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**Integration**

**Local CQUIN Templates 2016/17**



**Integration: 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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# Workforce Development

| **Indicator** |
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| **Indicator name** | Improved system-wide integration of workforce |
| **Indicator weighting (% of CQUIN scheme available)** | To be agreed locally |
| **Description of indicator** |  There are two parts to the indicator:1. Percentage of appropriate posts recruited to that are entered onto the system wide induction programme
2. Percentage of appropriate posts recruited to that are entered onto a rotation scheme
 |
| **Numerator** | Part 1 – Induction programmeNumber of posts recruited to that are entered onto the system wide induction programmePart 2 – Rotation schemeNumber of posts recruited to that are entered onto a rotation scheme |
| **Denominator** | Parts 1 and 2Number of appropriate posts recruited to. |
| **Rationale for inclusion** | The purpose of this CQUIN is to support the development of a system wide staff induction programme and rotational posts with the aim of improving staff retention and staff vacancy rates, whilst developing an integrated system that has knowledge of other parts of the system to help patient flow, staff satisfaction and patient experience.In order to achieve effective outcomes, providers will be required to work together to update and align their workforce plans and HR policies to include an agreed generic definition of the programme, and posts which will become rotational\*. This is to ensure all new staff recruited throughout the year and beyond undertake the system wide induction programme, and if recruited to an appropriate post\*, are entered onto a system wide rotation to support their continued professional development and help to foster an integrated working approach.\*appropriate posts to be agreed after Q1 milestone submission |
| **Data source** | Provider workforce reports |
| **Frequency of data collection** | Quarterly |
| **Organisation responsible for data collection** | Each provider party to the CQUIN |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** | Q1 2016/17 |
| **Baseline value** | To be agreed locally |
| **Final indicator period/date (on which payment is based)** | Q4 2016/17 submission |
| **Final indicator value (payment threshold)** | Payment for achievement of quarterly milestones |
| **Final indicator reporting date** | To be agreed locally |
| **Are there rules for any agreed in-year milestones that result in payment?** | Each milestone is worth 25% of the overall value of the CQUIN.  |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | See below |
| **EXIT Route** | To be agreed locally |

## 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 – part 1Quarter 1 – part 2 | Participating Providers to meet at a date to be mutually agreed to: -  1. Discuss and commence development of the system wide induction programme - a clear action plan with timescales should be produced as a result. Responsible officers should be identified in each organisation to drive forward actions.
2. Agree the staff appropriate to undertake the system wide induction programme, and each provider is to scope the HR arrangements required to enable the rotations to occur.

Providers to arrange for the system wide induction programme to be signed off through their internal governance process.Each provider is to contribute to a joint action plan for rolling out rotational post recruitment. This should include plans to invite other providers to participate in subsequent years e.g. GP practices. The action plan will include a milestone to have agreed governance complete between all providers by end of quarter 2 2016/17, and confirmation of the pathway and length of each rotation and the rationale for this.Providers to submit a joint proposal for induction programme and list of appropriate posts for agreement with commissioners to enable commencement of the induction programme in Q2.Providers to recruit a jointly funded role with responsibility for co-ordination of activities required to progress this CQUIN.  |  | 10%15% |
| Quarter 2 – part 1Quarter 2 – part 2 | Each provider must agree the governance of rotational posts (including contracting mechanisms) which must be put in place and confirmation of this is to be provided to the CCG from each providerProviders are to commence the system wide induction programme for 90% of new appropriate\* starters. Providers are to contribute to a joint Q2 update report to commissioners The report must include key risks, issues, progress to date, future milestones and how this programme is being communicated widely amongst staff and managers. |  | 15%10% |
| Quarter 3 – part 1Quarter 3 – part 2 | Each provider is to collate feedback from their own staff members completing the system wide induction programme and contribute to a joint report to be provided to commissioners. Any actions arising from feedback should be agreed with commissioners with timescales for completion by end of Q4 2016/17.Providers to commence rotational posts recruitment.Providers are to contribute to and submit a joint Q3 update report to commissioners The report must include key risks, issues, progress to date, future milestones and how this programme is being communicated widely amongst staff and managers.Providers are to contribute to and submit a year 2 draft action plan which will have been developed using feedback from staff enrolled on the rotation. The report must include the steps that have been/will be taken to discuss the integrated workforce development scheme with other providers (e.g. GP practices) prior to the end of Q4. This report must inform commissioners of the draft implementation plans for year 2.  |  | 10%10% |
| Quarter 4 – part 1Quarter 4 – part 2 | Providers are to contribute to and submit a joint end of year evaluation report reflecting on the successes and challenges associated with this method of working and submit this to commissioners. This report must include (but is not limited to):* The number of staff (and % of total that were eligible) that have started their rotation post.
* How staff and member feedback (to include staff opinion on the quality of their role and the process undertaken) would influence the roll out of year 2
* Confirm the steps taken during year 1 to involve other providers during year 2.

Providers are to contribute to a joint scoping report which must be submitted to commissioners to include an over-arching milestones plan, and detailed action plan with timelines for implementation in year 2. This will be considered by commissioners and agreement will be reached as to the final implementation plans for year 2. Key risks, issues and officers responsible should be clearly stated. |  | 15%10% |

**Rules for Partial Achievement at Final Indicator Period/ Date**

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
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## Supporting Guidance and References

* Any changes to the use of 111 services locally, for example its use as a gateway to access GP out of hours, may change the proportion of ambulance and ED dispositions. Any such changes should be taken into account when setting local levels of improvement.
* It is essential that patients continue to be referred to whichever urgent and emergency care service is identified as being most clinically appropriate to their needs. Local audits of 111 call outcomes and clinical review of adverse events should be considered to ensure that patients are being referred appropriately.
* There is greater use of urgent and emergency care services on bank holidays compared to other days. There are two Easter weekends in 2015-16 but only one in 2016/17. Local areas may need to take this into account.

# End of Life Care Pathways

| **Indicator** |
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| **Indicator weighting (% of CQUIN scheme available)** | To be agreed locally |
| **Description of indicator** | Multi-disciplinary and multi-agency monthly meetings of cases to identify causes of patients not dying at their preferred place of care and to develop suitable action plans to support people to die at their preferred place of care. |
| **Numerator** | Number of patients who actually die at their preferred place of care |
|  **Denominator** | Number of patients who die having a recorded preferred place of care |
| **Rationale for inclusion** | To help deliver person-centred End of Life Care through improved integration within and between providers of healthcare along the pathway. The goal is to ensure that people are asked what their preferred place of care is and that those preferences are met. This CQUIN encourages providers to assess and resolve issues that prevented people receiving care in their preferred place.  |
| **Data source** | Audit report from quarterly meetings by providers. |
| **Frequency of data collection** | Quarterly |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** | To be agreed locally |
| **Baseline value** | To be agreed locally |
| **Final indicator period/date (on which payment is based)** | Q4 2016/17 |
| **Final indicator value (payment threshold)** | Payment based on achievement of quarterly milestones |
| **Final indicator reporting date** | To be agreed locally |
| **Are there rules for any agreed in-year milestones that result in payment?** | See section on milestones |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | See section on milestones |
| **EXIT Route** | To be agreed locally |

## 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 | Formalise monthly case note review meetings to include representation from all relevant disciplines and providers. Produce Q1 audit outcome – to include:* actions/notes from joint monthly meetings to understand issues/blockages/readmission analysis- lessons learned and submission of an action plan;
* analysis of data to be submitted for all patients including narrative to accompany actions plan to improve PPOC pathways/care.

If notes are unavailable, information on the case review that has been undertaken is to be included in the narrative submitted to commissioners. Payment on commissioner approval of report and action plan and exception information.Establish data collection along with a baseline and trajectory for each quarter which should be agreed with the commissioner. |  | 10%15% |
| Quarter 2 | Produce Q2 audit outcome report as per Q1 and including assessment of performance against the action plan.If notes are unavailable, information on the case review that has been undertaken is to be included in the narrative submitted to commissioners. Payment on commissioner approval of report and action plan and exception information.Submit indicator data. Payment on achievement of trajectory |  | 10%15% |
| Quarter 3 | Produce Q3 audit outcome report as per Q2.If notes are unavailable, information on the case review that has been undertaken is to be included in the narrative submitted to commissioners. Payment on commissioner approval of report and action plan and exception information.Submit indicator data. Payment on achievement of trajectory |  | 10%15% |
| Quarter 4 | Produce Q4 audit outcome report as per Q3If notes are unavailable, information on the case review that has been undertaken is to be included in the narrative submitted to commissioners. Payment on commissioner approval of report and action plan and exception information.Submit indicator data. Payment on achievement of trajectory |  | 10%15% |

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## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
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## Supporting Guidance and References

Minimum requirements for the action plans:

* action to be detailed (actions should address identified issues);
* expected outcome of the action,
* target start date;
* expected/target completion date;
* action owner;
* actual outcome achieved (once action completed)

# Care Homes Assessment

| **Care Home Assessment** |
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| **Indicator name** | Improvement of waiting times for care home admission eligibility assessments. |
| **Indicator weighting (% of CQUIN scheme available)** | To be determined locally |
| **Description of indicator** |  There is one broad, performance-level indicator. Care home providers will be expected to provide evidence of having used pre-agreed criteria when assessing whether patients are eligible for admission, and of these criteria having been used by multiple staff within the care home |
| **Numerator** | N/A |
| **Denominator** | N/A |
| **Rationale for inclusion** | By minimising the length of time a patient waits to be assessed for a care home placement, and ensuring more staff are able to assess patients using an agreed assessment tool, the experience, safety, clinical effectiveness and time of the patient’s journey to an appropriate destination can be improved. |
| **Data source** | Quarterly Assessment Data |
| **Frequency of data collection** | Quarterly |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** |  |
| **Baseline value** | To be confirmed at the end of Quarter 1 |
| **Final indicator period/date (on which payment is based)** | Quarter 4 |
| **Final indicator value (payment threshold)** | Quarter 1:Develop an assessment tool for use by all staff involved in the assessment of patients for care home placements.Identify staff in appropriate roles eligible to undertake patient assessments, and who may act as a deputy in the absence of a care home manager. Quarter 2 – Quarter 3:Develop and progress a training plan for eligible staff in undertaking patient assessments. Quarter 4:Evidence that the named deputy is able to safely and effectively assess the suitability of patients in secondary care for care home placements, using the designated assessment tool. |
| **Final indicator reporting date** | Quarter 4 |
| **Are there rules for any agreed in-year milestones that result in payment?** | Completion of quarterly objectives/targets is required in order to achieve the associated full quarterly payment. |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | N/A |
| **EXIT Route** | To be agreed locally |

## 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 | Evidence of an assessment tool having been developed, for use by all staff who are involved in assessment of patients for care home placements.Evidence for the identification of staff in appropriate roles eligible to undertake patient assessments, who can act as a deputy in the absence of a care home manager.  | End of Q1 | 0.0625% |
| Quarter 2 |  |  |  |
| Quarter 3 | Evidence of the use of a training plan for the carrying out of assessments, by appropriate members of staff | End of Q3 | 0.125% (or Q2 and Q3 combined) |
| Quarter 4 | Evidence that nominated deputies are able to safely and effectively assess patients in secondary care for suitability for care home placements, using the assessment tool developed in Q1. | End of Q4 | 0.0625% |

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## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
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## Supporting Guidance and References

* Any changes to the use of 111 services locally, for example its use as a gateway to access GP out of hours, may change the proportion of ambulance and ED dispositions. Any such changes should be taken into account when setting local levels of improvement.
* It is essential that patients continue to be referred to whichever urgent and emergency care service is identified as being most clinically appropriate to their needs. Local audits of 111 call outcomes and clinical review of adverse events should be considered to ensure that patients are being referred appropriately.
* There is greater use of urgent and emergency care services on bank holidays compared to other days. There are two Easter weekends in 2015-16 but only one in 2016/17. Local areas may need to take this into account.

# Avoidable Hospital Admissions from Care Homes

| **Indicator**  |
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| **Indicator name** | Preventing avoidable hospital admissions from care homes |
| **Indicator weighting (% of CQUIN scheme available)** |  |
| **Description of indicator** | Percentage of avoidable hospital admissions originating from care homes with identified diagnosis. |
| **Numerator** | Number of avoidable hospital admissions with identified diagnosis (identified in Q1). |
| **Denominator** | Total number of admissions with identified diagnosis. |
| **Rationale for inclusion** | By ensuring that care home residents are only admitted into hospital when it is clinically appropriate, providers can ensure that the experience and safety of the patient is maximised. |
| **Data source** | Audit of admissions data. |
| **Frequency of data collection** | Quarterly |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** | End of Q1 |
| **Baseline value** | To be confirmed at end of Q1. |
| **Final indicator period/date (on which payment is based)** | Q4 (exact date to be confirmed). |
| **Final indicator value (payment threshold)** | Quarter 1 :Identify with commissioner avoidable hospital admissions that can be reduced. (e.g. End of Life care, UTI, falls etc).Baseline assessment of number of avoidable admissions with chosen diagnosis.Quarter 2:Identify gaps in training/systems/procedures in relation to chosen diagnosis. Develop action plan to improve areas in training/systems/proceduresQuarter 3 and Quarter 4:Progress of actions to demonstrate positive impact on reduction in numbers of avoidable hospital admissions in chosen diagnosis. |
| **Final indicator reporting date** | Q4 (Exact Date to be confirmed) |
| **Are there rules for any agreed in-year milestones that result in payment?** | Completion of quarterly objectives/targets is required, in order to achieve the associated full quarterly payment. |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | N/A |
| **EXIT Route** | To be agreed locally |

## 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 |  |  |  |
| Quarter 2 |  |  |  |
| Quarter 3 |  |  |  |
| Quarter 4 |  |  |  |

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
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## Supporting Guidance and References