

Indicator	
Indicator number	
Indicator name	SCT – AAA Screening
Indicator weighting (% of CQUIN scheme available)	2.5%
Description of indicator	To implement service improvement plan as part of last year 14/15 CQUIN. Aim is to improve uptake of AAA screening where uptake is low as identified in the health equity audit report.
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	An area picked up through QA visit as a recommendation for Sussex Programme
Data source	Provider
Frequency of data collection	Quarterly as an update on the action plan
Organisation responsible for data collection	Provider and PHE
Frequency of reporting to commissioner	Quarterly – Through Contract meetings
Baseline period/date	
Baseline value	
Final indicator period/date (on which payment is based)	To implement recommendations and actions identified in the Audit Report to help reduce the inequality gaps which will overall improve uptake of screening. Agreed improvement in uptake in disadvantaged groups based on 14/15 Health Equity Audit. An agreed action plan will be approved by the AAA Programme Board and monitored.
Final indicator value (payment threshold)	Not Applicable
Final indicator reporting date	31 st March 2016
Are there rules for any agreed in-year milestones that result in payment?	Please see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Not applicable

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	To agree action plan with AAA Programme Board		
Quarter 2	Updated report to contract meeting detailing plans for target work in areas where uptake is low		50% of payment
Quarter 3	Updated action plan – detailing performance improvements		75% of payment
Quarter 4	Final report to contract meeting.		100% of payment

Rules for partial achievement at final indicator period/date

Final indicator value for the partial achievement threshold	% Of CQUIN scheme available for meeting final indicator value

Indicator – Child Health Information System (CHIS)	
Indicator number	(1) 2015
Indicator name	Improve uptake of Hep B immunisation in high risk babies.
Indicator weighting (% of CQUIN scheme available)	2.5% CHIS revenue budget
Description of indicator	Ensure systems are in place to monitor, recall and schedule babies for Hep B vaccinations at one month, two months and twelve months after birth. To ensure timely transfer of clinical records between providers include Hep B schedule and completeness of immunisation schedule.
Numerator	Number of babies who have completed their Hep B immunisation schedule
Denominator	Number of high risk babies requiring Hep B immunisations.
Rationale for inclusion	The secure and timely transfer of clinical records between providers and the tracking of all babies requiring HepB will increase the failsafe / safeguarding and ensure best clinical care to these most vulnerable children http://www.england.nhs.uk/wp-content/uploads/2013/03/child-health-it.pdf National CHIS provider Specification, publication planned April 2015
Data source	CHIS and the Early Years MDS
Frequency of data collection	Monthly until June 2015 and quarterly thereafter
Organisation responsible for data collection	CHIS providers
Frequency of reporting to commissioner	Monthly
Baseline period/date	April 2015
Baseline value	2.5% CHIS revenue budget
Final indicator period/date (on which payment is based)	1/04/2015 – 31/03/2016
Final indicator value (payment threshold)	100%
Final indicator reporting date	June 2016

<p>Are there rules for any agreed in-year milestones that result in payment?</p>	<p>All HepB pregnant women are audited and the CHIS maternal-link is activated prior to delivery of baby</p> <p>http://pathways.nice.org.uk/pathways/immunisation-for-children-and-young-people/implementing-the-hepatitis-b-immunisation-programme-for-infants-born-to-hepatitis-b-positive-mothers</p>
<p>Are there any rules for partial achievement of the indicator at the final indicator period/date?</p>	<p>A sliding scale of payment for partial achievement of the improvement</p> <ul style="list-style-type: none"> • achievement of 80-95% of target = 40% payment • achievement of 60-79% of target = 30% payment • achievement of 40-59% of target = 20% payment • achievement of 20-39% of target = 10% payment <p>Achievement of <20% of target = 0% payment.</p>

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Q1	Not applicable	31/07/2015	25%
Q2	95% of all new births	31/10/ 2015	25%
Q3	95%	31/01/2015	25%
Q4	95%	31/03/2015	25%

Integrated Working Maternity and Child Health	
Indicator number	
Indicator name	Health Visiting - improved communication between health visiting and maternity services as measured by Improved performance in health visiting mandated metrics
Indicator weighting (% of CQUIN scheme available)	2.5%
Description of indicator	<p>Integrated working between maternity and health visiting Services;</p> <p>Improved handover between maternity and health visiting services – a baseline assessment of how current information is shared across services (Quarter 1)</p> <p>Development and implementation of action plan for improvement against baseline (Quarters 2-4)</p>
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	<p>To strengthen consistent and seamless support and care for families. Enhanced partnership working will support the delivery of the healthy child programme and improve the below mandated metrics</p> <ul style="list-style-type: none"> • Antenatal contact 28 weeks • New Birth Visit 10/14 days • 6/8 weeks post natal maternal mood and breast feeding <p>Emerging evidence from the children’s workforce that joined-up services and partnership working improves outcomes for children and families.</p>
Data source	Provider Systems – maternity data /CHIS
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider - Sussex Community Trust
Frequency of reporting to commissioner	Quarterly – Through Contract meetings

Baseline period/date	
Baseline value	£..... with CQUIN £.....
Final indicator period/date (on which payment is based)	<p>The below Health Visiting metrics will achieve improvements in line with improvement targets set out in the service specification.</p> <ul style="list-style-type: none"> • Antenatal visit – 90% • New baby review - 90% • 6-8 week assessment 95% • Baseline assessment of how current information is shared across services (Quarter 1) • Development and implementation of an Action Plan (Quarter 2-4) to ensure all women will have their information routinely shared between community midwives and health visiting at the ante natal and new birth periods.
Final indicator value (payment threshold)	100%
Final indicator reporting date	June 2016
Are there rules for any agreed in-year milestones that result in payment?	Achievement of
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Not applicable

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	Baseline Assessment of how current information is shared across services	31/07/2015	25%
Quarter 2	Action Plan developed – highlighting service improvement actions	31/10/2015	25%
Quarter 3	Mobilisation of actions – evidenced through update report to commissioners and improvement in KPIs	31/01/2016	25%

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 4	Final report presented to commissioners with demonstrable improvement in KPI	30/04/16	25%