

## 1. Improving staff health and wellbeing

There are three parts to this CQUIN indicator.

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)
CQUIN 1a	Improvement of health and wellbeing of NHS staff	33.3% of 0.25% (0.0834%)
CQUIN 1b	Healthy food for NHS staff, visitors and patients	33.3% of 0.25% (0.0833%)
CQUIN 1c	Improving the uptake of flu vaccinations for front line staff within Providers	33.3% of 0.25% (0.0833%)

### Indicator 1a Improvement of health and wellbeing of NHS staff

Indicator 1a	
<b>Indicator name</b>	Indicator 1a: Improvement of staff health and wellbeing
<b>Indicator weighting (% of CQUIN scheme available)</b>	33.3% of 0.25% (0.0834%)
<b>Description of indicator</b>	<p>Achieving a 5 percentage point improvement in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress. The two questions do not have to be pre-selected before the staff survey results, with 50% of the value of this indicator relating to performance in one question and the remaining 50% of the value relating to performance in a second question.</p> <p>Year 1 (17/18) The 5 percentage point improvement should be achieved over a period of 2 years, with the baseline survey being the 2015 staff survey.</p> <p>Year 2 (18/19) The 5 percentage point improvement should be achieved over a period of 2 years, with the baseline survey being the 2016 staff survey.</p> <ol style="list-style-type: none"> <li><b>Question 9a:</b> Does your organisation take positive action on health and well-being? Providers will be expected to achieve an improvement of 5% points in the answer “yes, definitely” compared to baseline staff survey results or achieve 45% of staff surveyed answering “yes, definitely”.</li> <li><b>Question 9b:</b> In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Providers will be expected</li> </ol>

Indicator 1a	
	<p>to achieve an improvement of 5% points in the answer “no” compared to baseline staff survey results or achieve 85% of staff surveyed answering “no”.</p> <p><b>3. Question 9c:</b> During the last 12 months have you felt unwell as a result of work related stress? Providers will be expected to achieve an improvement of 5% points in the answer “no” compared to baseline staff survey results or achieve 75% of staff surveyed answering “no”.</p>
<b>Numerator</b>	<p>NHS staff survey results for the Provider</p> <p>Year 1  <b>Question 9a:</b> 2017 number of responses of “yes, definitely”  <b>Question 9b:</b> 2017 number of responses of “no”  <b>Question 9c:</b> 2017 number of responses of “no”</p> <p>Year 2  <b>Question 9a:</b> 2018 number of responses of “yes, definitely”  <b>Question 9b:</b> 2018 number of responses of “no”  <b>Question 9c:</b> 2018 number of responses of “no”</p>
<b>Denominator</b>	<p>NHS staff survey results for the Provider</p> <p>Year 1  <b>Question 9a:</b> 2017 Total number of responses (Yes, definitely/ Yes, to some extent/ No)  <b>Question 9b:</b> 2017 Total number of responses (Yes/No)  <b>Question 9c:</b> 2017 Total number of responses (Yes/No)</p> <p>Year 2  <b>Question 9a:</b> 2018 Total number of responses (Yes, definitely/ Yes, to some extent/ No)  <b>Question 9b:</b> 2018 Total number of responses (Yes/No)  <b>Question 9c:</b> 2018 Total number of responses (Yes/No)</p>
<b>Rationale for inclusion</b>	<p>The Health &amp; Wellbeing CQUIN introduced in 2016 encourages providers to improve their role as an employer in looking after employees health and wellbeing. Part of this scheme provided the option to introduce schemes focussing on mental health, physical activity and MSK – many of which are being introduced during the second half of 2016-17. The focus of this element of the CQUIN will shift from the introduction of schemes to measuring the impact that staff perceive from the changes – via improvements to the health and wellbeing questions within the NHS staff survey.</p>

Indicator 1a	
	<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 Five Year Forward View 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’. 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>
<b>Data source</b>	<p>The NHS Annual Staff survey</p> <p><b>Question 9a:</b> Does your organisation take positive action on health and well-being? <i>Yes, definitely/ Yes, to some extent/ No response.</i></p> <p><b>Question 9b:</b> In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? <i>Yes/No response.</i></p> <p><b>Question 9c:</b> During the last 12 months have you felt unwell as a result of work related stress? <i>Yes/No response.</i></p>
<b>Frequency of data collection</b>	Annual release of staff survey results
<b>Organisation responsible for data collection</b>	National NHS staff survey co-ordination centre
<b>Frequency of reporting to commissioner</b>	On the publication of 2017 (year 1) & 2018 (year 2) staff survey – expected to be released in February 2018 & 2019 respectively
<b>Baseline period/date</b>	Year 1 - 2015 staff survey – released in 2016 Year 2 – 2016 staff survey- released in 2017
<b>Baseline value</b>	Individual trust performance against each staff survey question
<b>Final indicator period/date (on which payment is based)</b>	Year 1 - Quarter 4, 2017/18 Year 2 – Quarter 4 2018/19
<b>Final indicator value (payment threshold)</b>	Achievement of the 5% point improvement in 2 of the 3 questions in the staff survey results
<b>Final indicator</b>	Year 1 – Publication of 2017 staff survey – expected in

Indicator 1a	
reporting date	February 2018 Year 2 – Publication of 2018 staff survey – expected in February 2019
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

### Rules for partial achievement of indicator 1a

The partial payment structure below will be applied to each question individually. For instance, a 5% point improvement in question 9a and a 3% improvement in 9b would result in 75% payment of this indicator calculated by:

- 1.) Question 9a – 50% indicator weighting x 100% payment for achieving 5% improvement = 50%
- 2.) Question 9b – 50% indicator weighting x 50% payment for achieving 3% improvement = 25%

**Total = 50%+25% = 75%**

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
Less than 3% point improvement	0% payment of weighting associated to staff survey results
3% point (or above) and less than 4% improvement	50% payment of weighting associated to staff survey results
4% point (or above) and less than 5% improvement	75% payment of weighting associated to staff survey results
5% point or greater improvement or achievement of uptake target	100% payment of weighting associated to staff survey results

## Indicator 1b Healthy food for NHS staff, visitors and patients

Indicator 1b	
<b>Indicator name</b>	Indicator 1b: Healthy food for NHS staff, visitors and patients
<b>Indicator weighting (% of CQUIN scheme available)</b>	33.3% of 0.25% (0.0833%)
<b>Description of indicator</b>	<p>Providers will be expected to build on the 2016/17 CQUIN by:</p> <p>Firstly, maintaining the four changes that were required in the 2016/17 CQUIN in both 2017/18 &amp; 2018/19</p> <p>a.) The banning of price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)<sup>1</sup>. The following are common definitions and examples of price promotions:</p> <ol style="list-style-type: none"> <li>1. Discounted price: providing the same quantity of a product for a reduced price (pence off deal);</li> <li>2. Multi-buy discounting: for example buy <b>one</b> get <b>one</b> free;</li> <li>3. Free item provided with a purchase (whereby the free item cannot be a product classified as HFSS);</li> <li>4. Price pack or bonus pack deal (for example 50% for free); and</li> <li>5. Meal deals (In 2016/17 this only applied to drinks sold in meal deals. In 2017/18 onwards no HFSS products will be able to be sold through meal deals).</li> </ol> <p>b.) The banning of advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt (HFSS); The following are common definitions and examples of advertisements:</p> <ol style="list-style-type: none"> <li>1. Checkout counter dividers</li> <li>2. Floor graphics</li> <li>3. End of aisle signage</li> <li>4. Posters and banners</li> </ol> <p>c.) The banning of sugary drinks and foods high in fat, sugar or salt (HFSS) from checkouts; The following are common definitions and examples of</p>

<sup>1</sup> 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>

## Indicator 1b

checkouts;

1. Points of purchase including checkouts and self-checkouts
2. Areas immediately behind the checkout

and;

- d.) Ensuring that healthy options are available at any point including for those staff working night shifts. We will share best practice examples and will work nationally with food suppliers throughout the next year to help develop a set of solutions to tackle this issue.

Secondly, introducing three new changes to food and drink provision:

In Year One (2017/18)

- a.) 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).
- b.) 60% of confectionery and sweets do not exceed 250 kcal.
- c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g<sup>2</sup>

In Year two (2018/19):

The same three areas will be kept but a further shift in percentages will be required

- a.) 80% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).
- b.) 80% of confectionery and sweets do not exceed 250

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419245/balanced-scorecard-annotated-march2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf)

<b>Indicator 1b</b>	
	<p>kcal.</p> <p>c.) At least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g<sup>3</sup></p>
<b>Numerator</b>	N/A
<b>Denominator</b>	N/A
<b>Rationale for inclusion</b>	<p>Any Provider who does not sell food or drink on their site will not be eligible for the CQUIN. In these cases the weighting for this part (1b) will be added equally to parts 1a and 1c.</p> <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 &amp; promoted in hospitals.</p> <p>NHS England will continue with their work at a national level with the major food suppliers on NHS premises to ensure that NHS providers are supported to take action across all food and drink outlets on their premises.</p>
<b>Data source</b>	Provider data source
<b>Frequency of data collection</b>	End of Quarter 4
<b>Organisation responsible for data collection</b>	<p>Evidence should be provided that shows a substantive change has been moved in shifting to healthier products</p> <ul style="list-style-type: none"> <li>• Reduction in % of sugar/salt products displayed:</li> <li>• Increase in healthier alternatives</li> <li>• Avoidance of overt promotion</li> </ul> <p>However the exact detail of reporting should be agreed locally so that it can be adapted to the local situation (for instance it may differ depending on the scale and types of</p>

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419245/balanced-scorecard-annotated-march2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf)

<b>Indicator 1b</b>	
	<p>outlets on premises).</p> <p>Each provider must evidence to commissioners that they have maintained the changes in 2016/17 and introduced the 2017/18 changes by providing at least the following evidence:</p> <ul style="list-style-type: none"> <li>• A signed document between the NHS Trust and any external food supplier committing to keeping the changes</li> <li>• Evidence for improvements provided to a public facing board meeting</li> </ul>
<b>Frequency of reporting to commissioner</b>	End of Quarter 4
<b>Baseline period/date</b>	N/A
<b>Baseline value</b>	N/A
<b>Final indicator period/date (on which payment is based)</b>	Year 1 - End of Q4 2017/18 Year 2 - End of Q4 2018/19
<b>Final indicator value (payment threshold)</b>	To be determined locally
<b>Final indicator reporting date</b>	As soon as possible after Q4 2017/18
<b>Are there rules for any agreed in-year milestones that result in payment?</b>	No
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	Yes

## Rules for partial achievement of indicator 1b

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
2017/18 - 2016/17 changes maintained 2018/19 - 2016/17 changes maintained	50% payment
2017/18 - Year 1 changes introduced 2018/19 - Year 2 changes introduced	50 % payment
2017/18 - 2016/17 changes maintained and Year 1 changes introduced  2018/19 – 2016/17 changes maintained and Year 2 changes introduced	100% payment

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

Indicator 1c	
<b>Indicator name</b>	Improving the uptake of flu vaccinations for frontline clinical staff within Providers.
<b>Indicator weighting (% of CQUIN scheme available)</b>	33.3% of 0.25% (0.0833%)
<b>Description of indicator</b>	Year 1 - Achieving an uptake of flu vaccinations by frontline clinical staff of 70% Year 2 - Achieving an uptake of flu vaccinations by frontline clinical staff of 75%
<b>Numerator</b>	Number of front line healthcare workers (permanent staff and those on fixed contracts) who have received their flu vaccination by February 28 <sup>th</sup> 2018.  If organisations believe a significant proportion of staff are receiving their flu vaccines from other providers, they can include this in their returns if they wish to create an auditable scheme to demonstrate it.
<b>Denominator</b>	Total number of front line healthcare workers <sup>4</sup>
<b>Rationale for inclusion</b>	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

<sup>4</sup> Please see appendix A for definitions of frontline healthcare workers [Seasonal influenza vaccine uptake HCWs 2015-16 Annual Report](#)

<b>Indicator 1c</b>	
	<p>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> <p>Specifically the green book states “Employers need to be able to demonstrate that an effective employee immunisation programme is in place, and they have an obligation to arrange and pay for this service. It is recommended that immunisation programmes are managed by occupational health services with appropriately qualified specialists. This chapter deals primarily with the immunisation of healthcare and laboratory staff; other occupations are covered in the relevant chapters.”<sup>5</sup></p>
<b>Data source</b>	Providers to submit cumulative data monthly on the ImmForm website
<b>Frequency of data collection</b>	Monthly
<b>Organisation responsible for data collection</b>	Provider
<b>Frequency of reporting to commissioner</b>	Year 1 -March 2018 Year 2 -March 2019
<b>Baseline period/date</b>	N/A
<b>Baseline value</b>	N/A
<b>Final indicator period/date (on which payment is based)</b>	Year 1-March 2018 Year 2-March 2019
<b>Final indicator value (payment threshold)</b>	Year 1 – A 70% uptake of flu vaccinations by frontline healthcare workers Year 2 - A 75% uptake of the flu vaccinations by frontline healthcare workers
<b>Final indicator reporting date</b>	As soon as possible after Q4 2017/18
<b>Are there rules for</b>	N/A

<sup>5</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147882/Green-Book-Chapter-12.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf)

Indicator 1c	
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?	Yes - see partial payment section

### Rules for partial achievement of indicator 1c – Year 1

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
50% or less	No payment
50% up to 60%	25% payment
60% up to 65%	50% payment
65% up to 70%	75% payment
70% or above	100% payment

### Rules for partial achievement of indicator 1c – Year 2

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
50% or less	No payment
50% up to 60%	25% payment
60% up to 65%	50% payment
65% up to 75% uptake	75% 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>

