

Agenda Item 8.4a

# CQUIN 2014/15 Update

Simon Aldridge

**Quality Improvement Lead**

South Norfolk Clinical Commissioning Group

Lakeside 400, Old Chapel Way, Broadland Business Park, Thorpe St Andrew,  
Norwich, NR7 0WG

**Tel:** 01603 595827

**Mob:** 07776 473788

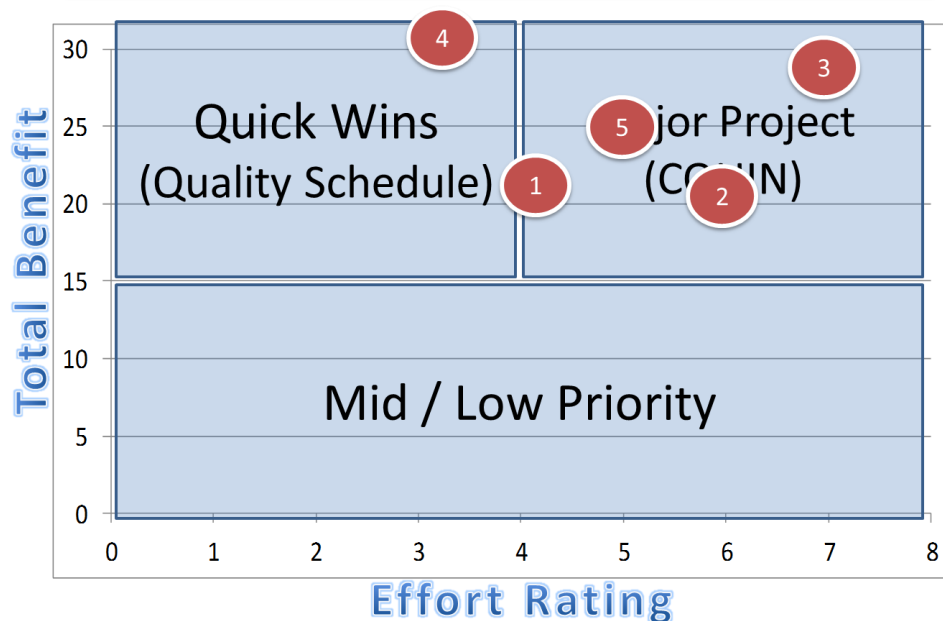
**Email:** [simonaldrige@nhs.net](mailto:simonaldrige@nhs.net)

# NCH&C suggestion scores

Following the receipt of a number of suggestions in Oct 2013, early development work was focused on the review of each suggestion in order to score these for overall benefits which could be realised and effort needed in order to put in place.

The 2 diagrams on the right show the scoring allocated to the suggestions which were taken forward, and where these suggestions sit on the benefit / effort matrix.

CQUIN idea reference	Suggestion title	Non WTE	WTE	Risk	System errors	Improved practice	Service Excellence	Able to sustain	CQUIN domain	TOTAL
1	Community beds dashboard	0	0	4	4	4	4	5	All	21
2	Community IV - phased transfer	0	0	3	2	5	5	5	All	20
3	Rapid response team	5	0	5	4	5	5	5	All	29
4	SEPSIS	5	0	5	5	5	5	5	All	30
5	CMPO	5	0	4	2	4	5	5	All	25
CQUIN idea reference	Suggestion title	Cost	Resource							TOTAL
1	Community beds dashboard	0	4							4
2	Community IV - phased transfer	2	4							6
3	Rapid response team	3	1							7
4	SEPSIS	2	1							3
5	2ND year FAP	1	4							5



# NCH&C CQUIN 2014/15

## National

- Friends and Family test
- NHS Safety Thermometer - Priority for Pressure Ulcers

## System

- Community IV (phase II)
- Beds dashboard
- Pull-out service (phase II)
- Rapid Response Team (phase II)

## Local

- SEPSIS
- Dementia and Delirium (*this is to be modified from National guidelines*)

# System CQUIN's

## 1. Community beds 'live' dashboard

**CQUIN Overview** - The aim of this CQUIN is to review and revise the processes for capturing real time information for a 'live' snapshot of community health beds across Norfolk in order to reduce delays in discharge and eliminate confusion on whom to contact when trying to find a bed. This scheme will revise processes to populate the dashboard, implement a single point of contact and manage escalation better.

**CQUIN Objectives** - This CQUIN would focus on the development of:

- A live dashboard populated that all staff could use
- A Single Point of Contact (SPOC) service that staff to access in order to request a bed form any location in Norfolk

## 2. Community IV (Phase II)

**CQUIN Objectives** - Phase II will consider the capacity of the service to realise all the potential gains being suggested. It will also look at expending the service onto 2 new pathways.

## 3. Pull-out service (Phase II)

**CQUIN Objectives** - Phase two is expected to see analysis of the LOS (length of stay) data in more detail,

- Identification of which conditions have benefited most from the service.
- Why the conditions least affected have not been as successful and what could be done to address this.
- Whether any of the admissions could have been avoided and what would need to be done.
- Issues / delay within the hospital or community which slowed the discharge.
- A target average LOS to be maintained.

## 4. Rapid Response Team (Phase II)

**CQUIN Overview** - The current service is only expecting referrals from ambulance staff. Therefore phase II will look at referrals coming directly from clinical operators and OOH/111

**CQUIN Objectives :**

- Reduction in conveyance to acute setting
- Free up ambulance staff resource to attend priority calls

**NOTE – All phase II CQUIN's will have to have a case for sustainability built in as this will not be carried over to 2015/16**

# Local CQUIN's

## 1. SEPSIS

### Objectives for CQUIN:

**Awareness** - Increase awareness of health care professionals, governments, health and funding agencies, and the public of the high frequency and mortality associated with sepsis

**Diagnosis** - Improve the early and accurate diagnosis of sepsis by developing a clear and clinically relevant definition of sepsis and disseminating it to our peers

**Treatment** - Increase the use of appropriate treatments and interventions by disseminating the range of care options and urging their timely use

**Education** - Encourage the education of all health care professionals who manage sepsis patients by providing leadership, support and information to them about all aspects of sepsis management, including diagnosis, treatments and interventions, and standards of care

**Counselling** - Provide a framework for improving and accelerating access to post-ICU care and counselling for sepsis patients

**Referral** - Recognise the need for clear referral guidelines that are accepted and adopted at a local level

## 2. Dementia and Delirium

**Objectives for CQUIN** – This CQUIN is to be modified from National guidance which states the objectives are: to incentivise the identification of patients with dementia and delirium, alone and in combination alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that high quality care is provided to people with dementia and support their carers.

# Next Steps

- 7<sup>th</sup> Jan – draft 14/15 proposals sent to NCH&C for feedback / comments
- 8<sup>th</sup> Jan – SA presented update of 14/15 CQUIN to CCB for feedback / comments
- 10<sup>th</sup> Jan – CQUIN negotiation meeting to build in comments from CCB.
- **14<sup>th</sup> Jan - SA will present update of 14/15 CQUIN to SNCCG Governing body for feedback / comments**
- 15<sup>th</sup> Jan – draft proposal to be taken to finance meeting so they are aware of the work
- 21<sup>st</sup> Jan – Proposals to be signed-off via finance.
- 23<sup>rd</sup> Jan – All CQUIN targets to be agreed and sign-off