



Opportunity to adopt local CQUIN goal to improve hospital food

FAQs about the hospital food CQUIN goal, Aug 2014

These FAQs provide a brief overview of the hospital food CQUIN goal, broadly covering what it is, the incentives provided for achieving CQUIN goals, and how hospitals and commissioners can adopt it. It has been compiled and written by the Food for Life Catering Mark team in response to questions from caterers, hospitals and commissioners, and reflects our best understanding of the hospital food CQUIN at this time. If you have any further information or questions to add to this resource, please do let us know.

What is CQUIN?

1. What is 'CQUIN'?

In 2009 the Department of Health introduced the 'CQUIN framework' as a way for commissioners of healthcare to encourage and reward improvements in service quality – CQUIN stands for 'Commissioning for Quality and Innovation'. The framework allows commissioners to make some of the healthcare providers' (hospitals, care homes, mental health services etc.) annual income conditional on achieving locally agreed goals to improve quality.

Every hospital, each year, has a 'CQUIN scheme' - this is a list of goals intended to improve the quality of care delivered that has been agreed with the local commissioner. If the goals are achieved in the financial year then a hospital will receive the CQUIN payment in full.

The achievement of the CQUIN goal is measured using several 'CQUIN progress indicators', on the basis of which payment is made. A payment threshold is agreed for each indicator - this is the level of performance which must be achieved to earn payment.

2. How do hospitals decide what their CQUIN goals should be?

A hospital's CQUIN scheme is made up of 'national' and 'local' goals.

The national goals are decided by NHS England, and are mandatory (unless not applicable to the healthcare provider). Not delivering against a national CQUIN would result in a hospital not being paid a proportion of their CQUIN payment. The national CQUIN goals are made public each year by NHS England, in their CQUIN guidance for next financial year.

The current year's CQUIN guidance is available at:

www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf

The local goals are decided by the commissioner, Clinical Commissioning Groups (CCG) and the NHS Trust, guided by local needs and strategies. NHS England provides a pick-list of 'exemplar

CQUINs goals' which commissioners, providers and clinicians can draw on when agreeing local goals. The exemplar CQUIN goals, as the name suggests, are intended to exemplify 'well-defined evidence-based quality improvement goals' that commissioners and hospitals may want to adopt, but there is no requirement to include these exemplar goals in CQUIN schemes.

3. What is the hospital food CQUIN?

Included in the pick-list of exemplar CQUIN goals published by NHS England in December 2013, the exemplar CQUIN goal 'Improving Hospital Food by achieving compliance with recommended or best practice standards' – number 295 on the pick list - is relevant to all providers who deliver food services to patients, visitors or staff, irrespective of how the food is provided. The goal of this CQUIN is to increase the number of NHS organisations that comply with best practice standards on hospital food, including (but not limited to) those identified by the Department of Health.

Further information about the hospital food CQUIN is outlined in the Department of Health briefing 'New measures for rewarding excellence in hospital food', attached at the end of this document.

The NHS England pick-list of exemplar CQUIN goals is available at:

<http://www.england.nhs.uk/nhs-standard-contract/>

4. Does the hospital food CQUIN have to apply to all food served in the hospital?

The CQUIN goal can be applied to any food served within a hospital - staff, patient or visitor catering, just one of these services or all of them. The area of food service the CQUIN goal applies to will be agreed between the commissioner and hospital according to their priorities for care improvement and what is achievable.

Incentives provided for achieving CQUIN goals

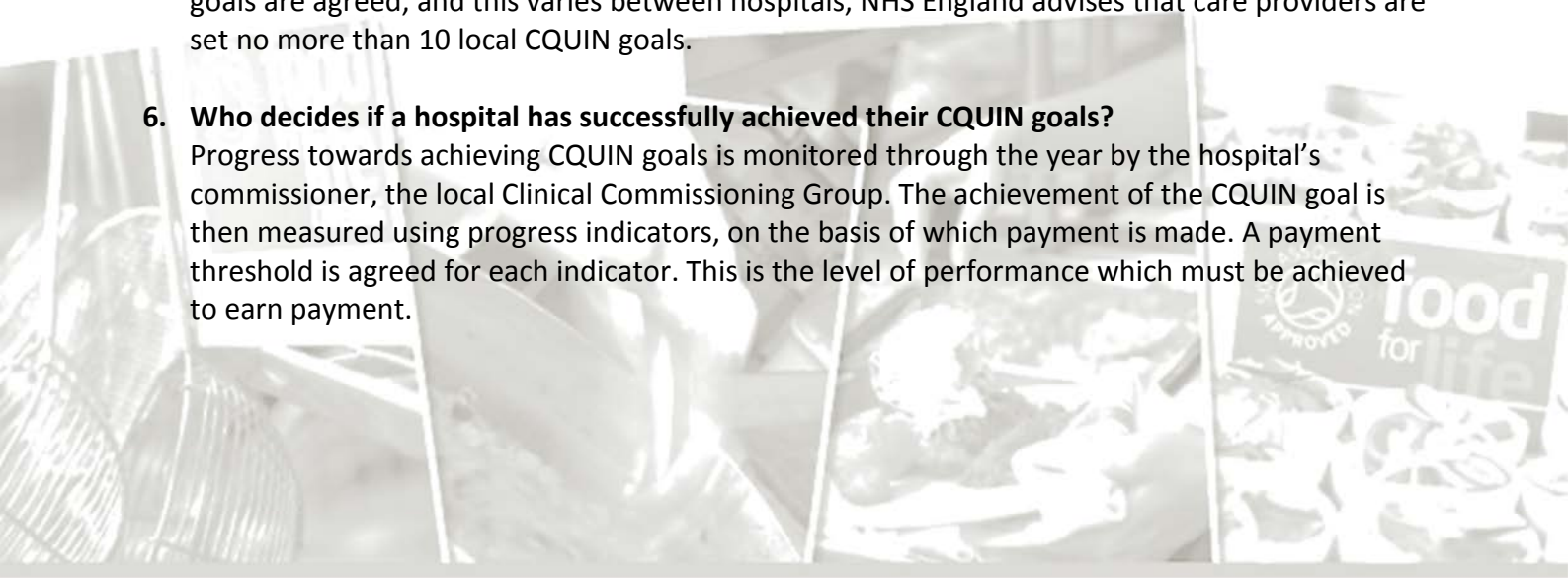
5. How much money do hospitals get for achieving the CQUIN goals?

The amount of money a hospital receives for achieving all the goals in their CQUIN scheme (including national and local goals) is set at a minimum level of 2.5% of the value of all healthcare services commissioned through the NHS Standard Contract.

One fifth of the 2.5%, (0.5% of the contract value), is to be linked to achieving the national CQUIN goals, where these apply. The remaining 2% will be allocated to reward the achievement of local CQUIN goals. The amount assigned to achieving each local goal depends on how many goals are agreed, and this varies between hospitals, NHS England advises that care providers are set no more than 10 local CQUIN goals.

6. Who decides if a hospital has successfully achieved their CQUIN goals?

Progress towards achieving CQUIN goals is monitored through the year by the hospital's commissioner, the local Clinical Commissioning Group. The achievement of the CQUIN goal is then measured using progress indicators, on the basis of which payment is made. A payment threshold is agreed for each indicator. This is the level of performance which must be achieved to earn payment.



7. When a hospital achieves CQUIN goals, when do they receive the money for doing so?

NHS England recommends that 90% of the money is paid in monthly intervals from the start of the financial year, on the assumption that the hospital will achieve the majority of its goals. Adjustments may be required through the year to reflect variation in activity levels and/or progress towards achieving agreed goals.

8. What can a hospital spend the money they receive on?

The money allocated to hospitals to reward the achievement of CQUIN goals, both national and local, is to be spent at the discretion of individual hospitals; it is not ring-fenced to be spent in the department or area where care improvements are made.

9. If it is not guaranteed that catering departments will receive the money, why pursue a CQUIN?

CQUINs are designed to improve the quality of care provided. Adopting a CQUIN goal to improve hospital food is a lever for change: it raises awareness of the importance of food provision at a commissioner and Trust level and sets shared targets for change. If the targets are not met, the money is withdrawn from the Trust. Experiences from this year show that having a CQUIN for hospital food has raised the profile of hospital food, stimulated top level and multi-disciplinary engagement in food, and highlighted the importance of boosting patient experience of meals.

10. Can a hospital include a CQUIN goal for improving hospital food in two consecutive years?

A hospital can agree with their commissioner to include a goal to improve hospital food in their scheme for two or more consecutive years. This will depend on a hospital demonstrating that significant improvements will be made to care provision by doing so.

CQUIN, PLACE and the Catering Mark

11. How is the Catering Mark recognised in the new hospital food CQUIN goal?

The CQUIN goal for improving hospital food - number 295 in the pick-list – cites the Soil Association's Food for Life Catering Mark Standards as a framework to raise the quality of food provision. This means that food providers can be rewarded for improving food quality and meeting Food for Life Catering Mark Standards for their staff, patient or visitor catering.

12. Is the Catering Mark included in PLACE inspections?

In 2014 the new Patient Led Assessments of the Care Environment (PLACE) which record whether hospitals comply with recommended guidance are asking whether a hospital has achieved or is working towards a Food for Life Catering Mark.

How to adopt the hospital food CQUIN goal

13. When are CQUIN goals decided?

Each year, usually in November or December, NHS England publishes CQUIN guidance for the upcoming financial year. Providers and commissioners have until April the following year to agree their CQUIN goals, to be implemented in that financial year.



While final decisions with regard to the goals to be included in the CQUIN scheme each year will be made between December and April, many providers will start to consider their goals ahead of December, and the proposal to include a particular goal in the next year's scheme can be made at any time.

14. Who in a hospital is responsible for agreeing the hospital food CQUIN?

In the cases we are aware of in 2013/14, the recommendation to include a particular local CQUIN can be led by the CCG or by a caterer, by Estates & Facilities and by Chief Executives. Final decisions on which local CQUIN goals are to be adopted are made at Trust's board level and negotiated with the CCG. CCGs can decide not to adopt CQUINs that Trusts have recommended. There are differing levels of engagement from CCGs when it comes to the detail of the CQUIN goals adopted - some leave the setting of CQUIN progress indicators for example to the Trust staff, and others will request that certain indicators (e.g. an improvement in patient satisfaction) are included.

15. I have more questions, where can I find out more information?

For further information about the hospital food CQUIN please refer to:

- NHS England (Dec 2013) Commissioning for Quality and Innovation (CQUIN): 2014/15 guidance - <http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>
- NHS England webpages on the NHS Standard Contract and CQUIN - <http://www.england.nhs.uk/nhs-standard-contract/>
- Food for Life Catering Mark webpages on hospital food and the hospital food CQUIN – <http://www.sacert.org/catering/hospitalscaresettings/newhospitalfoodcquin>

If you have any further questions about the hospital food CQUIN or how to achieve the Catering Mark in hospitals please get in touch with the Catering Mark team -



Interested in including a goal to improve hospital food in your CQUIN scheme?

Contact us and we'll be happy to help

Call 0117 914 4206
Email catering@foodforlife.org.uk
Visit www.sacert.org/catering/hospitalscaresettings

Would like more information about the Catering Mark?



New measures for rewarding excellence in hospital food

Department of Health, 2014

Commissioning for Quality and Innovation (CQUIN)

CQUIN number 295, 'Improving the Patient Environment – Improving Hospital Food by achieving compliance with recommended or best practice standards', was published in December 2013, as part of the CQUIN picklist, a supporting document of the NHS Standard Contract 2014/15. This CQUIN is relevant to all providers who deliver food services to patients, visitors or staff, irrespective of how the food is provided. The goal of this CQUIN is to increase the number of NHS organisations that comply with best practice standards on hospital food, including (but not limited to) those identified by the Hospital Food Standards Panel.

There is strong evidence that better nutritional status improves clinical outcomes in many illnesses. Across the population there is good evidence that a diet lower in saturated fat, sugar and salt would lead to improved health, especially in relation to heart disease, high blood pressure and stroke. There is also evidence that sustainable food procurement and animal welfare improvements can have beneficial consequences for the environment and for British farmers, fishermen and growers.

Improvements in patient outcomes and in public health would be expected to lead to efficiencies across the NHS. There are also likely to be direct efficiencies in procurement that arise from the scrutiny that a standards assessment requires.

Establishing a CQUIN payment is an appropriate motivator because for most organisations, achievement of higher standards is likely to require one-off initial investment. A CQUIN payment would thus directly incentivise action towards compliance. Indicative standards/guidance include:

Defra produce detailed information on Food GBS, including information directed specifically at the NHS (see link below).

<http://sd.defra.gov.uk/advice/public/buying/products/food/>

The Soil Association produces guidance to help organisations achieve the Food for Life Catering Mark (Bronze, Silver or Gold) (see link below)

<http://www.sacert.org/catering/standards>

The British Dietetic Association produces guidance in improving outcomes through food and beverage services (the Nutrition and Hydration Digest) (see link below)

<http://www.bda.uk.com/publications/NutritionHydrationDigest.pdf>

Link to CQUIN picklist <http://www.england.nhs.uk/nhs-standard-contract/>

Patient-led Assessments of the Care Environment (PLACE)

PLACE is the system for assessing the quality of the patient environment, replacing the Patient Environment Action Team (PEAT) inspections. These are annual assessments, carried out by teams that include at least 50 per cent patients or members of the public. PLACE covers every hospital providing NHS funded care in England (around 1,200 NHS hospitals, plus treatment centres and hospices). The PLACE assessments are voluntary though compliance with PLACE 2013 was 100% within the NHS.

PLACE focuses on four domains, one of which is patient food and hydration. The food and hydration section of the PLACE assessment looks at two elements of the food service on offer.

Firstly, there are factual questions on the food service available, such as the menu on offer, whether patients' specific dietary requirements can be met, and the level of choice available to patients.

The second element is the food tasting and service presentation. The assessment team will observe how the mealtime service is delivered, and at the end of that service, taste the food on offer to the patients.

PLACE includes the following questions which do not contribute to the overall score, but provide an understanding of awareness of relevant food standards:

- Has the organisation assessed its food procurement and catering practices against the Government Buying Standards for Food and Catering Services?
 - 1) Yes and are fully compliant
 - 2) Yes and are actively working towards compliance
 - 3) Yes and are not actively working towards compliance
 - 4) No has not assessed
- Has the organisation considered the Soil Association Food for Life Catering Mark for its food procurement and catering practices?

Yes and has been accredited with:

- 1) Gold
- 2) Silver
- 3) Bronze

Yes and are actively working towards accreditation:

- 1) Gold
- 2) Silver
- 3) Bronze

Yes have considered and are not actively working towards accreditation

No have not considered accreditation

Link to PLACE <http://www.england.nhs.uk/ourwork/gual-clin-lead/place/>