

NHS England released CQUIN guidance for 2017-2019 in November 2016 with supporting documents below. This briefing provides an update for those already familiar with CQUINs, particularly in relation to hospital food.

- [CQUIN 2017/19 Guidance](#) – Publications Gateway Reference 06023
- [CQUIN Indicator Specification](#) – Publications Gateway Reference 06023
- [CQUIN 2017/19 Indicators Spreadsheet](#) – Publications Gateway Reference 06023

What has changed from the 2016/17 CQUIN?

The CQUIN scheme will run over a **two year period** covering 2017/18 and 2018/19 aiming to “provide greater certainty and stability on the CQUIN goals leaving more time for health communities to focus on implementing the initiatives”. There are 13 indicators, 10 being introduced for the first time.

CQUIN 2017-19 overview

The CQUIN scheme for 2017-19 has been designed to support the ambitions of the Five Year Forward View and align with the NHS Mandate. There are 2 areas of focus:

1. Clinical quality and transformational indicators:

- 13 indicators have been defined which aim to improve quality and outcomes for patients including reducing health inequalities, encouraging collaboration across different providers and improving the working lives of NHS staff (see appendix 1).

2. Supporting local areas:

- Sustainability and Transformation Plans – reinforcing the critical role providers have in developing and implementing local STPs.
- Local financial sustainability – encouraging providers and commissioners to work together to achieve financial balance and to complement the introduction of system control totals at STP level.

What does the CQUIN 2017-19 ask of hospital food?

The ‘Improving staff health and wellbeing’ CQUIN, introduced in 16-17, has been extended and updated for 2017-19.

Indicator 1b, ‘Healthy food for NHS staff, visitors and patients’ remains and has been extended (see below and Appendix 2 for detail). Providers are expected to build on the 2016/17 CQUIN by:

Maintaining the four changes required in the 2016/17:

a. The banning of price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)

- *see definitions and guidance in appendix 2 and note that no HFSS products will be able to be sold through meal deals from 2017/18 onwards*

b. The banning of advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt (HFSS)

- *see definitions and examples in appendix 2*

c. The banning of sugary drinks and foods high in fat, sugar or salt (HFSS) from checkouts

- *see definitions and examples in appendix 2*

d. Ensuring that healthy options are available at any point including for those staff working night shifts

- *NHS England will share best practice examples and will work nationally with food suppliers throughout the next year to help develop a set of solutions to tackle this issue*

Three additional changes have been introduced:

a.drinks

- 2017/18: 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml).
- 2018/19: 80% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml).
- In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).

b. confectionary and sweets

- 2017/18: 60% of confectionery and sweets do not exceed 250 kcal.
- 2018/19: 80% of confectionery and sweets do not exceed 250 kcal.

c. pre-packed sandwiches and other savoury pre-packed meals

- 2017/18: At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g
- 2017/18: At least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g

Data collection requirements

The provider is responsible for data collection; the indicator 1b specification asks that:

Evidence should be provided that shows a substantive change has been moved in shifting to healthier products:

- **Reduction in % of sugar/salt products displayed**
- **Increase in healthier alternatives**
- **Avoidance of overt promotion**

However the exact detail of reporting should be agreed locally so that it can be adapted to the local situation (for instance it may differ depending on the scale and types of outlets on premises).

Each provider must **evidence to commissioners that they have maintained the changes in 2016/17 and introduced the 2017/18 changes** by providing at least the following evidence:

- **A signed document between the NHS Trust and any external food supplier committing to keeping the changes**
- **Evidence for improvements provided to a public facing board meeting**

What is the value of the 'Healthy food for NHS staff, visitors and patients' indicator 1b?

The complete CQUIN scheme is worth a maximum of 2.5%, payable in addition to the Actual Annual Value (AAV). The AAV is the aggregate of all payments made to the provider for services delivered under the specific contract during the contract year, not including CQUIN and other incentive payments, and after any deductions or withholdings. The 'improving staff health and wellbeing' CQUIN is worth **0.25% split between the 3 indicators** as below and paid at the end of Q4 in both years.

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

What else is relevant to hospital food?

The goal of the overarching 'Improving staff health and wellbeing' CQUIN is to 'improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well'.

How an NHS organisation approaches food will also have an impact on indicator 1a, 'improvement of staff health and wellbeing'. This is measured through responses to the NHS staff questionnaire, and CQUIN monies will be awarded to trusts that achieve a 5% rise in 'yes, definitely' responses to two of the following three questions:

- *Does your organisation take positive action on health and wellbeing?*
- *In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?*
- *During the last 12 months have you felt unwell as a result of work related stress?*

Indicator 1c is on 'improving the uptake of flu vaccinations for front line clinical staff' so is not relevant to hospital food. For more detail on indicators 1a and 1c please see [CQUIN Indicator Specification](#).

There is also a **change to the NHS Standard Contract for 2017/18 that relates to hospital food**.

The new food standard 19.3 asks **that when procuring and/or negotiating contractual arrangements for the sale of food and drink contractual terms must include provision and promotion of healthy eating options (outside normal working hours where relevant) and adoption of all mandatory requirements in the Government Buying Standards**. See [Service conditions](#) and exact wording below.

SC19 Food Standards		
Food Standards		
19.1	The Provider must develop and maintain a food and drink strategy in accordance with the Hospital Food Standards Report.	A, MH, MHSS
19.2	The Provider must have regard to (and where mandatory comply with) Food Standards Guidance, as applicable.	All
19.3	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 Government Buying Standards.	NHS Trust/FT

How can Food for Life help?

We support and empower NHS leaders with an expert tailored approach that draws on our experience of working with over 40 hospitals and trusts across England. **We work in partnership with NHS trusts to support staff health and wellbeing in relation to food** by taking the time to understand their challenges; helping to engage with staff and partners; and supporting the evaluation of the impact of recommended changes.

Through opportunities such as the CQUIN support package, Food for Life Catering Mark and vending support, trusts can ensure access to healthy and sustainable food options for staff at all times, building an environment that empowers staff to make positive food choices. We also encourage trusts to consider the wider benefits of hospital food growing spaces and volunteering and the positive impact such initiatives can have on staff health and wellbeing.

For more information please contact Dr Susannah McWilliam, Programme Manager, Food for Life Hospital Leaders at smcwilliam@soilassociation.org

Appendix 1: Clinical quality and transformational indicators Goals

(Source: NHS England CQUIN Guidance for 2017-19)

1. Improving staff health and wellbeing	Goal: Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.
2. Reducing the impact of serious infections	Goal: Timely identification and treatment for sepsis and a reduction of clinically inappropriate antibiotic prescription and consumption.
3. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	Goal: Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).
4. Improving services for people with mental health needs who present to A&E	Goal: Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.
5. Transitions out of Children and Young People's Mental Health Services	Goal: To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.
6. Offering Advice and Guidance	Goal: Improve GP to access consultant advice prior to referring patients in to secondary care.
7. e-Referrals	Goal: All providers publish all of their services and make all first outpatient appointment slots available on e-referral service by 31 March 2018.
8. Supporting proactive and safe discharge	Goal: Enabling patients to get back to their usual place of residence in a timely and safe way.
9. Preventing ill health by risky behaviours – alcohol and tobacco	Goal: To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.
10. Improving the assessment of wounds	Goal: To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.
11. Personalised care and support planning	Goal: To identify the groups of patients who would benefit most from the delivery of personalised care and support planning and provide this support to them.
12. Ambulance conveyance	Goal: To support the ambulance service to become a community-based provider of mobile urgent and emergency healthcare.
13. NHS 111 referrals	Goal: To increase the proportion of NHS 111 referrals to services other than to the ambulance service or A&E.

Appendix 2. Indicator 1b Healthy food for NHS staff, visitors and patients

(Source: NHS England, CQUIN Indicator Specification Information on CQUIN 2017-2019)

Indicator 1b	
Indicator name	Indicator 1b: Healthy food for NHS staff, visitors and patients
Indicator weighting (% of CQUIN scheme available)	33.3% of 0.25% (0.0833%)
Description of indicator	<p>Providers will be expected to build on the 2016/17 CQUIN by:</p> <p>Firstly, maintaining the four changes that were required in the 2016/17 CQUIN in both 2017/18 & 2018/19</p> <p>a.) The banning of price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)¹.</p> <p>The following are common definitions and examples of price promotions:</p> <ol style="list-style-type: none"> 1. Discounted price: providing the same quantity of a product for a reduced price (pence off deal); 2. Multi-buy discounting: for example buy one get one free; 3. Free item provided with a purchase (whereby the free item cannot be a product classified as HFSS); 4. Price pack or bonus pack deal (for example 50% for free); and 5. Meal deals (In 2016/17 this only applied to drinks sold in meal deals. In 2017/18 onwards no HFSS products will be able to be sold through meal deals). <p>b.) The banning of advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt (HFSS);</p> <p>The following are common definitions and examples of advertisements:</p> <ol style="list-style-type: none"> 1. Checkout counter dividers 2. Floor graphics 3. End of aisle signage 4. Posters and banners <p>c.) The banning of sugary drinks and foods high in fat, sugar or salt (HFSS) from checkouts;</p> <p>The following are common definitions and examples of checkouts;</p> <ol style="list-style-type: none"> 1. Points of purchase including checkouts and self-checkouts 2. Areas immediately behind the checkout <p>and;</p> <p>d.) Ensuring that healthy options are available at any point including for those staff working night shifts. We will share best practice examples and will work nationally with food suppliers throughout the next year to help develop a set of solutions to tackle this issue.</p> <p>Secondly, introducing three new changes to food and drink</p>

¹ The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives. <https://www.gov.uk/government/publications/the-nutrient-profiling-model>

Indicator 1b

	<p>provision:</p> <p>In Year One (2017/18)</p> <p>a.) 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).</p> <p>b.) 60% of confectionery and sweets do not exceed 250 kcal.</p> <p>c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g²</p> <p>In Year two (2018/19): The same three areas will be kept but a further shift in percentages will be required</p> <p>a.) 80% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).</p> <p>b.) 80% of confectionery and sweets do not exceed 250 kcal.</p> <p>c.) At least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g³</p>
Numerator	N/A
Denominator	N/A
Rationale for inclusion	<p>Any Provider who does not sell food or drink on their site will not be eligible for the CQUIN. In these cases the weighting for this part (1b) will be added equally to parts 1a and 1c.</p> <p>PHE's report "Sugar reduction – The evidence for action" published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year. Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. Consumption of sugar and sugar</p>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf

Indicator 1b	
	<p>sweetened drinks. It is important for the NHS to start leading the way on tackling some of these issues, starting with the food and drink that is provided & promoted in hospitals.</p> <p>NHS England will continue with their work at a national level with the major food suppliers on NHS premises to ensure that NHS providers are supported to take action across all food and drink outlets on their premises.</p>
Data source	Provider data source
Frequency of data collection	End of Quarter 4
Organisation responsible for data collection	<p>Evidence should be provided that shows a substantive change has been moved in shifting to healthier products</p> <ul style="list-style-type: none"> • Reduction in % of sugar/salt products displayed: • Increase in healthier alternatives • Avoidance of overt promotion <p>However the exact detail of reporting should be agreed locally so that it can be adapted to the local situation (for instance it may differ depending on the scale and types of outlets on premises).</p> <p>Each provider must evidence to commissioners that they have maintained the changes in 2016/17 and introduced the 2017/18 changes by providing at least the following evidence:</p> <ul style="list-style-type: none"> • A signed document between the NHS Trust and any external food supplier committing to keeping the changes • Evidence for improvements provided to a public facing board meeting
Frequency of reporting to commissioner	End of Quarter 4
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Year 1 - End of Q4 2017/18 Year 2 - End of Q4 2018/19
Final indicator value (payment threshold)	To be determined locally
Final indicator reporting date	As soon as possible after Q4 2017/18
Are there rules for any agreed in-year milestones that result in payment?	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes