

**Taunton & Somerset NHS
Foundation Trust**

T&S CQUINS

2014/15

CQUIN Table 1: Summary of Goals

Goal No.	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness Patient Experience or Innovation)
1	Friends and Family Test	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.			Patient Experience
2	Pressure Ulcer Reduction	Reduction in the prevalence of pressure ulcers			Safety/ Patient Experience
3	Dementia	To ensure that high quality care is delivered to people with dementia and appropriate support patients as carers of people with dementia to prompt appropriate support.			Effectiveness
4	Future Hospital Commission	To implement the recommendations from the RCP Future Hospitals Commission			Patient Experience /Innovation
Totals:			2.50%		

CQUIN Table 2: Summary of Indicators

Goal Number	Indicator Number	Indicator Name	Indicator Weighting (% of CQUIN scheme available)	Expected financial value of Indicator (£)
1	1.1a	Friends and Family Test: Implementation of staff FFT		
	1.1b	Friends and Family Test: Early implementation of FFT in outpatients and day case		
	1.2a	Friends and Family Test: Improved response rates in inpatient settings		
	1.2b	Friends and Family Test: Improved response rates in A&E settings		
	1.3	Friends and Family Test: Reducing negative responses from inpatient, A&E and maternity settings		
2	2	Pressure Ulcer Reduction		
3	3.1	Dementia: Find, Assess, Investigate and Refer		
	3.2	Dementia: Clinical Leadership		
	3.3	Dementia: Supporting Carers		
4	4	Future Hospitals Commission		
Totals:			2.5%	

FRIENDS AND FAMILY TEST – IMPLEMENTATION OF STAFF FFT	
Indicator number	1.1a
Indicator name	Friends and Family Test – Implementation of staff FFT
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0375% of contract value>
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 July 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)	July 2014
Final indicator value (payment threshold)	Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance
Final indicator reporting date	Response from providers to commissioners by 31 July 2014
Are there rules for any agreed in-year milestones that result in payment?	Funding payable once July 2014 indicator achieved
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Not applicable

FRIENDS AND FAMILY TEST: EARLY IMPLEMENTATION	
Indicator number	1.1b
Indicator name	Friends and Family Test – early implementation
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0188% of contract value for acute providers minimum of 0.05% for other providers>
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)	October 2014
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 by 31 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. For other providers, partial implementation will result in receiving half of the funding available for the indicator (20% of the FFT CQUIN). There will be further guidance on the conditions for partial funding.

FRIENDS AND FAMILY TEST: INCREASED RESPONSE RATE FFT IN ACUTE PROVIDERS	
Indicator number	1.2a
Indicator name	Friends and Family Test – Increased or Maintained Response Rate; inpatient settings
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0188% of contract value>
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 system
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 30% for inpatient services
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

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 25% for inpatient services	31 July 2014	50%
Quarter 4	A response rate for Quarter 4 that is at least 30% for inpatient services	30 April 2015	50%

FRIENDS AND FAMILY TEST: INCREASED RESPONSE RATE FFT IN ACUTE PROVIDERS	
Indicator number	1.2b
Indicator name	Friends and Family Test – Increased or Maintained Response Rate; A&E
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0188% of contract value>
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 system
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
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

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	31 July 2014	50%
Quarter 4	A response rate for Quarter 4 that is at least 20% for A&E services	30 April 2015	50%

FRIENDS AND FAMILY TEST: INCREASED RESPONSE RATE FFT IN ACUTE PROVIDERS	
Indicator number	1.3
Indicator name	Friends and Family Test – Reducing negative response rates from inpatient, A&E and maternity settings
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0188% of contract value>
Description of indicator	Reduction in negative response rates as a proportion of overall responses
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 return
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	Overall negative response rate for 2013/14
Baseline value	TBC
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 lower than the baseline value
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?	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

REDUCTION IN PRESSURE ULCER INCIDENCE	
Indicator number	2
Indicator name	Reduction In Pressure Ulcer Incidence
Indicator weighting (% of CQUIN scheme available)	
Description of indicator	To reduce the reported incidence of people with an avoidable healthcare acquired pressure ulcer (Grade 2 and above) in inpatient beds by 50% over a three year period based on out turn for each year: Year 1 20%; Year 2 20%; Year 3 10%
Numerator	Number of reported of hospital acquired pressure ulcers (ie all Grade 2 and above pressure ulcers appearing after 72h of admission and reported via the incident reporting system)
Denominator	N/A
Rationale for inclusion	It was estimated in 2004 that the NHS spent £2.1bn treating pressure ulcers. These figures are a conservative estimate. 90% of this cost is nursing time. Evidence suggests that between 4 and 10% of patients admitted to UK district hospitals develop a pressure ulcer.
Data source	Monthly analysis of reported incidents reported via risk management systems and quality dashboards
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly report on Quality/CQUIN scorecard to Quality Review Meeting
Baseline period/date	Year 1: Year-end position for 2013/14
Baseline value	N/A
Final indicator period/date (on which payment is based)	Payment is split into quarterly periods with 25% of the total annual available payment being available for each 3 month period
Final indicator value (payment threshold)	A 20% overall reduction in pressure ulcer incidence needs to be secured to release payment
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	A 20% reduction in pressure ulcers at year end
Final indicator reporting date	31 March 2015
Are there rules for any agreed in-year milestones that result in payment?	N/A
Are there any rules for partial achievement of the indicator at the final indicator period/date?	4% reduction or less = 0% of CQUIN value 5 - 9% reduction = 30% of CQUIN value 10- 19% reduction = 60% of CQUIN value 20% or greater reduction = 100% of CQUIN value

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	Progress against the improvement goal will be reviewed quarterly.	Quarter 1 CQRM	25%
Quarter 2	Progress against the improvement goal will be reviewed quarterly.	Quarter 2 CQRM	25%
Quarter 3	Progress against the improvement goal will be reviewed quarterly.	Quarter 3 CQRM	25%
Quarter 4	A 20% overall reduction in the number of Grade 2 and above hospital acquired pressure ulcers needs to be achieved to release payment	Quarter 4 CQRM	25%

Rules for partial achievement at final indicator period/date

Final indicator value for the part achievement threshold	% of CQUIN scheme available for meeting final indicator value
4% reduction or less in hospital acquired pressure ulcers	0%
5- 9% reduction in hospital acquired pressure ulcers	30%
10- 19% reduction in hospital acquired pressure ulcers	60%
20% or greater reduction in hospital acquired pressure ulcers	100%

DEMENTIA – FIND, ASSESS, INVESTIGATE & REFER	
Indicator number	3.1
Indicator name	Dementia – Find, Assess, Investigate and Refer
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.075%>
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	<ol style="list-style-type: none"> 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). 2) Number of above patients reported as having had a diagnostic assessment including investigations 3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners
Denominator	<ol style="list-style-type: none"> 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) 2) Number of above patients with clinical diagnosis of delirium or who answered positively on the dementia case finding question 3) Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive
Rationale for inclusion	National CQUIN scheme
Data source	UNIFY 2
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 commissioner)	Provider achieves 90% or more for each element of the indicator for Quarter 4 of 2014/15, taken as a whole.
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

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	Provider achieves 90% or more for each element of the indicator for Quarter 1 of 2014/15, taken as a whole	31 July 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 October 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 January 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 April 2015	25%

DEMENTIA – CLINICAL LEADERSHIP	
Indicator number	3.2
Indicator name	Dementia – Clinical Leadership
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0125% of contract value>
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 (pre-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

DEMENTIA – SUPPORTING CARERS	
Indicator number	3.3
Indicator name	Dementia – Supporting Carers of People with Dementia
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.0375% of contract value>
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

Future Hospital Commission	
Indicator number	4
Indicator name	Future Hospital Commission
Indicator weighting (% of CQUIN scheme available)	2.0% of CQUIN Value (0.4% for each element of the CQUIN)
Description of indicator	<ul style="list-style-type: none"> • Increased medical input out of hours to include key measures: Seniority of presence in A&E; Junior doctor training in escalation of patients at risk (PAR); Audit of PAR policy. • Reduction in non-clinical transfers to improve patient experience and outcome to include: Agreed definition of non clinical transfer; Establish baseline; Twice yearly audit of transferred patients. • Improvement in internal clinician to clinician handover arrangements, focussing on the roll out of technology to support handover. • Early access to a Comprehensive Geriatric Assessment to include: Identification of frail elderly cohort; Named consultant to co-ordinate care across the patient pathway; Agreed Assessment Tool to be implemented; Acute Trust rollout plan. • Improved discharge and transfer of care arrangements to include: Alignment with Somerset's Frail Older Persons Pathway; Advance Care Planning for patients identified within the last year of life; Increased use of electronic palliative Care Co-ordination System.
Numerator	N/A
Denominator	N/A

Rationale for inclusion	<p>The Future Hospital Commission sets out a radical new model of care designed to encourage collective responsibility for the care of patients across professions and healthcare teams.</p> <p>Somerset's Frail Elderly Programme Board have developed and agreed a pathway for the frail elderly in Somerset.</p> <p>Care should come to patients and be coordinated around their medical and support needs. However, it is not unusual for patients – particularly older people – to move beds several times during a single hospital stay. This results in poor care, poor patient experience and increases length of stay. In the future hospital, moves between beds and wards will be minimised and only happen when this is necessary for clinical care.</p> <p>All vulnerable older people will have an identified lead consultant for the period of their admission to hospital. Admission to hospital for frail older people and prolonged length of stay can result in reduced independence.</p> <p>Frail older people should have a comprehensive geriatric assessment and development of agreed clinical and care coordination plan for early discharge or transfer to a community setting to reduce length of hospital stay.</p>
Data source	Provider
Frequency of data collection	Ongoing
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	2013/14
Baseline value/s	To be established in Quarter 1
Final indicator period/date (on which payment is based)	Quarter 4
Final indicator value (payment threshold)	Achievement of agreed actions against plan

Final indicator reporting date	Commissioners will satisfy themselves that the data submitted accurately reflects the position within the provider organisation.
Are there rules for any agreed in-year milestones that result in payment?	Quarter 4
Are there any rules for partial achievement of the indicator at the final indicator period/date?	None

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	Agree key measures, establish baselines and develop action plan		25%
Quarter 2	Implement and update on progress against actions		25%
Quarter 3	Implement and update on progress against actions		25%
Quarter 4	Achievement of actions		25%