



How can CQUINs be used to help finance Schwartz Rounds?

Advice to staff in trusts seeking support for implementing Rounds.

One of the five national CQUINs for 2016/17 relates to NHS staff health and wellbeing. This means that Trusts should be able to get money from CQUIN payments to support Schwartz Rounds on the basis that they are an initiative to support staff welfare.

The health and wellbeing indicator is new and can potentially bring in significant amounts of money into the trust. The CQUIN for health and wellbeing equates to up to 0.75% of the total size of the contract for all provider services. 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.

There are three parts to this 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.

There are two options for demonstrating achievement of this indicator – the first is measured by achieving a 5 percentage point improvement in 3 staff survey questions relating to health and well-being, 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 well-being 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 (rhiannonbarker@pointofcarefoundation.org.uk) who is happy to provide support.