CQUIN Negotiations 2014/15

Sussex Community NHS Trust

Individual Achievement by Provider
1. Nationally Mandated Requirements (0.5%):

a) Friends and Family Test (Total 0.25%)
    1) Implementation of Staff FFT (0.075%)
    2) Early Implementation (0.10%)
    3) Phased Expansion (0.075%)
b) Safety Thermometer – further 50% reduction from 13/14 data (0.25%)
    a. Further reduction in patient safety indicators (0.125%)
    b. Collaborative working with all healthcare providers to identify and reduce system wide prevalence (0.125%)

2. Locally Mandated Requirements (2.0%)

a) Seven Day Working (0.5% except Minor Associates 1% and B&H 0%)
b) Proactive Care (1% except CWS 1.5% and B&H 0%)
    1) Risk Stratification (0.25%)
    2) Care Planning (0.25%)
    3) Proactive Discharge (0.25%)
    4) Self Care (0.25%)
c) One Call (0.5% NWSx only)

Brighton & Hove CCG Specific CQUIN

d) Frailty Phase One (2% B&H only)

Goals and Indicators

Goal No.	Description of Goal	Quality	Indicator Name	National or [2]	Indicator weighting on total contract value
1a)	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework.	Patient Experience	Friends and Family Test	Nationally mandated	0.25%
1b)	a. Reduction in prevalence of pressure ulcers. (Weighting – 0.125%) b. Collaborative working with other providers in relation to patients admitted with pre-existing pressure damage. (Weighting – 0.125%)	Safety, Experience & Effectiveness	NHS Safety Thermometer	Nationally mandated	0.25%
2a)	Progressive compliance with the 10 clinical standards made by the NHS Service Seven Days a Week Forum, specifically in relation to Standard 9 – Transfer to community, primary and social care.	Safety, Experience & Effectiveness	Seven Day Working	Locally mandated	0.5% (except B&H element) 1% for minor associates
2b)	1) Embed use of risk stratification tool. 2) Improved care planning for patients identified in Risk Stratification. 3) To improve the efficiency of patient discharge from the acute provider to the community provider, including the sharing of information for the proactive care of patients. 4) Promotion of self-care and self-care techniques with patients by MDTs.	Safety Innovation, Patient Experience & Effectiveness	Proactive Care	Locally Mandated	1.0% (except B&H element) 1.5% for CWS
2c)	To extend the scope of One Call to incorporate West Sussex County Council and Sussex Partnership Foundation Trust (local services initially) as a single point of access for service users.	Patient Experience & Effectiveness	One Call	Locally mandated	0.5% (NWSx CCGs only)

[1] Safety / Effectiveness / Experience / Innovation
[1] Nationally mandated / Regionally mandated/ Regionally suggested/ No

2d)	Brighton and Hove CCG specific CQUIN. Implementing the development of, and the roll out of the Phase One Frailty model. With full implementation within 2015/16.	Innovation, Patient Experience & Effectiveness	Frailty Phase One	Locally mandated	2% of B&H element only

Indicator 1a)
Friends and Family Test

FRIENDS AND FAMILY TEST – IMPLEMENTATION OF STAFF FFT - NHS TRUSTS ONLY	
Indicator number	1a part 1
Indicator name	Friends and Family Test – Implementation of staff FFT
Indicator weighting (% of CQUIN scheme available)	0.075%
Description of indicator	Implementation of staff FFT, 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)	Q1 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
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

FRIENDS AND FAMILY TEST: EARLY IMPLEMENTATION	
Indicator number	1a part 2
Indicator name	Friends and Family Test – Early Implementation
Indicator weighting (% of CQUIN scheme available)	0.10%
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 community 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: PHASED EXPANSION	
Indicator number	1a part 3
Indicator name	Friends and Family Test - Phased expansion
Indicator weighting (% of CQUIN scheme available)	0.075%
Description of indicator	Phased expansion
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 January 2015
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)	December 2014
Final indicator value (payment threshold)	Full delivery of the nationally set milestones
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Provider to demonstrate to commissioner that milestones have been met
Final indicator reporting date	Response from providers to commissioners by 31 December 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?	Not applicable

NHS SAFETY THERMOMETER – IMPROVEMENT GOAL SPECIFICATION (NOT MANDATORY – ORGANISATIONS CAN SET AN ALTERNATIVE NHS SAFETY THERMOMETER IMPROVEMENT GOAL)	
Indicator number	1b
Indicator name	NHS Safety Thermometer
Indicator weighting (% of CQUIN scheme available)	0.25%
Description of indicator	a. 50% of the CQUIN value.Reduction in prevalence of pressure ulcers. (Weighting – 0.125%) b. 50% of the CQUIN value. Collaborative working with other providers in relation to patients admitted with pre-existing pressure damage. (Weighting – 0.125%)
Numerator	a. The number of patients recorded as having a category 2-4 pressure ulcer (old or new) that was acquired while in SCT care, as measured using the NHS Safety Thermometer on the day of each monthly survey b. n/a
Denominator	a. Total number of patients surveyed on the day b. n/a
Rationale for inclusion	a. National CQUIN scheme b. To reduce the prevalence & improve the management of pressure ulcers
Data source	a. Provider submission to the Information Centre which publishes the data at http://www.hscic.gov.uk/thermometer b. n/a
Frequency of data collection	a. Monthly provided within the Trust's Scorecard b. Q1 to determine the scope and measurement of the CQUIN going forward. Q1 will determine the specifics for Q2-Q4 Q2 – determination of plan of action Q3/Q4 – roll out of the plan and assurance provided
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	a. Median of six consecutive monthly data points up to 31st March 2014 b. n/a
Baseline value	a. Median of M7-12 2013/14. National pressure ulcer prevalence data from the NHS Safety Thermometer suggests a prevalence of around 5% for all pressure ulcers (old and new) for the 2013/14 year to date. b. n/a
Final indicator period/date (on which payment is based)	a. Median of five consecutive monthly data points up to 31 March 2015. For this median value to count as improvement the 5 consecutive monthly data points have to be below the baseline median value (i.e. demonstrate improvement according to special cause variation rules) b. 31st March 2015

Final indicator value (payment threshold)	a. 50% reduction from baseline pressure ulcer prevalence. Note the requirement for the median value to have been re-set following special cause variation rules. This means that for the final indicator value to demonstrate improvement, it must be constructed from 5 consecutive monthly data points up to 31 March 2015 all of which are at a lower level than the baseline median value. b. Evidence of collaborative working with other providers in relation to patients admitted with pre-existing pressure damage, including the identification of the source of the pressure damage (home/ community).
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	a. Achievement of 95% or greater of the agreed improvement goal (shown through special cause[2,3]) will trigger full payment of the CQUIN. b. Evaluation report on findings
Final indicator reporting date	a. NHS Safety Thermometer data for March 2015 will be available on 15 April 2015 b. 31st March 2015
Are there rules for any agreed in-year milestones that result in payment?	a. No. To reduce complexity, organisations should be assessed on their achievement at year end as set out above. b. Q1 to determine the scope and measurement of the CQUIN going forward. Q1 will determine the specifics for Q2-Q4 Q2 – determination of baseline, trajectory and plan of action to be created going forward Q3/Q4 – roll out of the plan and assurance provided
Are there any rules for partial achievement of the indicator at the final indicator period/date?	a. Yes. A sliding scale of payment for partial achievement of the improvement goal should also operate so that improvement from baseline performance (shown through special cause) that does not fully meet the target is still rewarded to some extent: • Achievement of target of 50% reduction = total payment for part a (0.125%) • achievement of >40% reduction = 80% payment (0.1%) • achievement of >30% reduction = 60% payment (0.075%) • achievement of >20% reduction = 40% payment (0.05%) • achievement of >10% reduction = 20% payment (0.025%) • achievement of <10% reduction = 0% payment. b. No.

[2] http://harmfreecare.org/measurement/nhs-safety-thermometer/
[3] http://www.qualityobservatory.nhs.uk/index.php?option=com_cat&view=item&Itemid=28&cat_id=588

Indicator 2a

7 DAY WORKING	
Indicator number	2a)
Indicator name	Seven Day Working
Indicator weighting (% of CQUIN scheme available)	0.5% (except B&H)
Description of indicator	Progressive compliance with the 10 clinical standards made by the NHS Service Seven Days a Week Forum, specifically in relation to Standard 9 – Transfer to community, primary and social care.
Numerator	n/a
Denominator	n/a
Rationale for inclusion	Condition for access to BCF.
Data source	n/a
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	n/a
Baseline value	n/a
Final indicator period/date (on which payment is based)	28 Feb 2015
Final indicator value (payment threshold)	Progress towards full implementation of Standard 9 as set out in Implementation Plan
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	This indicator should be closely linked with the 7 day working at the Keogh standard 9 - Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken. Further information can be found: http://www.england.nhs.uk/wp-content/uploads/2013/12/brd-dec-13.pdf. Evidence to include: • Progress against provider implementation plan for achieving clinical standard 9 and evidence of multi-agency working with other healthcare providers (i.e. SPFT, WSHFT, QVH, SASH & BSUH). • Active participation in system wide governance framework for 7 day working.
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment?	Development of a commissioner agreed plan, with an in depth impact analysis on potential services, to be delivered end Q2. 50% Pilot operation on services to be agreed end Q2, during Q3-4 with review to be delivered end Q4. 50%
Are there any rules for partial achievement of the indicator at the final indicator period/date?	.Yes: tbd on receipt of Implementation plan end Q2.

Indicator 2b)
Part 1

PROACTIVE CARE & RISK STRATIFICATION	
Indicator number	2b) Part 1
Indicator name	Proactive Care & Risk Stratification
Indicator weighting (% of CQUIN scheme available)	0.25% (except B&H)
Description of indicator	To embed the use of the risk stratification tool to ensure that the high risk patients are identified for review by Proactive Care MDTs and to demonstrate that the tool is being used to monitor successful outcomes.
Numerator	n/a
Denominator	n/a
Rationale for inclusion	Ensures appropriate case selection to maximise opportunity for reduced admissions; provides system for measuring effectiveness of MDTs.
Data source	n/a
Frequency of data collection	n/a
Organisation responsible for data collection	SCT
Frequency of reporting to commissioner	As per in-year milestone and final indicator
Baseline period/date	n/a
Baseline value	n/a
Final indicator period/date (on which payment is based)	28-Feb-15
Final indicator value (payment threshold)	Evaluation report on the use of the risk stratification tool to include: accuracy of tool to identify high risk patients; ability to use and access the tool; benefit of tool in helping MDTs to better manage their caseloads; effectiveness of tool to monitor successful outcomes.
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	28-Feb-15
Are there rules for any agreed in-year milestones that result in payment	Interim evaluation to be undertaken in Jul 2014; report to be submitted by 15 Aug. Full evaluation and report by end January.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Indicator 2b)
Part 2

PROACTIVE CARE & CARE PLANNING	
Goal name	Proactive Care & Care Planning
Indicator number	2b) Part 2
Indicator name	Proactive Care & Care Planning
Indicator weighting (% of CQUIN scheme available)	0.25% (except B&H)
Description of indicator	Improved care planning for patients identified in Risk Stratification.
Numerator	No of patients identified in Risk Stratification who are referred to the MDT that have action plans and contingency care plans within 5 working days and a named professional lead
Denominator	No of patients identified in Risk Stratification who are referred to the MDT
Rationale for inclusion	Care plans and care co-ordination are condition for access to BCF. Aids co-ordination of care; appropriate admission and earlier discharge. Evidence of better outcomes for patients.
Data source	
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	Q4 2013/14
Baseline value	To be confirmed by Trust
Final indicator period/date (on which payment is based)	Month of February 2015
Final indicator value (payment threshold)	• 95% of patients identified in Risk Stratification have care plans within 5 working days and referred to the MDT a named Professional lead • All care plans are made available to IBIS; • To demonstrate evidence of patient involvement in the development of individual action plans and contingency care plans through a year end audit.
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	28-Feb-15
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?	90% achievement = 75% payment

Indicator 2b
Part 3

PROACTIVE DISCHARGE	
Indicator number	2b) Part 3
Indicator name	Proactive Discharge
Indicator weighting (% of CQUIN scheme available)	0.25% (except B&H)
Description of indicator	To improve the efficiency of patient discharge from the acute provider and from community inpatient units to the community provider, including the sharing of information for the proactive care of patients.
Numerator	The number of patients in an acute provider or community inpatient unit who are already known to the Proactive Care Team, who have received active engagement in their discharge planning within 24 hours of notification of admission.
Denominator	The total number of patients known to Proactive Care Team in acute or community inpatient units
Rationale for inclusion	To provide seamless patient care from provider to provider. Early engagement of this Team will aid planning for discharge from point of admission. Encourages joint working on pathway between providers.
Data source	Provider data
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	M1 2014/15
Baseline value	N/A
Final indicator period/date (on which payment is based)	Q4 - January – March 2015
Final indicator value (payment threshold)	95% of Acute Inpatients known by the Proactive Care Team who have received active engagement in their discharge planning.
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	March 2015
Are there rules for any agreed in-year milestones that result in payment?	Yes. • Q2 - 75% of Acute Inpatients known by the Proactive Care Team who have received active engagement in their discharge planning within 24 hours of an admission. • Q3 - 90% of Acute Inpatients known by the Proactive Care Team who have received active engagement in their discharge planning within 24 hours of an admission. • Q4 – Full implementation of pathway (95%).

Are there any rules for partial achievement of the indicator at the final indicator period/date?	90%-94.9% = 75% payment .

Indicator 2b)
Part 4

PROACTIVE CARE & SELF CARE	
Indicator number	2b) Part 4
Indicator name	Proactive Care & Self Care
Indicator weighting (% of CQUIN scheme available)	0.25% (except B&H)
Description of indicator	Promotion of self-care and self-care techniques with patients by MDTs.
Numerator	n/a
Denominator	n/a
Rationale for inclusion	Supports effective caseload management for MDTs; ensures sustainability through application of self-care techniques; opportunity for use of pooled budgets.
Data source	Training Plan; Patient survey
Frequency of data collection	Bi-annually
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	As per in-year milestone and final indicator
Baseline period/date	n/a
Baseline value	n/a
Final indicator period/date (on which payment is based)	28 Feb 15
Final indicator value (payment threshold)	Evaluation report evidencing promotion of self-care by MDTs through training programme for front line staff; information sharing on self-care and self-care techniques with patients; a patient survey to measure the effectiveness of MDTs in promoting self-care; and a survey to measure reduced reliance upon services.
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	28 Feb 15
Are there rules for any agreed in-year milestones that result in payment	Audit of care plans, audit of appraisal objectives and evidence of an agreed training plan by 30 Sept 14; Completion of training to 50% of proactive care staff by 30 December 14; Patient survey to measure the effectiveness of MDTs in promoting self-care and a survey to measure reduced reliance upon services to be completed by 31 Dec 14. Completion of training to 90% of proactive care staff by 31 March 15.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Indicator 2c)

ONE CALL	
Indicator number	2c)
Indicator name	One-Call
Indicator weighting (% of CQUIN scheme available)	0.5% (HMS & Crawley CCGs only)
Description of indicator	To extend the scope of One Call to incorporate West Sussex County Council and Sussex Partnership Foundation Trust (local services initially) as a single point of access for service users. Q1 – Scope services to be incorporated, identify stakeholders and decision makers and establish Project Board and develop commissioner-approved project plan. Q2 – Identify opportunities, barriers and resource implications, including estates, staffing and telephony. Develop Implementation Board and commissioner-approved plan. Q3 – Achieve Sign off from all relevant organisations. Undertake communication and promotion to ensure maximum take-up. Q4 – Service start up.
Numerator	N/A
Denominator	N/A
Rationale for inclusion	To deliver a true single point of access that will be utilised by all healthcare professionals. To achieve optimal use of clinical time. To implement appropriate and timely access to services for patients To deliver efficiency savings by merging 3 services
Data source	Provider
Frequency of data collection	Quarterly update
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	April 2014 – March 2015
Final indicator value (payment threshold)	
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Q1 – 20% - Evidence: Project Board set up; plan production / approval. Q2 – 20% - Evidence: Implementation plan Q3 – 20% - Evidence: Stakeholder sign-off and Start-up plan.

	Q4 – 40% - On time service start.
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment?	As above
Are there any rules for partial achievement of the indicator at the final indicator period/date?	50% of each payment to be quality dependent; e.g. basic agreed plan will earn 50%; detailed plan approved as high quality by commissioners will earn full payment.

Indicator 2d

FRAILTY PHASE ONE	
Indicator number	2e)
Indicator name	Frailty Phase One
Indicator weighting (% of CQUIN scheme available)	2% (B&H only)
Description of indicator	**Q1** - Scoping and development of Phase one of the Frailty model: • Commitment and engagement with commissioners and all relevant providers in development of the Phase One of the Frailty model Development of Phase One Frailty model **Q2/3** - Implementation of Phase one of the Frailty model: • On-going commitment and engagement with implementation of Phase One Frailty model including staffing, implementation of the model and gathering data for evaluation stage **Q3/4** - Evaluation of Phase One of the Frailty model: • On-going commitment and engagement to evaluate Phase One Frailty model and contribute to lessons learned, how to improve, benefits and risks prior to full roll out **Q4** - Development towards full implementation within 2015/16: • On-going commitment and engagement to full implementation following evaluation of Phase One
Numerator	N/A
Denominator	N/A
Rationale for inclusion	
Data source	Provider data
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	M1 2014/15
Baseline value	TBC
Final indicator period/date (on which payment is based)	April 2014 – March 2015
Final indicator value (payment threshold)	TBC
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	**Q1 (April-June 2014):** • Representation at Frailty engagement stakeholder meetings and Frailty Board to include senior clinical management • Representation at key meetings where the

	Frailty Phase One model is developed and signed off • Work with the agreed management structure for Phase One • Contribute to the overall agreed governance structure of Phase One • Ensure work with `management structure` developed for Phase One Frailty model • Ensure all staff, especially front line staff are involved with the development of the frailty model and signed up to implementing Phase One including sharing information, screening tool and discharge processes • Ensure that front line staff involved with the development of Phase One Frailty model development • Proactively `sell` the vision for frailty model of care and identify change champions • Agree cohort of staff to deliver Phase One • Consultation with relevant staff with regards changes to ways of working • Carry out an impact assessment on the remaining services outside Phase One • Commitment to participate in organisational development throughout the Programme • Training and education of staff of all workers who care and provide treatment for people with frailty, from prevention through to end-of-life • Organisational sign off of Phase One Frailty model **Evidence (Q1):** • Minutes of meetings • Ensure capture who attends stakeholder meetings • Provide named individuals as Change Champions • Provide summary reports of progress with consultation • Produce an impact assessment report • Ensure capture who attends OD sessions • Provide trajectory for staff training roll out and progress against trajectory • Formal document with signatures of key organisations **Q2 and 3 (July-Dec 2014):** • Implement Phase One Frailty model • Implement outcomes of consultation with staff within first 6 weeks of Q2 • Use systematic screening tool for frailty • Weekly multi-disciplinary co-ordinated meetings established with recorded outcomes and evidence of meetings • Ensure personalised care planning, shared across all organisations (shared care plans, personalisation of care planning / shared decision making)

	• Process established to manage patient transfers between provider facilities • Ensure frail people are discharged from all provider facilities within 24 hours of being ready for discharge (Phase One) using discharge assessment methodology • Commitment to gathering agreed data to support evaluation • Participate in organisational development programme for Phase One **Evidence Q2/3:** • Provide final outcome report on staff consultation • Evidence of using tool • Evidence of meetings (attendees, minutes, actions etc.) • Evidence of personalised care planning as example of what is being used • Process map/ pathway with clear accountability, roles and responsibilities • Metrics / KPI reporting • Evidence of data/ activity collected (monthly) • Ensure capture who attends OD sessions **Q3 and 4 (Oct 2014-Mar 2015):** • Ensure agreed data available for analysis by Oct 2014 • Commitment and engagement to the evaluation process • Participate in organisational development programme for Phase One **Evidence Q3/4:** • Evidence data/ activity collected and available for commissioners monthly, half way through Phase One (Dec 2014) and at the end of Phase One Frailty model implementation (March 2015) • Continued attendance at key meetings through minutes, and organisational sign off of evaluation analysis • Ensure capture who attends OD sessions **Q4 (Jan-Mar 2015):** • Representation at Frailty engagement stakeholder meetings and Frailty Board • Representation at key meetings where the final Frailty model is developed and signed off (workforce, finance, systems, IM&T, performance etc.) • Ensure that front line staff involved with the development of final Frailty model development • Consultation with staff with regards changes to ways of working • Training and education of staff of all workers who care and provide treatment for people with frailty, from prevention through to end-of-life • Organisational sign off of final Frailty model • Participate in organisational development programme for full roll out

	Evidence: • Minutes of meetings • Ensure capture who attends stakeholder meetings • Provide summary reports of progress with consultation • Provide trajectory for staff training roll out and progress against trajectory • Formal document with signatures of key organisations • Ensure capture who attends OD sessions
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