

## How can CQUINs be used to help finance Schwartz Rounds?

### Advice to staff in trusts seeking support for implementing Rounds.

CQUIN stands for 'Commissioning for Quality and Innovation'; they were introduced by the Department of Health in order to financially incentivise healthcare providers to improve the quality of what they deliver.

One of the five national CQUINs for 2016/17 relates to NHS staff health and wellbeing. According to this new directive the CQUIN for health and wellbeing equates to up to 0.75% of the total size of the contract for all provider services. In practice what it means is that 0.75% of the total value of the Trust's block contracts with Commissioners rely on the achievement of a range of stretching and challenging CQUIN measures relating to health and wellbeing targets. The money is 'held back' until CQUIN measures are achieved.

The health and wellbeing indicator is new and demonstrating that the indicator has been met will mean that the trust is significantly better off. If, for example, the trust has a £10million contract with the commissioner, the potential incentive for achievement of the health and wellbeing CQUIN amounts to £75K - i.e. unless this CQUIN is achieved a sizeable amount of money may never be paid.

There are three parts to the new health and wellbeing CQUIN indicator, two of which relate to healthy food and flu vaccinations. The other one relates to the introduction of staff health and wellbeing initiatives such as Schwartz Rounds (an evidence based initiative to improve staff welfare through reductions in stress). Trusts can use Schwartz Rounds (amongst other initiatives) as evidence that they have interventions in place to support staff welfare.

There are two options for demonstrating achievement of the health and wellbeing indicator – the first is measured by achieving a 5 percentage point improvement in 3 staff survey questions relating to health and wellbeing, musculoskeletal problems and stress. Using this type of measure to assess the impact of Rounds is problematic given the complexity of the healthcare environment and difficulties in demonstrating causality where there is no control environment. If Schwartz Rounds are part of a wider package of health and wellbeing initiatives it is anticipated that improvements will be evident over time - but this may not be the best short term indicator to opt for.

The second option involves providers creating a development plan. The implementation of the plan should be monitored and will be subject to peer review (further guidance on this is due to be issued shortly by NHS England). The development plan should cover three areas: physical activity; mental health; and improving access to physiotherapy for people with MSK issues.

Schwartz Rounds would constitute only one part of a broad strategy to improve health and well-being, alongside initiatives targeting physical activity and improved access to physiotherapy. In the case of Lancashire Care (see [Gita Bhutani's blog](#) on the POCF website) the development plan for the CQUIN covered a number of different areas and was monitored on a quarterly basis. Indicators selected included:

- Collection of data including numbers attending Rounds, professional groups and collection of feedback forms
- Collection of qualitative data through focus groups
- Implementation of Rounds across a number of different sites
- Extension of steering group membership
- Increase in numbers of trained Schwartz facilitators.

Each trust should have a nominated person responsible for taking forward the CQUIN. If you are unsure who this person is, contact the director of Human Resources and/or the Medical Director.

The guidance covers acute, community, mental health, ambulance and CCGs. Further information is available on the [NHS England website](#) or you contact [Rhiannon Barker](#) who is happy to provide support.