

Goal number	National 1a: National - NHS Staff health and wellbeing Option B
Goal name	Introduction of staff health and wellbeing initiatives
Indicator number	1a option B
Indicator name	The introduction of staff health and wellbeing initiatives
Goal weighting (% of CQUIN scheme available)	33.000%
Indicator weighting (% of goal available)	
Description of indicator	The introduction of staff health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues
Numerator	Evidence of achievement of the action plan produced at the end of Quarter One
Denominator	Baseline from action plan produced at the end of Quarter One
Rationale for inclusion	The development of a suite of services to support the health and wellbeing of the Trust's staff
Data source	SCFT action plan and progress report
Frequency of data collection	Quarter One and Quarter Four
Organisation responsible for data collection	SCFT
Frequency of reporting to commissioner	Quarter One and Quarter Four
Baseline period/date	As above
Baseline value	As above
Final indicator period/date (on which payment is based)	Quarter Four progress Report
Final indicator value (payment threshold)	Evidence of achievement in Quarter Four report
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	12/05/2017
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?	Yes, see below
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	Through monitoring of future healthier workforce strategies and feedback from the annual staff survey

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)
Q1	Produce action plan with clear milestones	31/07/2016	35%
Q4	Produce report demonstrating achievement of milestones within action plan	19/05/2017	65%
		Total	100.00%

Goal number	National 1b
Goal name	Staff Health and Wellbeing: Healthy Food for NHS staff, visitors and patients
Indicator number	
Indicator name	The provision of improved healthy food for staff, patients and visitors
Goal weighting (% of CQUIN scheme available)	0.340%
Indicator weighting (% of goal available)	
Description of indicator	<p>Part a Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17, including:</p> <p>a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets;</p> <p>b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS);</p> <p>c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and</p> <p>d. Ensuring that healthy options are available at any point including for those staff working night shifts. SCFT will not be expected to provide freshly prepared food at all locations where staff work nights. The CQUIN can be delivered through a range of measures e.g. by providing fridges for storing healthy food brought to work and by providing healthy options in vending machines</p> <p>CQUIN funds will be paid on delivering the four outcomes above. In many cases providers will be able to achieve these objectives by renegotiating or adjusting existing contracts. Parts a - d will be applied only to areas where SCFT runs the catering service or manages the premises.</p> <p>Part b Providers will also be expected to submit national data collection returns by July based on existing contracts with food and drink suppliers. This will cover any contracts covering restaurants, cafés, shops, food trolleys and vending machines or any other outlet that serves food and drink.</p> <p>The data collected will include the following; the name of the franchise holder, food supplier, type of outlet, start and end dates of existing contracts, remaining length of time on existing contract, value of contract and any other relevant contract clauses. It should also include any available data on sales volumes of sugar sweetened beverages (SSBs).</p>
Numerator	
Denominator	
Rationale for inclusion	The provision of healthy food options and ceasing the promotion of foods high in fat, sugar and salt
Data source	SCFT reports
Frequency of data collection	Two reports: on 31/07/2-016 and on 12/05/17
Organisation responsible for data collection	SCFT
Frequency of reporting to commissioner	Report on 31/7/16 and on 19/5/17
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	N/A

Final indicator value (payment threshold)	N/A
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	See below
Final indicator reporting date	19/05/2017
Are there rules for any agreed in-year milestones that result in payment	See below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	Continued monitoring by the SCFT Head of Facilities

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)
31/07/2016	<p>submit the responses via UNIFY following locally agreed sign off process by the commissioner.</p> <ol style="list-style-type: none"> 1) Name of franchise holder 2) Name of supplier or vendor(s) 3) Type of sales outlet (restaurant, café, vending, shop/store, trolley service) 4) Start date of existing supplier contract 5) End date of existing supplier contract 6) Remaining length of contract (time to expiration) with external supplier(s) 7) Total contract value 8) Value of contract for the financial year 2015/16 9) Profit share agreements that are in addition to the contract value (percentage of profit that is received by the NHS Provider from the supplier) 10) Free text box: Contract break clauses 11) Volume of Sugar Sweetened Beverages sold <p>Quarter 4</p> <ol style="list-style-type: none"> 1) Question: Have you changed your food supplier during 2016/17(Yes/ No) If yes who is your new food supplier? 	31/08/2016	40%
16/05/2017	Report providing evidence of achievement of Part a points a to d	19/05/2017	60%
		Total	100.00%

Goal number	National 1c
Goal name	Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline clinical staff
Indicator number	
Indicator weighting (% of CQUIN scheme available)	33.3% of 0.75% (0.25%)
Description of indicator	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%
Numerator	Number of front line healthcare workers (permanent staff and those on fixed contracts) who have received their flu vaccination by December 31 2016
Denominator	Total number of front line healthcare workers (permanently contracted staff and fixed term contracts)
Rationale for inclusion	<p>Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population.</p> <p>Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.</p> <p>The green book recommends that healthcare workers directly involved in patient care are vaccinated annually. It is also encouraged by the General Medical Council and by the British Medical Association.</p>
Data source	Providers to submit cumulative data monthly over four months on the ImmForm website
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	December 2016
Baseline period/date	N/A

Baseline value	N/A
Final indicator period/date (on which payment is based)	December 2016
Final indicator value (payment threshold)	A 75% uptake of the flu vaccination
Final indicator reporting date	As soon as possible after Q4 2016/17
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?	Yes - see partial payment section

Goal number	Local 6a
Goal name	System Integration
Indicator number	
Indicator name	To develop and implement cross organisational improvement plans that support the delivery of truly integrated care for specified patient cohorts or pathways. The intention is that this is a two year CQUIN with providers working across the system to address issues that impact on system integration for two patient cohorts in year 1 and a third patient cohort in year 2.
Goal weighting (% of CQUIN scheme available)	0.400%
Indicator weighting (% of goal available)	
Description of indicator	<p>To develop and implement cross organisational improvement plans in conjunction with other system partners that support the delivery of integrated care for the following patient cohorts or pathways:</p> <p>- Stroke ESD. Please note that this work will be undertaken as part of the overall stroke collaborative work. This will include the following key stages -</p> <ol style="list-style-type: none"> 1. Providers to undertake 'diagnostic' process to understand what the barriers/opportunities might be that impact on delivering integrated care for stroke patients requiring ESD 2. Providers to develop and implement an improvement plan which addresses these barriers/opportunities. We will expect the plan to cover as a minimum the following areas which impact on integration: <ul style="list-style-type: none"> • Culture including trust, differing perceptions of risk and clinical practice, competencies and skills Actions could include formal rotational agreements between services, joint training and education programmes, consultant support /input across the acute and community pathway, joint workforce plans • Governance and Accountability Actions could include use of honorary contract, accountability agreements between providers to support pathways, joint governance processes etc. • Funding flows, activity and performance Sharing of activity, finance and performance data, developing common methodologies for measuring impact 3. Continue implementation and delivery against agreed outcomes measures – these may include impact on NEL activity, patient experience measures 4. Reporting impact for year 1, refining plans as required and developing plans for year 2 patient cohort
Numerator	Outcome metrics to be determined but likely to include reductions in length of stay for identified patient cohort, patient experience measures,
Denominator	
Rationale for inclusion	
Data source	
Frequency of data collection	
Organisation responsible for data collection	
Frequency of reporting to commissioner	
Baseline period/date	

Baseline value	
Final indicator period/date (on which payment is based)	
Final indicator value (payment threshold)	
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	
Are there rules for any agreed in-year milestones that result in payment	
Are there any rules for partial achievement of the indicator at the final indicator period/date?	
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	

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)
31/07/2016	Providers to submit evidence of joint diagnosis of the issues/opportunities that impact on delivering integrated care for patients in the following cohorts – stroke ESD	31/08/2016	25%
Q2	Providers to submit an improvement plan that addresses the issues identified in the diagnostic and to evidence that have commenced implementation. Plan to include areas listed above. Where plans include identified gaps that need resourcing, these will be considered for inclusion in 17/18 commissioning intentions	31/10/2016	25%
Q3	Providers to evidence continued implementation of plan and delivery against agreed outcomes measures – these may include impact on reduced length of stay, patient experience measures	31/01/2017	25%
Q4	Reporting against agreed metrics, refining plans as required and developing plans for year 2 patient cohort	19/05/2017	25%
		Total	100.00%

Goal number	Local 6b
Goal name	System Integration
Indicator number	
Indicator name	System Integration - Interoperability
Goal weighting (% of CQUIN scheme available)	0.20%
Indicator weighting (% of goal available)	
Description of indicator	To lay the groundwork for timely information flow and interoperable records as well as a single care plan system with patient access
Numerator	
Denominator	
Rationale for inclusion	
Data source	The Trust
Frequency of data collection	Monthly data collection
Organisation responsible for data collection	The Trust
Frequency of reporting to commissioner	Quarterly submissions
Baseline period/date	Quarter 1, 2016/17
Baseline value	
Final indicator period/date (on which payment is based)	End of Quarter 4, April 2017
Final indicator value (payment threshold)	Delivery of Milestones as outlined below
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	19-May-16
Are there rules for any agreed in-year milestones that result in payment	As defined by the quarterly deliverables
Are there any rules for partial achievement of the indicator at the final indicator period/date?	There will be no payment for partial achievement
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	

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)

<p>Y1 Q4 - 50% of all patient episodes comply with specification where SCFT services are on SystemOne and there is facility in SystemOne to count. We will explore this in Q2/3 and can implement if possible to count or work on % of services in SystemOne</p>	<p>1. Sending Electronic correspondence All inpatient discharge summaries, outpatient clinic letters and MIU and UTC patients are to be sent to primary care electronically within 24 hours, structured according to Academy of Medical Royal Collages (AOMRC) best practice guidance. Provision must be made to send the messages in an agreed format e.g. EDT/Docman. Each receiving GP practices can choose the format that best suits their work flow needs and hospitals to maintain this table of preferences as part of their Trust Interface Engine (TIE).</p>	<p>30/05/2017</p>	
<p>Y1 Q3. Provide operational management and clinical support to undertake a proof of concept within a suitable clinical environment. PID for project to use a clinical portal such as ROCI agreed by August 2016. Undertake the proof of concept with an agreed sample and provide feedback report. (Nos dependent on GP data available on ROCI - outside of SCFT control) Y2 TBC</p>	<p>Using a Sussex wide clinical portal such as ROCI (directly or via embedment into an existing system) Unscheduled care settings such as A&E, MAU, and urgent care units to view information from elsewhere in the care pathway to inform clinical decision making. Whilst there is no specific target on how the system is used or the overall percentage of patients viewed via the system (this to be determined clinically), we see this as particularly relevant to those patients with LTCs, co-morbidities and the frail elderly.</p>	<p>31/01/2017</p>	
		<p>Total</p>	

Goal number	Local 7
Goal name	Improving Patient Care and Flow
Indicator number	
Indicator name	Improving Patient Care and Flow
Goal weighting (% of CQUIN scheme available)	0.50%
Indicator weighting (% of goal available)	
Description of indicator	To help standardise behaviours by providing clear parameters which enable better, safer care for patients which in turn enhance patient flow through the hospital. It is based around the patient care bundle 'SAFER'
Numerator	N/A
Denominator	N/A
Rationale for inclusion	<p>The aim of this CQUIN is to help the Trust examine and improve patient flow and care through the emergency care pathway.</p> <p>This will work as an enabler to build on the recommendations within the ECIST reports for BSUHT and implement them across the Sussex and East Surrey footprint.</p> <p>The recommendations require significant changes in working practices and interactions between departments to lead to exemplar care for this group of patients.</p>
Data source	The Trust
Frequency of data collection	Monthly data collection
Organisation responsible for data collection	The Trust
Frequency of reporting to commissioner	Quarterly submissions
Baseline period/date	Quarter 1, 2016/17
Baseline value	Senior Review Model
Final indicator period/date (on which payment is based)	End of Quarter 4, April 2017
Final indicator value (payment threshold)	Delivery of Milestones as outlined below
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	
Final indicator reporting date	16/05/2017
Are there rules for any agreed in-year milestones that result in payment	As defined by the quarterly deliverables
Are there any rules for partial achievement of the indicator at the final indicator period/date?	There will be no payment for partial achievement
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	The aim of the CQUIN is to embed and standardise sustainable SAFER behaviours within the trust.

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)
31/07/2016	<p>1. Establish current baseline performance through an audit (sample size to be agreed) on the following key areas of patient flow, by 31/7/16:</p> <ul style="list-style-type: none"> • The percentage of inpatients reviewed at a daily board round Monday - Friday. • The percentage of in-patients to have and be advised of their EDD in a Ward Welcome Meeting within 48 hours of admission 7 days a week • The percentage of patients discharged from IP wards before midday 7 days a week • The percentage of in-patients with >24 days LOS to be reviewed by senior team AND system partners on a weekly basis, including all patients who have DTOCs and the reasons for the delays <p>2. Develop and test a Discharge Bundle of 11 standards to support effective progress of patient pathways through Community Beds. Examples of Bundle Standards:</p> <ul style="list-style-type: none"> - Hold a daily Virtual Bed Meeting - Standard for Daily Board Rounds - Managing escalation for patient flow <p>3. Undertake a monthly audit and produce a quarterly report to include an update on performance against the above targets.</p> <p>4. Develop and roll out of a new Bed Management System to enable SCFT to monitor Trust wide the flow through inpatient</p>	31/08/2016	25%
Q2	1. Undertake a monthly audit and produce a quarterly report to include an update on performance against the agreed targets	31/10/2016	25%
Q3	1. Undertake a monthly audit and produce a quarterly report to include an update on performance against the agreed targets	31/01/2017	25%
Q4	<p>1. Provide a comprehensive CQUIN evaluation report on the year-end progress of the quarterly outcome measures, including an update on performance against the year-end targets</p> <p>2. Provide a comprehensive evaluation report on the implementation of the patient flow action plan, to include:</p> <ul style="list-style-type: none"> • Comparative data from quarter 1, 2 and 3. • Challenges and opportunities • Lessons learned including dissemination of learning. • Recommendations for future service improvement (next steps). • The impact on discharges. • How SAFER principles will become business as usual in 2017/18. 	19/05/2017	25%
		Total	100.00%

Goal number	Local 8b
Goal name	Patient Activation
Indicator number	
Indicator name	Introducing an Activation System for patients with Long Term Conditions (LTCs)
Goal weighting (% of CQUIN scheme available)	0.400
Indicator weighting (% of goal available)	
Description of indicator	Development of a system to measure skills, knowledge and confidence needed to self-manage long term conditions to support (understanding of how to take medication) adherence to medication and treatment and to improve patient outcomes and experience.
Numerator	Not applicable as the scheme is based on achievement of milestones
Denominator	Not applicable as the scheme is based on achievement of milestones
Rationale for inclusion	<p>The CQUIN will begin with patients identified by the Right Care Data packs as a priority for each CCG.</p> <p>The implementation of a system focussed on self-care or support for self-management is designed to realise significant benefits to the healthcare system from improved patient outcomes and experience of care and from a reduction in the use of non-elective services.</p> <p>Adherence to treatment has been linked to improved health outcomes and has been shown to increase patient satisfaction by supporting independence which can also be linked to higher quality interactions with healthcare professionals.</p> <p>The CQUIN aims to encourage use of the "patient activation measurement" (PAM) survey instrument, in the first instance to assess levels of patients skills, knowledge, confidence and competence in self-management. Subsequent action will be to support Activation Interventions to tailor service provision according to self-management capability and to raise activation levels.</p>
Data source	<p>To be agreed locally. If a software solution is adopted for administration of the PAM, then extracts from the implemented software will be usable to confirm active users and active records.</p> <p>Reporting of action plans should be sufficiently detailed for stakeholders to be able to identify obstacles to optimum patient flows and the actions that are required to improve flow.</p> <p>NOTES: For consistency, and given its validation and the relationship and contract that is in place with NHS England it is proposed that all schemes involve use of the Patient Activation Measure PAM available from Insignia: http://www.insigniahealth.com/products/pam-survey</p> <p>Please contact Patricia Muramatsu in NHS England for details on how to obtain a licence. p.muramatsu@nhs.net</p>
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider

Frequency of reporting to commissioner	Quarterly
Baseline period/date	Not applicable as the scheme is based on achievement of milestones
Baseline value	Not applicable as the scheme is based on achievement of milestones
Final indicator period/date (on which payment is based)	see milestones section
Final indicator value (payment threshold)	see milestones section
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	see milestones section
Final indicator reporting date	see milestones section
Are there rules for any agreed in-year milestones that result in payment	see milestones section
Are there any rules for partial achievement of the indicator at the final indicator period/date?	see milestones section
CQUIN Exit Route – how will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	for local agreement

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)
Q1	Provider to: <ul style="list-style-type: none"> • agree vision for use of PAM measure with cohorts of patients in context of increasing support for self-care • agree the baseline metrics e.g. proportion of patients in each condition recruited into the programme for application of the PAM; • establish a working group; • submit an implementation plan to the commissioner; • agree in conjunction with the Commissioner training plan, including engagement activities to help the workforce understand the importance of patient activation; • secure licence from insignia 	31/07/2016	30%
Q2	Demonstrate local engagement, regular working party outputs, performance against implementation plan	31/10/2016	15%

Q3	Implementation of the programme locally with pilot testing and evaluation	31/01/2017	15%
Q4	<p>evaluate relevant patient cohort through audit to include;</p> <p>1) if the patients have achieved their goals (Fully, partially or not achieved)</p> <p>2) changes to activation levels and “Patient Self Care” – PAM score per care and confidence in self-management</p> <p>A report must be submitted to commissioners to include an overarching milestones plan, and detailed action plan with timelines for implementation in year 2. This must include (but is not limited to) the above audit results, staff feedback (8a) and a thorough evaluation of the use of this technique. This will be considered by commissioners and agreement will be reached as to the final implementation plans for year 2 as appropriate.</p> <p>Development of plan to roll this programme into next year and expand patient cohort or develop additional parameters for inclusion. Suggested steps for subsequent years outlined in the ‘further information’ section.</p>	19/05/2017	40%
		Total	100.00%

Goal Number	Goal Name	Indicator number	Indicator name	Indicator weighting (% of CQUIN scheme available)	Indicator weighting
1 - National	NHS Staff Health & Well-being	1a - or Option B	Introduction of staff health & wellbeing initiatives	£412,887	0.33
1 - National	NHS Staff Health & Well-being	1b	Healthy food for NHS staff, visitors and patients	£425,398	0.34
1 - National	NHS Staff Health & Well-being	1c	Improving the uptake of flu vaccinations for frontline clinical staff	£412,887	0.33
TOTAL - NATIONAL				£1,251,172	1.0%
6 - Local	System Integration	6a	To develop and implement cross organisational improvement plans that support the delivery of truly integrated care for specified patient cohorts or pathways.	£500,469	0.4
6 - Local	System Integration - Interoperability	6b	To lay the groundwork for timely information flow and interoperable records as well as a single care plan system with patient access	£250,234	0.2
7 - Local	Improving Patient Care and Flow	7	To help standardise behaviours by providing clear parameters which enable better, safer care for patients which in turn enhance patient flow through the hospital	£625,586	0.5
8 - Local	Patient activation and collaborative care planning	8a	Laying the foundations for, and implementing, the patient activation model of care and collaborative care planning approach over 2 years	£500,469	0.4
TOTAL - LOCAL				£1,876,758	1.5%
TOTAL				£3,127,929	2.50%