

Agreed OUH NHS FT Commissioning for Quality and Innovation (CQUIN) goals for 2018/19

CQUIN Name	CQUIN type	Goals 2018/19
1a. Improvement of health and wellbeing of NHS staff	National	Achieving a 5 percentage point improvement in two of the three NHS annual staff survey questions on health and wellbeing, musculoskeletal and stress.
1b. Healthy food for NHS staff, visitors and patients	National	Maintaining previous improvements in the provision of healthy foods and building upon these with a particular emphasis on reductions in the provision of food which is high in fats, sugar and salt.
1c. NHS Staff Health & Well-being	National	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%.
2a. Timely identification of sepsis in emergency departments and acute inpatient settings	National	To ensure the percentage of patients who met the criteria for sepsis screening and were screened for sepsis remains at more than 90%.
2b. Timely treatment of sepsis in emergency departments and acute inpatient settings	National	To increase the percentage of patients who were found to have sepsis when they were screened and received intravenous antibiotics within 1 hour to more than 90%.
2c. Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours	National	Percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours meeting the defined criteria.
2d. Reduction in antibiotic consumption per 1,000 admissions	National	Reduction in antibiotic consumption and increase the proportion of antibiotic usage (for both in-patients and out-patients) within the Access group of the AWaRe* category (first and second choice options for common infections as described by the World Health Organisation).
4. Improving services for people with mental health needs who present to A&E	National	Where a 20% reduction in attendances to A&E was achieved in year 1 (for those within the selected cohort of frequent attenders) maintain this reduction (i.e. ensure that the total number of attendances of the cohort in 2018/19 is at least 20% less than the baseline in 2016/17). Building on the work in year 1, identify a new cohort of frequent attenders to A&E during 17/18 who could benefit from psychosocial interventions and work to reduce by 20%, their attendances to A&E during 2018/19. In year 2, it is expected that the cohort will include groups who experience particular inequalities in access to mental health care. Ensure that mental health attendances to A&E are recorded and submitted to the Emergency Care Dataset.
6. Offering advice and guidance	National	By the end of Q4 advice and guidance services will be available for a group of specialities responsible for receiving 75% of total GP referrals.
9a. Tobacco screening	National	At least 90% of unique, adult patients who are admitted are screened for smoking status and results are recorded in patient's record.

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9b. Tobacco advice	National	At least 90% of eligible patients (defined as patients who have been recorded as smokers during screening) are given very brief advice on stopping smoking.
9c. Tobacco referral and medication offer	National	At least 30% of eligible patients (defined as patients who have been recorded as smokers during screening) are referred to specialist services and offered stop smoking medication.
9d. Alcohol screening	National	At least 50% of unique, adult patients who are admitted are screened for alcohol consumption and the results are recorded in the patient's record.
9e. Alcohol advice referral	National	At least 80% of eligible patients (if the patient is potentially alcohol dependent) are given brief advice or offered a referral to specialist alcohol services.
B11 Hepatitis C Virus (HCV) Improving Treatment Pathways through Operational Delivery Networks (ODNs)	Specialised Commissioning	<p>This CQUIN supports the infrastructure, governance and partnership-working across healthcare providers working in HCV networks in their second and third years of operation to achieve the following outcomes:</p> <ul style="list-style-type: none"> • Improvements in engagement of patients • The planned rollout, aligned to NICE guidance, of new clinical and cost effective treatments guidance to improve outcomes through Multi-disciplinary team treatment plans • Improved participation in clinical trials • Enhanced data collection to demonstrate the effectiveness and equity of this way of working and the availability of new treatments.
B14 Haemoglobinopathy Improving Networks through ODNs	Specialised Commissioning	This CQUIN incentivises removal of the remaining barriers to achieving an appropriate network of care by enabling lead / specialist centres to provide MDT led annual review of all patients and the associated communications, clinical support, staff training and data entry to demonstrate the clinical outcome benefits of such a model.
CA2 SACT Dose Banding	Specialised Commissioning	A national incentive to standardise the doses of Standardised Dose Banding Adult Intravenous Systemic Anticancer Therapy (SACT) in all units across England in order to increase safety, to increase efficiency and to support the parity of care across all NHS providers of SACT in England.
CA3 SACT Optimising Palliative Chemotherapy Decision Making	Specialised Commissioning	SACT can play an important role in extending life in patients with advanced disease, acknowledging also that the beneficial and harmful effects of treatment must be carefully balanced and regularly reviewed. This CQUIN aims to ensure that in specific groups of patients, decisions to start and continue further treatment should be made in direct consultation with peers and then as a shared decision with the patient.
IM2 Cystic Fibrosis Adherence (Adult)	Specialised Commissioning	This scheme employs an electronic Cystic Fibrosis (CF) adherence indicator captured by an IT platform (CFHealthHub) to deliver a complex behavioural intervention that increases patient activation and adherence, thus delivering better patient outcomes and avoidance of costly escalations.

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IM3 Rheumatic Diseases	Specialised Commissioning	Systemic auto-immune rheumatic diseases are rare, multisystem, non-genetic conditions that have high morbidity and mortality. This CQUIN promotes the development of coordinated multi-disciplinary team (MDT) clinics which will support earlier diagnosis and intervention, and ensure earlier detection/prevention of relapse which will reduce avoidable mortality and morbidity, reduce costs, and improve quality of life.
TR3 Spinal CQUIN	Specialised Commissioning	Establishment and operation of regional spinal surgery networks, data flows and MDT for surgery patients. The scheme aims to promote the better management of spinal surgery by creating and supporting a regional network of a hub centre and partner providers that will ensure data is collected to enable evaluation of practice effectiveness and that elective surgery only takes place following MDT review.
Shared decision making for cardiac devices	Specialised Commissioning	The goal is to ensure clinical teams understand the full range of treatment options available and emphasise to patients their ability to benefit from all of these options as part of the decision making process. It is anticipated that this should reduce the demand for successive treatments which is particularly relevant to specialised services.
Armed Forces Health	Specialised Commissioning	To ensure high quality services are accessible to armed forces personnel and registered families to promote, protect and restore the health of the community.
Pharmacy CQUIN	Local	To ensure the Trust is using the best value generic/biologic products for patients.
Service development: Bone Infection Unit	Local	Establishing an understanding of factors defining a patient requiring specialised management for bone and joint infection and identifying and developing a triage tool to distinguish patients who are likely to require treatment at a specialist centre from patients who would more likely be best managed locally at their own district general hospital.

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These are under discussion with the relevant commissioners.**