SECAmb 999

Local CQUINs 2016/17

Gateway Reference Number: **04225**
NB: This document forms part of the **CQUIN Guidance for 2016/17** which can be found here: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/

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Publications Gateway Reference:	**04225**
Document Purpose	Guidance
Document Name	NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance Technical Annex for 2016/17
Author	NHS England - Commissioning Strategy Directorate
Publication Date	09 March 2016
Target Audience	CCG Clinical Leaders, CCG Accountable Officers
Additional Circulation List	
Description	This guidance sets out the Commissioning for Quality and Innovation (CQUIN) scheme for 2016/17, to be offered by NHS commissioners to providers of healthcare services under the NHS Standard Contract.
Cross Reference	NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance for 2016/17
Superseded Docs (if applicable)	NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance for 2015/16
Action Required	To be actioned locally
Timing / Deadlines (if applicable)	**Refer to guidance**
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Document Status

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Urgent and Emergency Care: Local CQUIN Templates 2016/17

Version number: 1.0

First published: March 2016

Prepared by: The Incentives Team, Commissioning Strategy

Classification: OFFICIAL

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Background and context

Governance: the scheme needs to be signed off by all three county quality leads and commissioners prior to implementation. The work required of SECAmb towards that agreement will be a primary focus of its inputs in Quarter 1. Monitoring of this CQUIN scheme will take place quarterly at the Contract Review meetings.

Learnings from the 2015/16 conveyance reduction CQUIN to be applied as appropriate.

Commissioners aim not to specify how SECAmb should achieve the objectives of this CQUIN scheme. However, commissioners do seek to co-produce a comprehensive delivery plan developed around reduction in conveyances that highlights not only what SECAmb can do but also what support they need from local communities to do it. Accordingly, it is expected that SECAmb Operational Unit Managers (or their nominated representatives) will attend locality meetings and work with locality communities to optimise opportunities for:

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- working as part of a virtual, multi-disciplinary team, providing data and developing care plans to enable delivery of more integrated, 'whole system' support for high risk patients and frequent service users; including agreement for SECAmb to share data on their frequent users, agree to meet regularly with locality teams to see what the problems are and possible interventions, and measure (where measurable) what has worked and what hasn't and improve on it
- increasing conveyance to alternative destinations - for example MIUs, UCCs, WICs - where appropriate; and
- developing local pathways to enable further growth in See and Treat as appropriate e.g. falls pathways.
- sharing local information and agreeing pathways with their local communities, building relationships with their communities of practice

Work at OU/locality level will be key, as success in each area may necessitate different solutions.

Indicator	
Indicator name	A reduction in the Managed Conveyance Rate, at contract (county) level.
Indicator weighting (% of CQUIN scheme available)	1.0%
Description of indicator	Reduction in Managed Conveyance rate at county level, including actions to address increasing Hear and Treat, See and Treat, and conveyance to alternative destinations. Key elements to this CQUIN will be the local Operating Units working closely with commissioner localities, with the emphasis of the supporting schemes to be focussing on increase see and treat, hear and treat, and conveyance to alternative destinations.
Numerator	Three separate calculations will be reported quarterly (one each for Kent & Medway, Surrey and Sussex).

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Indicator	
	Numerator: See & Convey 999
Denominator	(See & Convey 999 + See & Treat + Hear & Treat)
Rationale for inclusion	The first stage report of Professor Sir Bruce Keogh's review of Urgent and Emergency Care (the "Review") described the untapped potential of English ambulance services, and the need to expedite the ongoing transformation of these services from a transport to a treatment role. As a result of these changes the ambulance service will become a community-based provider of mobile urgent and emergency healthcare, fully integrated within Urgent and Emergency Care Networks. This indicator incentivises managing care closer to home and a reduction in the rate of ambulance 999 calls that result in conveyance to A&E. At present the majority of patients who dial 999 are attended by an ambulance clinician. Many of these are then transported to an A&E Department despite the fact that this may not be the best place to meet the patient's needs. It is proposed that a number of pathways are used as an alternative to the current default conveyance to Accident and Emergency (A&E). Commissioners should utilise Urgent Care Centres, staffed by a multi-disciplinary team, and ensure that these accept patients conveyed to them by ambulance under agreed protocols and care pathways: other alternative care pathways are described later in the document. Other pathways are an alternative to conveyance of any kind, for selected patients contacting the 999 service: these include "hear and treat" and "see and treat". A reduction in the level of this indicator suggests patients with emergency care needs are treated in the right place, with the right facilities and expertise, at the right time. The introduction of enhanced training and protocols for ambulance clinicians, better data sharing across the system, improved clinical support and advice to the ambulance service from a range of healthcare professionals in clinical hubs and/or the provision of alternative care pathways would all be expected to have a positive impact on this indicator. The work from 2015-16 CQUINs and implementation of the improvement opportunities identified will be further developed and rolled out as part of this CQUIN.

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Indicator	
	Key elements to this CQUIN will be the local SECAmb Operating Units working closely with commissioner localities, with the emphasis of the supporting schemes to be focussing see and treat, hear and treat, and conveyance to alternative destinations. **Note:** It is recognised that SECAmb's planned work in 2016/17 to better manage the needs of frequent callers and frequent facilities (such nursing & care homes) will improve patient care, but at the same time may work against the achievement of this CQUIN by contributing to an increase in the reported Managed Conveyance Rate, even where the actual number of conveyances has been reduced. For example, this could occur in circumstances where: • A cohort of Frequent Callers makes a large number of calls to 999 during the first reporting period (e.g. 100 calls) • Most of these calls relate to low-acuity issues, and are resolved with (for example) 60 Hear & Treat incidents, 30 See & Treat incidents, and 10 See & Convey 999 incidents • Following intervention and a successful care plan being implemented in partnership with the wider healthcare system, their call profile changes dramatically • In the next reporting period, that group calls 999 just 20 times, with 5 incidents resolved through Hear & Treat, 6 through See & Treat, and 9 through See & Convey 999 Because the patients' needs are better met, they call 999 less frequently. However, they still experience acute episodes requiring ambulance attendance and some hospital treatment. Though this intervention has been successful in meeting patient needs, it will adversely affect the MCR calculation, as the reduction in 999 activity associated with this cohort affects the numerator of the MCR calculation much more than the denominator.

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Indicator			
	Whilst the Frequent Caller work stream is at an early stage, it is not yet possible to predict the level of impact it will have (though this can be measured through the FC dashboard which is in development). Where success in managing Frequent Callers leads to a significant reduction in their activity, SECAmb and commissioners agree to jointly review the conveyance calculations to mitigate any adverse impact on the 999 Managed Conveyance Rate calculation this has had.		
Data source	SECAmb		
Frequency of data collection	Monthly		
Organisation responsible for data collection	SECAmb		
Frequency of reporting to commissioner	Quarterly		
Baseline period/date	2015-16 Managed Conveyance Rate		
Baseline value	Kent/Medway	Surrey	Sussex
	50.00%	50.59%	48.27%
Final indicator period/date (on which payment is based)	Full year managed conveyance rate - 2016-17		
Final indicator value (payment threshold)	Kent/Medway	Surrey	Sussex
	49.50%	50.09%	47.77%

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Indicator	
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Rules for Partial Achievement at Final Indicator Period/ Date are set out in the spreadsheet embedded here.  Conveyance Reduction CQUIN 201 NB: the National CQUIN Achievement/Payment sliding scale will be applied.
Final indicator reporting date	28th April 2017
Are there rules for any agreed in-year milestones that result in payment?	Yes – see milestone section below, including application of sliding scale for quarterly county level reduction targets.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes – as set out in the spreadsheet embedded above.
EXIT Route	To be determined locally

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Milestones

It is vital that the conveyance reduction scheme is safe, yet challenging, and it is therefore agreed that it may take up to the end of Quarter 1 (30th June 2016) to finalise the details of an appropriate conveyance reduction scheme.

The distribution of the CQUIN achievement weighting across the four Quarters of 2016/17 is proportionate to the expected inputs required of the Provider, reflected in the table below:

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	Agree audit methodology and sample with commissioners.	30th June 2016	**5%**
	Commissioners and provider to meet during Q1 to review the data/calculations, to ensure and agree: - baselines etc. are fairly calculated - increases in activity overall don't preclude achievement - initiatives that benefit patients don't have unintended consequences for these measures - Agree county level reductions targets for Q2 and Q3 by June 30th 2016	30th June 2016	**5%**
Quarter 2	Provide an action plan to reduce conveyance rate for each of the three areas – Hear and Treat, See and Treat	31st August 2016	No weighting, but condition precedent to Q3 achievement

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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)
	(including PAPs), and conveyance to alternative destinations. Action plan and measures of success for each area to be agreed with commissioners by 31st August. Report on progress against action plan in Q2 report (31st October 2016)	31st October 2016	
	Achievement of year to date % MCP at county level – (*sliding scale applied as below.)* Kent = 49.90% Surrey = 50.49% Sussex = 48.17%	31st October 2016	**20%**
	Audit of non-transported patients and clinical review of adverse events to ensure that patients are being treated or transported appropriately. Audit report to include findings, recommendations and an action plan	31st October 2016	**5%**
Quarter 3	Report on progress against action plan for the 3 areas – S&T, H&T, conveyance to alternative destinations	31st Jan 2017	No weighting, but condition precedent to Q3 achievement
	Achievement of year to date % MCP at county level (*sliding scale applied as outlined below.)* Kent = 49.70% Surrey = 50.29%	31st Jan 2017	**35%**

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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)
	Sussex = 47.97%		
Quarter 4	Audit of non-transported patients and clinical review of adverse events to ensure that patients are being treated or transported appropriately. Audit report to include an update on actions from Q2 audit, as well as findings, recommendations and an updated action plan.	28th April 2017	**5%**
	Report on progress against action plan for the 3 areas – S&T, H&T, conveyance to alternative destinations	31st Jan 2017	No weighting, but condition precedent to Q3 achievement
	Achievement of full year % MCP *(sliding scale applied as outlined below.)* Kent = 49.50% Surrey = 50.09% Sussex = 47.77%	28th April 2017	**25%**

Rules for Partial Achievement at Final Indicator Period/ Date

The conveyance reduction targets are set at county level. Each county has a different starting point, and this scheme sets out appropriate, county-specific conveyance reduction targets. SECAmb will agree with each county's commissioners the spread of the reduction over Quarters 2, 3 and 4.

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Achievement in each of Quarters 2, 3 will be assessed against the agreed reduction target for that county. Over-performance in any quarter can be used to offset under-performance in another quarter.

However, Q4 achievement is based upon full year MCP Reduction, which allows for SECAmb to 'catch up' overall for final payment, even if Q2 or Q3 did not achieve.

The sliding scale below will be applied to any under-performance in any quarter in any county:

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
49.99% or less	No payment
50.00% to 69.99%	25% payment
70.00% to 79.99%	50% payment
80.00% to 89.99%	75% payment
90.00% or above	100% payment

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Supporting Guidance and References

Interventions and evidence base

It is clear that the intention is that inappropriate conveyances to A&E should be minimised. This in general means that the lower the measure the better, However it is essential that patients continue to be conveyed or referred to whichever emergency care setting is deemed most clinically appropriate, including type 1 and type 2 A&E departments where these are best suited to the patient's needs.

NHS England has developed clinical models for ambulance services which focus on increasing hear and treat and see and treat, in addition to guidance on improving referral pathways, which are available here. To enable this, the following should be considered by commissioners and Urgent and Emergency Care Networks:

- Access to an urgent care clinical advice hub (further information available in Commissioning Standards for Integrated Urgent Care.

- Ambulance systems to be able to access the NHS Number. From our recent NHS Number survey, Ambulance Trusts remain the care settings with lowest usage of NHS Number. There is a need for Ambulance systems to be able to retrieve it as an underpinning requirement for wider data sharing.

- Ambulance settings to be able to access Summary Care Record (as a constant option), i.e. as an option that is always available and so can be relied on where local solutions don't exist or can complement local solutions. Providers and clinicians to have option to use either the SCR and/or alternative detailed record solutions to provide direct patient care. SCR to be available for those patients presenting for care who would not have a detailed care record to view.

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- Sharing of discharge summaries across care settings (e.g. acute to community, mental health and not just GP) where these meet the standards set by the Academy of Royal Colleges.

- Use of electronic means for sharing transfers of care (such as discharge, care plans) between care settings.

- Implementation of electronic discharge summaries using Interoperability Toolkit (ITK electronic discharge) specifications

- Implementation of existing interoperability standards for sharing clinical correspondence (ITK clinical correspondence specification).

- Access to advice from primary care, and specialist advice from hospital and community based specialists.

- Development of advanced and/or specialist paramedics including mental health triage specialists.

- Commissioning of new care pathways (e.g. elderly falls, alcohol intoxication) to avoid transportation to hospital.

- Increased mental capacity assessments for those at end of life or with long term conditions so that the person has an advance decision plan which gives them the choice to remain at home with family, rather than be brought to hospital.

- Access to special patient notes/care/crisis plans / advance decisions or directives.

Recovery Plan indicator

Indicator	
Indicator name	A CQUIN scheme specifically aimed at supporting quality related item/s within the Joint Recovery Plan. Focus upon the Cardiac Arrest AQI items to bring about improvement from the 2015/16 performance levels
Indicator weighting (% of CQUIN scheme available)	0.75%
Description of indicator	To demonstrate improvement in patient outcomes and experience of cardiac arrest, based on improved recording of nature of calls in relation to expected deaths vs viable or unexpected cardiac arrests
Numerator	1. number of patients with ROSC achieved at scene (minus patients for whom CPR is not prescribed*) 2. number of ROSC achieved patients with survival to discharge (in the two comparator groups; Utstein and "all") 3. number of cardiac arrest patients where CPR attempted and/or terminated after accessing DNACPR recorded on IBIS
Denominator	1. Number of patients where resuscitation attempted (minus patients for whom CPR is not prescribed*) 2. number of ROSC-achieved patients conveyed to Type 1 ED department
Numerator comments	*The removal of patients from the resuscitation cohort may not affect (or reduce) the number of ROSC's (Utstein and All) as the cohort size will be smaller, but the survival to discharge may improve as the ROSC patients excluding EOLC patients should increase active treatment. *n.b.*

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Indicator	
	• *This CQUIN must take into account the cardiac arrest patients being moved into a new group with DNACPR or other advanced directives applied.* • *The improved engagement with acute trusts in relation to survival to discharge information sharing may provide evidence of improvement.*
Rationale for inclusion	During 2015/16, commissioners had cause to raise a number of performance, quality and safety concerns with SECAmb, via 3 separate Contract Performance Notices. Whilst Remedial Action Plans (RAP) were in place for some of the issues described, and some progress had been made in most of the areas, Commissioners remained concerned about the quantum and pace of change demonstrated by the Trust. Commissioners requested via an exception report that the Trust produce a single recovery plan to address all of the outstanding issues so that they can be more easily tracked and monitored under a single plan and governance structure. The aim of this CQUIN is to support one or more of the quality related items that will be included within this plan.
Data source	1. SECAmb CAD 2. Acute Trust survival to discharge data 3. IBIS data + CAD data
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider 1. SECAmb for ROSC achieved at scene rates 2. Acutes for survival to discharge rates 3. SECAmb IBIS system with DNACPR records
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Quarterly performance from 2015/16
Baseline value	To be provided from quarterly performance figures for 2015/16

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Indicator	
Final indicator period/date (on which payment is based)	28th April 2017
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	As specified in quarterly plan and with the provider withholding the right, as contractually entitled to re-base the value of the CQUIN at the end of the financial year. Re-basing to be calculated on contractual outturn.
Final indicator reporting date	28th April 2017
Are there rules for any agreed in-year milestones that result in payment?	As below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	As reasonably agreed with commissioners
EXIT Route	As reasonably agreed with commissioners

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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	Following submission and joint review of the single Recovery Plan, provider and commissioners to agree: • Item(s) within the recovery plan to align this CQUIN Scheme with • Measures required for milestone and end of year achievement, including weightings for each quarter • Evidence required for milestones and end of year achievement • Review of ROSC technical guidance to provide assurance of accuracy of reporting • Adaptions/improvements made as required Development of consistent analysis and feedback of cardiac arrest downloads	29th July 2016	**10%**

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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 2	• Review the quality of data for Red 1 cardiac arrests for patients with DNACPR recorded on IBIS • Report detailing Red 1s with both an IBIS record and a DNACPR • Review and agree process for how existence of DNACPR on IBIS is communicated to attending crews and agree baseline for measurement of improvement • Initiate audit of survival to discharge data from Acutes' to identify gaps in provision (engagement with Resuscitation Officers to track individual patients through secondary care) • Encourage providers (GPs, hospices and acute trust) to optimise use of IBIS for sharing DNACPR (and other EOLC information) with reminders of process. • Define Pit-Stop (or equivalent) process – consider training requirements) i.e. CTLs/CCPs) – agree with commissioners milestones for Q3 and Q4 training and roll out.	31st October 2016	**40%**

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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)
	• Continue the use of Download Analysis to feedback to staff performance of their resuscitation attempts (supply number of downloads analysed)		
Quarter 3	Development of cardiac arrest optimisation/strategy. Introduce 'Pit stop' CPR process (or equivalent scene management system) to ensure the appropriate number and skill set of resources sent to Red 1 cardiac arrest calls, achieved through: • Pit-Stop training of CCPs/CTLs according to agreed numbers in Q2 • Delivery of audit of number of survival to discharge examples elicited from improved data capture (engagement with acute trusts). (from Q2) • Audit of resources used at scene • Lessons identified and assessed for impact of safety and quality • Use of CFRs as part of the arrest team • Continue the use of Download Analysis	31st Jan 2017	.40%

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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)
	to feedback to staff performance of their resuscitation attempts (supply number of downloads analysed)		
Quarter 4	• Pit-Stop training of CCPs/CTLs according to agreed numbers in Q2 • Continual improvement of dispatch process, guidance and scene management • Use of LUCAS2 devices in context to moving patients earlier in episode where reversible causes cannot be addressed on scene • Continue the use of Download Analysis to feedback to staff performance of their resuscitation attempts (supply number of downloads analysed) • Residual training plan for pit-stop CPR system (where necessary) • End of year review of elements recommended for rolling CQUIN 2017/18 to support URP	28th April 2017	**10%**

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