

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	30 May 2018		

Title of Report:	CQUIN Report – Health and Wellbeing (indicators 1a and 1c)
Status:	For Noting
Board Sponsor:	Helen Blanchard, Director of Nursing & Midwifery Claire Radley, Director of People
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Appendices	Appendix 1: Quarter four CQUIN report and outcomes 1a Appendix 2: Quarter four CQUIN report and outcomes 1c

1.	Executive Summary of the Report
<p>During 2017/18 the Trust undertook nine national CQUIN (commissioning for quality and innovation) schemes. CQUIN is a payment framework introduced to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.</p> <p>Indicator 1a and 1c require the Trust to:</p> <ul style="list-style-type: none"> • Improve the staff survey results relating to Health and Wellbeing (1a) • Improve the uptake of flu vaccinations for front line staff within providers (1c) <p>Progress against CQUIN 1a is shown in Appendix 1 and shows that the trust has performed well against a national picture and shown improvement in previous year's performance in 2 out of 3 areas. The trust secured c£330k/c£500k of the CQUIN, this is equal to full payment for parts b and c (food provision and flu vaccination) but no payment achieved for part a (staff survey improvements).</p> <p>Progress against CQUIN 1c shows full achievement of the criteria gaining a full 33.3% of H&WB CQUIN.</p>	

2.	Recommendations (Note, Approve, Discuss)
<p>Note the elements and achievement of a partial payment on the Health & Wellbeing CQUIN scheme for 2017/18.</p>	

3.	Legal / Regulatory Implications

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
<p>Maintenance of a health workforce whether related to general well-being or specific issues such as flu prevention is part of the strategic aims of the Trust.</p>	

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5.	Resources Implications (Financial / staffing)
Project support for the administration of the flu campaign including nursing support to the Flu Clinics is required.	
6.	Equality and Diversity
Impact of the schemes can be assessed through staff survey results and demographic breakdown.	
7.	References to previous reports
CQUIN progress and monitoring reports are received on a monthly basis by Quality Board and Management Board	
8.	Freedom of Information
Public	

Appendix 1: Improvement of health and wellbeing of NHS staff (CQUIN 1a)

Description of indicator

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.

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.

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.

1. **Question 9a:** 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”.
2. **Question 9b:** In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Providers will be expected 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”.
3. **Question 9c:** 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”

Evidence and outcomes

The RUH has continued to support the CQUIN through its already established Health and Wellbeing Group, which has clinical and non-clinical membership and is chaired by the Deputy Director of HR.

During the year the group promoted and hosted a range of wellbeing initiatives including the Trusts Health and Wellbeing festival and other targeted days to raise awareness on issues such as men’s health or available financial support. 2017/18 also saw the continuation and expansion of the staff physiotherapy service and the launch of additional mental health courses by the Trusts employee assistance programme (EAP).

The EAP team have continued to support staff to take care of their mental health in many way, key areas of activity to note include:

- Continued to run 'Self-care & resilience' and 'Mental health awareness for managers' workshops
- Offered ongoing clinical supervision to small teams whose work particularly impacts upon them emotionally
- Supported more teams with the increased and sustained pressures they're experiencing (e.g. ED, Site Team night sisters, PACU, Wm Budd, phlebotomists, Resus Team, etc)
- Co-hosted a 'Mediation and Mental Health in the Workplace' conference
- The Compassionate Leaders' programme
- Run 10 Schwartz Rounds
- Supported staff involved in 19 incidents referred to TRiM

The RUH relaunched a staff MSK service in October 2016. Since this time the following achievements have been met:

- 420 patients have been assessed
- Mechanical spinal pain is consistently the highest pathology seen within the service (50% of all patients seen each month)
- Staff nurses and administrative staff are consistently the highest patient group presenting to the service (21% and 23% monthly)
- There is always a near perfect split of 50:50 clinical to non-clinical staff
- The highest referring departments are theatres, adult therapies, ED, estates, radiology and resp.

The results of the 2017 Staff Survey were published nationally on 6th March 2018. The results demonstrated that the RUH had improved in two out of the three questions and remained the same in the third. A breakdown of these results can be found below:

RUH Results:

Question	2015 result (%)	2017 result (%)	Change
9a – Does your organisation take positive action on health and well-being?	29	31	=2% improved
9b – In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	24	24	=0% change

9c – In the last 12 months have you felt unwell as a result of work related stress?	35	34	=1% improved
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The Trust is obviously disappointed not to have reached the threshold laid out by the scheme but is encouraged looking at national data and the results of other Trusts to note that it has achieved an overall improvement in its results and not the negative trend experienced elsewhere.

National results

Question	2015 result (%)	2017 result (%)	Change
9a – Does your organisation take positive action on health and well-being?	30.2	31.8	=1.6% improved
9b – In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	24.7	25.7	=1% worse
9c – In the last 12 months have you felt unwell as a result of work related stress?	37.0	38.3	=1.3% worse

Appendix 2: Improving the uptake of flu vaccinations for front line staff within providers (CQUIN 1c)

Description of indicator	<p>Year 1 (2017-18) - Achieving an uptake of flu vaccinations by frontline clinical staff of 70%</p> <p>Year 2 - Achieving an uptake of flu vaccinations by frontline clinical staff of 75%</p>
<p>The vaccination team for the Trust this year has been led by the Flu Vaccination Project Board and Occupational Health Lead Nurse Adviser (SCPHN)</p> <p>The programme ran from 2nd October 2017 to 17:00 28th February 2018 in accordance with the terms of the indicator description as laid out in the CQUIN. This start date was the earliest that could be accommodated by the supplier.</p> <p>A drop in clinic was established within the Trust offering vaccinations 9:00 – 15:30 three days a week.</p> <p>On the other two days a mobile clinic operated in other areas of the Trust, targeting areas with historically lower turn-out and attending ad hoc events like team meetings and Trust wide briefings. A dedicated bleep number was established allowing busy clinical staff to request a member of the vaccination team to attend their areas if they were unable to attend the clinic. The vaccination team also oversaw the training of 102 peer vaccinators, across every clinical are, to provide additional support and to cover areas away from the RUH's main site such as the RNHRD and birthing centres.</p> <p>Throughout the period consistent emphasis was placed on the campaign with messaging in the RUH internal communications, including the electronic newsletter, staff newspaper and executive face to face briefings.</p> <p>As of 28th February 71.8% of the RUH's front line clinical staff had received a vaccination.</p>	