

Your voice for health and social care in East Sussex

**Stronger Local Voices  
For Health and Social Care**

**Report from Enter and View visits to  
East Sussex Hospitals NHS Trust**

**commissioned by**

**East Sussex Health Overview and Scrutiny committee**

**with regard to**

**Sussex wide review of Nutrition, Hydration and  
Feeding in Acute Hospitals**



**May 2010**

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# 1. Introduction

## 1.1 Local Involvement Networks (LINKs) – Powers to Enter and View Services

**1.1.1** Local Involvement Networks (LINKs) were established across England by the Local Government and Public Involvement in Health Act 2007.

**1.1.2** LINKs are networks of local people and organisations, funded by Government and supported by independent organisations known as Hosts to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services. There is a LINK in every Local Authority area that has social services responsibility. In East Sussex the LINK is hosted by East Sussex Disability Association (ESDA).

**1.1.3** LINKs were established to:

- give everyone an opportunity to say what they think about their local health and social care services – what is working well and what is not so good;
- give people an opportunity to monitor and check how services are planned and run; and
- provide feedback on what people have said about services, so that things can change for the better.

**1.1.4** LINKs use a range of methods to enable them to say how local services could improve, such as

- making reports and recommendations to commissioners and getting a reply within a set period of time;
- asking commissioners for information and getting a reply within a set period of time;
- going into some types of health and social care premises to observe the nature and quality of services; and
- referring issues to the local Overview and Scrutiny Committee and receiving a response.

**1.1.5** To enable LINKs to gather the information they need about services, there are times when it is appropriate for them to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised LINK representatives to enter premises that providers own or control to observe the nature and quality of services.

**1.1.6** In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts
- NHS Foundation Trusts
- Primary Care Trusts
- Local Authorities
- A person providing primary medical services (e.g. GPs)
- A person providing primary dental services (i.e. dentists)
- A person providing primary ophthalmic services (i.e. opticians)
- A person providing pharmaceutical services (e.g. community pharmacists)
- A person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care services

## **2. Health Overview and Scrutiny committee Brief for review of Nutrition, Hydration and Feeding in Acute Hospitals**

The following is an extract from the brief:-

### **2.1 Background**

The Review Board is commissioning East Sussex, Brighton and Hove and West Sussex LINKs to undertake observation visits around meal times at acute hospitals serving East Sussex residents. The Review Board sees these visits as crucial to success of the review. Comparing the reality of the service at patient level to the collated reports/surveys received from the Trust will be a key component of the Board's evidence.

### **2.2 Objective of observation visits**

To deliver the review task to: Seek the views of patients, carers and professionals in relation to nutrition, hydration and feeding in acute hospitals.

### **2.3 Product of the visits**

- A written report by each LINK representative following each visit.
- East Sussex LINK will collate visit reports into a full report on hospitals run by East Sussex Hospitals NHS Trust (ESHT). Brighton & Hove LINK will collate visit reports into a full report on hospitals run by Brighton and Sussex University Hospitals NHS Trust (BSUH) hospitals.
- The reports will follow an agreed format, collating and analysing all findings and offering conclusions based on information gathered.
- Identification of good/best practice as well as any gaps in provision.
- Summary and source of data i.e. observation results, survey responses.
- The reports are being written for Health Overview and Scrutiny Committee and cannot be circulated or published elsewhere without prior consent from Health Overview and Scrutiny Committee.

### **2.4 Hospitals to be visited**

- Eastbourne District General Hospital (East Sussex LINK)
- Conquest Hospital, Hastings (East Sussex LINK)

### **2.5 Areas of focus and lines of questioning and observation**

- Screening for malnutrition on admission
- Protected mealtimes
- Assisted eating
- Special dietary requirements and menu choice
- Reduced intake
- Ability to complain
- Monitoring and review of deterioration
- Consistency of food for patient safety
- Quality of food and how it is served
- Wastage
- Staff education, training and awareness
- Quality and improvement

## **2.6** Where to find the full brief

2.6.1 Full copy of Health Overview and Scrutiny committee brief can be found at Appendix 7.1.

## **3. Authorised Representatives**

**3.1** Prior to undertaking enter and view visits authorised representatives undergo training and abide by a code of conduct. This code of conduct was sent to East Sussex Hospitals NHS Trust with the notification of the visits. The authorised representatives undertaking this series of visits were:-

- David Bold
- Janet Colvert
- Ivy Elsey
- David Lawrance
- Maureen Lawrence
- Margaret Stanton
- Vin Tapp
- Sue Weiner

## **4. Analysis of enter and view visits**

### **4.1** Methodology

**4.1.1** East Sussex LINK worked in collaboration with Brighton and Hove LINK and West Sussex LINK to produce two documents, a questionnaire and an observation sheet, to be used by the Authorised Representatives undertaking the enter and view visits. These were based on the brief, as outlined above, and approved by Health Overview and Scrutiny Committee. Copies at Appendix 7.2. Each visit would last no longer than 2 hours with a minimum of 6 and a maximum of 10 interviews per ward. A questionnaire checklist was created which included a space to tick if any interruptions to a person's meal time were noted. A leaflet explaining the role of the LINK and giving contact details was also offered to each person interviewed.

**4.1.2** Prior to undertaking enter and view visits authorised representatives had copies of all East Sussex Hospitals NHS Trust policies and procedures with regard to nutrition and hydration. Copies at Appendix 7.3.

**4.1.3** After the initial written notice from the LINK to East Sussex Hospitals NHS Trust declaring our intention to undertake enter and view visits, the Catering Manager, Michelle Clements, was given 24 hours notice of each ward to be visited, the time of the visit and the names of the authorised representatives involved. This was followed up within 1 – 2 hours of the visit to ensure that the ward was still open and the visit could go ahead.

**4.1.4** Two authorised representatives were involved with each visit, one undertaking interviews with patients, relatives or carers and one observing the meal service.

## **4.2** Hospitals, wards and time of visits

**4.2.1** East Sussex Hospitals NHS Trust has two acute units, Eastbourne District General, Kings Drive, Eastbourne and Conquest Hospital, The Ridge, Hastings.

**4.2.2** It was decided that the visits across the Hospitals in Sussex would be to three different types of wards and that each ward would be visited twice at different meal times. The types of wards were:-

- Surgical
- Medical
- Stroke

The meal times involved were:-

- Breakfast
- Lunch
- Evening meal

**4.2.3** It was agreed by East Sussex LINK, Brighton and Hove LINK and West Sussex LINK to undertake the visits within the same time frame, which was the 15<sup>th</sup> April to the 30<sup>th</sup> April inclusively and included weekend visits. A full time table of visits can be seen at Appendix 7.4.

## **4.3** Questionnaires

Summary of comments made on the questionnaires can be found at Appendix 7.5.

**4.3.1** *Question 1 – Weighing before or on admission to hospital.*

It would appear that most people were weighed on admission. Of those not weighed a number had been admitted to the hospital urgently.

**4.3.2** *Question 2 – How long have you been in hospital?.*

Most people fell within the month box, however from the questionnaire it is difficult to ascertain those who had been in hospital for one, two or three weeks and so it is uncertain the relevance of the question.

**4.3.3** *Question 3 – Choice of food or drink.*

There appeared to be a low expectation of the food and drink and the possible choices available so the fact that most seemed satisfied with the choice may be misleading. It was clear that there was a limited choice available.

**4.3.4** *Question 4 – Did you get what you asked for?*

Although there is a menu available which also offers a choice of salad or sandwiches as well as cooked food most people were offered a limited choice from the trolley at the time of the meal service, or expressed the view that they eat what they were given.

**4.3.5** *Question 5 – Does the food and drink suit your dietary, religious or medical needs?*

It would appear that there is a concern with regard to the vegetarian options in particular.

**4.3.6** *Question 6 – Ability to clean hands before a meal?*

It was disturbing to find that half the people interviewed were not able to wash their hands prior to a meal. Attention needs to be drawn to this and especially to encourage use of the wet wipes provided.

**4.3.7** *Question 7 – Where you satisfied with the smell, temperature and taste of your food?*

Although the choice of food was limited, most people were satisfied with their meal. Comments were made concerning smell, temperature and taste and these are in the Observations and Conclusions section at 5.1.12.

**4.3.8** *Question 8 – Did you get help with eating or drinking if needed?*

Of those interviewed most people who needed help did receive it.

**4.3.9** *Question 9 – Was your meal/drink left within reach?*

It would appear that food and drink was placed within reach for each person.

**4.3.10** *Question 10 – Have you been given the opportunity to get snacks and hot drinks?*

On average people were aware that snacks were available although they did not always know where to get food from. It was difficult to know if people were paying to get snacks from the shop trolley as opposed to being offered them from the ward kitchen. Drinks were available on the wards and most people knew where to get them from.

**4.3.11** *Question 11 – Have you been given enough information about when and where food is available to buy elsewhere?*

Most people required more information about when and where food is available to buy.

**4.3.12** *Question 12 – Have you complained about the food and/or drink?*

Generally most people had not made a complaint but of those who had there was little improvement noted. The main complaints made were about the temperature of the food, non-availability of vegetarian options and the lack of fruit.

**4.3.13** *Question 13 – Have you stayed in this hospital or ward in the last year and if so has there been any improvement in the food and drink?*

Of those who came into this category most felt that the food and drink had not improved. On balance it would appear that those who had been in hospital for less time were happier with the food.

**4.3.14** *Question 14 – Have family or friends brought food in for you?*

It was difficult to distinguish if the food brought in was as a treat, something that visitors would normally do or because the patient did not like the food. Further investigation is needed with regard to this to find out the exact position.

**4.3.15** *Question 15 – Have you noticed other patients not getting help with food or drink when they needed it?*

The general observation made by patients was that others received help if they needed it.

**4.4** Observations

Summary of comments made on the Observation sheets can be found at Appendix 8.5.

**4.4.1** *Have you seen interruptions to meal times?*

Unfortunately meal times were not totally protected, please see appendix 7.5 for details.

**4.4.2** *Are people who need it being helped to eat their meals and drink?*

From the observation sheets it would appear that all who needed help were receiving it at the District General. The results for the Conquest were that half of those observed requiring help received it. The question was not answered in two cases with only one person not receiving the help they required.

**4.4.3** *Are there menus readily available for people to make choices?*

On observing the beds within the wards menus were not easily recognised and therefore patients were unaware or unable to make a choice. Even when patients had seen the menu they were often only offered a choice of food from the trolley when it arrived on the ward.

**4.4.4** *What are staff or volunteers doing if people are not eating or drinking?*

This also varied depending on the ward. Staff actively encouraged and helped patients to eat and drink.

**4.4.5** *Is there evidence that the amount of food or drink consumed is recorded?*

This was difficult to ascertain accurately as authorised representatives do not have access to patient records, however there was limited evidence that recording does take place.

**4.4.6** *Is there evidence of snacks/drinks being available between meals?*

There was a lot of evidence that snacks were available, it was not possible to know if patients were aware of this from the observations.

**4.4.7** *How are patients identified who are at risk or in need of help?*

This varied between marker on the bed or a variety of other methods dependent on the ward.

**4.4.8** *How much food is being wasted and why?*

On observation very little food appeared to be wasted, it was felt that this was very much down to appropriate portion size. Where waste was seen this was due to the health or appetite of the patient, supplying a choice of food rather than a pre-order service or medical staff changing a patient's diet.

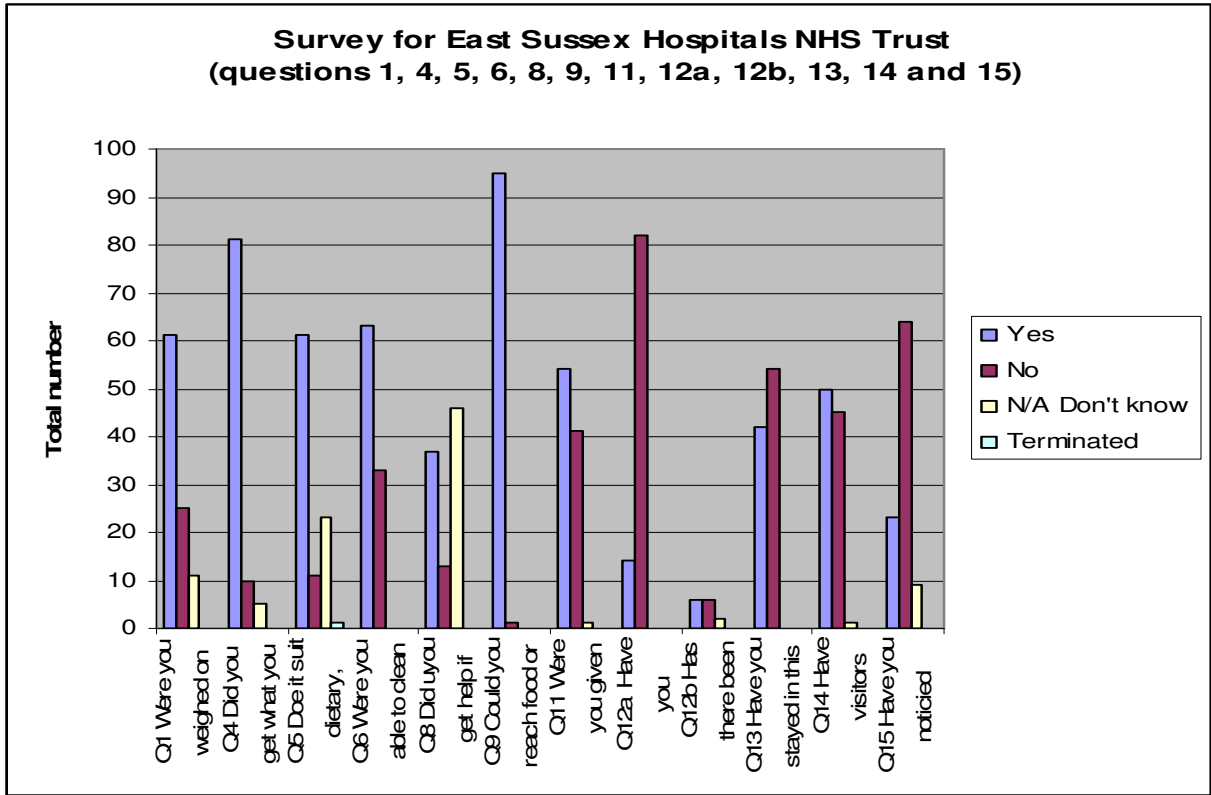
**4.4.9** *Other observations*

Overall people were satisfied with the food in both hospitals and that staff did a good job.

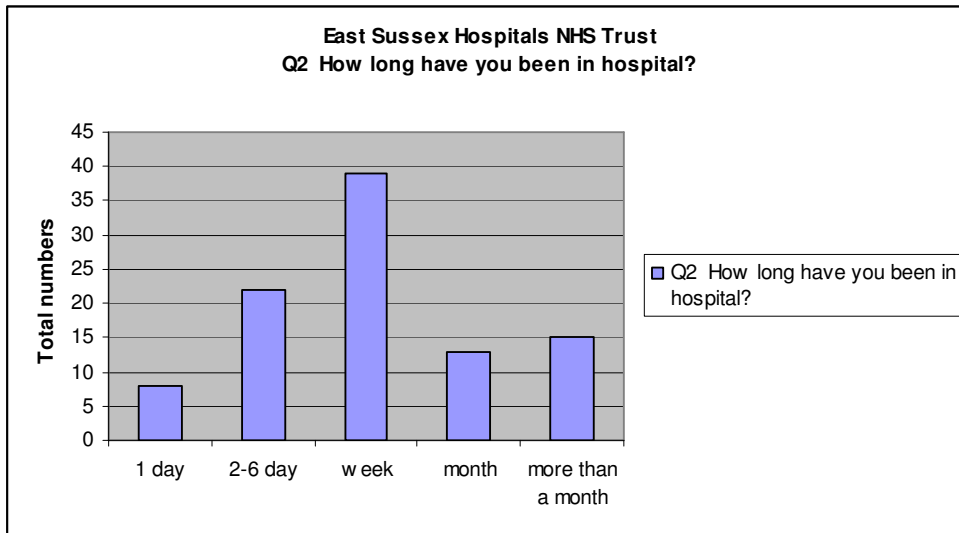
#### 4.5 Statistical Data

Summary of Statistical data can be found at Appendix 7.6.

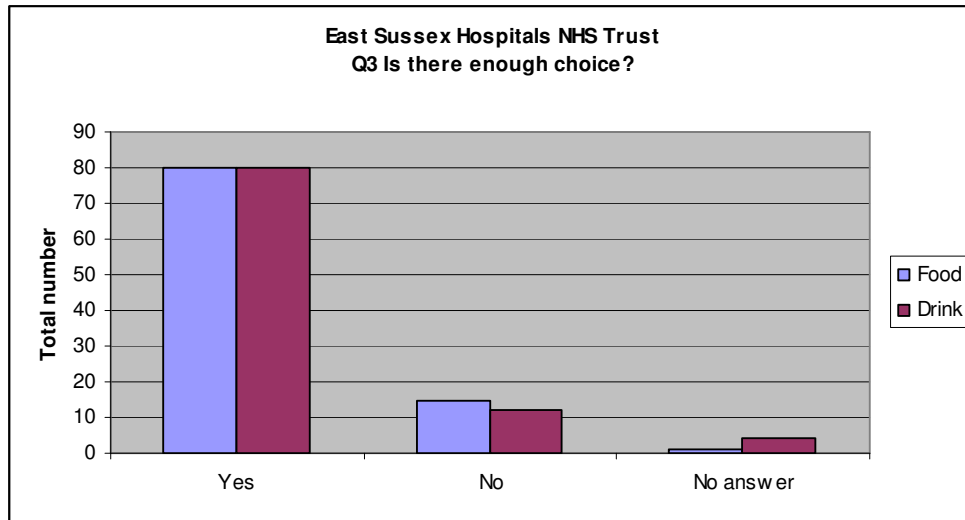
##### 4.5.1 Survey – Questions 1, 4, 5, 6, 8, 9, 11, 12a, 12b, 13, 14, and 15



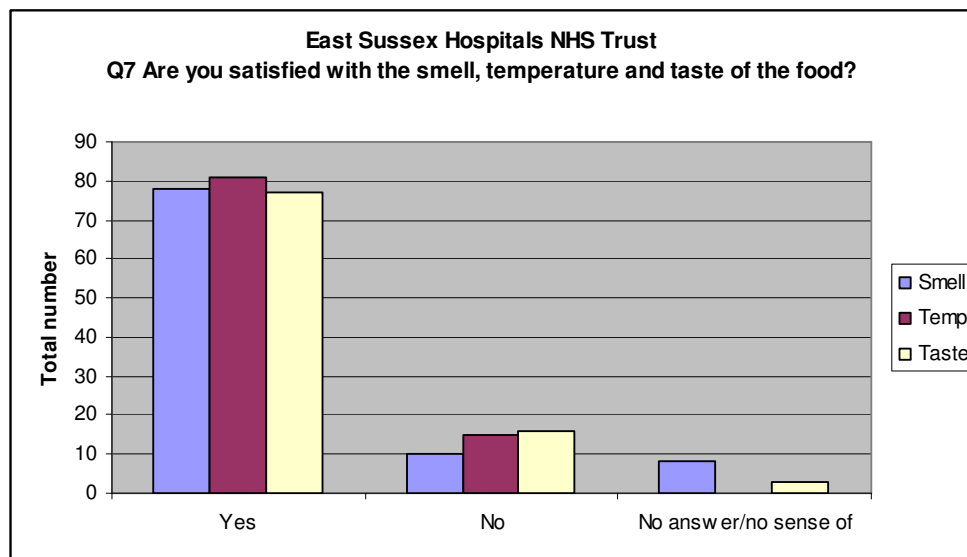
##### 4.5.2 Survey – Question 2



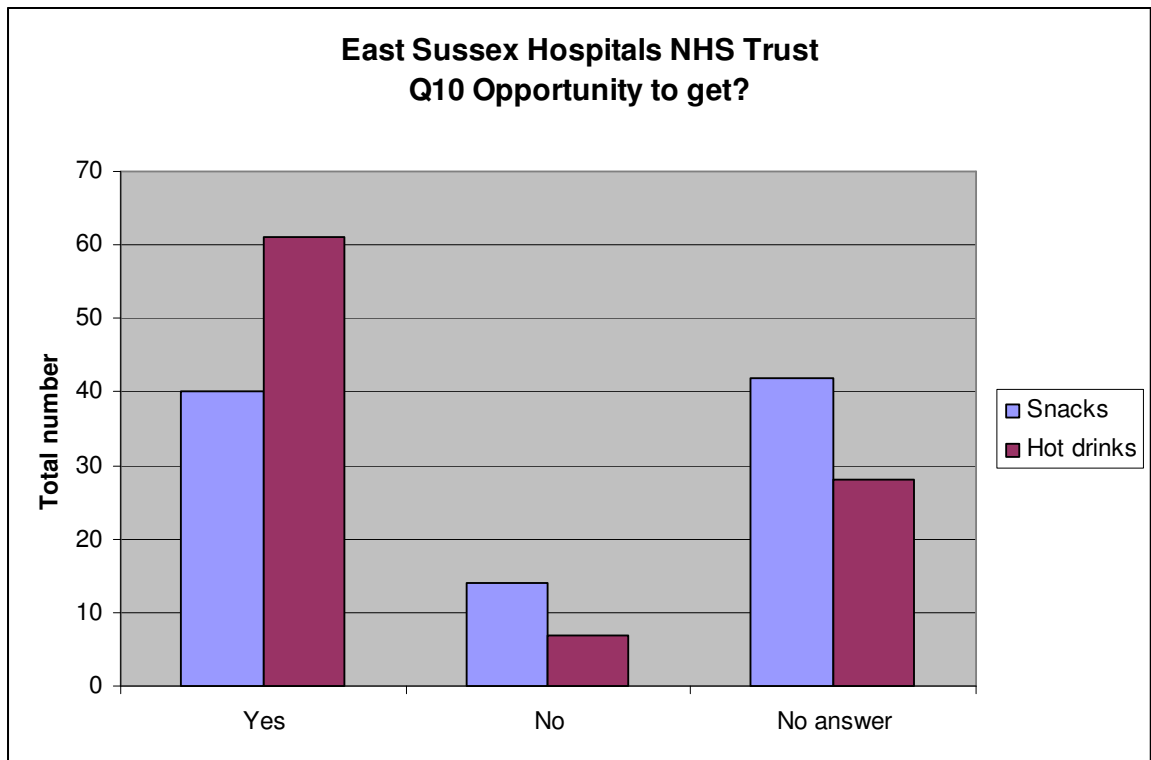
### 4.5.3 Survey – Question 3



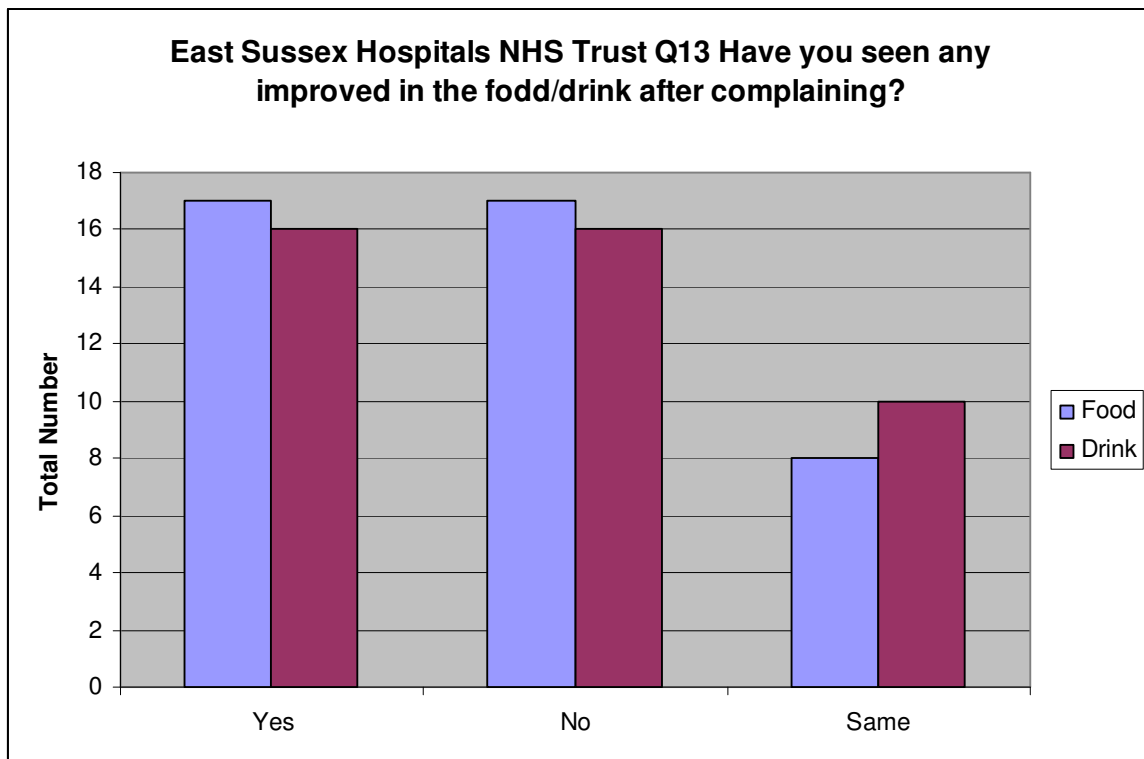
### 4.5.4 Survey – Question 7



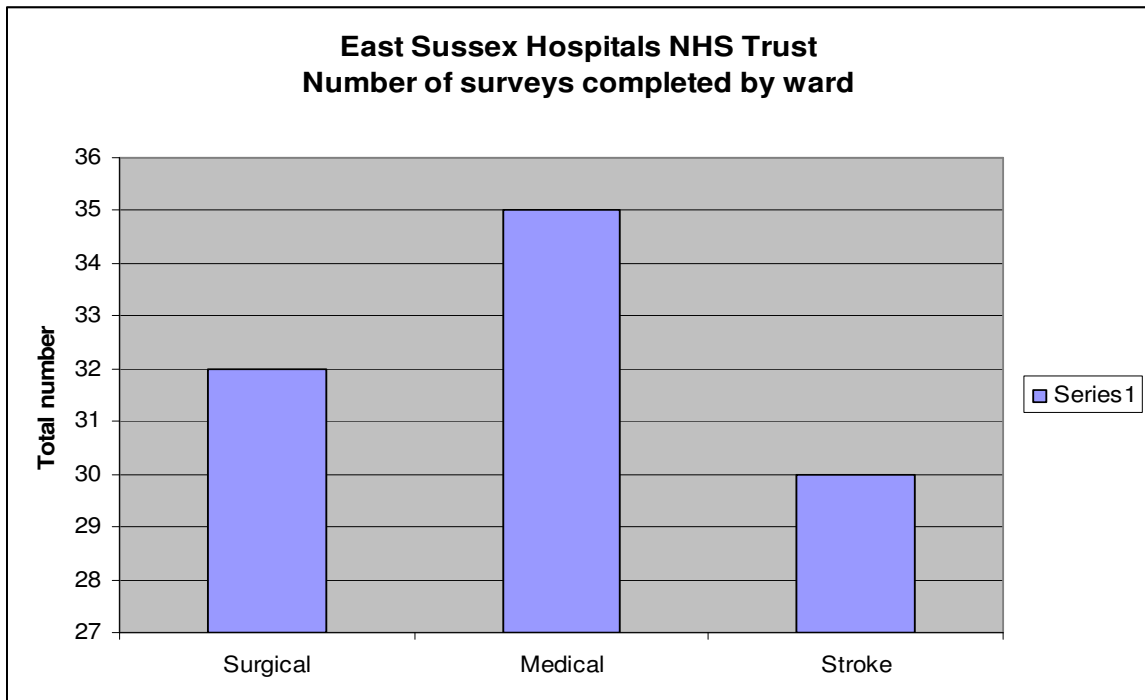
#### 4.5.5 Survey – Question 10



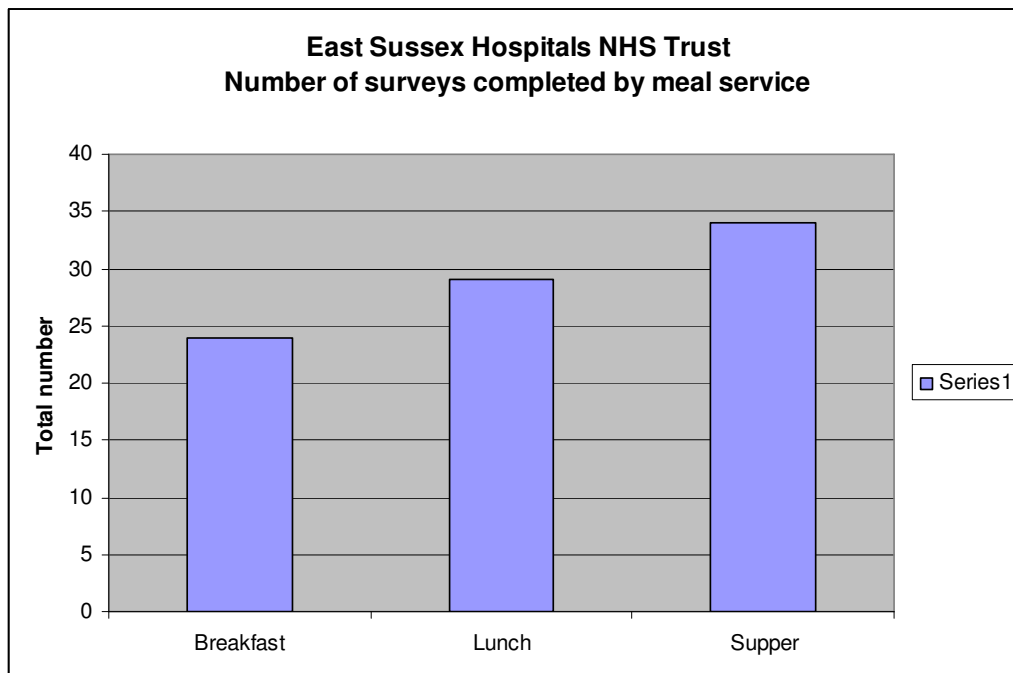
#### 4.5.6 Survey – Question 12c



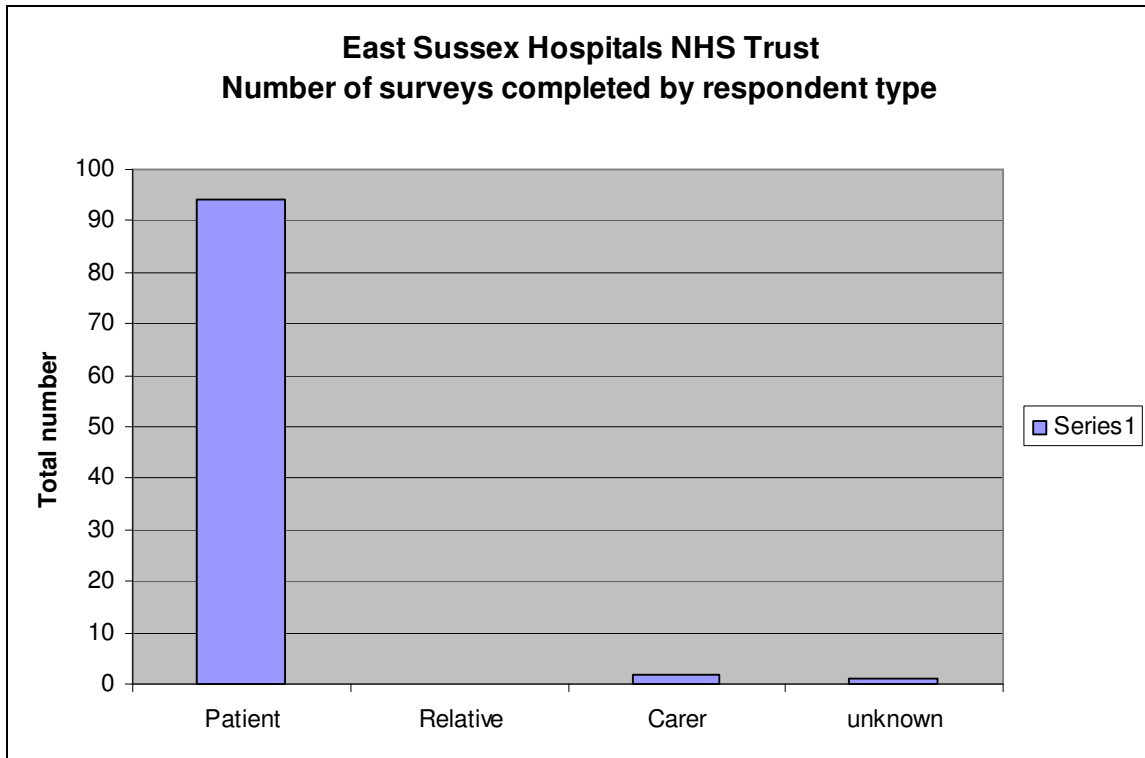
#### 4.5.7 Survey – Completed by ward type



#### 4.5.8 Survey – Completed by meal type



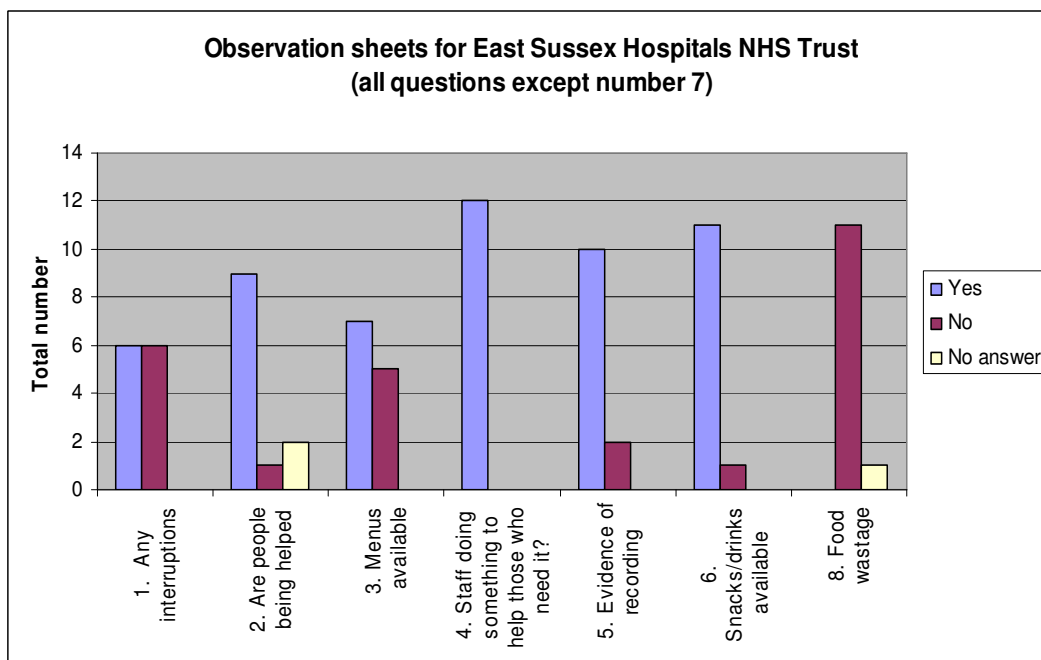
#### 4.5.9 Survey - Completed by respondent type



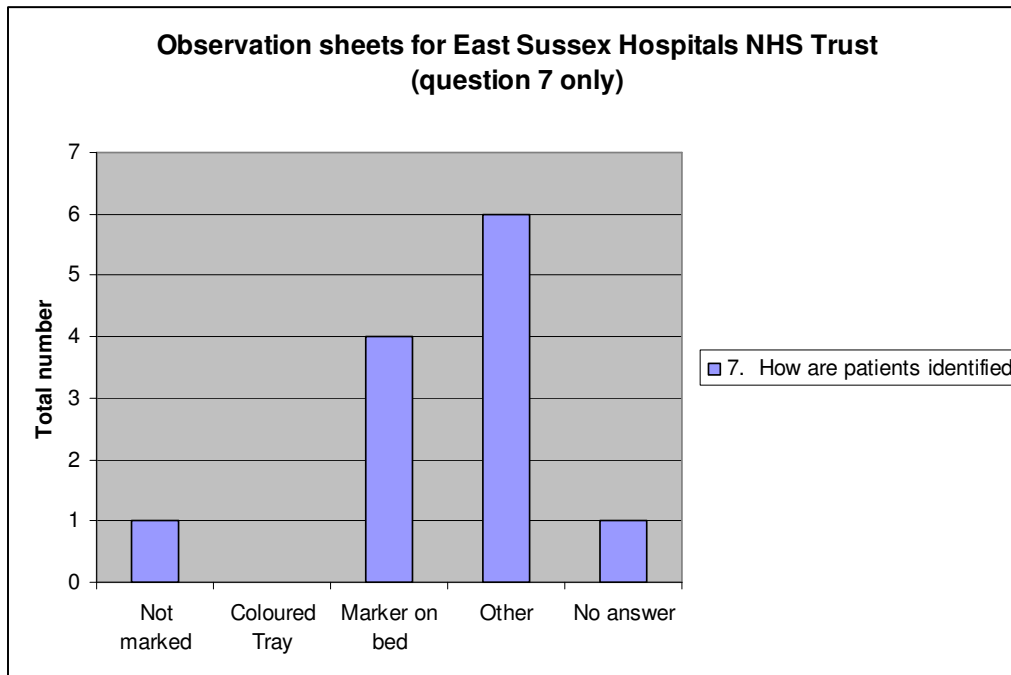
#### 4.5.10 Survey – Number of interruptions noted

There were 17 interruptions noted in total, although it was difficult to quantify how many people were affected by the drugs trolley or visitors.

#### 4.5.11 Observation sheets – Questions 1, 2, 3, 4, 5, 6 and 8



#### 4.5.12 Observation sheets – question 7



## 5. Observations and Conclusions

### 5.1 Observations on questionnaires and observation sheets

- 5.1.1** Overall people were satisfied with the food in hospitals and there was also a feeling that in general staff do a good job. Some patients expressed appreciation given the constraints on resources, for example – the number of patients to feed and budget available.
- 5.1.2** Looking at the statistical data it would appear that patients were more satisfied with the choice of food at the Conquest Hospital than at the District General Hospital. The food for the District General is prepared and cooked at Conquest, does this then limit the choice available at the District General?
- 5.1.3** There were a lot of complaints about the lack of fresh food, fruit and vegetables, and the lack of knowledge of the availability of fresh fruit although this is included on the trolley. It was apparent that there was a lack of vegetarian options available.
- 5.1.4** There needs to be improved communication between ward staff and catering staff regarding special diets.
- 5.1.5** There was evidence of staff training with regard to food service and a good attitude amongst staff with regard to helping patients with the food. However although patients knew that help was available there appeared to be no structured intervention. The LINK would question whose job it is to help patients with feeding, is it Nursing staff, Co-ordinator staff or volunteers?
- 5.1.6** Where dedicated Catering Co-ordinators serve the food this is appreciated as people felt their individual needs were more fully met.

- 5.1.7** Although both hospitals have a policy of protected meal times there was evidence that this was not observed, primarily by Clinicians. Clinical need was observed to override the need to assist patients with eating and drinking. It was noted on one occasion patients were absent from the ward at mealtimes, having therapy sessions. However, staff had either retained their meal or contacted the kitchen for a replacement.
- 5.1.8** Attention needs to be drawn to more systematic referrals to policies and procedures for helping with feeding, ie which members of staff are delegated this specific role?
- 5.1.9** Although it was apparent that snacks were available to patients from the ward kitchen, but it was not clear if patients were aware of their availability. From the results it was also not possible to be sure if people chose to buy snacks from the trolley, or ask visitors to bring snacks in, rather than ask staff to supply them.
- 5.1.10** There was a lot of evidence that snacks were provided by visitors, however it was not possible to tell if this was at the request of the patient because they did not like, or could not get the food they required, or wanted extra snacks, or if it was down to “custom” when visiting a patient in hospital. Where it was clear that this was because the food was not suitable it was clear this was around fresh fruit, vegetarian meals and drinks.
- 5.1.11** Patients were more aware of the availability of hot drinks outside of the food service. It was commented that hot drinks were not supplied with meals.
- 5.1.12** One ward had no kitchen facilities and shared with another ward for both food and drinking water. This raises the question of what happens if the main ward is closed for some reason. The LINK feel that this should be explored further, possibly by the Patient Environment Action Team. It was also noted that there was general lack of storage, including cupboards for cleaning materials.
- 5.1.13** On some occasions refrigerators were overstocked, this must affect regulations regarding temperature control of food and drink.
- 5.1.14** It may be helpful to look further at arrangements for feeding of stroke patients as the LINK were only able to observe a small proportion of stroke patients.
- 5.1.15** Although menus are available at each bedside (Facilities Bedside Informer) patients generally were not aware of them or the possibility of making a choice. Where a choice was available this appeared to be restricted to the food available on the trolley. It appears from observations that where a Co-ordinator takes the food trolley into the bays, hot food is served.
- 5.1.16** Attention needs to be drawn to the fact that half the people interviewed were not able to wash their hands prior to a meal.
- 5.1.17** Some further work to ascertain if the Nutritional Profile (Page 19 of the Integrated Patient Documentation) is being adhered to. Although most patients said they were weighed, some evidently were not. It is unclear, therefore, if all patients are scored under the MUST Tool (Malnutrition Universal Screening Tool).
- 5.1.18** It should be noted that on a number of occasions people expressed the view “it was difficult to provide high quality food bearing in mind financial restraints and mass

production". This is an interesting concept as it affects the results if the base line is set with low expectations.

**5.1.19** The Health Overview and Scrutiny Committee might consider the possibility of unannounced follow up visits on some aspects of this report.

## **6. Acknowledgements and Contact details**

- 6.1** The East Sussex LINK would like to thank the Authorised Representatives who undertook this survey and gave their time to attend briefing and debriefing meetings as well as attending the hospitals for the enter and view visits and completing the necessary paperwork, especially as some of the visits were early morning on a Saturday.
- 6.2** We would like to thank Michelle Clements, Catering Manager, East Sussex Hospitals NHS Trust for her help in the smooth running of the visits and also the staff on each of the wards visited who made the Authorised Representatives welcome.
- 6.3** Further thanks should go to the Host team who produced the paperwork, facilitated the enter and view visits and assisted with the production of this report.
- 6.4** Contact details:-

East Sussex LINK  
1 Faraday Close  
Eastbourne  
East Sussex  
Tel: 01323 514510 text: 07968 119806  
Email: [info@thecountylink.net](mailto:info@thecountylink.net)  
Web: [www.thecountylink.net](http://www.thecountylink.net)

This report is available in alternate formats including Easy Read, Audio and Larger Print on request.

## East Sussex Health Overview and Scrutiny Committee

### Review of Nutrition, Hydration and Feeding in Acute Hospitals



## Brief for East Sussex, Brighton and Hove and West Sussex LINKs on their input into HOSC Review of Nutrition, Hydration and Feeding in Acute Hospitals

### 1. Background

The Review Board is commissioning East Sussex, Brighton and Hove and West Sussex LINKs to undertake observation visits around meal times at acute hospitals serving East Sussex residents. The Review Board sees these visits as crucial to the success of the review. Comparing the reality of the service at patient level to the collated reports/surveys received from the Trust will be a key component of the Board's evidence.

### 2. Objective of observation visits

To deliver the review task to: Seek the views of patients, carers and professionals in relation to nutrition, hydration and feeding in acute hospitals.

### 3. Product of the visits

- A written report by each LINK representative following each visit.
- East Sussex LINK will collate visit reports into a full report on hospitals run by East Sussex Hospitals NHS Trust (ESHT). Brighton & Hove LINK will collate visit reports into a full report on hospitals run by Brighton and Sussex University Hospitals NHS Trust (BSUH) hospitals.
- The reports will follow an agreed format, collating and analysing all findings and offering conclusions based on information gathered.
- Identification of good/best practice as well as any gaps in provision.
- Summary and source of data i.e. observation results, survey responses.
- The reports are being written for HOSC and cannot be circulated or published elsewhere without prior consent from HOSC.

### 4. Hospitals to be visited

- Eastbourne District General Hospital (East Sussex LINK)
- Conquest Hospital, Hastings (East Sussex LINK)
- Royal Sussex County Hospital, Brighton (Brighton and Hove LINK)
- Royal Alexandra Children's Hospital<sup>1</sup> (Brighton and Hove LINK)
- Princess Royal Hospital, Haywards Heath (West Sussex LINK)

### 5. Methods proposed in Project Initiation Document (PID)

- Gathering views of patients and carers – methodology to be developed in association with East Sussex, Brighton and Hove and West Sussex LINKs
- Visits to acute settings by representatives of East Sussex, Brighton and Hove and West Sussex LINKs

<sup>1</sup> Only one ward at Royal Alexandra Hospital, and then only if a Children's ward is to be visited by East Sussex and West Sussex LINKs

## 6. Detailed methodology proposed following consultation with LINKs

- Visits will comply with the Department of Health 'Code of Conduct relating to LINK Visits to Enter and View Services' (attached). This includes the use of authorised representatives and liaison with the service provider before, during and after the visits.
- Observation checklist and face to face survey (to be drafted by the LINKs) with patients and carers/relatives willing and able to participate, and a cross-section of ward staff on duty at the time of visit.
- The same approach, and the same observation checklist and survey questions, to be used by all three LINKs in all acute hospitals to be visited.
- Closed questions are advised wherever possible so that answers e.g. yes, no, don't know; very good, average, poor can be easily analysed and compared. Comments boxes can be used for additional information or supplementary questions (on face to face surveys only).
- The source of information should be recorded on each observation checklist and survey completed e.g. hospital, ward, meal time, type of respondent (patient, carer, staff – and job title); but personal data such as name, age, medical condition should not be recorded for data protection compliance.
- Up to 6 ward visits in each hospital at three different meal times e.g. either 6 different wards, or 3 wards visited twice, with one type of ward e.g. rehabilitation to be visited in all hospitals for comparative analysis of the same type of ward across all hospitals.

## 7. Areas of focus and lines of questioning and observation

- Screening for malnutrition on admission – are patients screened on admission, if so when and how? What screening method is used?
- Protected mealtimes – how prevalent are they e.g. every ward, every meal? How are they promoted, provided and managed?
- Assisted eating – are patients able to ask for help? Is specialised equipment, personnel and/or information on individual patient's needs available e.g. people with sensory impairment. Is adequate and appropriate assistance given to those needing it? How quickly, upon food being served, is assistance available? Do carers/relatives bring food and drink in and if so, why?
- Special dietary requirements and menu choice – is there sufficient choice on the menu to meet patients' preferences (e.g. cereal rather than toast), religious beliefs (e.g. Halal), cultural requirements (e.g. Asian), and/or dietary requirements (e.g. vegetarian, gluten free)?
- Reduced intake – if someone is not eating or drinking enough, why is this and what is done by staff?
- Ability to complain – are patients, carers/relatives and staff able to complain? If not, what prevents them?
- Monitoring and review of deterioration – what capacity is there for therapeutic interventions? Is there evidence of monitoring such as fluid balance charts?
- Consistency of food for patient safety – are different consistencies of foods and fluids available that are safest for patients?
- Quality of food and how it is served – how does the food taste, is it hot enough, how is it presented?
- Wastage – how much food is being wasted e.g. left on plate or not taken when served? If food is left, why is this e.g. poor quality, doesn't meet dietary requirements, too much, not provided help to eat, no appetite?
- Staff education, training and awareness – How aware are staff of hospital policy and procedures e.g. posters? Have they received training on nutrition, hydration and feeding? If so, what does it entail? Is supplementary training available if e.g. poor performance/non-compliance or procedures change?
- Quality and improvement – what are patients/carers overall view of nutrition, hydration and feeding in the hospital. Have they noticed changes and/or improvement in any of areas the above since last time in hospital? Have staff seen change and/ or improvement and what

impact has this had?

Areas of focus	Method	
	Observation checklist	Face to face survey
Screening for malnutrition on admission		✓
Protected mealtimes	✓	✓
Assisted eating	✓	✓
Special dietary requirements and menu choice	✓	✓
Reduced intake		✓
Ability to complain	✓	✓
Monitoring and review of deterioration	✓	✓
Consistency of food for patient safety		✓
Quality of food and how it is served	✓	✓
Wastage	✓	✓
Staff education, training and awareness	✓	✓
Improvement		✓

## 8. Exclusions

The following will not be included in the review or the LINK visits:

- Community hospitals, care homes, domiciliary setting e.g. meals on wheels
- Catering contracts
- Arrangements for food preparation, distribution, sourcing of meal ingredients
- Patients at the end of their life placed on the 'Liverpool Care Pathway'

## 9. Supporting information

- Project Initiation Document for the HOSC scrutiny review (Word document)
- Sodexo performance report for Princess Royal Hospital (PowerPoint slides)
- Department of Health 'Code of Conduct relating to LINK Visits to Enter and View Services'

## 10. Costs

- Visits would take place over a 3 week period to be agreed with the hospital trusts
- At least three, and no more than 6, ward visits in each hospital<sup>2</sup> at three different meal times e.g. either 6 different wards, or 3 wards visited twice
- The following would be offered for each ward visit:

½ session preparation time:	£10.00
1 full session per visit:	£20.00
1 full session for report writing:	£20.00
Travel: up to 50miles @ 40p	£20.00

### **Total fee per visit £70**

**Fee per final report (x2) 4 sessions @ £20 per session: £80 for East Sussex LINK (ESHT report) and £80 for Brighton and Hove LINK (BSUH report)**

NB. The number and type of wards to be visited, in order to provide a suitable sample size, is to be confirmed with LINKs.

NB. A 'full session' is equivalent to half a day.

- NB. The above costs are to cover volunteering costs. Overheads and costs associated with paid staff are not included and are assumed to be covered from other funding sources.

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<sup>2</sup> Only one ward at Royal Alexandra Hospital, and then only if a Children's ward is to be visited by East Sussex and West Sussex LINKs

## Appendix 1 – Project Timetable

Task	By who	By when
Confirm project brief and fee with both LINKs, including number and type of wards to be visited, and the period during which the visits will take place	LS, EM, CS	28 October
Give 'green light' for LINKs to begin the project	LS	28 October
Produce project plan and self-assess against code of conduct for visits to enter and view to ensure compliance and best practice	VY, CS, OG	Prior to start
Produce observation checklist and surveys (one each for patients, cares/relatives and staff) and share with Review Board (via LS)	VY, CS, OG	Prior to start
Present progress on project planning to Review Board for information	LS	12 November
Inform hospitals of period during which visits will take place and the wards that may be visited	LINKs	Prior to visits
Undertake visits	LINK reps	From February
Collate findings and produce report for HOSC (two weeks before review Board meeting)	LINK reps	May
Present findings to HOSC Review Board (date of meeting to be confirmed)	VY, CS, OG	June-July (date TBC)

Lisa Schrevel (LS), East Sussex County Council (up to end of January 2010)

Claire Lee (CL), East Sussex County Council (from 1 February 2010)

Elizabeth Mackie (EM), East Sussex LINK

Val Young (VY), East Sussex LINK

Claire Stevens (CS), Brighton and Hove LINK

Olly Grice, (OG), West Sussex LINK

## Appendix 2: East Sussex LINK - Ward information

**Key contact for all visits:** Michelle Clements, Trust Catering Manager, East Sussex Hospitals Trust.  
[Michelle.Clements@ESHT.NHS.UK](mailto:Michelle.Clements@ESHT.NHS.UK)

### Eastbourne DGH

Ward Name	Specialty	Level
BERWICK	Medical	2
CORONARY CARE UNIT	Medical	2
CUCKMERE	Medical	2
DAY SURGERY UNIT	Surgical	1
DELIVERY SUITE	Obstetrics	1
EAST DEAN	Medical	2
FOLKINGTON	Medical	1
FRISTON	Paediatrics	2
GLYNDE	Surgical	1
HAILSHAM 2	Medical	2
HAILSHAM 3	Surgical	2
HAILSHAM 4	Surgical	2
INTENSIVE CARE UNIT	Critical Care	2
JEVINGTON	Medical	1
JUBILEE EYE SUITE	Surgical	2
LITTLINGTON	Maternity	1
MEDICAL ASSESSMENT UNIT	MAU	2
<u>MICHELHAM PRIVATE PATIENTS UNIT</u>	Private	2
PEVENSEY	Medical	1
POLEGATE	Medical	1
SEAFORD 1	Surgical	1
SEAFORD 2	Surgical	1
SEAFORD 3	Surgical	1
SEAFORD 4	Surgical	1
SPECIAL CARE BABY UNIT	Paediatrics	1
SURGICAL ASSESSMENT UNIT	SAU	2
UROLOGY INVESTIGATION SUITE	Surgical	1
WILMINGTON STROKE UNIT	Medical	1

### Conquest Hospital, Hastings

Ward Name	Specialty	Level
ASHBURNHAM	Surgical	2
BAIRD	Medical	2
BENSON	Medical	1
BLACKWELL	Medical	2
CORONARY CARE UNIT (CCU)	Medical	2
COOKSON ATTENBOROUGH	Surgical	2
COOKSON DEVAS	Surgical	2
DE CHAM	Surgical	2
EGERTON	Medical	1
ENDOSCOPY	Medical	2
FRANK SHAW	Obstetrics	1
GARDNER	Surgical	2
HIGH DEPENDENCY UNIT (HDU)	Critical Care	2
INTENSIVE CARE UNIT (ICU)	Critical Care	2

JAMES	Medical	<u>2</u>
KIPLING	Paediatrics	<u>1</u>
MACDONALD	Medical	<u>1</u>
MCCARTNEY UNIT	Medical	<u>2</u>
MEDICAL ASSESSMENT UNIT	Emergency	<u>3</u>
MIRRLEES	Gynaecology	<u>1</u>
MURRAY	Medical	<u>1</u>
NEWINGTON	Medical	<u>2</u>
RICHARD TICEHURST SURGICAL UNIT (RTSU)	Surgical	<u>2</u>
SPECIAL CARE BABY UNIT (SCBU)	SCBU	<u>1</u>
THE BUCHANAN DELIVERY SUITE	Obstetrics	<u>1</u>
TRESSELL	Medical	<u>2</u>
WELLINGTON	Medical	<u>2</u>

### Appendix 3: Brighton and Hove LINK - Ward information

#### Key contact for all visits:

Pete Flavell, Patient Experience Manager, BSUH

[Peter.Flavell@bsuh.nhs.uk](mailto:Peter.Flavell@bsuh.nhs.uk)

Tel: 01273 696955 (extn 3655)

#### Royal Sussex County and Royal Alexandra Children's Hospitals

Ward	Location	Ward type (if not obvious from column 1)
A&E	RSCH	
BAILEY	RSCH	General Medical
BRISTOL	RSCH	Elderly
CATHERINE JAMES/EGREMONT	RSCH	Respiratory/ General Medical
CHICHESTER	RSCH	Short Stay Medical
DERMATOLOGY OPD	RSCH	
FLEMMING AND LISTER	RSCH	General Medical/ Elderly
GRANT	RSCH	Infection Control
ITU	RSCH	
JOWERS	RSCH	Elderly
MASU	RSCH	
OVERTON	RSCH	Elderly
RHEUMATOLOGY	RSCH	
SOLOMON/DONALD HALL	RSCH	Stroke
VALLANCE	RSCH	Elderly
BEXHILL DIALYSIS SATELLITE	RSCH	Renal
CATH LABS	RSCH	
CIRU	RSCH	
CLAUDE NICOL	RSCH	HIV/ GUM
HOWARD 1	RSCH	Oncology
HOWARD 2	RSCH	Oncology/ Haemo
IMAGING CT	RSCH	
L10 LEWES/ALBION	RSCH	Cardiac
L7A CARDIOTHORACIC THEATRE	RSCH	
LAWSON UNIT	RSCH	HIV/ GUM Outpatient
LEVEL 6A	RSCH	Cardiac
LEVEL 7A	RSCH	Cardiac/ HDU
NUCLEAR MEDICINE	RSCH	
ONCOLOGY/HAEM	RSCH	
PARK CENTRE FOR BREAST CARE	RSCH	
RENAL BAYS 1-5/TRAFFORD/LVL9	RSCH	
RENAL HAEMODIALYSIS	RSCH	
RENAL OUTPATIENTS	RSCH	
RENAL PERITONEAL DIALYSIS	RSCH	
SUSSEX CANCER CENTRE	RSCH	
DAY CASE UNIT LEVEL 5	RSCH	
ENDOSCOPY/ENDOSCOPY OPD (cuckfield)	RSCH	
ENT OUTPATIENTS	RSCH	
FRACTURE CLINIC	RSCH	
HOVE POLYCLINIC	RSCH	
LEVEL 8 TOWER	RSCH	General Surgery
LEVEL 8A EAST	RSCH	Maxillofacial/ ENT
LEVEL 8A WEST	RSCH	Orthopaedic
LEVEL 9A	RSCH	Digestive
MAIN THEATRES LEVEL 5/RECOVERY	RSCH	
MAXILLOFACIAL AND ORAL OPD	RSCH	

OPD/UROLOGY OPD	RSCH	
PHYSIO	BSUH	
PICKFORD	RSCH	Sussex Eye Hospital
S.E.H A&E/OPD	RSCH	
S.E.H ORTHOPTICS	RSCH	
S.E.H THEATRES	RSCH	
LEVEL 11 GYNAECOLOGY OPD	RSCH	
MATERNITY LEVEL 11	RSCH	
MATERNITY LEVEL 12	RSCH	
MATERNITY LEVEL 13 Labour Ward	RSCH	
RACH LEVEL 5 OPD	RACH	
RACH LEVEL 6, CASU	RACH	
RACH LEVEL 7 DAY CASE OPD	RACH	
RACH LEVEL 7 THEATRES	RACH	
RACH LEVEL 8 PICU/HDU (now L8 surgical	RACH	
RACH LEVEL 8 SURGICAL	RACH	
RACH LEVEL 9 MEDICAL	RACH	
RACH ONCOLOGY DAY CARE	RACH	
TMBU	RSCH	

## Appendix 4: West Sussex LINK - Ward information

### Key contact for all visits:

Pete Flavell, Patient Experience Manager, BSUH

[Peter.Flavell@bsuh.nhs.uk](mailto:Peter.Flavell@bsuh.nhs.uk)

Tel: 01273 696955 (extn 3655)

### Princess Royal Hospital

Ward	Location	Ward type (if not obvious from column 1)
A&E PRH	PRH	
ARDINGLY	PRH	Stroke/ General Medical
BALCOMBE	PRH	Medical Assessment Unit
ITU PRH	PRH	
OPD PRH	PRH	
PYECOMBE	PRH	Respiratory
HWP ITU	PRH	
HWP MEDICAL WARD	PRH	
HWP NEURO RADIOLOGY	PRH	
HWP OPD	PRH	
HWP SURGICAL WARD	PRH	
HWP THEATRES	PRH	
ALBOURNE	PRH	Elective Orthopaedic
ANSTY	PRH	Day Case Ward
CUCKFIELD/ENDOSCOPY	PRH	
FRACTURE CLINIC PRH	PRH	
HICKSTEAD UNIT	PRH	Pre-Op/ Day Case/ Outpatient
HURSTPIERPOINT	PRH	General Surgery
PRH THEATRES	PRH	
TWINEHAM	PRH	Elective Orthopaedic
BOLNEY DELIVERY SUITE/WARD	PRH	
HORSTED KEYNES	PRH	Breast and Gynaecology
SCBU	PRH	

# LINK Nutrition Survey

## What to say to patients:

- I'm <<your name>> from <<LINK name>> which is an independent body that gives people the chance to say what they think and to suggest ideas to help improve services. We're completely independent of the NHS.
- We're asking people the same questions across 4 hospitals in Sussex to find out what patients think about hospital food.
- We would like to hear your opinions and be grateful if you could some answer questions.
- You will not be asked to give your name and any information you give will be used to help improve hospital services.

LINK name:	East Sussex LINK
Name of Enter & View representative:	
Date of visit:	
Hospital name:	
Ward name:	
Ward type:	
Meal time:	
Type of respondent:	patient <input type="checkbox"/> relative <input type="checkbox"/> carer <input type="checkbox"/>

### 1. Were you weighed when you came into hospital or before you came into hospital?

- Yes       No       don't know/don't remember

### 2. How long have you been in hospital?

- one day       2-6 days       a week  
 a month       more than a month

### 3. Is there enough choice of food and drink?

- Food       Yes       No  
 Drink       Yes       No

### 4. Did you get what you asked for?

- Yes       No

### 5. Does the food and drink suit your dietary, religious or medical needs?

- Yes       No       N/A

If no, why not:

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6. Are you given the chance to clean your hands before a meal?  
 Yes  No

7. When you got your food, were you satisfied with its:  
Smell Yes  No   
Temperature Yes  No   
Taste Yes  No

8. If you need help eating or drinking, did you get it?  
 Yes  No  N/A

9. Was your meal/drink left within reach?  
 Yes  No

10. Have you been given the opportunity to get snacks?  
Snacks  Yes  No Don't know/never asked   
Hot Drinks  Yes  No Don't know/never asked

11. Have you been given enough information about when and where food is available to buy elsewhere? e.g. hospital shop, cafe  
 Yes  No

12. Have you complained about the food and/or drink?  
 Yes  No

If yes, has it improved since your complaint?  
 Yes  No

13. Have you stayed in this hospital or ward in the last year?  
 Yes  No

If so, has the food and drink improved?  
Food  Yes  About the same  No  
Drink  Yes  About the same  No

14. Have your family or friends brought food in for you?  
 Yes  No

If so, why?  
\_\_\_\_\_

**15. Have you noticed other patients who need help to eat or drink, but didn't get it?**

Yes    No

Do you have anything else to say about food and drink in the hospital or anything else you would like to tell the LINK about?

**Thank you for answering these questions. We will use this information to improve services to patients.**

**If you would like further information on the LINK please take a leaflet.**

## EAST SUSSEX LINK CORE GROUP

The County's Local Involvement Network in Health and Social Care

### HOSC Nutrition and Hydration visits

#### East Sussex Hospitals NHS Trust - checklist for questionnaires

Hospital and Ward: .....

Meal time: .....

Date: .....

Authorised Rep: .....

Please tick each box when completed – names are not required.  
Minimum 6, Maximum 10 patients to be interviewed on each ward.  
Visit should take no longer than 2 hours in total.

Patients interviewed	Questionnaire completed	Leaflet left with patient/relative	Interview interrupted by medical staff?	
			Yes	No
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please submit with completed questionnaires. Many thanks.

## LINK Nutrition Observation Checklist

LINK name:	East Sussex LINK
Name of Enter & View representative:	
Date of visit:	
Hospital name:	
Ward name:	
Ward type:	
Meal time:	

**1. Have you seen any interruptions to meal times?**

Yes       No

If yes, describe below:

**2. Are people who need it, being helped to eat their meals and drink?**

Yes       No

**3. Are there menus readily available for people to make choices?**

Yes       No       N/A

**4. If people are not eating their food, or drinking, what are staff or volunteers doing about it?**

**5. Is there evidence of any of the patients' food and/or drink being recorded?** (do staff appear to recording information when patients leave a lot of food, any visible charts)

Yes       No

**6. Is there evidence of snacks/drinks being available between meals?** (check if there is a nearby vending machine, water jugs topped up etc)

- Yes       No       Don't know

**7. How are patients identified who are at risk/in need of help e.g. coloured tray, marker by bed etc.**

- No evidence of identification  
 Coloured Tray  
 marker on bed  
 other (please state)
- 

**8. How much food is being wasted and why?**

**Anything else?**

# 'MUST' TRUST GUIDELINES

## STEP 1: BMI (body mass index) Score

### Working Out Dry Weight:

- Examine the patient for presence of oedema or ascites
- Assess oedema/ascites according to table below eg. Moderate ascites 6kg
- Weigh the patient
- Measured weight – Fluid weight = Dry weight Eg Measured weight 60kg - Fluid weight moderate ascites 6kg = Dry weight 54kg

Assessing weight of:	Ascites	Peripheral Oedema
Minimal	2.2kg	1.0kg
Moderate	6.0kg	5.0kg
Severe	14.0kg	10.0kg

### If Height cannot be measured:

- Use recently documented or self-reported height (if reliable and realistic)
- If subject does not know or is unable to report their height, estimate height from ulna length

### If Height & weight cannot be obtained:

- Use mid upper arm circumference (MUAC) measurement to estimate BMI category.

**Clinical impression:** obvious wasting, thin, acceptable weight, overweight can be noted

## STEP 2: Weight loss score

- If recent unplanned weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic)
- Clothes and/or jewellery have become loose fitting (weight loss)
- History of decreased food intake, reduced appetite or swallowing problems over 3-6 months and underlying psycho-social/physical disability likely to cause weight loss.

## STEP 3: Acute disease effect score

- No nutritional intake or likelihood of no intake for more than 5 days

### SCORE 2 FOR THE FOLLOWING:

- Critically ill
- Head and neck cancers
- Reduced intake due to swallowing difficulty, e.g. CVA/head injury
- NBM requiring nutrition
- Surgery/repeat investigations keeping patient NBM
- Acute liver/renal failure or pancreatitis

**Malnutrition Universal Screening Tool (MUST)  
Assessment:**

Date:	Admission	Week1	2	3	4	5	6
Initials:							
Height: m(see Nutrition profile) Weight:							
Oedema/Ascites present: Y/N							
BMI:							
<b>Step 1 BMI Score</b> > 20(<30 obese).....0 18.5-20 .....1 <18.5 .....2							
<b>Step 2 Weight Loss Score</b> Unplanned weight loss past 3-6 months <5% .....0 5-10% .....1 >10% .....2							
<b>Step 3 Acute Disease Effect Score</b> - If patient is acutely ill and there has been or is likely to be no nutritional intake >5 days .....2 - Patient types: critically ill, head/neck cancer, reduced intake due to swallowing difficulty, NBM requiring nutrition support, surgery/repeat investigations keeping patient NBM, acute liver/renal failure, pancreatitis .....2							
<b>Step 4 Overall Risk Malnutrition Total</b>							

**STEP 5 Management Guidelines**

Score of Overall Risk of Malnutrition	Action Required
<b>0</b>	Low Risk: Routine Clinical Care Repeat screening weekly
<b>1</b>	Medium Risk: Observe Document intake for 5 days. Discuss preferred food choices. Order suitable diet (discuss with catering if required). Offer fortified snacks/drinks between meals *Please see High protein, high calorie snack list. If no improvement or intake remains less than or equal to half meals portions, continue food chart and please refer to Dietitian Repeat screening weekly
<b>2 or more</b>	High Risk: Treat* Refer to Dietitian and once assessed follow Dietitian's plan of care Improve and increase overall nutritional intake Repeat screening weekly *Unless detrimental or no benefit is expected from nutritional support, eg. Imminent death



## **Staff, Patient and Visitor Information leaflet**

### **Bringing Food into Hospital**

Good food and nutrition is important for patients. Some relatives may wish to bring in food for a patient or patients may request that a relative brings items of food in for them. Some types of food are not suitable for patients and their introduction into the hospital may do more harm than good.

Many patients in hospital are very susceptible to infection, which includes food poisoning.

The hospital has to abide by food hygiene regulations about the storage of food to make sure patients do not become ill.

Some patients may be on a special diet this will need to be checked with the Nurse in Charge to see if this is the case as you may be advised not to bring in food.

This leaflet has been developed to help you understand the reasons why we do not support the bringing of certain “high risk” foods into hospital.

#### **High Risk Foods**

High risk foods are those which could make the patient ill with food poisoning if they are kept in the wrong conditions such as a hospital locker or on a bed table. These foods include:

- ✘ Cooked meats and poultry
- ✘ Pies, pasties, sausage rolls
- ✘ Sandwiches
- ✘ Cheese products including quiche lorraine
- ✘ Take away meals including beef burgers, pizzas, kebabs
- ✘ Meals prepared in the home such as stews, soups, a roast meal, curries, rice and so on
- ✘ Fresh cream cakes, and cakes prepared with custard
- ✘ Trifles
- ✘ Yoghurts

#### **Frequently Asked Questions**

***If someone brings in a take away or hot meal can I keep it until the next day?***

No. If a hot meal or snack is brought in it must be consumed straight away. If it is not eaten then it must be discarded or taken away.

***If someone brings a meal in and it needs re-heating will one of the staff do this?***

No. Staff are not allowed to re-heat meals as there is no way of checking that it has been heated properly

***What happens if some cakes, yoghurt, trifle or a sandwich are brought in?***

These foods are classed as high risk; therefore, they should be eaten straight away. On no account should any of them be stored in a locker or on a bed table. Staff will dispose of any uneaten food at their discretion.

***If someone brings in food to share with other patients is this permitted?***

This is not permitted as some patients are on special diets and it could cause them harm. It is important for the nurses to know what the patients are eating.

***Is fresh fruit suitable to be brought into hospital?***

Any fresh fruit that is brought into hospital needs to have been thoroughly washed and placed in a clean container, which can be sealed to prevent contamination. Soft fruits such as strawberries or raspberries will spoil in the warmth of the ward. Apples, pears, bananas and oranges are a better choice. (Please remember some people can find oranges difficult to peel). Grapes are always popular but they must be pre-washed and placed in a clean bag or container.

*N.B during outbreaks of Norovirus (viral gastroenteritis), all fruit will be disposed of.*

***Can fruit juice be brought in?***

Do not bring fruit juice as this needs to be kept in the fridge once it is opened, so it is better to have fruit squash or a fizzy drink, which can be kept in the locker. Non-breakable containers are preferred to avoid the risk of broken glass.

***Am I allowed alcohol in hospital?***

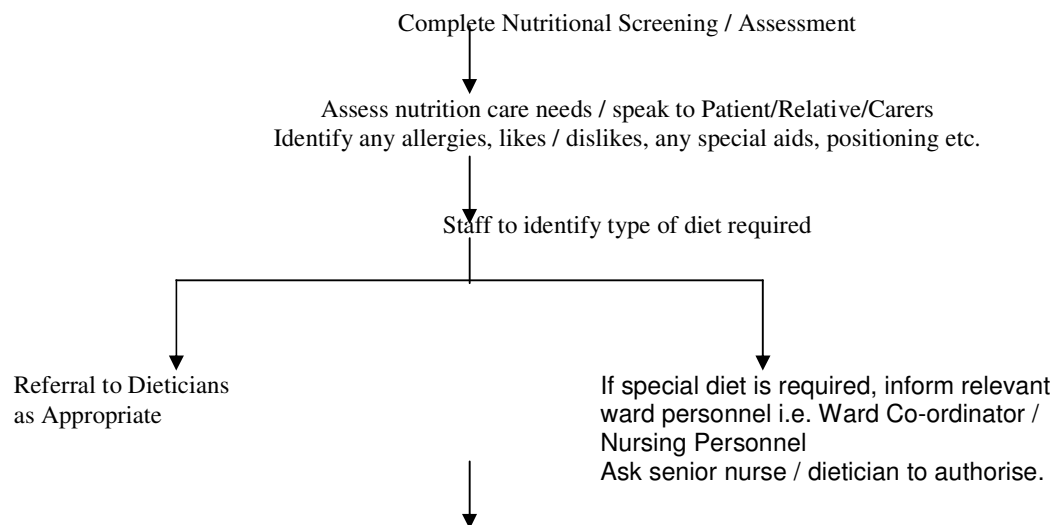
This hospital has a no alcohol policy unless prescribed by an appropriate member of the medical team

***What can I have brought in for me to eat?***

Foods that are low risk, such as biscuits, crisps, chocolate or pre-packed cake such as a muffin or jam tartlet. It is important to note that these foods have little nutritional value and should only be eaten in small amounts. For certain patients, however, the dietitian may recommend high calorie foods such as these.

**Our aim is to protect you from the possibility of becoming ill due to food poisoning. Your assistance in this matter will be greatly appreciated.**

### Special Dietary Request



### Ordering of Special Diets

1. Check current menus to see if diet can be covered by existing menu
2. Observe supplementary diet menu order if appropriate using daily special diet request sheet
3. For special diets not covered by existing or supplementary menus order as required using daily special diet request sheet (specify meal required where possible)
4. Ensure daily special diet request sheet is completed accurately to include
  - ❖ Ward Area
  - ❖ Date
  - ❖ Patients Name
  - ❖ Special Diet i.e. Gluten Free, High Protein
  - ❖ Specify dish required or likes/dislikes
5. Order diets on a daily basis
6. A member of the catering team will be willing to visit patients on request
7. A menu can be devised by dietitians / catering team on request for long term patients who require a special diet to prevent repetition.

NB. Any meal provided will only be as accurate as the information received. Please ensure all information is clear and as timely as possible.

### Catering Contact Details

**Eastbourne** ext. 134223                      **main kitchen** ext. 134119

**Conquest** ext. 148585                      **main kitchen** ext. 148618

### Dietician

**Eastbourne** ext. 134172                      **Conquest** ext. 148640

## Patient Information

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### Protected Meal Times



#### What does it mean?

##### Introduction

The presentation, colour, aroma, taste and texture of food in hospitals are all important to ensure that meals are tempting even to those with the poorest appetites. The only true measure of success is how much food is eaten. We have introduced a protected mealtime service to help get the most of the food provided.

##### What is a protected meal time service?

This is a period of time over lunch, when all activities, on the wards will stop. The nurses, catering staff and volunteers will be available to help serve the food and give assistance to patients who may need help. This will prevent unnecessary interruptions to mealtimes.

##### Why is it a good idea?

Patients themselves say they would prefer to eat their meals with less distraction on the ward. Other hospitals have already introduced the service and found that patients eat better and recovered more quickly. It creates a more relaxed and calm atmosphere giving patients time to socialise and digest their food.

##### Who'll be on the ward then?

As well as the patients the only people on the ward will be nursing staff, catering staff, housekeeping staff and volunteers, all with the same aim, to help, encourage and monitor the patient's food intake during their meal time and make it an enjoyable experience.

However, all emergency treatments will still be dealt with.

##### What can relatives or visitors do to help?

If you normally visit at mealtimes in order to help your relative or friend to eat or just to give encouragement, we are happy for you to continue to do this. Please ask the nurse in charge how you can help out.

If possible please try to avoid telephoning the ward for information during these times, so the staff can concentrate on helping the patients.

**If you have any worries or concerns about this, then please speak**

### East Sussex LINK HOSC review - East Sussex NHS Trust Hospital sites - visit summary

Meal Time	Conquest Hospital, The Ridge, Hastings		
	Cookson Attenborough (surgical)	Wellington (medical)	Egerton (stroke)
<b>Breakfast</b> 8.00-8.30 am  (visits started at 7.30 for stroke ward)		<b>27<sup>th</sup> April</b>  <u>Observation</u> – Ivy Eley  <u>Interviewing</u> – Margaret Stanton	<b>24<sup>th</sup> April (Sat)</b>  <u>Observation</u> – Margaret Stanton  <u>Interviewing</u> – David Bold
<b>Lunch</b>  12.00-1.00pm	<b>16<sup>th</sup> April</b>  <u>Observation</u> – Sue Weiner  <u>Interviewing</u> – Maureen Lawrence		<b>21<sup>st</sup> April</b>  <u>Observation</u> – David Lawrance  <u>Interviewing</u> – Janet Colvert
<b>Evening meal</b> 5.00-6.00pm  (visits started at 5.30pm)	<b>23<sup>rd</sup> April</b>  <u>Observation</u> – Janet Colvert  <u>Interviewing</u> – David Bold	<b>28<sup>th</sup> April</b>  <u>Observation</u> – Janet Colvert  <u>Interviewing</u> – Margaret Stanton	
Meal Time	Eastbourne District General Hospital, Kings Drive, Eastbourne		
	Hailsham 4 (surgical)	Folkington (medical)	Wilmington (stroke)
<b>Breakfast</b> 8.00-8.30 am  (visits started at 7.30 for stroke ward)		<b>26<sup>th</sup> April</b>  <u>Observation</u> – David Lawrance  <u>Interviewing</u> – Sue Weiner	<b>17<sup>th</sup> April (Sat)</b>  <u>Observation</u> – Ivy Eley  <u>Interviewing</u> – David Lawrance
<b>Lunch</b>  12.00-1.00pm	<b>15<sup>th</sup> April</b>  <u>Observation</u> – Ivy Eley  <u>Interviewing</u> – Vin Tapp		<b>30<sup>th</sup> April</b>  <u>Observation</u> – Vin Tapp  <u>Interviewing</u> – Sue Weiner
<b>Evening meal</b>  5.00-6.00 pm	<b>19<sup>th</sup> April</b>  <u>Observation</u> – David Bold  <u>Interviewing</u> – Maureen Lawrence	<b>29<sup>th</sup> April</b>  <u>Observation</u> – Sue Weiner  <u>Interviewing</u> – Maureen Lawrence	

## LINK Nutrition Survey

Record of comments made on Nutrition survey – East Sussex Hospitals NHS Trust

### 1. Were you weighed when you came into hospital or before you came into hospital?

- No as emergency admission (x 3)
- Yes, eventually when necessary to establish drugs
- Yes but one week later
- Don't know – have been weighed twice since admission
- Patient weighed several times

### 2. How long have you been in hospital?

No comments recorded.

### 3. Is there enough choice of food and drink?

- No choice patients had not seen menu (x2)
- Only 2 choices of food
- Drink limited to tea, coffee or water
- Additive to drink makes it too thick and poor taste (added for medical reasons to aid swallowing)
- Would like more vegetables
- No fruit juice available (x 2)
- There is only a salad option if you do not want the choice offered at meal service
- Difficult to get some choices, eg scrambled egg
- No menu/choice for last few days
- Would like wider choice
- Not offered in a timely way
- Lack of vegetables (x 2)
- Bring in own squash as only water available
- Fruit juice only available at breakfast (x 2)
- Limited (x 3)
- Limited drinks available
- No salad x 2
- Yes
- No condiments
- Only 2 options available at each meal time (x 3)
- Have little choice
- Same menu on every day
- Drink and food not always served together, especially at breakfast
- Only two options available from trolley
- Not offered fresh fruit even though in booklet

### 4. Did you get what you asked for?

- Only got salad on specific request
- Usually steered to what is available rather than personal choice, different on other wards (x2)
- Did not get what asked for
- Presented with what was on offer
- Get what is on trolley
- Menu book available but have to know and ask
- Not enough information and need large print
- Not aware of pre-order facility

- Sometimes not enough food from the kitchen (x2)
- No – not able to order (x 2)
- Not told what is on the trolley

**5. Does the food and drink suit your dietary, religious or medical needs?**

- No vegetarian options
- Lack of vegetarian options
- Lack of vegetarian options in sandwiches – sometimes none, other times egg or cheese only.
- Ok for diabetic
- Medical need – not able to take solids
- Never get fresh vegetables
- Too much stodgy food inc pasta
- Quantity could be improved
- Not suitable for vegetarian and not what is promised

**6. Are you given the chance to clean your hands before a meal?**

- Wipes available but not prompted to use them

**7. When you got your food, were you satisfied with its?**

7.1 Smell

- Everything smells the same (x 2)
- Not enough smell
- Have no sense of smell (x 2)

7.2 Temperature

- Cold (x 2)
- Cup-a-soup not hot enough (x 2)
- Only hot as near trolley
- Food is hot or cold depending on where you are on ward
- Usually tepid
- Not always hot (cold carrots) (x 5)
- Not very hot as served last

7.3 Taste

- Meat tastes processed
- Has to add a lot of salt
- Would prefer more salt
- Too bland
- Everything tasted the same (x 2)
- Too salty (x 2)
- Ok-ish (x4)
- No sense of taste (x 3)

**8. If you need help eating or drinking, did you get it?**

- Staff helpful
- Yes - but not always graciously
- Provided by carer
- Others get help where needed
- Help by carer (x 2)

**9. Was your meal/drink left within reach?**

- It is sometimes difficult to get hold of.
- No comments made

**10. Have you been given the opportunity to get snacks?**

- Can only get snacks if mobile
- Often no drink offered with breakfast
- Available but have to be paid for
- No biscuits with afternoon tea
- Not aware that snacks are available
- No comments made

**11. Have you been given enough information about when and where food is available to buy**

**elsewhere? Eg hospital shop, cafe**

- Booklet available but not within reach
- No information seen(x 3)
- Verbal questions answered
- Menu book available, including fresh fruit but have to know this and ask, not offered
- Not able to walk to shop
- No comments made

**12. Have you complained about the food and/or drink?**

- Do not eat rather than complain, there was no response to uneaten food (x 2)
- One meal was cold – it was replaced
- What was requested was “not available”
- Not taken notice of, repeated
- Portion sizes especially

**16. Have you stayed in this hospital or ward in the last year?**

No specific comments made in answer to this question.

**17. Have your family or friends brought food in for you?**

- Snacks (x 7)
- Yes because food provided not fresh or nutritious enough
- Yes because often the food is too unpleasant to eat
- When asked
- Vegetarian needs not met
- Family usually do
- Sometimes, mainly drink
- Fruit (fruit because of limited range available) (x 7)
- Treats (x 5)
- Fruit juice
- Family brought in fruit (x 7)
- Favourite food brought in as a treat (x 15)
- Because of quality of food
- Squash
- Not able to eat hospital meals (x 2)
- Fresh bread (x2) and cheese
- Sandwiches

**18. Have you noticed other patients who need help to eat or drink, but didn't get it?**

No specific comments made in answer to this question.

**Other comments:-**

- Would like main meal later in day to suit normal pattern
- Sometimes staff need to be prompted to help (x 2)
- Fresh fruit and vegetables not available (tinned/frozen) (x 2)
- Presentation good
- Good quantity
- Portion size (x 3) (one person found it was still not appropriate in spite of informing staff)
- Same type of meal offered for lunch and dinner
- Do not follow menus in booklet
- Sometimes food inedible
- No condiments unless requested (x 2)
- Reluctant to help cutting up food
- Other people not receiving meal of choice
- Vegetarians appear not to be catered for (x 2)
- Need fresh vegetables including proper potatoes
- Generally satisfied (x 4)
- Seemed to be some uncertainty about diabetic diets
- Staff excellent
- Long gap between supper (5.00pm) and breakfast (8.00am) not normal pattern
- Staff work hard and are very good, but seems understaffed
- Good food and support, everything excellent
- Food very good for institution although rather school dinner-ish
- Food excellent (x 2)
- Nice choice
- Everything delightful
- Happy with everything (x 3)
- Lack of conversation and treats for patients without visitors
- Patient unhappy with ward, felt placed there because of age. No respect for individual, unhappy about noise and bad language.
- Fine for hospital
- Enjoys the food
- Would like better sandwiches, mousses and scrambled egg
- Do pretty good job
- Excellent care by all staff
- Enjoys the food
- Food very good
- Care and food good and appreciated being asked for comments
- Really improved in last 4 years
- Would like fresh orange juice
- Limited budget therefore food ok-ish
- Would like cup and saucer but no dishwasher available
- Staff excellent and check what patients eat
- You eat what you are given
- Very happy with overall care
- Portion size – not changed when requested
- Seems to have improved

- Very thankful
- Staff could be more helpful
- If staff see food left they immediately help the patient
- Cannot think of anything to better it, excellent
- Cater for masses so it cannot be like home cooking, but very good otherwise
- Tea arrives after toast (breakfast)
- Can always get a drink and can go to café if want
- Hospital supply hand wipes
- Satisfied with the food
- Help not readily available therefore the food is not hot when received
- Food and service on this ward is excellent
- Generally staff marvellous and food good
- Could be better
- Food and drink quite adequate
- Food fine and improved
- Not enough choice when have a diminished appetite, what is on offer does not always appeal
- Happy with food and staff

## LINK Nutrition Observations

Record of comments made on Nutrition survey observations – East Sussex Hospitals NHS Trust

### 1. Have you seen any interruptions to meal times?

- One person needed to leave the ward on a stretcher which interrupted all other meals in bay
- Sister said this happens quite often
- The meal for a patient who was not on the ward at the time of meal service was served as soon as the patient returned to the ward
- Patients returning from theatre – including late evening
- Drugs trolley (x 2)
- Staff non work chat
- Visitors (x 2)
- Taking blood
- Patient washing
- Naso-gastric tube fitted in presence of authorised rep
- Quick visit from Doctor
- Relatives arrived during evening meal
- Doctor interrupted meal during breakfast – staff needed to get fresh breakfast

### 2. Are people who need it, being helped to eat their meals and drink?

- Yes – but one lady having difficulty therefore needed more checking
- Patients wakened in order not to miss meals
- Carers

### 3. Are there menus readily available for people to make choices?

- Menus available but not adhered to
- Choice from trolley not menu (x 2)
- Patients allowed to change their choice from food available on trolley
- Booklet available but most choice made at mealtime
- Choice at breakfast not adequate
- Choice made from trolley at time of meal, not from menu
- One patient had cooked breakfast especially supplied.

### 4. If people are not eating their food, or drinking, what are staff or volunteers doing about it?

- No volunteers present
- Patients checked and encouraged to eat by staff
- Staff excellent in encouraging patients to eat (x 2)
- Staff showed real respect to patients
- Patient not drinking enough was spoken to very kindly and the need to drink more was explained, the patient was also offered different types of fluid
- Patient unable to choose as unaware of choices
- Health care assistants monitoring those not eating, this was recorded on a file at the end of the bed
- Facts recorded and referred to nursing staff
- Nursing staff happy to help but this was not observed as no patient required it
- Health Care Assistant discussed patients eating after meal service
- One patient offered a variety of food to encourage eating
- Varying portion and spoon sizes offered
- One Doctor assessed food left and discussed with Health Care Assistant

- Food nicely presented
- Staff not concentrating on helping person to eat effectively
- Help available
- Serving staff advise nursing staff of those not eating or wanting food
- Staff assist and offer alternative where necessary ( x 3)

**5. Is there evidence of any of the patients' food and/or drink being recorded?**

(do staff appear to be recording information when patients leave a lot of food, any visible charts)

- For those that need it
- Files on end of bed for food and fluid charts
- No evidence of staff recording food
- Folders on beds
- Told recorded for 48 hours then stopped if no problems

**6. Is there evidence of snacks/drinks being available between meals?**

(check if there is a nearby vending machine, water jugs topped up etc)

- Vending machine
- There was evidence of sandwiches, toast, and tea in staff fridge
- Patient fridge available
- Water changed regularly (x 2)
- Snacks available
- Patients not always aware that snacks are available between meals
- Food in fridge but snacks did not appear to be available
- Tea trolley and water available on demand
- Ward kitchen located in neighbouring ward – manageable but inconvenient / no access if ward closed. Drinking water again from shared ward – requires staff time. Highlighted to catering manager who was checking – no change noted on subsequent visit.
- Snacks brought in from home
- Trolley with snacks brought round every afternoon.
- Sandwiches and drinks available from fully stocked ward kitchen, however most patients were not aware this was available (x 2)
- Fruit and sandwiches brought in from home

**7. How are patients identified who are at risk / in need of help e.g. coloured tray, marker by bed etc.**

- No evidence
- Special diets are noted when food delivered
- Assumed staff know who needs assistance
- Marker on bed (x 2)
- Food server knew needs of each patient, noted on the days meal serving sheet
- Record made on daily basis of food not eaten by each patient
- Marker on bed
- Coloured trays tried and discarded due to discrimination
- Auxiliary staff aware of patients requiring fortified food and drink.
- Care plan
- Patient records
- Coloured mats on bedside tables
- Chart at end of ward bay
- Marker on bed or patient record (x 2)
- No evidence (x 2)

## 8. How much food is being wasted and why?

- Variable – left due to lack of appetite
- Waste occurs due to the need to provide extra portions to give patient choice
- Changes to meals are sometimes made by medical staff
- 8% wastage across whole hospital
- Very little
- Change of mind by patient
- Very little – dependent on patient appetite/illness (x 3)
- Not much, portion size judged by staff
- One patient poured water on porridge, meal replaced
- Portion sizes good
- Menu options not always popular or appealing to patient ( x 2)
- Fussy patients

## Anything else?

- Patient requiring toilet facilities during meal time interrupts food service as same staff required to do both jobs
- Those at the end of the ward are late in receiving food
- There was no evidence to support the feeling that staff had been pre-briefed but staff appeared to have the right answers
- Food prepared and cooked at Conquest then delivered chilled to District General Hospital
- Felt like personal service
- Portion size considered
- Presentation of the mashed food was excellent (x 2)
- Pureed food was well presented and looked appetising
- Food tested for temperature on the ward and regularly tested (x 3)
- Stroke wards receive food early to enable patients to be aided with feeding
- One nurse was an expert on MUST
- All staff are receiving MUST training (Stroke ward)
- Training in place for all staff not just nurses
- Food sampled – tasted good
- Unverified comment that food not served for patients is eaten in staff canteen
- Auxiliary checked and referred patient to nursing staff when patient asked for food but the nil by mouth sign was still above bed
- Fridge clean and well stocked
- Trolleys brought to ward 10 minutes before serving meals
- Cutlery covered with cling film
- Rubbish cleared away promptly
- Excellent team work
- Toast made in small numbers so that it is fresh for all
- Breakfast drinks served after meal in polystyrene cups
- Staff patient and focused
- Ward co-ordinator just starting on ward, Health Care Assistant felt that this was good and would give them more time to help with feeding and record keeping
- Trolleys have fresh fruit but only given on request.
- Meals well plated
- Co-ordinators seemed appreciated and took account of patient preference
- Snack box available

- Food available if needed
- Patient has own squash brought in
- Menus seen at bedside
- Co-ordinator pleasant, polite and helpful to patients
- Would like fresh orange juice
- Plates in hot cupboard to help with serving temperature of food
- Menu told to staff on food delivery and then conveyed to patients
- The time it takes to serve all patients with meals depends on number of staff helping

## Summary of statistical data - Questionnaires

Total Number of questionnaires completed 97 (one terminated due to health of patient)

Number of completed questionnaires by Ward :-

Surgical	32	Medical	35	Stroke	30
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Number of completed questionnaires by meal service:-

Breakfast	24	Lunch	29	Supper	34
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Number of completed questionnaires by respondent:

Patient	94	Relative	0	Carer	2	Unknown	1
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Number of interruptions 17 \* (interruptions by drug trolley and visitors difficult to quantify)

### 9. Were you weighed when you came into hospital or before you came into hospital?

Yes	61	No	25	Don't know/don't remember	11
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### 10. How long have you been in hospital?

One day	8	2-6 days	22	A week	39	A month	13
More than a month	15						

### 11. Is there enough choice of food and drink?

	Yes	No	No answer
Food	80	15	1
Drink	80	12	4

### 12. Did you get what you asked for?

Yes	81	No	10	No answer	5
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### 13. Does the food and drink suit your dietary, religious or medical needs?

Yes	61	No	11	Not applicable	23	Unknown	1
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### 14. Are you given the chance to clean your hands before a meal?

Yes	63	No	33
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### 15. When you got your food, were you satisfied with its:

	Yes	No	No answer/no sense of
Smell	78	10	8
Temperature	81	15	
Taste	77	16	3

**16. If you need help eating or drinking, did you get it?**

Yes 37      No 13      Not noticed 46

**9. Was your meal/drink left within reach?**

Yes 95      No 1

**10. Have you been given the opportunity to get snacks?**

	Yes	No	Don't know/never asked
Snacks	40	14	42
Hot Drinks	61	7	28

**11. Have you been given enough information about when and where food is available to buy elsewhere? e.g. hospital shop, cafe**

Yes 54      No 41

**12. Have you complained about the food and/or drink?**

Yes 14      No 82

If yes, has it improved since your complaint?

Yes 6      No 6      No answer 2

**13. Have you stayed in this hospital or ward in the last year?**

Yes 42      No 54

If so, has the food and drink improved?

	Yes	About the same	No
Food	17	17	8
Drink	16	16	10

**14. Have your family or friends brought food in for you?**

Yes 50      No 45      No answer 1

**15. Have you noticed other patients who need help to eat or drink, but didn't get it?**

Yes 23      No 64      No answer 9

## Summary of statistical data – Observations

Total number of observation sheets completed 12

### 1. Have you seen any interruptions to meal times?

Yes 6 No 6

### 2. Are people who need it, being helped to eat their meals and drink?

Yes 9 No 1 No answer 2

### 3. Are there menus readily available for people to make choices?

Yes 7 No 5

### 4. If people are not eating their food, or drinking, what are staff or volunteers doing about it?

12 people observed being helped by staff

### 5. Is there evidence of any of the patients' food and/or drink being

**recorded?** (do staff appear to be recording information when patients leave a lot of food, any visible charts)

Yes 10 No 2

### 6. Is there evidence of snacks/drinks being available between meals?

(check if there is a nearby vending machine, water jugs topped up etc)

Yes 11 No 1

### 7. How are patients identified who are at risk/in need of help e.g. coloured tray, marker by bed etc?

No evidence of identification	1	Coloured Tray	0
Marker on bed	4	Other	6
No answer	1		

### 8. How much food is being wasted and why?

Not seen 11 No answer 1