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| **Provider Name** |  |
| **CQUIN name** | **GE1 Clinical Utilisation Review** |
| **Description of indicator** | Clinical Utilisation Review (CUR) - Installation and Implementation; application and use leading to reduction in inappropriate hospital utilisation; reporting of results. |
| **CQUIN Value** | *To be Inserted* |
| **Year of Scheme** | *[Year 1, 2 or 3]* |
| **Reporting Period** | *[Insert: Q1,Q2,Q3 or Q4]* |
| **Quarterly payment breakdown** | **Partial Achievement Rules**   |  |  |  | | --- | --- | --- | | **Percentages of Target Payment per Trigger** | **First Year of indicator** | **Second Year** | | **Trigger 1**  **Governance and Decision Making** | 10% | 10% | | **Trigger 2:**  **Implementation and roll out** | Not applicable | Not applicable | | **Trigger 3:**  **Compliance** | 20% | 20% | | **Trigger 4:**  **Benefits Realisation** | 30% | 30% | | **Trigger 5:**   1. **Service Improvement Plan** 2. **Delivery of initiatives** | 5%  20% | 5%  20% | | **Trigger 6:**  **Reporting** | 10% | 10% | | **Trigger 7:**  **Case Studies** | 5% | 5% | | **TOTAL** | **100%** | **100%** |   **In Year Payment Phasing & Profiling**  Payment is in line with the above, reconciled at year end. |
| **CQUIN guidance** | *[*[***Insert***](https://www.england.nhs.uk/wp-content/uploads/2016/11/bi4-improv-haemoglobinopathy.pdf) ***Link to GE1 CUR CQUIN]***  **This document is to supplement guidance already published (above).** |
| **Trust reporting requirements:** | |
| **Trust reporting** | **Notes**   1. Evidence of compliance with requirements of this CQUIN is to be submitted using this template directly to commissioners by trusts who have agreed a CUR CQUIN. 2. The above evidence is in addition to the mandated CUR Minimum Data Set and Bed Complement Data (submitted to NHS England Specialised Commissioning). 3. A narrative against all triggers must be included to summarise performance against each trigger. You may embed additional evidence as required, ensuring that it is clear which trigger this relates to as described in your narrative. |
| **Document Prepared By** | [Insert name and email address of author] |
| **Date of submission** | [insert date of submission] |

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| **Trigger 1**  **Governance and Decision Making** | Provider has established and can continue to evidence an active project team with relevant stakeholders to manage and oversee CUR implementation. The Trust should be able to demonstrate that CUR is embedded into trust-wide patient flow and must be able to provide details of the following roles as a minimum:-   * Executive sponsor for CUR (Director of Nursing, Director of Operations of Medical Director) \ CUR Operational lead (this person must be from an operational background for example an operational senior manager * CUR Clinical Champion (Consultant) * Business Intelligence /IT lead   **Note 1** – A flow diagram should be provided in Q1 demonstrating how CUR is embedded into trust wide-patient flow. Terms of Reference of the CUR Steering Group or patient flow group should be provided) together with minutes of meetings where CUR data is presented and discussed. | |
| **Trust response and supporting documents** | [Insert narrative and include evidence as described in Note 1 above]. |

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| **Trigger 2**  **Implementation and wider roll-out** | Provider and commissioner have an agreed and documented operational plan which includes:-   * Number of beds / service areas on which CUR will be used * Number and type of staff who will be trained to use the tool and to undertake training of new staff (train-the-trainer role) * Yearly reliability / refresh training to be undertaken to ensure staff are trained in the latest updates to the CUR software and to ensure continued competency in use of the tool * Internal and external reporting mechanisms including frequency and type of reporting * Timeframe for implementation, including go-live dates (for wider roll-out) * Software updates installed to ensure that the organisation is using the latest version of the CUR software * Trusts will be expected to extend CUR rollout across their total bed base (some exclusions will be accepted. For example, day case beds, maternity beds) by agreement with the commissioner and National CUR Team. | |
|  | **Trust response and supporting documents** | [Insert narrative that demonstrates performance against implementation and roll-out where applicable. This may include an implementation and roll-out plan. Those Trusts that are not rolling out to further beds should report against yearly reliability / refresh training, reporting mechanisms and software updates]. |

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| **Trigger 3**  **Compliance** | Daily use in practice of CUR can be evidenced on agreed bed numbers with continued achievement of 85-95% compliance rate, measured on a monthly basis.  **Note 1** - For beds rolled out in 2019/20, the compliance target will be taken at the end of March 2020.  **Note 2** - For all beds covered prior to 2019/20, compliance should be maintained at 85% to 95% throughout the year (monthly). Reviews against achievement will take place quarterly. The CUR MDS will be used to monitor compliance on a quarterly basis. | |
| **Trust response and supporting documents** | [Please include a summary of compliance as per notes above. Please explain any movement from target and any actions in place to address under performance.] |

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| **Trigger 4**  **Benefits Realisation** | Delivery against the agreed KPI for the reduction in non-qualified (unmet) patients throughout the period of CUR operation, where patients do not meet clinical criteria for admission, continued stay or treatment at the current level of care. The CQUIN payment should be determined by measuring the reduction in the % of CUR assessments that do not meet CUR criteria for the current level of care against those beds / services implemented in 2018/19.  **Note 1:** Delivery of this trigger will be measured annually at Q4. A proportional payment will be applied to partial achievement of this trigger. For example, achieving 80% of the target will result in losing 20% of the value of Trigger 4.  **Note 2**: To ensure the accuracy of this calculation, Provider Trusts are required to ensure high compliance (+85%) in the use of the tool. | |
|  | **Trust response and supporting documents** | [Insert a narrative summarising performance against benefits realisation target, identifying key successes and any issues affecting achievement of the target.] |

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| **Trigger 5**  **Service Improvement Plan** | Production of a robust service improvement plan, in Q1 to include key milestones for delivery of service improvement initiatives, based on CUR data, for beds implemented in 2018/19.  Quarterly updates to the Service Improvement Plan including a report on the achievement of initiatives identified in each quarter.  **Note 1 -** A further service improvement action plan will need to be produced in 2020/21 to cover any additional beds rolled out in 2019/20. | |
|  | **Trust response and supporting documents** | [Please complete separate Service Improvement Plan template attached]. |

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| **Trigger 6**  **Reporting**   1. **Quarterly progress report to commissioner** 2. **MDS and Bed Compliment Data** 3. **Internal Reporting** | [Production of quarterly narrative CUR CQUIN Template Report to commissioners].  Production of mandatory monthly CUR CQUIN Minimum Data Set (MDS) and Bed Complement dataset. All mandatory fields must be completed  Internal Reporting - production of quarterly report to Board / sub-committee of the Board presenting:-  (i) CUR data showing numbers patients met / not met clinical criteria  (ii) Reasons / details for not met criteria  (iii) Compliance rate by ward  (iv) Progress against the service improvement action plan to reduce admissions / bed usage where not clinically indicated by CUR criteria. | |
| **Trust response and supporting documents** |  |
| **Trigger 7**  **Case Studies** | Production of two case studies per year. Case studies should be produced to support initiatives identified in the Service Improvement Plan (Trigger 5) and must be able to demonstrate benefits realisation. The timetable for production of the first study can be agreed with the local Supplier Manager. The final case study should be produced in Q4. | |
| **Trust response and supporting documents** | [Please insert case studies produced] |