

Using CQUIN to Improve Food Quality and Promote Healthy Lifestyles at Farmfield Secure Services

*Robert Meeson, Servicer User AK, Karen Churcher,
Kate Law & Quazi Haque*



Setting

Farmfield, Surrey

- **Thornford Park, Berks**



- **Chadwick Lodge, Bucks**



- Programmed transition between medium secure, low secure and stepdown
- Male patients with complex mental disorders
- Often many years in institutions.
- High rates co-morbid physical health problems e.g. obesity, respiratory disorders, diabetes (secondary to medication), dental problems
- Significant proportion actively resistant to change e.g. takeaways, avoiding exercise

What is CQUIN?

“The CQUIN payment framework makes a proportion of providers' income conditional on quality and innovation. It's aim is to support the vision set out in *High Quality Care for All of an NHS where quality is the organising principle*. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere.”

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

| Description of Goal | Quality Domain(s) | Indicator No. | Indicator Name | National or Regional Indicator | Indicator Weighting |
|--|--------------------------|--|--|---|----------------------------|
| Medium and Low secure providers will use: HoNOS secure (including PbR elements subject to DH guidance when available) and HCR-20 | Safety | | HoNOS/ HCR-20 | Regional – All West Midlands NHS providers. National – All framework contract providers | 5% |
| Medium and Low Secure providers will use the Essen Climate Evaluation Scale | Innovation | | Essen Climate Scale | Regional – All West Midlands NHS Providers. National – All Framework Contract Providers. | 20% |
| Medium and Low Secure providers to demonstrate a robust system/process that promotes the empowerment and involvement of service users. | Service User Experience | | Empowerment and Involvement of Service Users | Regional – All West Midlands NHS providers. National – All framework contract providers. | 10% |
| Medium and Low Secure providers will implement one service user-defined service improvement from list. | Service User Experience | List of improvements: 1. Service-user defined CPA standards. 2. Use of advanced directives e.g. my future plan. 3. Service user audit e.g. the dining experience/smoking 4. Involvement in SCG-wide service user conference. | Service User-Defined improvement | Regional – All West Midlands NHS providers. National – All framework contact providers. | 10% |

PRIORY STANDARDS POLICIES FOR CHEFS

- Understanding the importance of nutrition in a healthcare setting.
- Understanding of “The Balance of Good Health”
- The nutritional requirements of adults in long term care
- The importance of catering for individual diets:
 - ❖ Diabetics
 - ❖ Gluten free
 - ❖ Enriched diets
- Catering for the modified diet:
 - ❖ Dysphasia problems
- Catering for the needs of cultural and religious diets



Service user led audit

- Service user approached
- Food highlighted as a topic that all SU's had an opinion on
- It needed to be short and simple to complete
- There must also be a box for additional comments

Questionnaire

- Collaboratively created by staff and service-user
- Three closed-ended questions based on Likert scale 1 (poor)
 - 5 (excellent)
 - e.g. How would you rate the food here?
- Two open-ended questions
 - e.g. What is good about the food?

Method

- Topic was chosen by service-user as he self-caters and could be impartial
- *Participants:*
 - Questionnaires sent to 48 service-users across five wards
 - 40 service-users took part (84% return rate)
- *Procedure:*
 - Analysis conducted in September 2010
 - Ward staff distributed questionnaires
 - Support in completing form was offered

Results: Food Ratings

- Food
 - Hospital mean score; $M = 2.21$ ($SD = 1.15$)
- Choice of food
 - Hospital mean score; $M = 2.55$ ($SD = 1.26$)
- Amount of food
 - Hospital mean score; $M = 2.75$ ($SD = 1.45$)



Results: Food Ratings

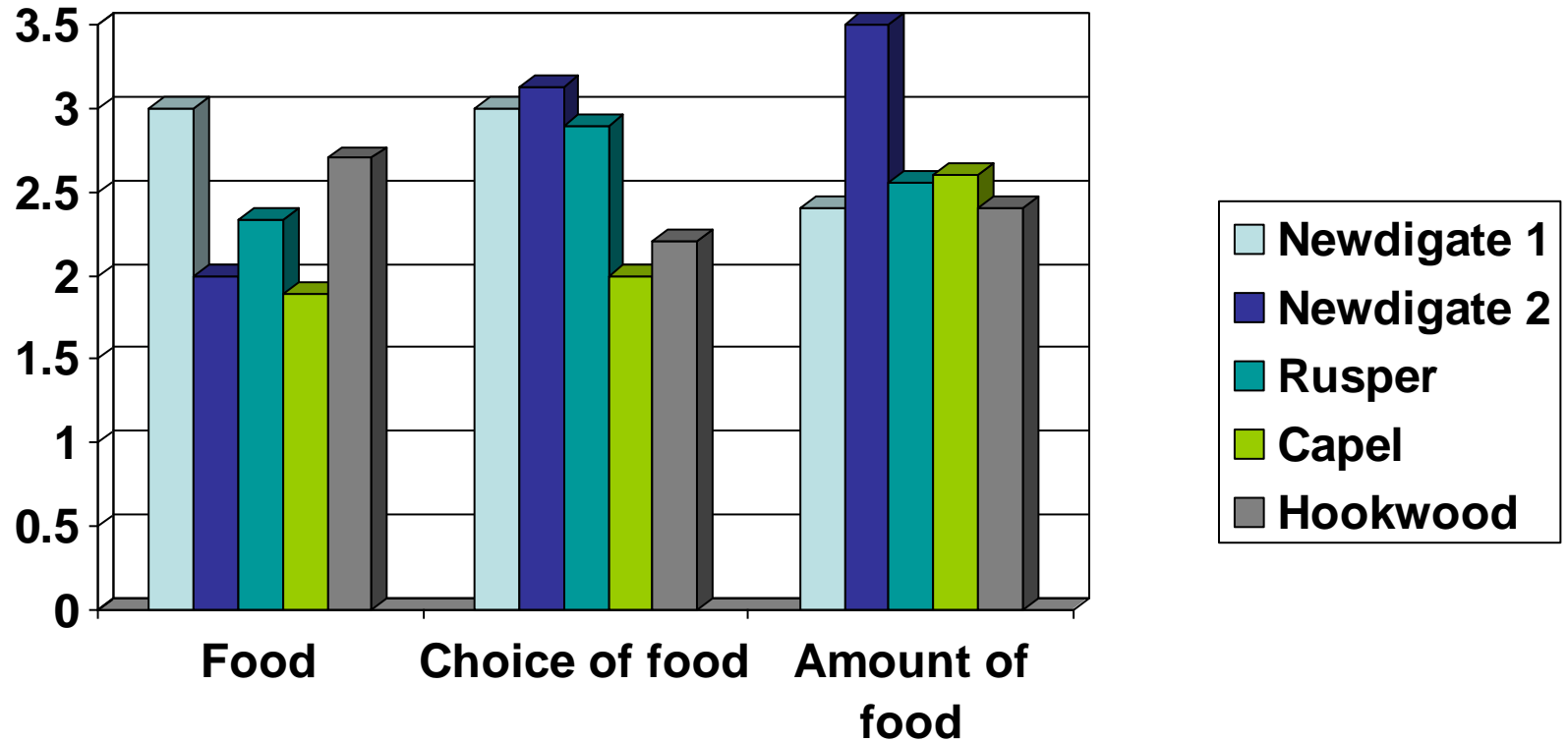


Figure 1. Mean scores of food ratings for all five wards

Results: Food Positives

- 6 service-users (15%) said they would change nothing about the food
 - *"Well cooked"; "Liked everything"*
- 7 service-users (17.5%) said food was good at times
 - *"some days better, others not"; "sometimes tasty"*
- 1 service-user recognised the number of patients cooked for
 - *"Good consistency" for the "amount of people cooked for"*



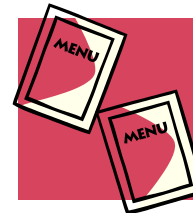
Results: Food Negatives



- 18 (45%) said there was nothing positive about the food
 - *"Nothing much"; "Not a lot" good*
- Two main issues were:
 1. Taste
 - 10 service-users (25%) for why they rated food negatively
 - *"More Burgers"; "Not enough fried food"; "Overcooked"*
 2. Lack of choice
 - 3 service-users (7.5%) wanted a more diverse menu

Action plan

- Completed in collaborations with SU
- Monthly food forum
- Education sessions on healthy living and body mechanics
- Leaflets on how to flavour food
- Patients choice, menu suggestions
- Copies of the food audit placed on notice boards on all wards



CHEF'S TOP TEN TIPS

- Hide and Bulk
- More spice less salt
- Fresh not always best
- Eating education
- Talk, Talk, meet and greet
- Healthy effects of food cooked/uncooked
- Variety, rotational, seasonal
- Colour, eating with eyes
- Quality of supplier
- Looking good, tasting good, to feel good

