2010/11 PERFORMANCE INCENTIVE SCHEMES

Commissioning for Quality and Innovation (CQUINs)

Gateway:

Performance for determining gateway achievement will be assessed based on annual achievement. Prior to accessing any reward set out in this schedule Trusts must first achieve in gateways 1-3

1. 4 hour maximum wait in A&E from arrival to admission, transfer or discharge (as measured for assessing performance under the Monitor Performance Assessment Framework)	98%
2. Cancer Plan Targets	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%
62-Day Wait For First Treatment upgraded by consultant: All Cancers	Not yet set by DH
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%
All Cancer Two Week Wait	93%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%
3. 18 week RTT	
Admitted RTT	90%
Non-admitted RTT (includes audiology)	95%
4. MRSA total cases post 48 hours	
Actual 08/09 outturn	
UHB	14
5. 6 weeks access to diagnostics (basket of 15 excluding those delivered by another provider)	99.5%
6. Provider cancellation of Elective Care operation for non-clinical reasons either before or after Patient admission	0.8%

Indicators 1-3 are mandatory and failure to achieve in any of these will bar progress to CQUINs rewards.

If these 3 are achieved then Trusts may access up to 50% of the available reward.
If 4 indicators are achieved then Trusts may access up to 70% of the available reward.
If 5 indicators are achieved then Trusts may access up to 90% of the available reward.
If all 6 indicators are achieved then Trusts may access 100% of the available reward.

Goal no.	Description of goal	Description of indicator	Threshold
1	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the national tool	Nationally defined: 90%
2	Improve responsiveness to personal needs of patients	Composite indicator, calculated from 5 survey questions. • Involved in decisions about treatment/care • Hospital staff available to talk about worries/concerns • Privacy when discussing condition/treatment • Informed about medication side effects • Informed who to contact if worried about condition after leaving hospital	Using the DH benchmarking tool based on early 2009 baseline data of 71: • a final indicator value of 73 points based on an improvement of 2 points; and • a partial achievement of 50% of the CQUIN value for an improvement of 1 point
3	Reduction in elective length of stay	Elective length of stay	5% reduction having adjusted for HRGs transferred to ISTC by Q4
4	Reduction in emergency length of stay	Emergency length of stay	5% reduction by Q4
5	Improvement in new to follow up ratios	New to follow up ratios	Upper quartile with exclusions Q4
6	Improvement in rate of non face to face follow up care	Rate of non face to face follow up care	5% of 10/11 follow ups undertaken as non face to face - annual measure
7	Elective SAR 100 Ophthalmology	Elective SAR 100 Ophthalmology (ISTC adjusted)	Elective SAR 100 Ophthalmology (ISTC adjusted) Q4
8	Reduction in emergency re-admissions	14 day emergency re-admissions	Upper quartile with agreed exclusions applying 28 day rules
9	Smoking Cessation-Hospital Patients	1. Increasing the number of staff who have received Brief Intervention Training 2. Increasing referrals to smoking cessation services	1. £50,000 for achieving number of additional staff trained in brief intervention in 10/11 – 180 staff from at least 30 inpatient wards 2. £170,000 for 500 patient referrals in 10/11. Partial achievement applies: 50k of payment for 350 referrals.

Goal no.	Description of goal	Description of indicator	Threshold
10	Reduction in medication errors	The proportion of incidents classified as moderate, major or catastrophic harm is less in 2010/11 than it was in 2009/10	20% reduction from 2009/10
11	Improvement timeliness and quality of GP discharge communications	% compliance with contract regarding discharge summaries, issued to general practices within 24 hours. Graduated approach over 2 quarters.	CQUIN payment will be split 50/50 as follows across Q3 (Nov) and Q4 (Jan) performance respectively: • 80/90% of summaries issued within 24 hours. • 80/90% of summaries, information is 80/90% complete.
12	Reduce prevalence and degree of pressure ulcers	Number of hospital acquired pressure ulcers grades 2, 3 and 4 per 10,000 bed days.	20% reduction of acute hospital acquired grades, 2, 3 and 4 from Q1 over Q3
13	Increase use of WHO Surgical Checklist	% compliance with requirements under WHO surgical checklist: The checklist is completed for every patient undergoing a surgical procedure (including local anaesthesia). The use of the checklist is entered in the clinical notes or electronic record by a registered member of the team.	90% compliance by Q3
14	Improve early A&E assessment	Proportion of patients that are assessed (not triaged) within 30 minutes of arrival	75%
15	Reduce HCAI (UHB only)	Reductions in HCAI 2010/11 – New MRSA Objective	2010-11 National Target (Unify upload) = 9
16	Improve outcomes for adult and paediatric BMT	ADULT - % overall survival at 1 year post BMT (all transplant types excluding autograft, all donor types)	≥66%
		PAEDIATRIC - % overall survival at 100 days post BMT (all transplant types excluding autograft, all donor types)	≥90%
17	Improved outcomes in paediatric cardiac surgery	Readmissions to PICU following cardiac surgery	<10%
		Mortality at <30 days post cardiac surgery	<4%

Goal no.	Description of goal	Description of indicator	Threshold
18	Improved outcomes in neonatal care	Reduction in capacity-related neonatal transfers of local babies to other providers (based on 3-yr average number Nov06 – Oct 09)	≤41 transfers
		Reduction in total neonatal refusals due to lack of capacity (based on 3-yr average number Nov06 – Oct 09)	≤571 refusals