinical and operational staff who will be affected by the CQUIN in the process for agreeing or rejecting the proposed CQUIN
- Monitoring performance of the CQUIN through the year, and in particular detecting and reporting on any risk of underperformance
- Putting in place recovery plans for underperformance
- Submitting performance reports in line with the CQUIN descriptors, usually at the end of each financial quarter, for submission to the commissioners and for inclusion in Trust performance reports and Quality Accounts.

7. The Trust and the Commissioners

The joint Trust/CCG route for contract negotiation and CQUIN sign-off is through the Contract Monitoring Board (CMB), supported by the Joint Clinical Quality Review (JCQR) and the Service Development and Improvement Group.

Negotiation to agree the CQUINs is then devolved from the CMB to a Joint Contract Negotiation Team with membership from the commissioners and WHCT.

The Contract Negotiation Team oversees four 'task and finish' groups.



The Joint Quality Task and Finish Group holds responsibility for negotiating the detail and agreeing the CQUINs and the Quality Schedule in the contract.

Quality Task and Finish Group (CQUINS and Quality Schedule)	Deputy Executive Nurse Commissioning Support Manager Head of Quality Governance Quality Governance Manager	Worcestershire CCGs Worcestershire CCGs Worcestershire Health & Care Trust Worcestershire Health & Care Trust Worcestershire Health & Care Trust

	Clinical Lead, Adult Mental Health Service Delivery Unit Contracts Manager	Joint Commissioning Unit

Representatives from the Trust who are members of the Task and Finish Group ensure that:

- Each potential CQUIN has a clinical and operational lead identified to determine agreeable indicators
- Indicators are measurable, using systems that are already in place or that are relatively simple to set up
- Targets, although stretching, are achievable
- The total number of indicators from all of the CQUINs is a manageable work programme
- The resource required to deliver the CQUIN would not outweigh the benefit
- Ensuring the risk is appropriately financially weighted and apportioned in the CQUINs.

8. Contract Agreement Escalation Process

Progress of the Quality Task and Finish Sub-Group is monitored through an agreed action plan which is reported to the Contract Negotiation team. The action plan identifies the key functions to be undertaken and the timescale for completion.

The group holds an issues/risk log and to report on any identifiable issues or risks associated with the completion of the identified tasks. The Contract Negotiation Meetings will address any potential issues through mediation and joint agreement that cannot be resolved at sub-group level.

In the event of any issue not being resolved at the Contract Negotiation meetings, the issue will be escalated to the Trust's Director of Quality (Executive Nurse) and the Director of Finance, and to the Service Development and Improvement Group (SDIG).

Discussion at senior executive level is considered to be the final line of negotiation, after which unresolved matters will be escalated to the Local Area Team (LAT) under the rules of Arbitration.

9. Communication Process from WH&CT to the Commissioners

National CQUIN guidance is published by NHS England in December each year. This guidance contains the mandatory national CQUIN requirements. Additional CQUINs are identified and agreed locally. The Trust and the CCG aim to have the contract ready for sign off by the end of February. Consequently the time available for agreeing the CQUINs is limited to around 6 weeks.

It is vitally important that communication from the Trust to the commissioners is coordinated, controlled, and consistent.

The Head of Quality Governance and Clinical Lead for Adult Mental Health will be the point of communication from the Trust to the commissioners, using the Quality Task and Finish Group to monitor the milestones for agreement.

The Head of Quality Governance and the Clinical Lead for Adult Mental Health will work closely with the CQUIN leads to ensure any issues are raised and resolved within the timescales.

Any managers and/or clinicians who hold discussions directly with commissioners regarding CQUIN agreement should inform the Health of Quality Governance and/or the Clinical Lead for Mental Health in order that all discussion and negotiation is kept within the umbrella of the overall contract. This element of the process is purely to aid good communication during the contract negotiation and should not stifle any discussion regarding opportunities for innovation.

10. Monitoring CQUIN Performance in the Trust

Achievement of all of the standards set out in the CQUIN and Quality Schedules is monitored through performance dashboards which are presented to each Operational Finance and Performance meeting, Quality and Safety committee and Finance and Performance Committee, and then to Trust Board. The Trust's Performance Framework ensures that recovery plans are introduced where any risk of underperformance is detected.

Performance against the CQUINs is also presented in the Trust Annual Report and Quality Account.

Equality Analysis

Worcestershire Health and Care NHS Trust

Worcestershire Health & Care NHS Trust (WHCT) has a responsibility under the **Equality Duty** to: (1) eliminate discrimination; (2) advance equality of opportunity and (3) foster good relations with regarding to age; disability, gender reassignment, pregnancy & maternity; race; religion or belief; sex; sexual orientation or marriage and civil partnership, the **9 protected characteristics** defined by **The Equality Act 2010** (See Appendix 1).

Equality Analysis is a way of identifying any potential or actual impact (Positive, Neutral or Negative) that our policies/functions (functions include; Services; Projects; Strategy; Processes; Systems; Practices; Procedures; Protocols; Guidelines; Care Pathways etc..) and their implementation many have on differing groups of people. An **Equality Analysis must be undertake for all new and existing policies and functions** to ensure a fair service for all.

The purpose of the Equality Analysis is to:

- make us focus on the needs, experiences and circumstances of everyone who will be affected by the decisions the Trust makes
- direct us to seek alternative ways of achieving our aims and avoiding inequality
- enhance our creditability with our service users to have greater confidence in our performance
- improve our policy making procedures and services
- make use more accountable in the relationships

When completing the Equality Analysis you are encouraged to consider the impact the policy/function may have on the protected characteristics and persons/groups who do not share these characteristics but could experience inequality e.g. carers, the homeless or travelling communities and **record the evidence** to demonstrate the consideration given.

Positive has a **positive impact** on one or more of the protected characteristics, **improves or promotes** equality

Neutral **has similar** or **no** impact on the protected characteristics

Negative **disadvantages** or has an **adverse impact** on one or more of the protected characteristics

Where the policy/function involves patients/careers/staff/partners/stakeholders etc…, please include them in the Equality Analysis to demonstrate openness, transparency and inclusion and particularly by those who this policy/function is most likely to have impact. The Analysis is to be conducted by three assessors who determine the level of impact the policy/function has as follows:

Low The policy/function **has limited relevance** to the Equality Duty

Medium There is some concern or evidence available that different groups may be affected differently. The policy/function **may be relevant** to parts or all of the Equality Duty

High There is evidence/concern to suggest different groups are affected differently. The policy/function **is relevant** to the Equality Duty.

If the relevance is **Low** or **Medium** and the assessors are able to justify and demonstrate their reasons, these should be record on the primary Equality Analysis. If the relevance is **High**, where there is potential or actual discrimination it will be necessary to complete an

advanced Equality Analysis, please contact the Equality and Inclusion Practitioner for advice and a copy of the advanced Equality Analysis

A copy of the completed Equality Analysis is to be retained with the policy/function and a copy sent to the Equality & Inclusion Practitioner. The completed Equality Analysis will be presented to the Equality, Diversity and Inclusion Group for further scrutiny.

Legal compliance requires public sector organisations to maintain a database of all Equality Analysis and publish them annually. Examples of completed assessments will be available on the Trust's internet and intranet website and making them accessible to the public.

Appendix I - 9 protected characteristics

Age	Specific ages and age groups? A universal policy may still disadvantage a particular age group.
Disability	A physical, mental impairment or learning difficulty which has substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Not all disabilities are visible/apparent. Consideration should be given to: • Accessibility - venue, location, signage • Awareness training for staff delivering the service • Involving service users • Hearing Loops/Interpreter/British Sign Language • Referral System/partnership working • Plain English.
Gender Reassignment / Transgender	The process of transitioning from one gender to another. This includes people who have expressed a desire to change gender, live as another gender or dress as another gender. Considerations include, staff training, communication skill that result in a non-judgemental support and confidentiality.
Pregnancy & Maternity	Pregnancy is the condition of expecting a baby, maternity refers to the period after the birth. Considerations include, access to private area for breastfeeding mothers, flexible hours.
Race	A group of people defined by their race, colour, nationality (including citizenship) ethnic or national origins. Considerations include, identifying the demographic population that uses your service or affected by your project, eg: • What language/s do these communities speak? • What support for accessing the service/project can you offer? • Cultural issues - mixed gender activities, hygiene, clothing, physical activities. • How will you make your service/project accessible for the diverse local population? • Staff Training on issues relating to the BME community.
Religion or Belief	Belief includes religious and philosophical beliefs including lack of belief (eg Atheism). Generally a belief should affect life choices or the way a person lives for it to be included in the definition. Considerations include identifying the demographic population eg: • prayer times, meal times, food, religious holidays e.g. Ramadan, flexibility. • Training of staff • Respecting differences • Religious beliefs e.g. blood transfusions.
Sex	A Man or a Woman. Consider the impact on males and females, for example, same sex accommodation, same sex groups/activities, timing of

	services/projects and location to improve access.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex (lesbian/gay), the opposite sex (heterosexual/straight) or to both (bisexual). Do not assume that someone is heterosexual/straight. Considerations include staff training, eliminate prejudices and respect rights.
Marriage & Civil Partnership	Marriage is defined as a 'union between and man and woman'. Same-sex couples can have their relationship legally recognised as 'civil partnerships'. Civil partners must be treated the same way as married couples on a wide range of legal matters.

Equality Analysis

Worcestershire Health and Care NHS
NHS Trust

Title of Policy/Function (Function Includes: Services; Projects; Strategy; Processes; Systems; Practices; Procedures; Protocols; Guidelines; Care Pathways etc..) Delivering the Commissioning for Quality and Innovation (CQUIN) Targets in Worcestershire Health and Care NHS Trust	New Yes	Existing/Revised
Short description of Policy/Function (aims and objectives, is the policy/function aimed at a particular group if so what is the intended benefit): To set out processes and responsibilities in the delivery of the CQUIN Targets for the Trust The impact of this policy has been assessed as **LOW**.		

Name of Lead/Author(s)	Job Title	Contact details
Della Lewis	Head of Quality Governance	01905 681619

When the policy/function involves patients/staff/partners/stakeholders etc please where possible include them in the Equality Analysis to demonstrate openness, transparency and inclusion and particularly by those who this policy/function is most likely to have impact.

Does this Policy/Function have any potential or actual impact that is positive(+), neutral (N) or negative (-) impact on the following protected characteristics please indicate:				
	+	N	-	**Please provide a rational/justification for <u>each</u> of the following regardless of impact**
Age		X		This policy relates to a process for managing CQUIN targets and does not impact on any patient or carer group. A small number of senior staff are involved in this process. If staff of these have difficulties in fulfilling their role within policy this will be taken addressed when identifying people to fulfil each role.
Disability		X		As above.
Gender Reassignment		X		As above.

Pregnancy & Maternity		X		As above
Race		X		As above
Religion & Belief		X		As above
Sex		X		As above
Sexual orientation				As above
Marriage & Civil Partnership				As above.

Other Groups who could experience inequality, eg carers, homeless, travelling communities, unemployed, people resident within deprived areas, different socio/economic groups eg low income families, asylum seekers/refugees, prisoners, people confined to closed institutions or community offenders, people with different work patterns eg part-time, full-time, job-share, short-term contractors or shift workers - *Access, location and choice of venue, timings of events and activities. Support with caring responsibilities*

As explained above, this policy describes the role of senior staff and Commissioners within this process, and no patient or carers will be affected.

Analysis conducted by: (minimum of 3 people)			
	Name	Job Title	Contact details
1	Rachel Martin	Quality Governance Manager	01905 681619
2	Della Lewis	Head of Quality Governance	As above
3	Laura Jackson	Patient Relations Officer	01905 681517

Reference/Version: v6	Date Equality Analysis completed:	D	D	M	M	Y	Y
		1	3	0	6	1	4

If you have identified a potential discriminatory impact on the policy/function please refer it to the author together with suggestions to avoid or reduce the impact.

A copy of the completed Equality Analysis must be attached to the policy/function and a copy sent to:

Patrick McCloskey
Equality Inclusion Practitioner
Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW
Tel: 01905 761324
Patrick.mccloskey@hacw.nhs.uk

Is there evidence that some groups are affected differently?
If you have identified potential discrimination are they any expectations valid, legal and/or justifiable?
Is the impact likely to be negative – if so can it be avoided or can the impact be reduced by taking different action, please state
How has the consultation taken place and by who

Please send the completed Analysis to:

East Midlands SHA
Dudley & Walsall Mental Health Partnership NHS Trust
Coventry & Warwickshire
Worcestershire Health & Care NHS Trust
Coventry & Warwickshire NHS