NHS England

NHS staff health & wellbeing: CQUIN 2017-19 Indicator 1 Implementation Support

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NHS staff health & wellbeing: CQUIN 2017-19 Supplementary Guidance

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1 Purpose of this guidance

In 2015 Public Health England estimated the cost of sickness absence to the NHS at £2.4bn. Some reports have estimated this to be 27% higher than the UK public sector average, and 46% higher than the average for all sectors.[1] However, there are many reasons that sickness absence rates in the health sector may be higher than average. Work can often be physically, emotionally and psychologically demanding and the NHS is one of few organisations that work 24 hours a day, 365 days per year. Despite these challenges, there is much the NHS can do as an employer to improve staff health and wellbeing.

From 1 April 2017 the 2017-19 CQUIN (Commissioning for Quality and Innovation) incentive scheme came into effect. The Indicator Specification outlines technical specification for each of the indicators in the scheme; Indicator 1 focuses on improving the health and wellbeing of NHS staff. This supplementary guidance should be used by both by individuals within trusts and external suppliers of food and drink to support implementation of the criteria set out in the Indicator Specification.

This guidance has three main aims:

- **Outline the case for the Health and Wellbeing CQUIN and highlight the need for action to address the Health and Wellbeing of NHS staff.**
- **Provide clarification on the criteria set out in the indicator specifications for the 2017-19 Health and Wellbeing CQUIN.**
- **Support implementation of each CQUIN indicator by providing tools and resources that are available to aid with implementation.**

[1] CIPD (2013) *Absence management: annual survey report 2013*. London: CIPD

2 Improving staff health and wellbeing

2.1 Why focus on staff health and wellbeing

The benefits to the NHS and to individual trusts of a healthier workforce are clear:

- **Improved patient safety and experience**: The NHS health and well-being review led by Dr Steven Boorman outlined the link between staff health and wellbeing and patient care. This includes improvements in safety, efficiency and patient experience from introducing employer led health and wellbeing schemes. Over 80% of NHS staff who responded to a survey conducted during the review believed that the health and wellbeing of staff had an impact on patient care.

- **Improved staff retention and experience:** NHS staff retention rates are shown to improve when staff feel their employer cares about their health and wellbeing.[2] Not only does better staff retention mean lower recruitment costs but it also often leads to improved team cohesion and better working environments. But it's not just about staff retention – as an organisation set up to care for our population's health, the NHS has a responsibility to care for the health of the 1.3 million employees who work for the NHS. NHS staff spend a large portion of their time at work, which is an opportunity to impact positively on their overall health, wellbeing and happiness.

- **Reduced costs:** Although the overall cost of sickness absence is estimated at £2.4bn even small reductions in sickness absence can have a large impact across the NHS. If sickness absence was reduced by 1 day per person per year then the NHS would save around £150m, equivalent to around 6,000 full time staff.[3] These financial savings do not even take into account the reduced use of agency staff or the costs of recruitment to tackle staff retention issues, and therefore are most likely to understate the overall impact on NHS finances.

- **Setting an example for other industries to follow:** The NHS, as England's largest employer, should be committed to supporting the health and wellbeing needs of its 1.3 million employees. The benefits of a healthier NHS workforce are evident but the benefits are undoubtedly relevant in other industries. The NHS should be leading the way in implementing a health and wellbeing strategy and providing an example that others can follow.

- **Reinforced public health promotion and prevention initiatives:** NHS England's Five Year Forward View emphasises the importance of closing the health and wellbeing gap: if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be compromised. If we want to reinforce the message on health promotion and prevention then it is important that we are leading by example.

[2] CIPD (2012) *Managing for sustainable employee engagement: Guidance for employers and managers*. London: CIPD

[3] NHS England (2016) *Workplace experiences of BME and white staff published for every NHS trust across England*. [online] Available from: https://www.england.nhs.uk/2016/06/wres-publication/ (Accessed 2 August 2017).

2.2 The NHS Workforce Health and Wellbeing Framework: providing a shared guide to supporting NHS staff

The new NHS staff Health and Wellbeing Framework, launching in summer 2018, will set out the support that all NHS organisations should provide to their staff in order to promote health and wellbeing. The framework will describe the key organisational enablers and health interventions that should be put in place to tackle the most common causes of poor health and wellbeing in the NHS workplace. The Framework will act as a common standard of best practice and a minimum expectation for NHS organisations. It will be accompanied by a set of tools and resources to support NHS organisations.

The Framework was developed as part of NHS England's Healthy Workforce programme which has worked with a diverse range of NHS organisations over the past two years to understand best practice in supporting staff health and wellbeing. The Framework's development has also been supported by NHS Employers, NHS Improvement and Public Health England.

The purpose of a common guiding Framework is to:

- Ensure that NHS staff increasingly have access to common levels of health and wellbeing support and advice which is high-quality, evidence based and financially sustainable;
- Enable busy organisations to understand the cultural and structural enablers needed to promote good staff health and wellbeing;
- Outline practical evidenced based interventions for the most common workforce health problems;
- Provide a clear set of expectations for staff on the support which should be available to them;
- Demonstrate how staff health and wellbeing aligns with and supports key system goals in the NHS such as improving retention, reducing absence and ultimately improving the quality of patient care.

What will be included in the Framework?

The Framework sets out the support offer that organisations should implement to promote staff health and wellbeing. The Framework should be viewed as a whole with each aspect supporting a culture of good health and wellbeing, and it covers the following areas:

- Enablers: cross-cutting activities that ensure staff health and wellbeing is effectively led, managed and embedded within wider organisational activities;
- Mental health: guidance on how to identify, prevent and support staff to manage mental health issues;
- MSK: guidance on how to identify, prevent and support staff to manage MSK issues;
- Healthy lifestyles: guidance on how to promote healthy lifestyles and how to support staff with lifestyle change interventions.

The Framework itself will be accompanied by a set of tools and resources developed with NHS organisations and NHS Employers to help organisations to use the Framework effectively. These will include:

- Self-assessment tool: this allows organisations to understand their current staff health and wellbeing support against best practice and identify gaps and opportunities for improvement and effectiveness
- Action and Implementation guidance: this guides organisations to develop an achievable plan to implement the Framework as well as themed case studies, advice from practitioners and leaders, and signposting to evidence based resources and support

The Framework will be published in summer 2018 and should be used by organisations to drive improvements to staff survey responses that act as the measure for CQUIN indicator 1a.

2.3 The CQUIN: Incentivising improvements to staff health and wellbeing

The revised Health and Wellbeing CQUIN was launched in April 2017 as an incentive for providers to implement changes that will improve the health and wellbeing of their workforce. It covers three elements:

- **CQUIN Indicator 1a: Improvement of health and wellbeing of NHS Staff**

  The 2016 NHS staff survey reported that, on average, 25% of NHS staff had suffered from musculoskeletal (MSK) issues due to work related activities in the last 12 months. Over a third of staff also reported feeling unwell due to work related stress.[4] It is clear that there is much more that NHS organisations can do to prevent and treat MSK and mental health problems. Not only should there be interventions put in place, but there is a need for a culture where staff feel valued and their health and wellbeing is an organisational priority.

- **CQUIN Indicator 1b: Healthy food for NHS staff, visitors and patients**

  A Department of Health report found obesity to be a significant health problem amongst NHS staff, with nearly 700,000 NHS staff estimated to be overweight or obese.[5] Improving the food and drink environment in hospitals will make it easier for staff to choose the healthier option.

- **CQUIN Indicator 1c: Improving the uptake of flu vaccinations for front line clinical staff**

  Anyone can get sick from the flu and people with the flu can spread it to others. There is an increased risk in hospitals where patients can be particularly susceptible to catching flu. Increasing the uptake of the flu vaccination amongst healthcare workers can prevent the unnecessary spread of the virus and reduce the risk of an outbreak occurring on the wards.

[4] Picker Institute Europe (2017) *Briefing note: Issues highlighted by the 2016 NHS staff survey in England*. Oxford: Picker Institute Europe

[5] Royal College of Physicians (RCP) (2013) *Action on obesity: Comprehensive care for all*. London: RCP

3 Indicator 1a: Improvement of health and wellbeing of NHS Staff

3.1 Indicator 1a: Technical information

3.1.1 Payment schedule for improvements in indicator 1a

Provider payment is based on results in two of the three health and wellbeing questions in the NHS annual staff survey questions. 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. Table 1 below sets out the payment schedule.

Table 1: Payment schedule for CQUIN 2017/18 and 2018/19

Criteria **SELECT TWO OF THE FOLLOWING QUESTIONS**	Payment threshold	% of CQUIN available for that question	Maximum payment available for the question (maximum 100% available)
Question 9a: Does your organisation take positive action on health and well-being? % of staff answering "yes, definitely"	45% of staff surveyed answering "yes, definitely" and/or 5% point improvement or more	50%	50%
	4 – 4.9% point improvement	37.5%	
	3 – 3.9% point improvement	25%	
	Less than 3% point improvement	0%	
Question 9b: In the last 12 months have you experienced musculoskeletal problems as a result of work activities? % of staff answering "no"	85% of staff surveyed answering "no" and/or 5% point improvement or more	50%	50%
	4 – 4.9% point improvement	37.5%	
	3 – 3.9% point improvement	25%	
	Less than 3% point improvement	0%	
Question 9c: During the last 12 months have you felt unwell as a result of work related stress? % of staff answering "no"	75% of staff surveyed answering "no" and/or 5% point improvement or more	50%	50%
	4 – 4.9% point improvement	37.5%	
	3 – 3.9% point improvement	25%	
	Less than 3% point improvement	0%	

2017/18 worked examples

		Question 9a	Question 9b	Question 9c
Provider A	2015 score	32%	74%	74.3
	2017 score	37.9%	77.6%	**76%**
	Improvement	**5.9%**	3.6%	1.7%
Provider B	2015 score	40%	87%	71.3%
	2017 score	**46%**	**85.9%**	73%
	Improvement	**6%**	-1.1	1.7%
Provider C	2015 score	32%	65.9%	32%
	2017 score	34.2%	67%	35.9%
	Improvement	2.2%	1.1%	**3.9%**

Provider A:

- Reached the threshold in Question 9c
- Improvements over 5% in Questions 9a
- = 50% + 50% = 100% payment

Provider B:

- Reached the threshold in Question 9a (and was over 5% improvement)
- Reached the threshold in Question 9b (despite the score going down)
- = 50% + 50% =100% payment

Provider C:

- Improvements over 3% in Questions 9c
- Less than 3% improvement in 9a and 9b and threshold not reached
- = 25% + 0% = 25% payment

3.1.2 Payment baseline period for indicator 1a

CQUIN 2017/18: Payment for each question is based on a percentage point increase from a provider's results in the 2015 NHS Staff Survey to results in the 2017 NHS Staff Survey/reaching the payment threshold in the 2017 NHS Staff Survey.

CQUIN 2018/19: Payment for each question is based on a percentage point increase from a provider's results in the 2016 NHS Staff Survey to results in the 2018 NHS Staff Survey/reaching the threshold in the 2018 NHS Staff Survey.

To receive full payment in both years this corresponds with a 10% increase in performance over 3 years from 2015 to 2018. Once a trust reaches a certain threshold (more than 45% saying "yes, definitely", more than 85% saying "no", and more than 75% saying "no" in each of questions 9a, 9b and 9c respectively) then they are eligible for full payment.

3.2 Indicator 1a: Supporting Information

3.2.1 The importance of organisations taking an interest in the health and wellbeing of their staff

Musculoskeletal related conditions are one of the two leading causes of sickness absence within the NHS. The 2016 staff survey reported that, on average, 25% of NHS staff suffered from MSK issues due to work related activities in the last 12 months (around 325,000 staff). Nationally, 33% of long-term sickness absence can be attributed to an MSK condition.[6]

Mental health problems account for around 1/3 of sickness absence within the NHS. In England it is estimated that 1 in 6 workers is dealing with a mental health problem such as anxiety, depression or stress.[7]

Institutional "enablers" affect the culture of how frontline NHS staff prevent and manage these major contributors to sickness absence. The sustained improvement of NHS staff health and wellbeing depends not only on specific interventions but also cross-cutting efforts to strengthen training, protocols, data-sharing, clinical support, and alternative care pathways.

3.2.2 Improving how your organisation takes positive action on health and well-being

Introduction

At the heart of an organisation's health and wellbeing strategy there should be action to develop a culture that supports the health and wellbeing of staff. There are a number of enablers that can support that culture change:

- ensuring **Board engagement** and accountability
- supporting staff to become excellent **line managers**
- involving Occupational Health Services **(OHS)** in interventions to support staff health and wellbeing
- including staff in the decision making process by recruiting a team of Health and Wellbeing Champions **(HWB Champions)**
- raising the **brand** of your health and wellbeing strategy so that staff are aware of all health and wellbeing measures and
- **using data** to support the decisions on health and wellbeing interventions development

[6] Business in the Community (2017) *Musculoskeletal health in the workplace: a toolkit for employers.* London: Business in the Community.

[7] MIND (2013) Mental health at work [online] Available from: https://www.mind.org.uk/workplace/mental-health-at-work(Accessed 3 August 2017)

Useful resources

Organisation	Summary	Relevance
NICE	Workplace health: management practices (NG13) focuses on the role of culture and line managers in the workplace.	**Board engagement:** Recommendations 1.1, 1.3 and 1.6 **Line managers:** Recommendations 1.7-1.9 **HWB Champions:** Recommendations 1.1 and 1.6 **Brand:** Recommendation1.5
	Mental wellbeing at work (PH22) covers how to create the right conditions to support mental wellbeing at work. The aim is to promote a culture of participation, equality and fairness in the workplace based on open communication and flexible working.	**Line managers:** Recommendation 4
	Workplace health: long-term sickness absence and incapacity to work (PH19) covers how employers and commissioners can help employees return to work after long-term sickness and how to help people receiving benefits return to employment.	**OHS:** Recommendations 1, 2 and 3
	Healthy workplaces: improving employee mental and physical health and wellbeing (QS147) describes 4 key elements of high-quality employee care in priority health and wellbeing areas for improvement, including mental health.	**Board engagement:** Statement 1 **Line managers:** Statements 2 and 3 **HWB Champions:** Statement 1 **Brand:** Statement 4
NHS Employers	Health and Wellbeing website section provides practical resources, guidance and support to help NHS organisations implement effective health and wellbeing programmes for the workforce. This includes information on the evidence base and business case, board engagement, partnership working including Occupational Health, using data and evaluating interventions, reducing sickness absence, branding and communications and good practice. Resources provided include Case studies from NHS organisations, key	**Board engagement:** Case studies and guidance **Line managers:** Guidance and toolkits **HWB Champions:** Infographics, promotional materials, videos and webinars.

Organisation	Summary	Relevance
	facts highlighted through Infographics, Toolkits packed full of information, guidance, case studies, tips, checklists. There are also Podcasts, Promotional materials, Videos and Webinars. Organisations can also join the health and wellbeing Network.	
NHS Employers	Occupational health guide: This guidance provides advice and support in what to look for when working with occupational health, and the support OH can provide.	**OHS:** Using your OHS
	Health and wellbeing communication guide: This guide helps employers think through how best to communicate their health and wellbeing offer and some key facts to include about health and wellbeing. It also helps organisations think about their brand and engagement with staff.	**Brand:** Communications guide
	Sickness Absence Toolkit: NHS Employers' sickness absence toolkit is an online resource that supports line managers in helping employees return to work following sickness absence.	**Line managers:** All
	Creating a Healthier Workplace toolkit: Covers practical ways to improve several NHS enablers, including a checklist of management strategies for long-term sickness absence as well as tips for effective leadership, staff engagement/communication, and sustained behaviour change.	**Board engagement:** p. 47 **Line managers:** p. 14 **OHS:** p. 28 and 47 **HWB Champions:** p.27 – 28 and 51 **Using data:** p. 53
Public Health England	Workplace Wellbeing Charter: Provides details of the assessment and accreditation process for the Workplace Wellbeing Charter.	**Board engagement:** All
	'One You' campaign: Aims to help adults get back to a healthier you, supporting you to make simple changes towards a longer and happier life by changing everyday habits and behaviours, such as eating too much unhealthy food, drinking more alcohol than is recommended, continuing to smoke, not being active enough, or getting enough sleep.	**Brand:** All **HWB Champions**: All

3.2.3 Reducing the number of staff experiencing musculoskeletal problems as a result of work activities

Introduction

Approximately 25% of NHS staff surveyed in 2016, or 325,000 staff, reported that they suffered from musculoskeletal (MSK) issues in the last 12 months due to work related activities such as incorrect handling. Many of these cases become long-term absences. Strategies for prevention and early intervention in MSK conditions are the key to effectively managing this leading cause of sickness absence:

- **preventing injuries** by improving manual handling training, workstation layout and encouraging employee self-management;
- complementing and supporting self-management efforts through **low intensity therapies** and;
- **fast-track 1:1 physiotherapy** that provides rapid access to treatment and rehabilitation.

Case study

Birmingham Women's and Children's NHS Foundation Trust: Staff Physiotherapy Service

Birmingham Women and Children's Hospital provide a fast-track physiotherapy service for its staff. The service, which requires a line manager to refer an individual, aims to provide timely physiotherapy and MSK support to prevent worsening conditions and facilitate quick recoveries. The service covers a staff population of approximately 6,000. Since launch in March 2016 there have been over 280 referrals with over 665 individual physiotherapy sessions having been delivered.

As well as providing individual sessions the staff physio works with managers to identify causes of poor musculoskeletal health, e.g. equipment not being fit for purpose. This practice has been embedded into management practices, as a musculoskeletal review is now required for the purchase of all new equipment so that any adjustments can be identified and made before deployment.

The fast-track service has generated good outcomes and positive feedback from staff. The Trust has achieved positive benefits in terms of freeing up time as staff are treated on site, and it has saved money by reducing sickness absence costs. The Trust is building on the existing provision by improving manual handling training and self-management support for staff.

Useful resources

Organisation	Summary	Relevance
NICE	Workplace health: long-term sickness absence and incapacity to work (PH19) covers how employers and commissioners can help employees return to work after long-term sickness and how to help people receiving benefits return to employment.	**Low intensity therapies**: Recommendation 3
	Workplace health: management practices (NG13) covers how to improve the health and wellbeing of employees, with a focus on organisational culture and the role of line managers.	**Preventing injuries:** Recommendations 1.1.9 and 1.2
NHS Employers	Musculoskeletal Reasons for Sickness Absence: The online Sickness Absence Tool has a section that describes actions line managers can take to help prevent work-related MSK disorders and resulting long term absences. The section also covers appropriate early interventions and how line managers can aid in the rehabilitation and redeployment of employees with MSK disorders. **Rapid access to physiotherapy guidance:** Guidance aimed at trust boards making decisions about how to manage rapid access services for staff in their organisation and provides the business case for investment.	**Preventing injuries:** MSK section Rapid access guidance Back in work back pack **Fast-track 1:1 physiotherapy:** MSK section Rapid access guidance
NHS Employers	The Back in work back pack was produced by the Health, Safety and Wellbeing Partnership Group. The resource is divided into six parts and outlines the measures employers and employees need to take in order to reduce the incidence of work-related back and musculoskeletal disorders.	
Public Health England / BUSINESS IN THE COMMUNITY	Musculoskeletal Health Toolkit: Provides guidance and case studies on assessment, self- management, training, and spread for MSK interventions.	**Preventing injuries:** p.27 and 34-35 **Fast-track 1:1 physiotherapy:** p. 56 and 69
HSE Health and Safety Executive	Toolkit for Musculoskeletal Disorders: For specific guidance on manual handling, a major cause of MSK issues, the Health and Safety Executive has produced a number of tools and charts to assess the risk of developing MSK disorders related to workplace tasks.	**Preventing injuries:** All

Organisation	Summary	Relevance
escape pain	ESCAPE-pain tool: ESCAPE-pain is a twice-weekly, six week evidence based programme that combines education and exercise to benefit people with chronic joint pain. The 12-session face-to-face programme has been delivered to staff groups. The app has been developed in conjunction with physiotherapists from the Health Innovation Network in London to bring the ESCAPE-Pain programme to more people.	**Low-intensity therapy:** All

3.2.4 Reducing the number of staff that have felt unwell as a result of work related stress

Introduction

In the 2016 NHS Staff survey over a third of staff reported feeling unwell due to work related stress. From understanding the causes of work related stress to signposting available services where an individual or team seeks help, there are a number of ways to reduce the number of staff who will experience a mental health problem during their working lives:

- identifying pressure points within an organisation (through the use of **stress audits** and other diagnostic tools), to pinpoint areas or individuals that may be experiencing stress and understand the underlying causes;
- providing **basic counselling** in the form of professional assistance and guidance in personal or psychological problem resolution;
- using **low intensity therapies** based on evidence-based psychological approaches to assess and treat mental health conditions and;
- using **self-help interventions** as an alternative to therapist-administered psychological therapies.

Case studies

Northumbria Healthcare NHS Foundation Trust: Staff Psychology and Counselling Team

Northumbria Healthcare NHS Foundation Trust has a long-term commitment to staff health and wellbeing, with mental health being a particular focus. It has a dedicated internal psychology team, and in 1999 was one of the first trusts in the UK to employ a Clinical Psychologist to provide support to staff.

Staff can access a wide range of support services, including triaged and fast-track access to a range of one-to-one therapies. Triage supports people with mental health sickness absence to return to work more quickly. The interventions are effective at reducing clinically significant levels of distress. For example in one sample of staff absent due to mental health who had used the internal support service, 80% experienced a clinical and statistically significant reduction in their level of distress. One staff client said “Talking to someone not connected to work or home was beneficial. I started to feel more relaxed and ready to return to work...”

As well as offering psychological interventions to staff, the team works extensively across the trust to offer preventative measures that reduce stress and promote wellbeing. Interventions include resilience training, bespoke risk assessments to identify and manage stress ‘hotspots’, and joint working with the staff physiotherapy service to support with the mental health element of musculoskeletal problems. These activities are complemented by a range of all-staff initiatives such as the ‘Beat the Board’ team walking challenge.

These efforts contributed to the Trust receiving the ‘Continuing Excellence’ level in the regional Better Health at Work Award in December 2017.

West Midlands Ambulance Service: Staff Advice and Liaison Service

'Stress, Anxiety & Depression' is the leading cause of absence at West Midlands Ambulance Service NHS Foundation Trust accounting for 9,404 days or 17.8% of all absences in 2016. The Staff Advice and Liaison Service (SALS) is a key part of the staff support offer that the Trust provides to address this issue. SALS aims to provide the timeliest possible interventions to prevent worsening stress. The service is run by a peer group of trained volunteer staff who provide advice, reassurance and signposting e.g. to the Trust's chaplaincy team or an external counselling service. It is a confidential service that operates on a 24/7 basis, and staff are especially encouraged to attend after experiencing particularly traumatic incidents.

In 2016 there were over 600 referrals to SALS, which equates to over 10% of the workforce. Staff feedback showed that 83% of respondents said the service was a positive experience. SALS is helping West Midlands Ambulance Service maintain its position as the best performing ambulance trust for sickness absence, which in 2016 stood at 3.41%.

Useful resources

Organisation	Summary	Relevance
NICE	Mental wellbeing at work (PH22) covers how to create the right conditions to support mental wellbeing at work. The aim is to promote a culture of participation, equality and fairness in the workplace based on open communication and flexible working.	**Stress audits:** Recommendation 2 **Basic counselling:** Recommendation 2 and 5 **Low intensity therapy**: Recommendation 2 and 5 **Self-help interventions:** Recommendation 2 and 5
	Workplace health: long-term sickness absence and incapacity to work (PH19) covers how employers and commissioners can help employees return to work after long-term sickness and how to help people receiving benefits return to employment.	**Low intensity therapy**: Recommendation 3
	Healthy workplaces: improving employee mental and physical health and wellbeing (QS147) describes 4 key elements of high-quality employee care in priority health and wellbeing areas for improvement, including mental health.	**Stress audits:** Statement 3

Organisation	Summary	Relevance
BUSINESS IN THE COMMUNITY Public Health England	Mental Health for Employees toolkit: Provides a step by step guide for employers of all sizes to improve mental health in the workplace.	**Stress audits:** p. 28 **Basic Counselling:** p. 44 **Self-help interventions:** p. 42
	Reducing the risk of suicide: a preventative toolkit for employers: Provides support and advice on how to incorporate suicide prevention into an employer's workplace health and wellbeing framework. Crisis management in the event of a suicide: a postvention toolkit for employers: Offers practical advice for employers to follow in the aftermath of an employee suicide	**Stress audits:** p. 17 **Basic Counselling:** p. 37 and 41 **Low intensity therapy:** p. 55
NHS Employers	How are you feeling today?: This online platform allows NHS staff and administrators to easily "stress audit" their wellbeing or speak to and support colleagues with their emotional wellbeing. The toolkit also provides resources and signposting no matter how users are feeling, with the goal of enabling staff to talk more openly and regularly about emotional health. Managers' guide on supporting workplace mental health This managers' guide has been divided in to two sections to help managers provide support to their staff: • Section one focuses on creating and supporting a positive culture around mental health and wellbeing in the workplace • Section two looks at how to support staff that are experiencing mental health problems.	**Stress audits:** All **Self-help interventions:** All

Organisation	Summary	Relevance
NHS Employers	The Health, Safety and Wellbeing partnership group have created some guidance on the prevention and management of stress in the workplace. This includes information on what to include in an effective stress management policy, how to measure stress, identify what causes stress and understand more about management behaviours that impact on the health and wellbeing of staff.	**Stress audits:** All
MINDFUL EMPLOYER	Mindful Employer: provides businesses and organisations with easy access to information and support for staff that experience stress, anxiety, depression or other mental health problems. PDF versions of their Line Manager's Resource and the companion booklet for staff – Keeping Well at Work can be downloaded for free.	**Stress audits:** All
mind for better mental health	Mind's Workplace Wellbeing Index enables organisations to benchmark its policy and practice in relation to staff mental health through an employer and a staff survey, in order to celebrate areas which are working well, and get key recommendations for improvement. A Wellness Action Plan can be used to demonstrate the mental health of the employee is being taken seriously and is a simple and inclusive way to have conversations around mental health. More resources including guides and webinars are available here.	**Stress audits:** All

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

4.1 Indicator 1b: Technical information

4.1.1 Premises within scope for indicator 1b

The CQUIN on 'healthy food for NHS Staff, visitors and patients' covers all food and drink sold to staff, visitors and patients on NHS premises from outlets including shops, newsagents, cafes, restaurants, kiosks and coffee carts, vending machines, trolley services, pharmacies, gift shops etc. This applies to all in-house food suppliers (including provision from voluntary organisations), external food suppliers and vending. This is irrespective of the size of the retailer.

Indicator 1b is applicable where food and drink contracts are managed both by providers and through Private Finance Initiative (PFI) arrangements. In these instances, providers should work with PFI partners to engage with stores locally.

In some instances providers may share premises with other non-NHS stakeholders (e.g. operating from libraries, town halls, leisure centre, community centres); this may be particularly relevant for some Ambulance trusts and Community trusts. Where the principal purpose for these premises are not healthcare related then these shared premises may be excluded for the purposes of CQUIN.

4.1.2 Scope and definitions of the criteria for indicator 1b

Table 2: Definitions for each of the CQUIN criteria

CQUIN criteria	CQUIN sub-criteria	Definition
2016/17 changes maintained	Banning price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)[8]	See Appendix A for definitions and examples of price promotions, advertisements and checkouts. Notes for clarification: 1. It is recognised that some items may be classified as HFSS but may offer a healthier alternative to other HFSS snacking. Where portion size requirements are adhered to, the following items will be considered CQUIN compliant: a. 35g of plain dried fruit and plain dried fruit with vegetable products with no additions or 40g of processed fruit and nut products with no other added ingredients. Any new advertisement
	Banning advertisements on NHS premises of sugary drinks and HFSS foods	
	Banning sugary drinks and HFSS foods from checkouts	

[8] HFSS defined using Front-Of-Pack (FOP) labelling.

CQUIN criteria	CQUIN sub-criteria	Definition
		should include messaging stating that consumption of dried fruit should be kept to mealtimes to reduce the risk of tooth decay. These can only be price promoted as part of a meal deal. b. 40g plain nuts and seeds. These should not include salt, coatings, toppings or additions. Any new advertisement should feature information regarding the energy content of nuts and seeds.
	Healthy options are available at any point including for those staff working night shifts	Providers should ensure that healthy options are available to staff throughout the working day, including during the night (where night staff operate from that facility).
2017/18 and 2018/19 changes introduced	In 2017/18 70% of drinks line stocked must have less than 5g of added sugar per 100ml. In 2018/19 we are aligning this criteria with the SSB voluntary sales reduction scheme	Providers should ensure each outlet is signed up to the SSB reduction scheme to reduce the sale of sugary drinks, and total litres of sugar sweetened beverages sold are 10% or less of all litres of drinks sold in 2018/19. SSBs are any drink, hot or cold, carbonated or non-carbonated, containing 5 grams or more of added sugar per 100ml (see Appendix B for a detailed definition). In 2018/19 compliance with the SSB reduction scheme will be measured as a percentage in which: • The numerator is the total volume of sugary drinks sold in litres (based on this criteria) • The denominator is the total volume of all drinks sold in litres[9]
	In 2017/18 60% of confectionery and sweets do not exceed 250kcal. In	Confectionery and sweets includes the categories "chocolate confectionery" and "sweet confectionery" as set out in Public Health England's Sugar Reduction and wider reformulation programme:

[9] In circumstances where it is not possible for sales information to be collected in litres, some outlets (such as some trolley services for example) can monitor the percentage of lines stocked, at an equivalent level to the thresholds for litres sold. The NHSE healthy workforce team (england.healthyworkforce@nhs.net) can be contacted for making these alternative arrangements.

CQUIN criteria	CQUIN sub-criteria	Definition
	2018/19 this rises to 80% of stock.	• Chocolate confectionery - Includes chocolate bars, filled bars, assortments, carob, diabetic and low calorie chocolate, seasonal products e.g. Easter eggs, chocolate produced for Christmas. • Sweet confectionery - Includes boiled sweets, gums, pastilles, fudge, chews, mints, rock, liquorice, toffees, chewing gum, sweet and sweet & savoury popcorn, nougat and halva, seasonal products e.g. sweets produced for Christmas.
2017/18 and 2018/19 changes introduced	In 2017/18 60% of confectionery and sweets do not exceed 250kcal. In 2018/19 this rises to 80% of stock.	The 250kcal is applicable per packet. In 2017/18 this means that 60% of packets, bars, slabs, bags, lollipops, boxes, tins, festive items or units should contain no more than 250kcal. In 2018/19 this rises to 80% of stock. Performance is measured as a percentage in which: • The numerator is the total amount of confectionary and sweets packets stocked over 250kcal • The denominator is the amount of confectionary and sweet packets stocked in total (regardless of caloric content)
	In 2017/18 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. In 2018/19 this rises to 75% of stock.	Pre-packed food is any food that has been pre-portioned and put into packaging before being put on sale and that cannot be altered without opening or changing the packaging. The CQUIN applies to sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads). Performance is measured as a percentage in which: • The numerator is the total amount of pre-packed sandwiches and other savoury pre-packed meals meeting these criteria stocked The denominator is the total amount of pre-packed sandwiches and other savoury snacks not meeting these criteria stocked.
	% stocked	The requirements for confectionery and sweets, and pre-packed sandwiches and other savoury pre-packed meals are all based on “% stocked”.

CQUIN criteria	CQUIN sub-criteria	Definition
		The % stocked refers to % of facings. A planogram should illustrate how many facings are allocated for each SKU and this should be followed when restocking occurs at the start/end of the day. We understand that it may not always be possible to keep all facings fully stocked throughout the day.

4.1.3 Payment schedule for improvements in indicator 1b

There are two criteria for this indicator:

- 50% payment is available where 2016/17 changes are maintained. Where these changes were not previously introduced it is possible for them to be implemented during 2017/18 (or 2018/19) but these providers should evidence that these changes were implemented by the end of Quarter 3 of 2017/18 (or 2018/19).

- 50% of the payment is available where the three new changes to the food and drink provision are introduced (sugar-sweetened beverages, confectionery and sweets, sandwiches and other savoury meals).

Table 3 sets out an optional payment schedule for indicator 1b in 2017/18. As individual payment schedules have already been set between providers it is up to individual CCGs if they choose to follow the optional payment schedule. Table 4 sets out the payment schedule that must be followed in 2018/19. Table 3 and 4 split the two criteria into sub-criteria.

Table 3: Optional payment schedule for Indicator 1b in 2017/18

Criteria	Sub-criteria	Maximum % of CQUIN	Maximum payment available
2016/17 changes maintained	No price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)	12.5%	50%
	No advertisements of HFSS food and drink	12.5%	
	No HFSS food and drink at checkouts	12.5%	
	Healthy options are available at any point including for those staff working night shifts	12.5%	

Criteria	Sub-criteria	Maximum % of CQUIN	Maximum payment available
2017/18 changes introduced	70% of drinks lines stocked have less than 5g of added 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 10g per 100ml).	16.67%	50%
	60% of confectionery and sweets not exceed 250kcal	16.67%	
	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 not exceed 5.0g saturated fat per 100g	16.67%	

Table 4: Payment schedule for Indicator 1b in 2018/19

Criteria	Sub-criteria	Maximum % of CQUIN	Maximum payment available
2016/17 changes maintained	No price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)	12.5%	50%
	No advertisements of HFSS food and drink	12.5%	
	No HFSS food and drink at checkouts	12.5%	
	Healthy options are available at any point including for those staff working night shifts	12.5%	
2018/19 changes introduced	Each outlet is signed up to the SSB reduction scheme to reduce the sale of sugary drinks, and total litres of sugar sweetened beverages sold are 10% or less of all litres of drinks sold in 2018/19.	20%	50%
	80% of confectionery and sweets not exceed 250kcal	15%	
	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 not exceed 5.0g saturated fat per 100g	15%	

4.1.4 Data collection and assurance process for indicator 1b

Providers should ask suppliers and contractors to provide evidence that each of the Food criteria was met during the month of March 2018 (Year 1) and March 2019 (Year 2). Suppliers/contract holders should:

a) demonstrate that there are no price promotion, advertisements or stocking of sugary drinks and HFSS foods at checkouts
b) state whether healthy options are available day and/or at night (compliance on this indicator should be determined at the provider level)
c) state the number of compliant drinks, confectionery and pre-packed sandwiches as a percentage of the total stock in each respective category and
d) evidence may include letters with planograms, menus, labels on machines, photos, etc.

NHS England has prepared a template to support data collection. This template will be available at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/ for the 2018-19 data collection period. In 2018/19 providers will need to submit data via NHS Digital SDCS to demonstrate performance against each CQUIN sub-criterion for each of the outlets operating on their premises.

4.2 Indicator 1b: Supporting information

4.2.1 The importance of providing and promoting healthy food to staff, visitors and patients

Obesity is a significant and growing problem in England and already places a high cost on individuals and society. A 2013 report found obesity to be a significant health problem amongst NHS staff, with nearly 700,000 NHS staff estimated to be overweight or obese.[10] Rising rates of obesity amongst NHS staff are not only bad for the personal health of those individuals, but also affects the NHS's ability to give patients credible and effective advice about their health.[11]

4.2.2 Healthier Food and Drink Offers

Introduction

The NHS should lead the way in ensuring that healthier food and drink options are always provided and promoted in hospitals, including for staff working night shifts. All restaurants, cafes, shops, stalls and vending machines on site should offer healthier options to staff, visitors and patients. Providers should work with in-house suppliers (including any voluntary organisations operating in the hospital), external food suppliers and vending services to ensure that all relevant stakeholders are supported to make any changes necessary. These changes include:

- requiring that **healthy options** are available at any point, including for those staff working night shifts
- banning price promotions and advertising of all food and drink high in fat, sugar and salt (HFSS) and requiring that all **HFSS food and drink** are removed from checkouts, and
- reducing the percentage of sugar-sweetened beverages (**SSBs**), **confectionery** and sweets over 250kcal, and **sandwiches** and other savoury pre-packed meals that contain more than 400kcal and exceed 5.0g saturated fat per 100g.

[10] Royal College of Physicians (RCP) (2013) *Action on obesity: Comprehensive care for all*. London: RCP

[11] Hicks, M., McDermott, L.L., Rouhana, N., Schmidt, M., Seymour, M.W., Sullivan, T. (2008) Nurses' body size and public confidence in ability to provide health education. *J Nurs Scholarsh*. 0(4):349-54. doi: 10.1111/j.1547-5069.2008.00249.x.

Case studies

University Hospital Southampton NHS Foundation Trust: Adapting their Out of Hours food options

Serco manage the catering contract on behalf of UHS Foundation Trust and included in the scope of services is vending, which is the main source of a truly "out of hours" food and drinks service. The introduction of a hot food offering through the Bon Appetit System makes available a full range of hot meals and snacks from which the overnight staff can select from a number of healthier options in all categories including the branded "Weight Watchers" range.

The traditional products vending machines installed around the Hospital are offering a CQUIN compliant range of products with a strong and growing emphasis on overtly healthier choices. These new healthier products are being purchased in increasing numbers so it shows that people are prepared to try to select "healthier" as part of their lifestyle. The cold drinks offered are being "managed" to significantly reduce the total volume of added sugar beverages sold to a maximum of 10% by volume of total vended sales through the introduction of broad range of "no added sugar" products and the removal of almost all of the traditional branded added sugar products.

The strategic placing of "therudefoodvendingco" healthier options machines across the Hospital are giving the staff, patients and visitors the real choice of making a "healthier" decision of what they are purchasing as all of the products stocked in these machines are carefully selected for their "healthier" qualities and are all from recognised healthier food manufacturers and not from the traditional main brands who float out a "healthier" product but whose main product ranges are high in added sugars, fats and salt.

Costa Coffee: Changing advertisement of HFSS products

As part of Costa's commitment to the healthier food in hospitals, they have produced a CQUIN dedicated guide for their healthcare outlets highlighting appropriate adaptations to cafés including product promotions, upselling and product placement.

An example of this is their January promotion, which displayed a cappuccino with an egg muffin or chicken salad, all compliant to the CQUIN standards. This was to replace the standard promotion of a latte and bacon roll, which are not CQUIN compliant.

In addition to this, in hospitals Costa has removed the large size (massimo) from their seasonal, more indulgent drinks and a cream topping is now an optional extra rather than standard. Costa has also progressed this further, with hospital stores now defaulting to semi skimmed milk as opposed to full fat. If proven to be successful, this could roll out to stores across the UK.

East Lancashire Hospitals NHS Trust: working with voluntary services

During initial conversations to set the objectives outlined in CQUIN, voluntary services immediately feared the worst – loss of revenue, absolute removal of sugar-sweetened beverages and foods high in fat, sugar and salt, etc. Nevertheless, the Trust has managed to establish a thriving relationship with its voluntary services through quarterly meetings to provide guidance and to set achievable targets.

Banning price promotions, advertisement and removing sugary drinks and foods high in fat, sugar and salt from checkouts was fairly simple. For The League of Friends of Pendle Community Hospital, volunteers worked to a date based action plan and rearranged the service's shop, installing a shelf beneath the service counter and transferring all stocked drinks-lines to a storage room in the shop's rear – making certain all relevant items were less proximate and visible for the customer. However, ensuring the availability of healthy options proved more challenging. To overcome this volunteers and the Trust's CQUIN lead worked together to analyse the nutritional content of food and drink available and identify healthier items available through the service's wholesale supplier, Booker.

Adopting this partnered and objective approach, voluntary services have made significant improvements. Increasing from 0% to 30% of snacks that are deemed healthier – with 93% overall less than 250 kcal per pack. Similarly, 80% of drinks lines stocked are sugar-free/healthier with voluntary services having recently committed to make their drinks-lines 100% sugar free (as of 11/01/2018)

Royal Voluntary Services (RVS) and The Whittington Hospital: Designing a CQUIN compliant pop-up shop

Shop&Co (run by RVS) in Whittington Hospital has recently opened, with CQUIN adherence implemented into its design. RVS have focused on several elements of the shop including product choice and physical layout to make healthier choices more attractive and easier to access.

Upon walking into the shop, customers are greeted by a large pillar hosting a large dried fruit selection which is highlighted as being in the meal deal. Fresh fruit can be found to the left, and snack bars to the right, including the Naked bars taking priority on the top shelf, being at eye level and easier to reach. Within the large drink fridges, the majority of space is taken by sugar free and diet soft drinks alongside water.

Sugar based drinks have a smaller range and subsequently take less shelf space. The checkout till within RVS has no 'unhealthy' food placed around it for impulse purchases, just a stand holding sugar-free gum. This has opened up the till contributing towards a pleasant look.

RVS have placed a lot of focus on the compliance of their meal deal items with the CQUIN, with the majority of sandwiches and main food items being <400 calories and snacks baring no red flags on their nutritional indicators. RVS have also adapted some of their own brand snacks, such as their flapjack to adhere to the CQUIN checklist, reducing the sugar, salt and saturated fat content.

Useful resources

Organisation	Summary	Relevance
NICE	Obesity prevention (CG43) Outlines how workplaces can increase physical activity levels and make dietary improvements among their target populations.	**General:** Recommendations 1.1.2.2 and 1.1.6
	Obesity in adults: prevention and lifestyle weight management programmes (QS111) statements to deliver quality improvements in preventing obesity and the provision of lifestyle weight management programmes for adults.	**General:** Statements 1, 2 and 3
NHS England	The 2017/18 NHS Standard Contract (Food Standards) outline all the conditions that providers must meet when food and drink are provided on an NHS premises: • SC19.1 The provider must develop and maintain a food and drink strategy in accordance with the Hospital Food Standards Report. The Department of Health developed a toolkit that will help with developing a hospital food and drink strategy. • SC19.2 The provider must have regard to (and where mandatory comply with) Food Standards Guidance, as applicable. • SC19.3 When procuring and/or negotiating contractual arrangements through which any potential or existing tenant, sub-tenant, licensee, contractor, concessionaire or agent will be required or permitted to sell food and drink from the provider's Premises, the provider must (having taken appropriate public health advice) include in those contractual arrangements terms which require the relevant party to provide and promote healthy eating and drinking options (including outside normal working hours where relevant) and to adopt the full range of mandatory requirements in GBSF.	**General:** SC19.1 and 19.2 **Healthy options:** SC19.3
Department of Health	Front-Of-Pack (FOP) labelling: These nutrition labels can help inform choice when procuring products and help individuals keep check on the amount and types of foods and drinks they consume as well as helping them make healthier choices. When colour-coded it alerts at glance if pre-packaged products has high (red), medium (amber) or low (green) amounts of total fat, saturated fat, total sugar and salt. The more green on the label, healthier the choice.	**Reducing HFSS food and drink**

Organisation	Summary	Relevance
Department for Environment Food & Rural Affairs	Government Buying Standards provide principles for central government departments and their related organisations buying goods and services. The Government Buying Standards for Food and Catering Services (GBSF) best practice criteria require that: • No less than 80% of beverages (procured by volume) may be low calorie/no added sugar beverages. Low calorie beverages are products not containing more than 20kcal (80kJ)/100ml) energy for liquids. SSBs (defined in GBSF as beverages which are not low calorie and which have added sugar) should be no more than 330ml pack size. • Encourages that any provision of confectionery and packet sweet snacks is limited to the smallest standard single serve portion size available within the market and does not exceed 250kcal. • Savoury snacks are only available in packet sizes of 30g or less. Where providers meet best practice they also meet CQUIN minimum requirements.	**SSBs, Confectionery**
Public Health England	PHE guidance and practical tips on making catering healthier and more sustainable incorporates GBSF. It can also be used by those wanting to ensure healthier food and drink provision. The Eatwell Guide will help ensure the healthier food and drink options are always provided. It shows the different types of foods and drinks we should consume – and in what proportions – to have a healthy, balanced diet. It recommends that: • Foods high in fat, salt and sugars are not needed in the diet and so, if included, should only be done infrequently and in small amounts. • Consumption of fruit juice and smoothies should be limited to no more than a combined total of 150ml per day. Change4Life is Public Health England's flagship campaign that provides advice on making small, sustainable healthy behaviour changes to eat well and move more. • Be Food Smart app brings food labels to life with a simple scan of the barcode by showing how much sugar, saturated fat and salt is really inside your food and drink. The app is based on an extensive food and drink database and is continuously being improved. The app can be downloaded on the Apple iTunes Store and Google Play. • Smart swaps recommends alternatives to HFSS snacks. • The retail guidelines contain dietary recommendations for different categories of product.	**Reducing HFSS food and drink, SSBs, Confectionery, Sandwiches**

Organisation	Summary	Relevance
Public Health England	Public Health England's Sugar Reduction and wider reformulation programme also recommends that chocolate confectionery should be a maximum of 250kcal. Their programme originally sought a 20% sugar reduction across the top 9 categories of food that contribute most to intakes of children up to the age of 18 years. From 2017 the programme has been extended to include reducing calories in a wider range of foods.	**Confectionery**
NHS England	In April 2017, as an employer of 1.3 million staff, NHS England took action on SSBs by announcing a twin track approach to reducing the sale of SSBs. A voluntary sales reduction scheme requires suppliers on NHS premises to commit to SSB sales reaching a target of 10% or less of total volume of drinks sales. A decision will be made during Quarter 1 of 2018/19 to determine if NHS England's voluntary SSB reduction scheme to reduce the sale of sugar-sweetened beverages (SSBs) has proven effective in significantly reducing the volume of SSBs sold on NHS premises and will continue, or if the ban on SSBs specified in provisions 19.4, 19.5 and 19.6 of the NHS Standard Contract will be implemented. Where suppliers are signed up to the SSB reduction scheme they should also meet CQUIN minimum requirements. If your organisation has not yet signed up to the SSB reduction scheme but would be interested in doing so please contact england.healthyworkforce@nhs.net. This differs from the HM Treasury Soft Drinks Industry Levy that will take effect from April 2018 as the levy applies to the producers and importers of SSBs rather than suppliers.	**SSBs**

5 Indicator 1c: Improving the uptake of flu vaccinations for front line clinical staff

5.1 Indicator 1c: Technical information

5.1.1 Staff groups included in the definition of Frontline Healthcare Worker

Setting the denominator baseline in September

In September, each provider establishes the number of frontline healthcare workers (HCW) that are eligible for the flu vaccination. This sets the denominator baseline. This denominator should then be updated every month. Table 5 below clarifies those individuals that should and shouldn't be included in the baseline.

Table 5: Individuals that should be included in the denominator baseline

Criteria	Include	Do Not Include
All doctors with patient contact	✓	
Qualified nurses with patient contact	✓	
All other professionally qualified clinical staff with patient contact: • Qualified scientific, therapeutic & technical staff (ST&T) • Qualified allied health professionals (AHPs) • Other qualified ST&T • Qualified ambulance staff	✓	
Support to clinical staff with patient contact	✓	
Ward clerks and porters with patient contact	✓	
Ambulance technicians and support workers with patient contact	✓	
Support to GP staff with patient contact	✓	
Students/staff in training with patient contact	✓	
Agency/bank staff (minimum one shift) with patient contact	✓	
Staff employed by a third party with patient contact	✓	
Staff working in an office with no patient contact		✓
Social care workers		✓
Staff out of the trust for the whole of the flu vaccination period (e.g. maternity leave, long term sickness)		✓

Updating the numerator and denominator monthly

Every month the number of frontline healthcare workers who have received the flu vaccination (numerator) should be recorded via the Immform monthly survey collection. In addition, this year, it will be possible for data providers to update their denominators on a monthly basis, to take into consideration frontline healthcare workers who start working (starters) or leave (leavers) a provider during the flu vaccination period. Therefore, providers should record numerators and denominators which are the most up to date. Table 6 below clarifies individuals who receive a vaccination that should and shouldn't be included in the numerator and denominator each month.

Table 6: Individuals who receive a vaccination that should be added/removed from the numerator and denominator each month

Staff status	Criteria	Numerator			Denominator		
		Add	Remove	Do Not Add	Add	Remove	Do Not Remove
Currently working in the trust	All doctors with patient contact	✓					✓
	Qualified nurses with patient contact	✓					✓
	All other professionally qualified clinical staff with patient contact: • Qualified scientific, therapeutic & technical staff (ST&T) • Qualified allied health professionals (AHPs) • Other qualified ST&T • Qualified ambulance staff	✓					✓
	Support to clinical staff with patient contact	✓					✓
	Ward clerks and porters with patient contact	✓					✓
	Ambulance technicians and support workers with patient contact	✓					✓
	Support to GP staff with patient contact	✓					✓
	Students/staff in training with patient contact	✓					✓
	Agency/bank staff (minimum one shift) with patient contact	✓					✓
	Staff employed by a third party with patient contact	✓					✓
	Staff member categorically states they do not want flu vaccine			✓			✓
	Staff who decline the flu vaccine for health reasons			✓			✓
Starters and Leavers	Staff vaccinated in the trust but leave the trust during the flu vaccination period (Leavers)		✓			✓	
	Staff arrives at the trust during the flu vaccination period and received vaccination (Starters)	✓			✓		
	Staff arrives at the trust during the vaccination period and was vaccinated at another trust (Starters)	✓			✓		

Please refer to the Seasonal Influenza Frontline Healthcare Workers Vaccine Uptake Survey 2016/17 Guidance for detailed information on definitions.

5.1.2 Comparing ImmForm staff groups to the staff groups in ESR

ImmForm groups do not directly correspond to ESR workforce groups but can broadly be classified as per table 7 below.

Table 7: Immform groups compared to ESR staff groups

Immform staff groups	ESR staff groups
All doctors (excluding GPs)	Medical & dental (excluding GPs)
GPs Only	Medical & dental (GPs only)
Qualified nurses, midwives and health visitors (excluding GP Practice nurses)	Nursing & midwifery registered (excluding GP practice nurses)
GP practice nurses	Nursing & midwifery registered (GP practice nurses only)
All other professionally qualified clinical staff, which comprises of: • Qualified scientific, therapeutic & technical staff (ST&T) • Qualified allied health professionals (AHPs) • Other qualified ST&T • Qualified ambulance staff	• Additional professional scientific & technical staff • Allied health professionals
Support to Clinical Staff which comprises of: • Support to doctors (excluding GPs) and nurses • Support to ST&T staff • Support to ambulance staff	• Additional clinical services • Administrative and clerical • Estates & ancillary
Support to GP staff	• Additional clinical services (in GP practices) • Administrative % clerical (in GP practices)

Source: adapted from NHS workforce statistics

5.1.3 Final numerator cut-off date dates

In 2017/18: The **final** numerator is the cumulative number of flu vaccinations administered from 1 September 2017 to 28 February 2018.

In 2018/19: The **final** numerator is the cumulative number of flu vaccinations administered from 1 September 2018 to 28 February 2019.

The monthly numerator includes all frontline HCW who have received their flu vaccination any time before midnight on the last day of the month. Table 8 contains the 2017/18 HCW monthly survey collection dates. The 2018/19 dates are yet to be set.

Table 8: 2017/18 HCW monthly survey collection dates

Survey month	For data covering vaccinations administered from 1 September 2016 up to date	Survey start date	Trust end date	Local NHS England team end date
October	31/10/2017	01/11/2017	09/11/2017	13/11/2017
November	30/11/2017	01/12/2017	11/12/2017	13/12/2017
December	31/12/2017	02/01/2018	10/01/2018	12/01/2018
January	31/01/2018	01/02/2018	09/02/2018	13/02/2018
February	28/02/2018	01/03/2018	09/03/2018	13/03/2018

5.1.4 Payment schedule for improvements in indicator 1c

Table 9: Payment schedule for CQUIN 2017/18

Criteria	Payment threshold	% of CQUIN available
Uptake of the flu vaccine	70% or above uptake	100%
	65% up to 69.9% uptake	75%
	60% up to 64.9% uptake	50%
	50% up to 59.9% uptake	25%

Table 10: Payment schedule for CQUIN 2018/19

Criteria	Payment threshold	% of CQUIN available
Uptake of the flu vaccine	75% or above uptake	100%
	65% up to 74.9% uptake	75%
	60% up to 64.9% uptake	50%
	50% up to 59.9% uptake	25%

5.1.5 Capturing data for those staff who are vaccinated in the community (GP or pharmacy)

The Community Pharmacy scheme has been established to support small NHS providers and community-based services to access the influenza vaccines, where there is very limited Occupational Health Service delivery. The data captured on each of these vaccinations is sent to the Health Care workers GP via SONAR data flow and the person being vaccinated is asked to report back to their organisation so it can be logged into ESR. Frontline HCWs may also choose to seek vaccination elsewhere (e.g. GP, pharmacy or elsewhere outside the trust they work in) and are asked to report back to their organisation.

Trusts should record this in staff records in ESR and this means the vaccination outside the trust still contribute to the recorded vaccination coverage of staff. Trusts are advised to set up their own local systems according to their resources.

5.1.6 Will you be required to submit a different dataset because HCWs and Frontline Staff are different?

Data providers will **not** be required to submit a different dataset for CQUIN as they will be using the data from ImmForm.

5.1.7 Can a trust report vaccine uptake data for another trust?

For purposes of ordering vaccine, one trust may order and store vaccine for another trust. However, vaccine uptake data must be reported at the individual trust level.

All trusts are registered on ImmForm, although not all trusts have a registered 'Data Provider' contact. A trust may only report for another trust if they have both agreed for a registered contact 'data provider' to submit the other trust's data, however *data must be reported separately for each trust.*

5.1.8 Who needs to provide vaccine uptake data?

Local NHS England teams and Screening and Immunisation Coordinators (SICs) can access the survey, as can trust HCW Data Providers.

Contacts previously registered to provide seasonal influenza vaccine uptake data for the 2016/17 season may still be valid, if individuals have the same email address and still work for the same organisation.

5.2 Indicator 1c: Supporting information

5.2.1 The importance of immunising front line clinical staff

There are many reasons why it is beneficial for frontline healthcare workers to get immunised. The four main reasons that are commonly used include:

- Anyone can get sick from the flu.
- People with the flu can spread it to others. Patients in hospital can be particularly susceptible to catching it.
- Flu occurs every winter, but the degree of infection is unpredictable so just because the year before was a mild season doesn't mean the following year will be.
- It takes time to build up your immunity, hence the importance to get the flu vaccination as early as possible.

5.2.2 Improving uptake of the flu vaccine: The flu fighter campaign

Introduction

NHS Employers works in partnership with Public Health England, supported by the Department of Health, to deliver the national seasonal flu campaign for NHS staff. NHS Employers run the flu fighters campaign and their dedicated website provides employers with tools and resources to support local staff flu vaccination campaigns.

Useful resources

Organisation	Summary	Relevance
NHS Employers	Within the different sections of the flu fighters website: • Flu resources has digital and promotional artwork as well as the 3 letters from the clinical leaders. • Flu matters has details on the flu vaccine, its effectiveness and evidence base. • Planning, reviewing and communication guides can be accessed at Your Flu Campaign. • The good practice section of the website contains a series of case studies from flu fighter award winners and separate top tip guides for each trust type. • For the latest news on flu, including uptake data and events, visit the flu news section.	Increasing uptake of the flu vaccine

6 Appendix

6.1 Appendix A: Definitions of price promotions, advertising, checkout

6.1.1 Price Promotions

Table 11: Descriptions of the different types of price promotions applicable to CQUIN

Price Promotion	Description
Discounted price	Providing the same quantity of a product for a reduced price (pence off deal). HFSS products should not be sold at a discounted price.
Price pack or bonus pack	Offering an increased quantity of a product (weight, count, volume) but selling it at the regular price. HFSS products should not come in a price pack or bonus pack.
Free item provided with a purchase	The customer gets a free product with the purchase of a product. The free product cannot be a HFSS product.
Multi-buy discounting	Purchase of two or more of a product at a special discount compared to the price when bought separately. This does not include multi-packs where these are packaged items containing two or more products sold as a unit. HFSS products should not be included in multi-buy discounting.
Meal deals	Meal Deals are a popular method of linking products together for the purpose of satisfying customer demand for a meal suggestion at a discounted price. Purchase of two or more products as part of a meal at a special discount compared to the price when bought separately. It includes breakfast, lunch and dinner. No HFSS product may be sold through a meal deal.
Price Marked Products	The price of the product is displayed on the packaging. HFSS products should not be Price Marked unless no alternative is available.
“Yellow sticker” bargains	“Yellow stickering” should be conducted in line with a supplier’s food wastage policy. These products should all remain in their current location, should not be grouped together to create bold displays or ‘short-life’ areas and no products should be placed by till-points or queue systems.
Incentives	Offering incentives or vouchers that motivate or encourage a consumer to purchase a product. This includes the use of prize draws and rewards (e.g. prize draws advertised on packets of crisps, 2 for 1 voucher for a theme park on a bag of chocolate) and charitable donations linked to sales of a certain product. HFSS products should not offer incentives unless no alternative is available.

6.1.2 Advertising

Table 12: Descriptions of the different types of advertising applicable to CQUIN

Advertisement	CQUIN Description
Checkout counter dividers	A plastic bar that separates the groceries of one customer from another at a supermarket checkout. They should not advertise HFSS products.
Table cards	A printed or handwritten notice or sign for public display, placed on a counter. They should not advertise HFSS products.
Floor graphics	Advertising, promotional and directional graphics displayed on the floor. They should not advertise HFSS products.
End of aisle signage	Signs displayed at the end of an aisle that help customers navigate the store and lead them to the products they seek. They should not advertise HFSS products.
Display Units	Units used to display different products. They should not advertise HFSS products.
Price Panels	A panel used to display the price of different products. They should not contain images of HFSS products.
Refrigeration/ vending with HFSS food and drink branding	Some refrigeration or vending units contain product branding. These units should not feature branding of HFSS products. Notes: Our aspiration is to remove HFSS branded refrigeration/vending, but we recognise this will take time. Providers should work with suppliers to agree a timetable for their removal. Ice cream fridges displaying the ice cream producers' logos we do not consider advertising.
Poster/ banners/ leaflets	Posters and banners are advertisements hung in a public place. Leaflets are paper advertisement intended for distribution amongst consumers. They should not advertise HFSS products.
Upselling	A seller induces the customer to purchase more expensive items, upgrades or other add-ons in an attempt to increase sales. HFSS products should not be upsold.
Digital	Texts, apps, email, digital displays should not advertise HFSS products.

6.1.3 Checkouts

Table 13: Descriptions of the different types of checkouts applicable to CQUIN

Check-outs	CQUIN description
Points of purchase	Till point and self-checkouts – are considered checkouts. HFSS products should not be within the 1 metre range of the point of purchase. Including: • areas immediately behind the checkout and • areas just in front of the till including shelves, jars and standing items. Trolleys and vending machines are not considered check-outs.
Queuing lines (where people queue first-come, first-served for goods)	Food stands placed in the queuing area – Queue areas are places in which people queue (first-come, first-served) for goods or services. Food stands placed in the queuing area are considered part of the definition of a check-out. We recognise that for a range of reasons food stands with glass cabinets or fridge/freezers leading up to the checkout are not as simple to change as other queuing areas. Our aspiration would be to agree to a timetable and approach for moving/altering them. In the interim, each HFSS item visible in glass cabinets or fridge/freezers leading up the checkout should display a nutrition label that contains: • Information on the energy value in kilojoules (kJ) and kilocalories (kcal) in a specified portion of the product. • Information on the amounts in grams of fat, saturates, (total) sugars and salt in a specified portion of the product. • Percentage reference intake (% RI) information based on the amount of each nutrient and energy value in a portion of the food. See Appendix C for further information on constructing a nutrition label.

6.2 Appendix B: Definition of Sugar Sweetened Beverages

Sugar-Sweetened Beverage any drink, hot or cold, carbonated or non-carbonated, containing 5 grams or more of added sugar per 100ml. For the purposes of this definition added sugars:

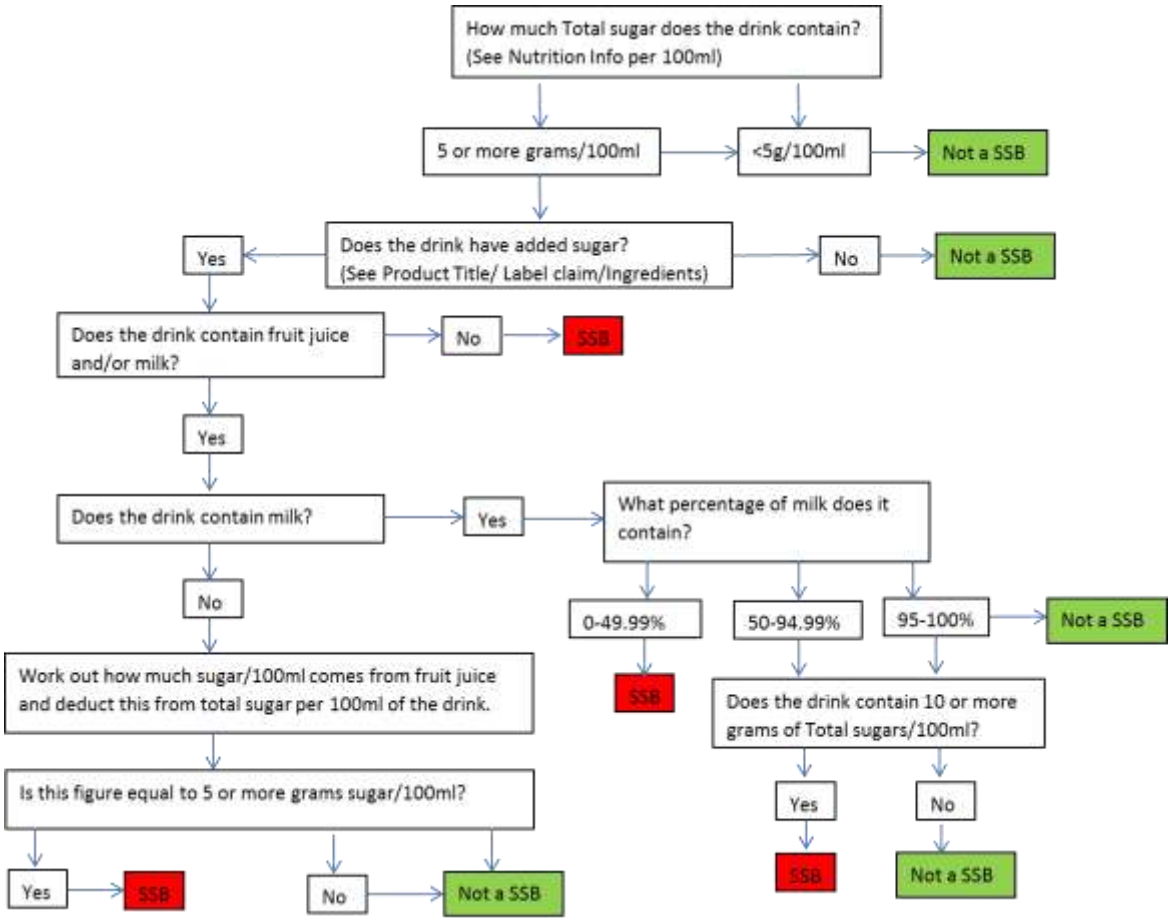
(i) includes sugars added to pre-packaged drinks or added to made-to-order drinks (including without limitation sugar syrup, hot chocolate powder, sweetened milk alternatives and whipped cream);

(ii) do not include sugars naturally occurring in fruit juices and fruit nectars. Where products described in the Fruit Juices and Fruit Nectars (England) Regulations 2013 (S.I. 2013/2775) are used to sweeten drinks, such products do not constitute added sugar for the purposes of this definition;

(iii) do not include sugars naturally occurring in milk. A drink which contains 95-100% milk is not considered a sugar-sweetened beverage for the purpose of this definition. A drink which contains either between 0% and 49.9% of milk and more than 5g/100ml of total sugars or between 50% and 94.9% milk and more than 10g/100ml of total sugars is considered a sugar-sweetened beverage for the purpose of this definition;

(iv) do not include sugar added by the customer after the point of sale.

SSB Definition Flowchart



For further information see Annex B of Action to reduce sales of sugar-sweetened drinks on NHS premises: Consultation response and next steps, published by NHS England at *https://www.england.nhs.uk/publication/sugar-action*.

6.3 Appendix C: Constructing a nutrition label

The nutrition label should contain:

- Information on the energy value in kilojoules (kJ) and kilocalories (kcal) in a specified portion of the product.
- Information on the amounts in grams of fat, saturates, (total) sugars and salt in a specified portion of the product.
- Percentage reference intake (% RI) information based on the amount of each nutrient and energy value in a portion of the food.

This information must be provided in characters using a font size where the x-height is equal to or greater than 1.2 mm.

Worked example

Step 1: Collect information on the energy value in kilojoules (kJ), kilocalories (kcal), grams of fat, saturates, (total) sugars and salt in a specified portion of the product

Product

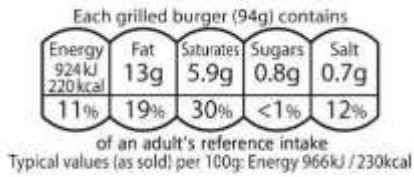
Nutrition information	Per Portion (94g)
Energy	924kJ
Energy	220kcal
Fat	13g
Saturates	5.9g
Sugars	0.8g
Salt	0.7g

Step 2: Work out percentage reference intake (% RI) information based on the amount of each nutrient and energy value in a portion of the food

$$\frac{Amount\ of\ nutrient\ or\ energy\ per\ portion}{RI}\ x\ 100\ =\ \%\ RI$$

Nutrition information	Amount of nutrition or energy per portion	RI	%RI
Energy	924kJ	8400kcal	11%
Energy	220kcal	2000kcal	11%
Fat	13g	70g	19%
Saturates	5.9g	20g	30%
Sugars	0.8g	90g	<1%
Salt	0.7g	6g	12%

Step 3: Create nutrition label



6.4 Appendix D: References

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