

Commissioning for Quality and Innovation

WSHFT CQUIN schemes 2014-15

Summary

National CQUINS

1. Friends and Family Test
2. NHS National Safety Thermometer
3. Dementia

Local CQUINS

4. Seven day working
5. Enabling E-Referral
6. Enhancing Quality Programme
7. GP access to community geriatrics
8. Improved care for inpatients with dementia
9. Multi-disciplinary team working for high risk frail patients and those with long term conditions

Goal name	Friends and Family Test
Indicator number	1.1a
Indicator name	Friends and Family Test – Implementation of staff FFT
Indicator weighting (% of CQUIN scheme available)	0.0495%
Description of indicator	Implementation of staff FFT as per guidance, according to the national timetable
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Local provider response to local commissioners
Frequency of data collection	Check on implementation at end of June 2014
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	One off
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Qtr 1 2014/15
Final indicator value (payment threshold)	Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Not applicable
Final indicator reporting date	Response from providers to commissioners by 30 June 2014
Are there rules for any agreed in-year milestones that result in payment	Funding payable once June 2014 indicator achieved
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Not applicable

Milestones (only complete if the indicator has in-year 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)
Qtr 1 2014/15	Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance	30 Jun 14	100%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Friends and Family Test
Indicator number	1.1b
Indicator name	Friends and Family Test - Early Implementation
Indicator weighting (% of CQUIN scheme available)	0.0248%
Description of indicator	Early implementation
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Local provider response to local commissioners
Frequency of data collection	Check on implementation at end of October 2014
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	One off activity
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	31-Oct-14
Final indicator value (payment threshold)	Full delivery of FFT across all services delivered by the provider as outlined in guidance.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Provider to demonstrate to commissioner that milestone has been met
Final indicator reporting date	Response from providers to commissioners in October 2014
Are there rules for any agreed in-year milestones that result in payment	Not applicable
Are there any rules for partial achievement of the indicator at the final indicator period/date?	For acute providers, there will be no payment for partial achievement

Milestones (only complete if the indicator has in-year 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)
31/10/2014	Full delivery of FFT across all services delivered by the provider as outlined in guidance.	31/10/2014	100.00%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Friends and Family Test – Increased or Maintained Response Rate
Indicator number	1.2
Indicator name	Increased or maintained response rate
Indicator weighting (% of CQUIN scheme available)	0.0248%
Description of indicator	Increased or maintained response rate
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Provider submission via UNIFY data collection
Frequency of data collection	Monthly return
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	See below
Baseline value	See below
Final indicator period/date (on which payment is based)	Q4 in 2014/15
Final indicator value (payment threshold)	A response rate for Quarter 4 that is at least 20% for A&E services and at least 30% for inpatient services
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Not applicable
Final indicator reporting date	Data available by end of April 2015 (for Q4)
Are there rules for any agreed in-year milestones that result in payment	Yes-see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Milestones (only complete if the indicator has in-year 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	A response rate for Quarter 1 that is at least 15% for A&E services and at least 25% for inpatient services	31 Jul 14	50%
Quarter 4	A response rate for Quarter 4 that is at least 20% for A&E services and at least 30% for inpatient services	30 Apr 15	50%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Friends and Family Test – Further increased response rate in acute inpatient services
Indicator number	1.3
Indicator name	Increased response rate
Indicator weighting (% of CQUIN scheme available)	0.0660%
Description of indicator	Increased response rate
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Provider submission via UNIFY data collection system
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	See below
Baseline value	See below
Final indicator period/date (on which payment is based)	March 2015
Final indicator value (payment threshold)	A response rate of 40% (or more) for the month of March 2015
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Not applicable
Final indicator reporting date	Data available by end of April 2015 (for March 2015)
Are there rules for any agreed in-year milestones that result in payment	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Quarter 4	A response rate of 40% (or more) for the month of March 2015	30/04/2015	100%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	NHS Safety Thermometer
Indicator number	2
Indicator name	NHS Safety Thermometer
Indicator weighting (% of CQUIN scheme available)	0.1650%
Description of indicator	Reduction in the prevalence of Catheter and UTIs (change of measure - CWS CCG & WSHFT agree pressure ulcer improvement is not appropriate)"
Numerator	Number of patients on the day of the safety thermometer monthly review with a catheter who have a new urinary tract infection where each element of the compliance protocol* has been followed in full
Denominator	Total number of patients on the day of the safety thermometer monthly review with a catheter who have a new urinary tract infection
Rationale for inclusion	Further development of previous National CQUIN scheme
Data source	Provider submission to the Information Centre which publishes the data at http://www.hscic.gov.uk/thermometer
Frequency of data collection	One day per month <to agree locally which dates>
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	March 2014 to June 2014
Baseline value	The average % compliance figure across the four months in the baseline period
Final indicator period/date (on which payment is based)	The average % compliance on each of the subsequent quarters - Quarter 2, 3 and 4
Final indicator value (payment threshold)	For the compliance figure for each of the individual quarters to be greater than that in the baseline period - exact level of improvement to be determined following collection of the baseline data and consideration of nationally accredited benchmarks for performance. These targets will be jointly signed off within 30 days by WSHFT Medical Director and CWS Clinical Accountable Officer.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Full achievement of final indicator value.
Final indicator reporting date	31 May 2015
Are there rules for any agreed in-year milestones that result in payment	Yes - see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes - to be determined following establishment of baseline figure

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Jul - Sep 14	Quarterly performance against improvement on baseline - to be determined	30/11/2014	33%
Oct - Dec 14	Quarterly performance against improvement on baseline - to be determined	28/01/2015	33%
Jan - Mar 15	Quarterly performance against improvement on baseline - to be determined	31/05/2015	34%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
To be agreed at end Qtr 1	

Goal name	Dementia
Indicator number	3.1
Indicator name	Dementia - Find, Assess, Investigate and Refer
Indicator weighting (% of CQUIN scheme available)	0.1020%
Description of indicator	The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, and the number referred on to specialist services. Each patient admission can only be included once in each indicator but not necessarily in the same month, as the identification, assessment and referral stages may take place in different months.
Numerator	<p>1) Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma).</p> <p>2) Number of above patients reported as having had a diagnostic assessment including investigations</p> <p>3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners.</p>
Denominator	<p>1) Number of patients >75 admitted as an emergency, with length of stay >72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma)</p> <p>2) Number of above patients with clinical diagnosis of delirium or who answered positively on the dementia case finding question</p> <p>3) Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive.</p>
Rationale for inclusion	National CQUIN scheme
Data source	UNIFY2
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	April 2014-March 2015
Final indicator value (payment threshold)	90%
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to	Provider achieves 90% or more for each element of the indicator for Quarter 4 of 2014/15, taken as a whole.

commissioner)	
Final indicator reporting date	30 April 2015
Are there rules for any agreed in-year milestones that result in payment	Yes - see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Quarter 1	Provider achieves 90% or more for each element of the indicator for Quarter 1 of 2014/15, taken as a whole	31/07/2014	25%
Quarter 2	Provider achieves 90% or more for each element of the indicator for Quarter 2 of 2014/15, taken as a whole	31/10/2014	25%
Quarter 3	Provider achieves 90% or more for each element of the indicator for Quarter 3 of 2014/15, taken as a whole	31/01/2015	25%
Quarter 4	Provider achieves 90% or more for each element of the indicator for Quarter 4 of 2014/15, taken as a whole	30/04/2015	25%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Dementia
Indicator number	3.2
Indicator name	Dementia - Clinical Leadership
Indicator weighting (% of CQUIN scheme available)	0.0170%
Description of indicator	Named lead clinician for dementia and appropriate training for staff
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Provider
Frequency of data collection	Annual
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Twice (April 2014, March 2015)
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	April 2014 – March 2015
Final indicator value (payment threshold)	Not applicable
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Provider must confirm named lead clinician and the planned training programme (to be determined locally) for dementia for the coming year. Payment will be made at the end of the year, provided the planned training programme has been undertaken.
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Dementia
Indicator number	3.3
Indicator name	Dementia - Supporting Carers of People with Dementia
Indicator weighting (% of CQUIN scheme available)	0.0510%
Description of indicator	Ensuring carers feel supported
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Provider report to provider Board
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Bi-annually
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	April 2014-March 2015
Final indicator value (payment threshold)	Not applicable
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Provider must demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported and reported the results to the Board. Provider and commissioner should work together to agree the content of the audit.
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Seven Day Working
Indicator number	4
Indicator name	Seven Day Working
Indicator weighting (% of CQUIN scheme available)	0.30%
Description of indicator	Progressive compliance with the 10 clinical standards outlined in the NHS Service Seven Days a Week paper.
Numerator	NA
Denominator	NA
Rationale for inclusion	<ul style="list-style-type: none"> • Alignment to CCG clinical strategy for Urgent and Proactive Care and Everyone Counts; • Supports condition for access to the Better Care Fund (BCF); • Aligned to a 2 year multi-provider implementation plan for progressive whole system compliance with all clinical standards (both standards relating directly to acute services and those requiring multi-agency working with other healthcare providers i.e. SPFT & SCT).
Data source	Report / presentations to commissioners
Frequency of data collection	Quarterly
Organisation responsible for data collection	WSHFT
Frequency of reporting to commissioner	Quarterly
Baseline period/date	n/a
Baseline value	n/a
Final indicator period/date (on which payment is based)	31 Mar 2015
Final indicator value (payment threshold)	Evidence of satisfactory performance against Provider Implementation Plan, as outlined in the milestone payment schedule below.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	The Provider Implementation Plan (see Q1 below) will set out proposed stretch targets for the remainder of the year. Following presentation of the plan these targets will be jointly signed off within 30 days by WSHFT Medical Director and CWS Clinical Accountable Officer.
Final indicator reporting date	20 working days after quarter end
Are there rules for any agreed in-year milestones that result in payment	Yes – see milestone table below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	100% of the Final Indicator Value will be available to the provider for successful delivery of agreed milestones for quarters 2, 3 and 4 in accordance with the table below. The terms for any payment for partial achievement will be agreed at the end of quarter 1.

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Q1	<p>Presentation to commissioners of Provider Implementation Plan including;</p> <ul style="list-style-type: none"> • a gap analysis on all standards and proposed roll-out programme for progressive achievement of agreed Standards in 14/15; • establishment of the internal programme management arrangements at WSHFT and delivery framework; • provision of financial information to support phased delivery of agreed Standards; • outline planning for achievement of remainder of standards during 2 year period; and • Presentation to commissioners of specification for the review of patient experience out of hours (see Q2) . 	20 working days from quarter end	25%
Q2	<ul style="list-style-type: none"> • Achievement of relevant milestones agreed as part of implementation plan; and • Baseline review of patient experience for patients admitted out of hours / at weekends (re standard 1) (survey to be repeated in Q2 2015/16) 	20 working days from quarter end	25%
Q3	<ul style="list-style-type: none"> • Achievement of relevant milestones agreed as part of implementation plan; • Publication of results from baseline review of patient experience, sharing of any Trust internal action plan resulting from this review with Commissioners and roll-out of proposed improvement measures; • Piloting of implementation of standard 4: Shift Handovers (including a clinical information platform identifying parameters for the sickest patients) on key ward areas; and • Development of 7 day working monitoring plan and share with Commissioners the proposed means of data capture and monitoring for 7 day working standards. 	20 working days from quarter end	25%
Q4	<ul style="list-style-type: none"> • Achievement of relevant milestones agreed as part of implementation plan; and • Publication of compliance data for Standard 4 and review pilot. If appropriate, and following joint agreement between CWS CGG and WSHFT, roll-out beyond pilot areas. 	20 working days from quarter end	25%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Enabling E Referral / Choose and Book
Indicator number	5
Indicator name	Enabling E Referral / Choose and Book
Indicator weighting (% of CQUIN scheme available)	0.40%
Description of indicator	Supporting the CCG programme to prepare for the planned national roll out of E-referral from the end of 2014 through the development of effective plans for the provision of secondary services.
Numerator	No of outpatient appointment slots available in planned clinics in period which have been filled using the Choose and Book (C & B) booking system.
Denominator	No of outpatient appointment slots available in planned clinics in period
Rationale for inclusion	<ul style="list-style-type: none"> • Alignment to national strategic drivers e.g. Putting Patients First, NHS Constitution, NHS Mandate etc.; • Alignment to CCG clinical strategy for Planned Care; • Supports achievement of RTT. <p>Key principles for scheme design:</p> <ul style="list-style-type: none"> • Supports CCG plans to prepare for planned national roll out of e referral from November 2014; • Based upon provider implementation plan for system readiness and participation in wider system collaboration; • Need to indemnify WSHFT in event of non-achievement of expected outcomes due to performance of other providers; • Development of systems to enable progress towards e-referral by means of extending availability of sufficient slots For Outpatient New appointments in line with increased usage of choose and book by GP practices. Any unallocated slots may be taken up by WSHFT in order to manage reducing number of paper based referrals; and • Dependent on progress of national programme – a delay in the national programme will result in a delay to the agreed milestones without WSHFT being penalised.
Data source	SUS data
Frequency of data collection	Monthly
Organisation responsible for data collection	WSHFT
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Q1 2014/15
Baseline value	To be confirmed by Trust
Final indicator period/date (on which payment is based)	31 Mar 2015
Final indicator value (payment threshold)	<p>Development and on-going delivery of a provider plan to support rollout which includes:</p> <ul style="list-style-type: none"> • development of locally agreed protocols for enhanced advice

	<p>and guidance functionality and clinical advice templates which support clinical decisions;</p> <ul style="list-style-type: none"> • establishing C & B reporting function which provides for improved booking and referral data i.e. completion of patient ID field (UBRN) in SUS; • 100% of Outpatient New appointment slots available to be booked electronically from 1 Nov 14; • The scheme has the overall aspiration of reducing paper referrals to a minimal level by 1 March 2015. Paper based referrals will only be accepted by WSHFT by exception and with the prior agreement of CWS CCG; such permission will not be unreasonably withheld in the interests of patient.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	<p>Evidence that milestones have been achieved will be provided to commissioners.</p> <p>This CQUIN is designed to ensure system readiness for delivery of the national programme. Both Parties will work together to ensure that this CQUIN is aligned at all times to the national programme. Any variation to the national programme which compromises delivery of an agreed milestone will be assessed by the parties and it is expected that the implementation plan will be varied accordingly. Such variation to the national programme will not result in withholding or delay in payment to the provider within the quarter that the variation is notified to the Commissioner.</p>
Final indicator reporting date	20 working days from quarter end
Are there rules for any agreed in-year milestones that result in payment	Yes, see table below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	100% of the Final Indicator Value will be available to the provider for successful delivery of agreed milestones for quarters 2, 3 and 4 in accordance with the table below. The terms for any payment for partial achievement will be agreed at the end of quarter 1.

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Qtr 1	<ol style="list-style-type: none"> 1. Development of a gap analysis and baseline position for slots available on C & B and utilisation by specialty and GP Practice (report presented to Commissioners). 2. Resource impact assessment on establishment of C&B/E Referral Project Management Office (internal WSHFT document available to commissioners upon written request). 3. Establishment of WSHFT C&B/E referral Programme Delivery Board and Leadership arrangements (invitation for Commissioner representation at meetings). 4. Delivery of a provider implementation plan which sets agreed milestones for subsequent quarters toward 	20 working days from quarter end	25%

	achievement of outcomes detailed in the Final Indicator Value in 14/15.		
Qtr 2	Evidence of progress against key milestones and achievement of agreed targets as set out in Quarter 1 including development of locally agreed protocols for new referrals and 2 week rule patients.	20 working days from quarter end	25%
Qtr 3	Evidence of progress against key milestones and achievement of agreed targets as set out in Quarter 1.	20 working days from quarter end	25%
Qtr 4	Evidence of progress against key milestones and achievement of agreed targets as set out in Quarter 1.	20 working days from quarter end	25%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	Enhancing Quality Programme
Indicator number	6
Indicator name	Enhancing Quality Programme
Indicator weighting (% of CQUIN scheme available)	0.10%
Description of indicator	Continuation/further development of regional Academic Health Science Network CQUIN undertaken in 2013/14.
Numerator	As per EQ schedule
Denominator	As per EQ schedule
Rationale for inclusion	<ul style="list-style-type: none"> • Maintains an EQ presence within CQUIN thereby supporting the continuation of this work; • Utilises existing EQ structures; • Proven track record of healthcare improvement.
Data source	EQ Programme
Frequency of data collection	Monthly
Organisation responsible for data collection	WSHFT / EQP
Frequency of reporting to commissioner	Monthly
Baseline period/date	Based on data submitted in 2013/14 CQUINs
Baseline value	For measures seeking improvement of performance scores in pathway – see detailed % improvement banding for individual Trusts
Final indicator period/date (on which payment is based)	Qtr 4 2014/15
Final indicator value (payment threshold)	Improved performance against 2013/14 baseline measures in line with regional AHSN recommendations (or locally agreed by 30 Jun 14) and development of new pathways (6.1.2 and 6.1.3) – see table below.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	As per EQ schedule
Final indicator reporting date	Qtr 4 2014/15
Are there rules for any agreed in-year milestones that result in payment	Yes
Are there any rules for partial achievement of the indicator at the final indicator period/date?	100% of the Final Indicator Value will be available to the provider for successful delivery of agreed milestones for quarters 2, 3 and 4 in accordance with the table below. Reasonable improved performance scores and the terms for any payment for partial achievement will be agreed at the end of quarter 1.

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Qtr 4	6.1.1. Achieve improved performance scores for Heart Failure pathway. Continuation of CQUIN 6.3 2013/14.	30 Apr 15	20% of EQ value
Qtr 4	6.1.2. Achieve new baseline for updated Community Acquired Pneumonia pathway measures. Continuation of CQUIN 6.4 2013/14.	30 Apr 15	10% of EQ value
Qtr 4	6.1.3. Participates in the development of a new COPD pathway . Continuation of CQUIN 6.5 2013/14.	30 Apr 15	10% of EQ value
Qtr 4	6.1.4. Achieve improved performance scores for Hip & Knee ER pathway. Continuation of CQUIN 6.6 2013/14.	30 Apr 15	20% of EQ value
Qtr 4	6.1.5. Achieve improved performance scores against set baseline for ERP Colorectal pathway. Continuation of CQUIN 6.7 2013/14.	30 Apr 15	20% of EQ value
Qtr 4	6.1.6. Achieve improved performance scores against set baseline for ERP Gynaecology pathway. Continuation of CQUIN 6.8 2013/14.	30 Apr 15	20% of EQ value
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	

Goal name	GP Access to Community Geriatrics
Indicator number	7
Indicator name	GP Access to Community Geriatrics
Indicator weighting (% of CQUIN scheme available)	0.40%
Description of indicator	Equity of GP access to Community Geriatric Services on both sites.
Numerator	Indicator 1. N/A Indicator 2. Total patients with completion of comprehensive geriatric assessment within 1 working day of admission Indicator 3. Total patients referred to Community Geriatric service seen in 10 working days
Denominator	Indicator 1. N/A Indicator 2. Total patients admitted requiring completion of comprehensive geriatric assessment (full definition to be agreed as part of implementation plan). Indicator 3. Total patients referred to Community Geriatric service
Rationale for inclusion	<ul style="list-style-type: none"> • Alignment to CCG clinical strategy for Urgent and Proactive Care and Everyone Counts; • Improves experience of frail elderly admitted to WSHFT; • Underpins effectiveness of OCOT & actions to improve responsiveness & reduce admissions; • Potential to raise confidence of primary care; and Critical element of plan to support improved access to community geriatrics and support primary care in reducing admissions;
Data source	Sema Helix + local data collection as needed.
Frequency of data collection	Quarterly
Organisation responsible for data collection	WSHFT
Frequency of reporting to commissioner	Quarterly
Baseline period/date	1 Apr 2014
Baseline value	Tbc
Final indicator period/date (on which payment is based)	Qtr 4 2014-15
Final indicator value (payment threshold)	Improved access to Community Geriatrics Key KPIS, pan CWS CCG: <ul style="list-style-type: none"> • Telephone Access: Monday to Friday 9 to 5; • Completion of Comprehensive Geriatric Assessment within 1 Working Day; and • Two week urgent access within 10 working days.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Evidence that milestones have been achieved will be provided to commissioners.
Final indicator reporting date	20 working days from quarter end

Are there rules for any agreed in-year milestones that result in payment	See table below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	100% of the Final Indicator Value will be available to the provider for successful delivery of agreed milestones and targets for quarters 3 and 4 in accordance with the table below. The terms for any payment for partial achievement will be agreed at the end of quarter 1.

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Q1	1. Establish baseline (by 31st May), progressive targets and milestones to be agreed for Quarters 2, 3 and 4 and development of an implementation plan; 2. To progress recruitment of one additional consultant geriatrician (subject to funding arrangements in 2014/15 SLA)	20 working days from quarter end	34%
Q2	N/A		0%
Q3	Evidence of progress against key milestones and achievement of agreed targets for telephone access, completion of CGA within 1 working day and two week urgent access as set out in the implementation plan.	20 working days from quarter end	33%
Q4	Evidence of progress against key milestones and achievement of agreed targets for telephone access, completion of CGA within 1 working day and two week urgent access as set out in the implementation plan.	20 working days from quarter end	33%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
To be agreed at end Q1	

Goal name	Improved care for inpatients with dementia
Indicator number	8
Indicator name	Improved care for inpatients with dementia
Indicator weighting (% of CQUIN scheme available)	0.40%
Description of indicator	A structured clinical change programme ensuring best practice regarding the treatment and optimising patient experience for high risk dementia patients at WSHFT.
Numerator	n/a
Denominator	n/a
Rationale for inclusion	<ul style="list-style-type: none"> • Improvement in the quality of care for a vulnerable group of patients; • Alignment to CCG clinical strategy for Urgent and Proactive Care; • Improves patient experience and supports self-management of care; • Reinforcement of need to plan for discharge from point of admission, to include other agencies to facilitate timely discharge e.g. social care and/or community based AHP input. <p>Key Principles for Scheme design:</p> <ul style="list-style-type: none"> • Setting and complying with revised set of standards – developed from the “Knowing Me” project - for improved patient and carer experience in acute hospital setting aimed at improving the overall quality of care offered to patients with Dementia, including improvements in the discharge process, ways of increasing the knowledge of an increasing workforce i.e. staff awareness training and appointment of Dementia champions and reducing unnecessary time spent in a hospital setting.
Data source	Report / presentations to commissioners
Frequency of data collection	Monthly
Organisation responsible for data collection	WSHFT
Frequency of reporting to commissioner	Quarterly
Baseline period/date	n/a
Baseline value	n/a
Final indicator period/date (on which payment is based)	Qtr 4/31 Mar 15
Final indicator value (payment threshold)	<p>Full implementation of Trust Dementia Action Plan - developed from the “Knowing Me” project to include:</p> <ul style="list-style-type: none"> • Improved linkage with proactive care and the dementia crisis teams to ensure that discharge planning is instigated on admission; • Ensuring Knowing Me document is completed; • Develop an information sharing protocol for sharing access to patient information detailing patients in our locality that have

	<p>a diagnosis of dementia;</p> <ul style="list-style-type: none"> • Monitor the number of transfers between Inpatient units for people with Dementia (transfers to be permitted on clinical grounds only).
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	The Baseline Assessment (see Q2 below) will set out proposed stretch targets for the remainder of the year. Following presentation of the plan these targets will be jointly signed off within 30 days by WSHFT Medical Director and CWS Clinical Accountable Officer.
Final indicator reporting date	20 working days after quarter end
Are there rules for any agreed in-year milestones that result in payment	Yes, see table below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	100% of the Final Indicator Value will be available to the provider for successful delivery of agreed milestones and targets for quarters 3 and 4 in accordance with the table below. The terms for any payment for partial achievement will be agreed at the end of quarter 2.

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Q1	Project Outline to be agreed. Establish a key set of metrics drawn from compliance against Knowing Me documentation. Establish data capture methodology and specification for baselines (sample size etc.) including cohort of people with Dementia who had multiple transfers between Inpatient units during 2013/14.	20 working days from quarter end	25%
Q2	Baseline assessment undertaken and proposed stretch targets and milestones for the remainder of the year agreed.	20 working days from quarter end	25%
Q3	Review and publish evidence of successful delivery against agreed milestones (agreement reached following baseline review).	20 working days from quarter end	25%
Q4	Review and publish evidence of successful delivery against agreed milestones (agreement reached following baseline review).	20 working days from quarter end	25%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
To be agreed at end Q1	

Goal name	Multi-disciplinary team working for high risk frail patients and those with LTCs (including dementia and EOL)
Indicator number	9
Indicator name	Multi-disciplinary team working for high risk frail patients and those with LTCs (including dementia and EOL)
Indicator weighting (% of CQUIN scheme available)	0.40%
Description of indicator	<p>Programme of work designed to enhance the role of Proactive Care within urgent care settings (A&E, AMU and Beckett Ward) by means of:</p> <ul style="list-style-type: none"> • Engagement of key worker from the SCT Proactive Care team in MDT meetings taking place in an acute care setting; • Making sure that patient experience of urgent care is optimised; and • Contributing to the review of the SCT Proactive Care Contingency Plan to support timely and effective discharge.
Numerator	<p>Indicator 1. MDT Meeting Engagement: Total number of MDT Meetings to which proactive care representative is invited.</p> <p>Indicator 2. MDT Assessment: Total proactive care patients with MDT assessment within 1 working day.</p> <p>Indicator 3. Notification of proactive care team of discharges: Number of proactive care patients discharged where the proactive care team was informed within 1 working day (i.e. prior to midnight the day following discharge)</p>
Denominator	<p>Indicator 1. MDT Meeting Engagement: Total MDT Meetings relating to proactive care patients</p> <p>Indicator 2. MDT Assessment: Total proactive care patients admitted (i.e. patient was already identified as proactive care upon admission).</p> <p>Indicator 3. Notification of proactive care team of discharges: Number of proactive care patients discharged (only includes patients already identified as proactive care upon admission)</p>
Rationale for inclusion	<ul style="list-style-type: none"> • Alignment to CCG clinical strategy for Urgent and Proactive Care and Everyone counts; • Supports conditions for access to the Better Care Fund (BCF); • Supports better patient-centred communication between secondary, primary and community care; • Enhance role of proactive care in urgent care settings; • System wide process with co-dependent schemes for all pathway providers and collaborative approach to governance; and • Contribute to reduced admissions to care homes.
Data source	Report / presentation to commissioners
Frequency of data collection	Monthly
Organisation responsible for data collection	WSHFT
Frequency of reporting to commissioner	Quarterly

Baseline period/date	n/a
Baseline value	n/a
Final indicator period/date (on which payment is based)	Qtr 4/31 Mar 15
Final indicator value (payment threshold)	<ul style="list-style-type: none"> • High risk frail patients, as notified to WSHFT by the SCT Proactive Care Team or identified by WSHFT staff, and those with LTCs to be identifiable on Hospital Patient Admission system; • Key worker from SCT Proactive Care Team to be invited to all MDT Assessments; • MDT assessments to be undertaken within 1 working day of admission; • More timely therapy assessments in acute setting; • A copy of the Electronic Discharge Summary information for Proactive Care patients is to be provided to the SCT Proactive Care Team at the same point of release to Primary Care i.e. within 24 hours of discharge; and • Take shared responsibility for currency of clinical information held in Contingency Plan e.g. the Trust shall alert SCT, by means of the Electronic Discharge Summary, where there has been any changes i.e. medication that would require a change to the Plan. <p>The following metrics will be monitored to assess the impact of this scheme;</p> <ul style="list-style-type: none"> • Reduced length of stay for patient cohort; • Reduced number of discharges from hospital to care homes; and • Reduced re-admissions.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	The Provider Implementation Plan (see Q1 below) will set out proposed stretch targets for the remainder of the year. Following presentation of the plan these targets will be jointly signed off within 30 days by WSHFT Medical Director and CWS Clinical Accountable Officer.
Final indicator reporting date	20 working days after quarter end
Are there rules for any agreed in-year milestones that result in payment	Yes, see table below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	100% of the Final Indicator Value will be available to the provider for successful delivery of agreed milestones and targets for quarters 3 and 4 in accordance with the table below. The terms for any payment for partial achievement will be agreed at the end of quarter 2.

Milestones (only complete if the indicator has in-year 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 (% CQUIN scheme available)
Q1	1. Presentation to commissioners of gap analysis and implementation plan to include training needs analysis and proposed stretch targets for the remainder of the year. 2. Population of the pro-active care flag on the Trust Patient Administration System using data provided by Sussex Community Trust.	20 working days from quarter end	25%
Q2	Develop baselines for performance and, where not previously established, to jointly agree with Commissioner progressive improvement targets for Quarters 2 to 4 including the delivery of agreed milestones for: <ul style="list-style-type: none"> • % of Proactive Care MDTs with Proactive Care Representative invited; • % Proactive Care patients with MDT Assessment within 1 working day; and • % Proactive Care patients where Proactive care team notified within 1 working day of discharge. 	20 working days from quarter end	25%
Q3	Evidence of progress against key milestones and achievement of agreed targets as set out in quarter 2.	20 working days from quarter end	25%
Q4	Evidence of progress against key milestones and achievement of agreed targets as set out in quarter 2.	20 working days from quarter end	25%
		Total	100%

Rules for partial achievement at final indicator period/date (only complete if the indicator has rules for partial achievement at final indicator period/date)	
Final indicator value (payment threshold)	% of CQUIN scheme available
Not applicable	