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National CQUIN 2016/17

Gateway Reference Number: 04225

NB: This document forms part of the **CQUIN Guidance for 2016/17** which can be found here: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/>

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National CQUIN Templates 2016/17

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1 NHS Staff health and wellbeing

Note on CQUIN indicator

There are 2 parts to this CQUIN indicator:

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)	Value (£)
CQUIN 1a	Introduction of health and wellbeing initiatives - The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.	0.25%	
CQUIN 1b	Healthy food for NHS staff, visitors and patients	0.25%	
CQUIN 1c	Improving the uptake of flu vaccinations for front line staff within Providers	0.25%	
	TOTAL	0.75%	

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1a. Introduction of Health and Wellbeing Initiatives

Indicator	
Indicator name	Introduction of health and wellbeing initiatives- Option B
Indicator weighting (% of CQUIN scheme available)	0.25% of 0.75%
Description of indicator	<p>The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues – these initiatives need to be applicable across all three counties – Kent, Surrey and Sussex.</p> <p>Providers should develop a plan and ensure the implementation against this plan. This plan will be subject to peer review (further guidance will be issue on the peer review aspect in the next 4-6 weeks). This should cover the following three areas;</p> <ul style="list-style-type: none"> a) Introducing a range of physical activity schemes for staff. Providers would be expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges. b) Improving access to physiotherapy services for staff. A fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay; and c) Introducing a range of mental health initiatives for staff. Providers would be expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep

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Indicator	
	counselling and mental health first aid training;
Numerator	N/A
Denominator	N/A
Rationale for inclusion	<p>Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment. As well as the economic benefits that could be achieved, evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients.</p> <p>The <i>Five Year Forward View</i> made a commitment ‘to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy’. This CQUIN builds on this promise and the developments made across England during the past year through some of the work being undertaken within NHS England’s Healthy Workforce Programme to help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy & well.</p> <p>A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. The role of board and clinical leadership in creating an environment where health and wellbeing of staff is actively promoted and encouraged.</p>
Data source	Local implementation plan
Frequency of data collection	Quarter 1 – once Quarter 4 - once
Organisation responsible for	Provider

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Indicator	
data collection	
Frequency of reporting to commissioner	Quarter 1 – once Quarter 4 - once
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	Introducing the agreed initiatives as set out in their plan
Final indicator reporting date	Introducing the agreed initiatives as set out in their plan
Are there rules for any agreed in-year milestones that result in payment?	Yes see milestone requirements below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A

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)
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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)
Quarter 1	Providers should have developed a plan to introduce and actively promote the three initiatives that is peer reviewed and signed off, as per further guidance to be issued by NHSE on the peer review aspect.)	29 th July 2016	0.2 of the indicator weighting for part 1a
Quarter 4	Providers should have implemented their initiatives (as agreed in their signed off plan) and actively promoted these services to staff to encourage uptake of initiatives.	March 31 2017	0.8 of the indicator weighting for part 1a

Supporting Guidance and References

<https://www.nice.org.uk/guidance/ng13>

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1b. Healthy food for NHS staff, visitors and patients

Indicator	
Indicator name	Healthy food for NHS staff, visitors and patients
Indicator weighting (% of CQUIN scheme available)	0.25% of 0.75%
Description of indicator	<p><u>Part a</u></p> <p>Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17, including:</p> <ul style="list-style-type: none"> a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)¹. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS);

¹ The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives.
<https://www.gov.uk/government/publications/the-nutrient-profiling-model>

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	<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.</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.</p> <p><u>Part b</u></p> <p>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	N/A
Denominator	N/A

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Rationale for inclusion	<p>PHE's report "Sugar reduction – The evidence for action" published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year. Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. Consumption of sugar and sugar sweetened drinks. It is important for the NHS to start leading the way on tackling some of these issues, starting with the food and drink that is provided & promoted in hospitals.</p>
Data source	<p>Quarter 1</p> <p>The responses to the proposed questions below will form part of a national data collection. Providers will 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

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	<p>8) Value of contract for the financial year 2015/16</p> <p>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)</p> <p>10) Free text box: Contract break clauses</p> <p>11) Volume of Sugar Sweetened Beverages sold</p> <p>Quarter 4</p> <p>1) Question: Have you changed your food supplier during 2016/17(Yes/ No) If yes who is your new food supplier?</p>
Frequency of data collection	End of Quarter 1- once only End of Quarter 4- once only
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	End of Quarter 1 End of Quarter 4
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	To be determined locally

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Final indicator reporting date	31 st March 2017
Are there rules for any agreed in-year milestones that result in payment?	Yes see -milestones requirements below.

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)
Quarter 1	The collection of the 11 data points outlined in part b.) and the submission via unify	29 th July 2016	0.2 of the indicator weighting for part b
Quarter 4	To be paid on delivering the four outcomes outlined in part a.)	31 st March 2017	0.8 of the indicator weighting for part a

Rules for partial achievement

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
0 out of 4 changes introduced	No payment
1 out of 4 changes introduced	25% payment of milestone weighting part a.)
2 out of 4 changes introduced	50% payment of milestone weighting part a.)
3 out of 4 changes introduced	75% payment of milestone weighting part a.)

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Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
All 4 changes introduced	100% payment of milestone weighting part a.)

Supporting Guidance and References

<https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action>

1c. Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff

Indicator	
Indicator name	Improving the uptake of flu vaccinations for 999 frontline clinical staff
Indicator weighting (% of CQUIN scheme available)	0.25% of 0.75%
Description of indicator	<p>Achieving an uptake of flu vaccinations by 999 frontline clinical staff of 75%.</p> <p>Provider to issue each relevant member of staff with (up to) three invitations to receive their flu vaccination. If that relevant staff member is not vaccinated at end of Dec-16 despite having been issued three separate invitations to receive the vaccine, then that staff member is excluded from the denominator for this CQUIN scheme.</p> <p>Commissioner Quality Leads get to audit staff vaccination records for those excluded from the denominator, to see if a reasonable process was followed that led to their exclusion from the denominator (e.g. evidence of 3 invites sent to excluded person over a reasonable space of time)</p> <p>Commissioner Quality Leads may wish to reserve the right to follow-up with a random selection</p>

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Indicator	
	of individual staff members who were excluded from the denominator (i.e. dip-test), to establish why they didn't attend for flu vaccine, in order to establish if there are any improvements SECAmb could make to how it organises these things going forwards.
Numerator	Number of 999 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) – excluding those who were invited to have their vaccination 3 times but have not chosen to receive the vaccine.
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

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Indicator	
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	31 st January 2016
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

Rules for partial achievement

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Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
64% or less	No payment
65% - 74% uptake of flu vaccinations	50% payment
75% or above	100% payment

Supporting Guidance and References

Practical guidance and support for Providers will be provided by the beginning of March to help support them with the introduction of the initiatives & to help them promote uptake. However, NHS Employers already offer campaign advice for Providers.

<http://www.nhsemployers.org/campaigns/flu-fighter/nhs-flu-fighter>

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