

**Report from Brighton and Hove LINK and
West Sussex LINK on Nutrition in the Royal
Sussex County Hospital (Brighton) and
Princess Royal Hospital, Haywards Heath
(Brighton Sussex University Hospitals NHS
Trust)**

June 2010



Your voice on local health and social care ¹

Brighton and Hove LINK Report

June 2010



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1. Acknowledgements

Brighton LINK wishes to extend their gratitude to the staff of Brighton Sussex University Hospitals Trust for their help and co-operation. The LINK also thanks East Sussex Health Overview and Scrutiny Committee for their financial contributions to help make this research possible. The LINK would like to say a special thank you to all the patients, their families and carers who took part in this survey.

This project was guided by LINK members and LINK support staff including:

Brighton and Hove LINK:

Enter and View authorised representatives

- Mick Lister
- Diana Ward-Davis
- Dawn Webb
- Merle Blakeley

B&H LINK Staff attending some visits:

- Val Young, LINK Development Worker
- Claire Stevens, LINK Manager

B&H LINK Nutrition Report – drafted by Claire Stevens (B&H LINK Manager)

2. Summary

- Overall the satisfaction with the food and drink in the Royal Sussex County (RSC) was positive.
- Regarding choices for the three main meals served each day, most patients agreed that the range available was sufficient (67%)
- Most of the patients surveyed did not have special dietary requirements (84%) but some vegetarians felt the meal options were limited.
- The LINK did not observe any interruptions to meals by clinicians although it was noted that relatives often did not adhere to the protected meal times and were not seen to be assisting with eating.
- The majority of patients said they were not aware that they could have something to eat outside of the normal meal times. This could be because they were admitted via Accident and Emergency and therefore did not receive the hospital booklet explaining facilities etc. It is important that these patients are given this information so they are aware of what is available. Due to illness/fatigue it is often more convenient for patients to access snacks etc outside of meal times and may help satiate appetite and encourage eating.
- Most patients (61%) did not have the opportunity to clean their hands before their meal.
- There was no evidence of any indentifying equipment/signage being used for people who may be at risk from malnutrition or require assistance/encouragement to eat.
- It is difficult to assess from this research whether the hospital adequately provides for special diets including religious requirements as most of the patients said they did not have specific needs.
- 61% (22 of 36) of patients reported that they had seen other patients who needed help to eat but did not receive it. It should be acknowledged that this is a perception and may not be entirely accurate. However, this question was deliberately included in the survey as interviewer's presence on the ward could bias the results and so this question tested what happens when interviewers are not present.

3. Introduction

East Sussex Health Overview and Scrutiny Committee (HOSC) commissioned East Sussex, Brighton and Hove (B&H) and later West Sussex LINKs to feed into their nutrition, hydration and assistance with eating in Sussex Hospitals. The rationale was to compare and contrast data throughout Sussex, highlighting good practice and identifying areas of improvement.

LINKs are statutory bodies established in 2008 under the Local Government and Public Involvement in Health Act 2007. They are independent networks of people and groups who help make social and health care better in their local area. The LINKs help people have their say and make sure that what they say is listened to. B&H LINK has powers to monitor and investigate issues relating to publicly funded health and social care.

The LINKs were asked to provide data direct from patients via enter and view as this is a legal power which Overview and Scrutiny Committees do not have. Enter and View enables LINKs to:

- observe the delivery of health and social care services
- collect the views of people whilst they are directly using those services.

The LINK enter and view team of authorised representatives are fully trained and all have completed an enhanced Criminal Records Bureau check.

4. Background of Nutrition in Hospitals

£500 million is spent on NHS food each year. It is estimated that poor nutrition in hospital costs the NHS almost £300m a year.

Good nutrition is paramount to recovery and must be recognised as part of treatment/clinical care. It is vital that patients' nutritional needs are met and risks of malnutrition in hospital are reduced. Patients who receive good nutrition may have shorter hospital stays, fewer post-operative complications and less need for drugs and other interventions.

Older people are more likely to be malnourished when admitted to hospital and remain so during their hospital stay. They also have longer periods of hospital stay. 1 in 4 hospital patients are admitted into British hospitals malnourished (**BAPEN 2007**).

In a briefing to Parliament by Age Concern (7 February 2006), the charity stated that:

“Around 40% of hospital inpatients are also malnourished on admission and sadly the likelihood is that malnourishment will get worse for these (mainly older) people during their hospital stay. Patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50.”

Patients who are malnourished at admission have been shown to be up to have 8 times higher mortality rates at discharge (**Sullivan 1999**).

According to the Alzheimer's Society two thirds of medical beds, in general hospitals are occupied by people over the age of 65 and around 30% of them will have dementia.

The National Patient Safety Agency (NPSA) has identified poor nutrition as a patient safety issue and believes protected mealtimes have the potential to improve patient safety by "ensuring patients receive the right meal at the right time with the right amount of help".

Most patients depend on ordinary hospital food to improve or maintain their nutrition in order to optimise their recovery from illness. It is likely that by:

- providing appropriate food and drink
- a wide range of choice of food and drink
- providing and promoting snacks and outside of meal times food and drink

it could help cut down the length of hospital stays and cost from in-patient admissions.

The Royal College of Nursing (RCN) carried out a survey of nursing staff to explore attitudes towards nutritional care. 81% of nurses thought nutrition was 'extremely important' but 42% felt there was not enough time to devote to patients' nutrition (RCN, 2007).

As people age their taste buds decline, so food becomes less appealing. Therefore, it is even more important that hospital food is tasty and appetising to encourage older patients to eat. Pioneering research from the University of Reading is being used to enhance the taste of hospital food to help prevent or treat malnutrition in older people (Science Daily 2010).

Recent Initiatives/Research on Hospital Food

August 2008: The Department of Health launches online nutrition training
In support of the Nutrition Action Plan, an online e-learning programme is launched to help nursing and other staff learn more about nutrition for hospital patients.

July 2008: Cabinet Office Food Matters report promises action
The Cabinet Office publishes Food Matters: Towards a Strategy for the 21st Century. It states that: "The public sector in England should be leading by example. More nutritious, environmentally sustainable food will be delivered through a new 'Healthier Food Mark' linked to standards for food served in the public sector.

2008: Which?

Investigates the unhealthy state of hospital food Which? (Formerly the Consumers Association) conducts an investigation and finds that in 18 of the 21 hospitals checked, 86% of meals contain too much salt; 67% too much saturated fat and more than half (52%) contain too much fat, tested against government health guidelines.

April 2009:

Public health minister commissions sustainable food guidelines for hospitals following a visit to a pioneering hospital in Cornwall where healthy and sustainable food is paramount, guidelines (Sustainable Development Commission report) for hospitals to improve their food are introduced.

April 2009:

Royal College of Nursing Nutrition Now! campaign is terminated due to lack of take-up.

February 2009:

Government drafts Healthier Food Mark guidelines which means food should be both health and from sustainable sources.

April 2009:

Malnutrition in hospitals and care homes continues to rise and in answer to a parliamentary question, the Department of Health reveals that over 2,600 people have died from malnutrition in hospitals and care homes in England during the past decade.

August 2009:

University researchers say hospital food is worse than prison food Bournemouth University undertakes research into hospital food and announces that hospital food is worse than prison food 'Hungry in hospital, healthy in prison?'

5. Methodology

The LINKs met regularly to develop the research tools to enable them to conduct the research. A questionnaire was formulated to gather data on patients' views regarding their satisfaction with the food and drink they were being served in hospital, as well as access to information on food and help with eating. Careful consideration was given to the wording of questions to minimise bias and leading questions. It was agreed to use a combination of open and closed questions and for the interviewers to use the same introduction text at the start of each survey.

The LINKs also decided to use non-participant observation which meant data was collected by observing behaviour without interacting with patients or staff. The LINKs developed an observation checklist to enable them to do this. The survey and observation checklist are included in the appendices.

In total 36 interviews were conducted with patients with a questionnaire completed by the interviewer for each patient. It was felt that leaving questionnaires with patients to complete themselves would be inconvenient and time consuming for both patient and interviewer. Also, this method provided strong qualitative data in the form of comments from patients, which they may otherwise be reluctant to make.

When were visits undertaken?

The LINKs agreed to undertake the visits during protected meal times. This is a period of time over lunch and supper, when all activities, on the wards stop. This helps prevent unnecessary interruptions to mealtimes and enables staff to be available to help serve the food and give assistance to patients who may need help. The LINKs acknowledged that undertaking the enter and view visits during protected meal times would be somewhat disruptive but it was considered necessary to obtain the data.

It was also agreed to survey during different meal times to assess whether there were any key differences between meals and to obtain a fuller picture.

Why were the enter and view visits announced?

The LINK is able to make unannounced visits meaning that health and social care providers do not know in advance when visits will take place. The LINKs considered that it was unnecessary to make unannounced visits as there would be no real benefit in turning up on wards unexpectedly. The Department of Health recommends that unannounced visits are used very occasionally and that there must be tangible evidence from the community that this is an issue.

Why were stroke, medical and surgical ward patients chosen to undertake this survey?

To enable accurate comparisons between hospitals and wards it was agreed to select similar ward types. Unfortunately, it was not possible to survey children's wards as they are not sited in all of the hospitals in the research. Stroke patients were identified as being at higher risk of needing assistance with eating due to the nature and complexity of the condition.

Details of Visits to the Royal Sussex County Hospital

Ward Type	Ward Name	Meal	Meal & Time
Stroke	Donald Hall & Solomon male and female	Breakfast: 8.00-8.30 19th April	Lunch: 12.00-12.10 pm 28 th April
Surgical (orthopaedic)	Level 8a West Thomas Millennium Block	Lunch: 12.30 pm 21st April	Dinner: 18.30 26th April
General medical (older people)	Jowers (Barry building)	Breakfast: 7.45-8.00am 26th April	Dinner: 18.00-18.15 29th April

Limitations of the LINK Research

Representativeness of Sample

The number of patients the Enter and View Team were able to survey on some wards was quite limited, particularly on some wards. It was difficult to find sufficient numbers in some wards and this meant that some people were excluded:

- patients being too unwell/asleep to participate
- a small minority (2) not wanting to participate
- patients with visitors and too busy to participate
- patients engaged in other activities e.g. using mobile phones
- patients with dementia etc. who were unable to participate

Bias

Using non-participant observation can mean that patients and staff modify their behaviour accordingly, as people often do not act as they would if not being observed if they know they are being watched (the Hawthorne Effect).

Perceptions

Although the Enter and View Team did witness a significant amount of plate wastage, it is recognised that the food quality, choice or lack of assistance may not be the main factor in this. Many patients may be feeling nauseous after anaesthetic, procedures etc, some patients may be overly particular about their food likes and dislikes, too tired/unwell to eat at meal times etc. It should also be acknowledged that some patients had low expectations of hospital food and were just grateful to be treated well clinically:

“it is better than the food in the war”

“It’s hospital food, so what can I expect?”

“It’s not too bad, I can put up with it.”

“I’m not here for the food”

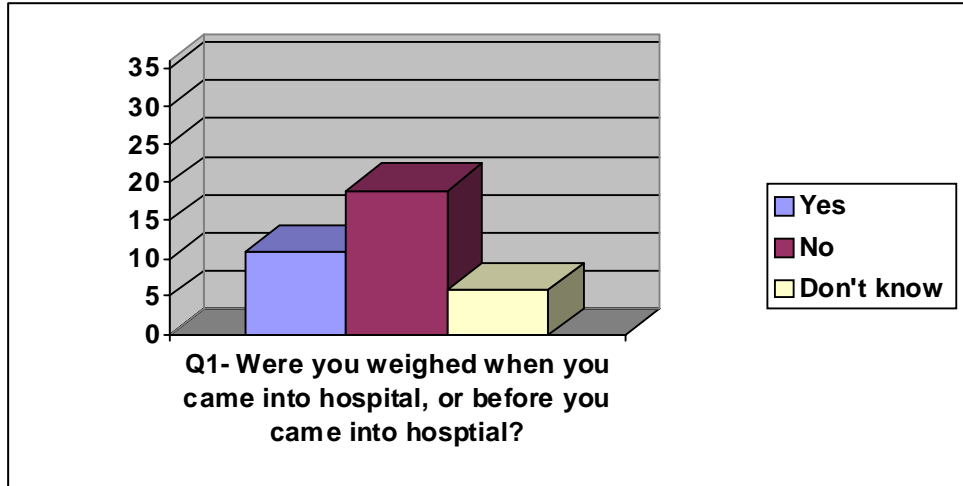
6. Results

Statistical Data

Q1: Were you weighed when you came into hospital or before you came into hospital?

Overall score: 36

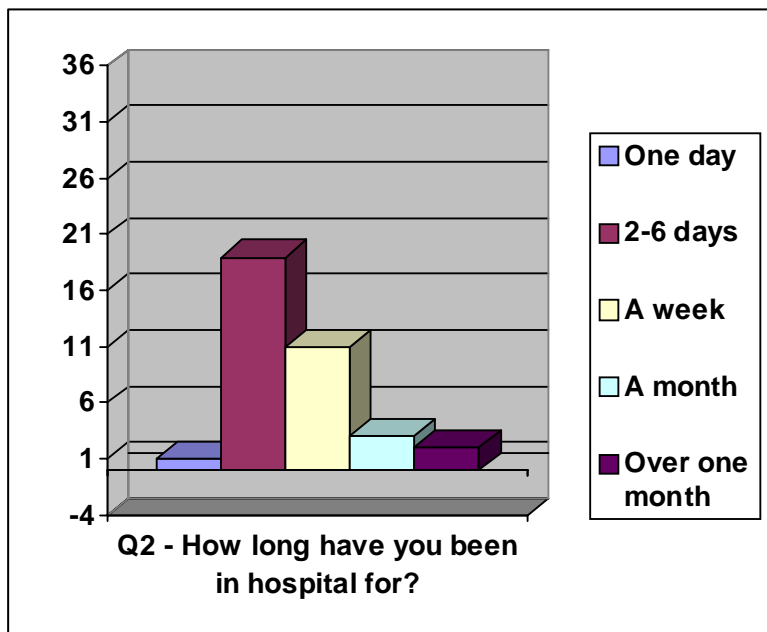
Yes	31% (11)	No	53% (19)	Don't Know	17% (6)
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Q2: How long have you been in hospital for?

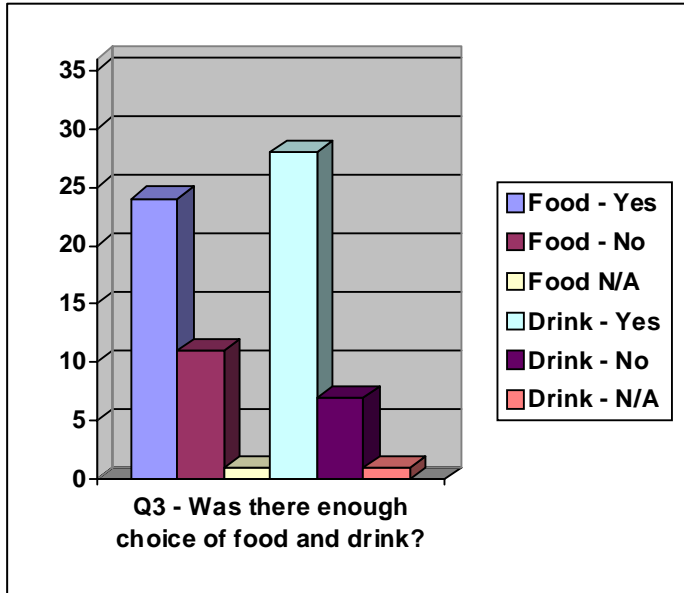
Overall score: 36

One day	2-6 days	A week	A month	More than a month
3% (1)	53% (19)	31% (11)	8% (3)	6% (2)



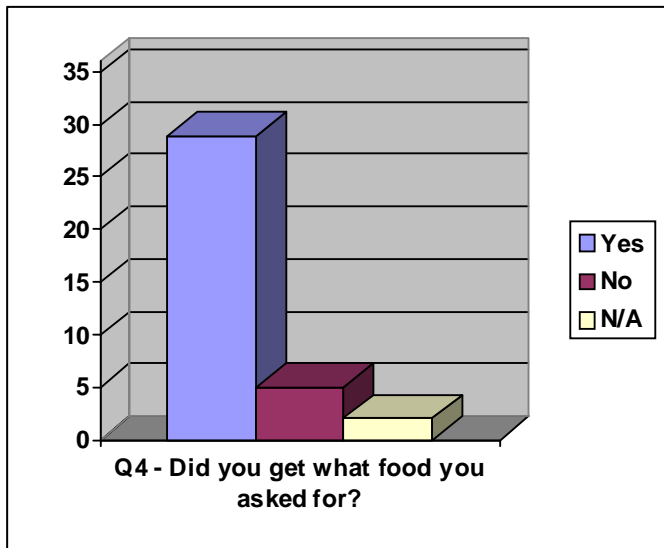
Q3: Was there enough choice of food and drink?

Overall score: food: 36 Drink: 36			
Food: 67% YES (24)	31% No (11)	Don't Know: 3% (1)	
Drink: 78% YES (28)	42% No (7)	Don't Know: 3% (1)	



Q4: Did you get what food you asked for?

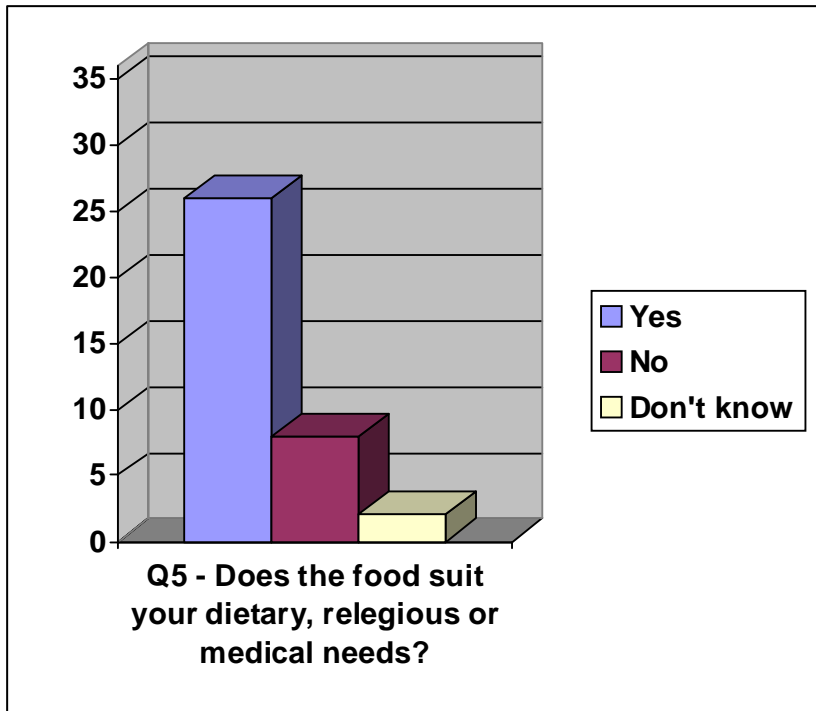
Overall score: 36		
Yes 81% (29)	No 14% (5)	Don't Know 6% (2)



Q5: Does the food and drink suit your dietary, religious or medical needs?

Overall score: 36

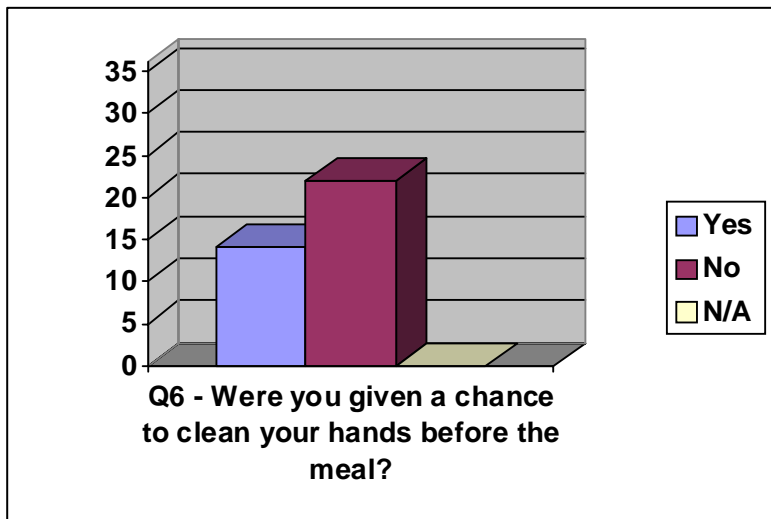
Yes	72% (26)	No	22% (8)	Don't Know	6% (2)
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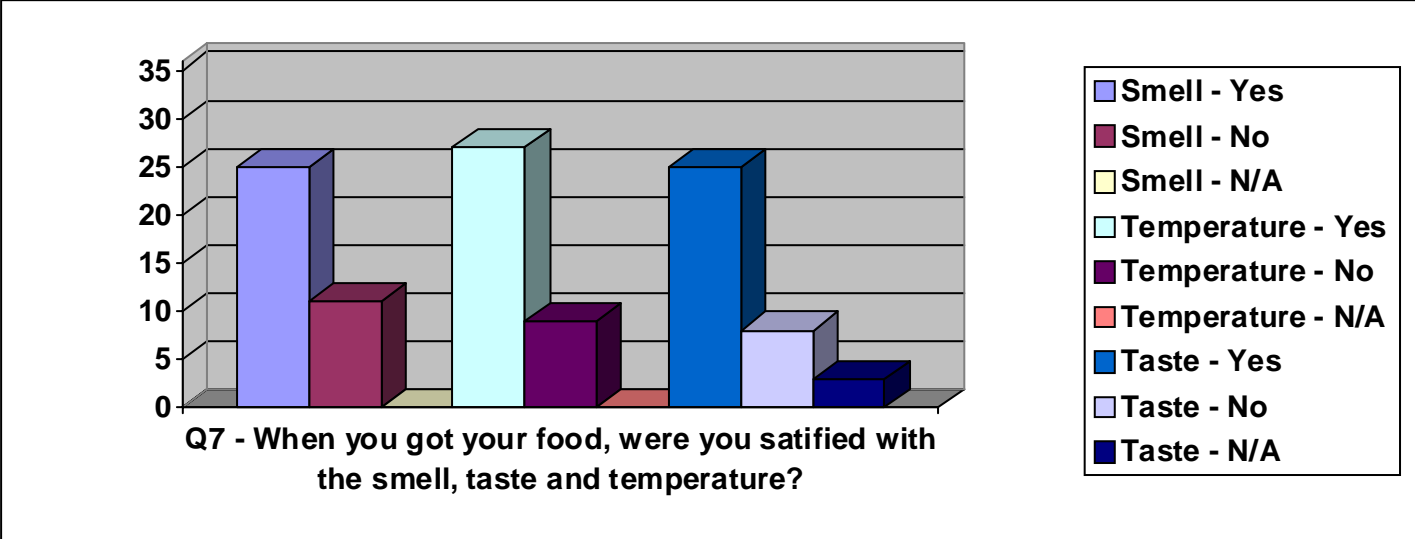
Q6: Were you given a chance to clean your hands before the meal?

Overall score: 36

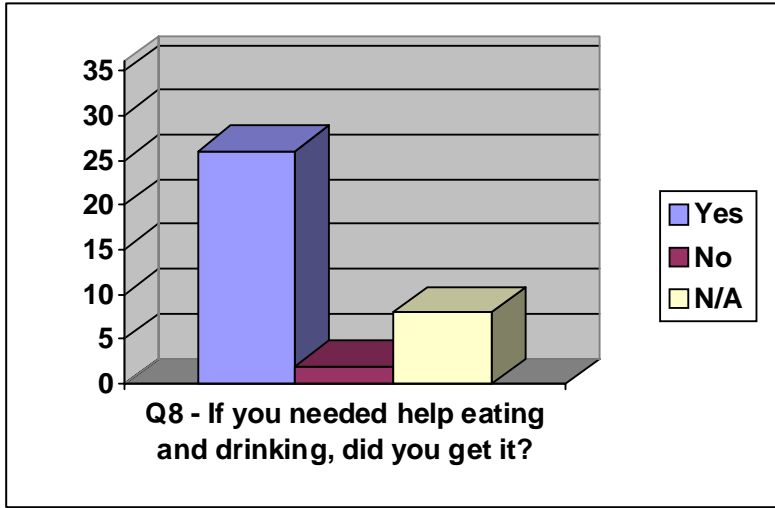
Yes	38 % (14)	No	61% (22)	Don't Know	0% (0)
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Q7: When you got your food, were you satisfied with:			
Overall score: 36			
Smell:	69% Yes (25)	No: 31% (11)	Don't Know: 0% (0)
Temperature:	75% Yes (27)	No: 25% (9)	Don't Know: 0% (0)
Taste:	69% Yes (25)	No: 22% (8)	Don't Know: 8% (3)

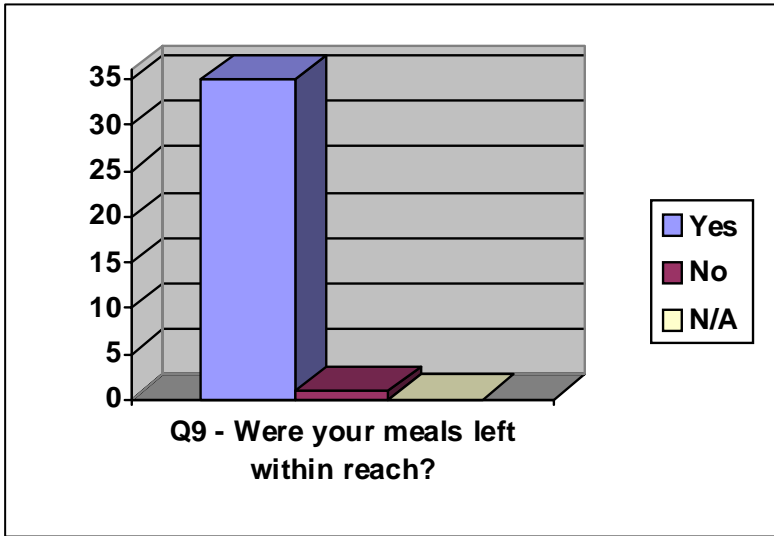


Q8: If you needed help eating and drinking, did you get it?		
Overall score: 36		
Yes: 72% (26)	No: 6% (2)	Don't Know: 22% (8)



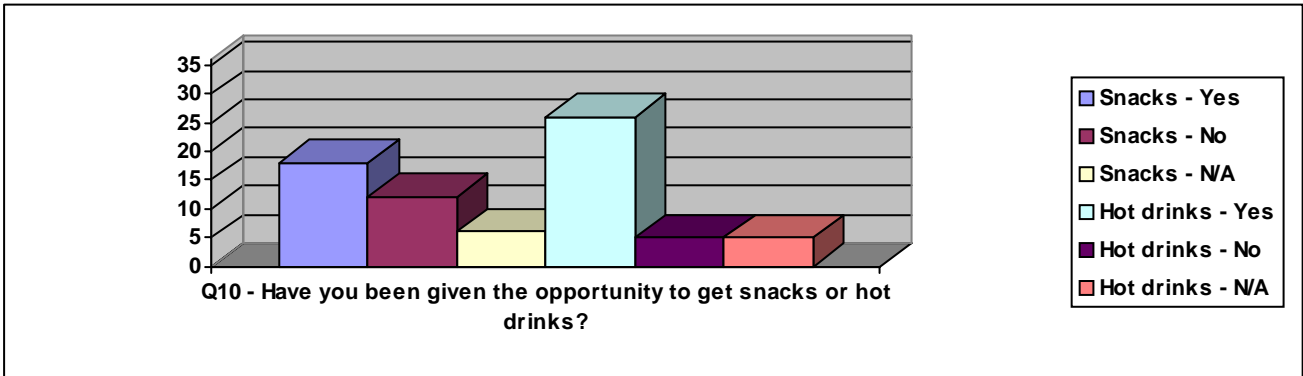
Q9: Were your meals left within reach?

Overall score: 36			
Yes	72.22%	(35)	No 2.77% (1) Don't Know 0% (0)



Q10: Have you been given the opportunity to get:

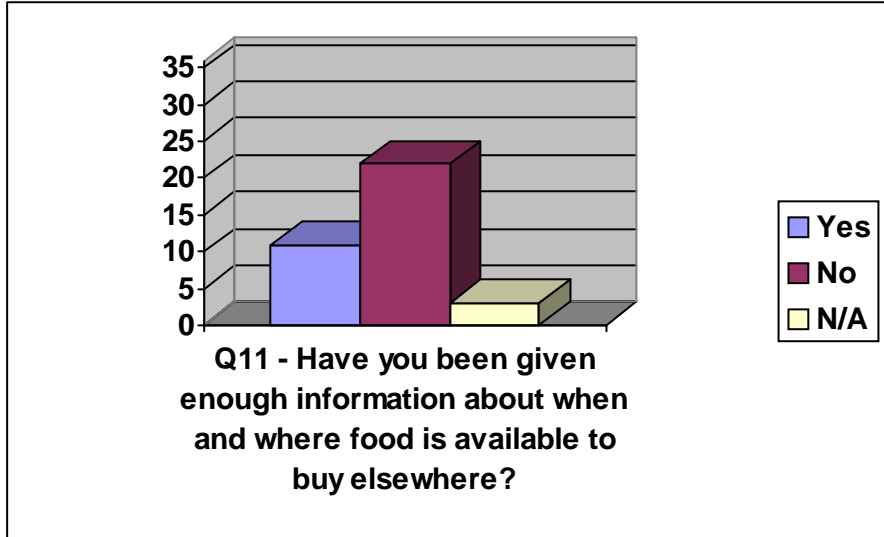
Overall score: 36		
Snacks: 50% Yes (18)	Snacks: 33% No (12)	Snacks: 17%N/A (6)
Hot drinks: 72% Yes (26)	Hot drinks: 14% No (5)	Hot drinks: 14% N/A (5)



Q11: Have you been given enough information about when and where food is available to buy elsewhere?

Overall score: 36

Yes	31% (11)	No	61% (22)	Don't Know	8% (3)
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Q12: Have you complained about the food or drink?

Overall score: 36

Yes: 19% (7)	No: 81% (29)	Don't Know: 0% (0)
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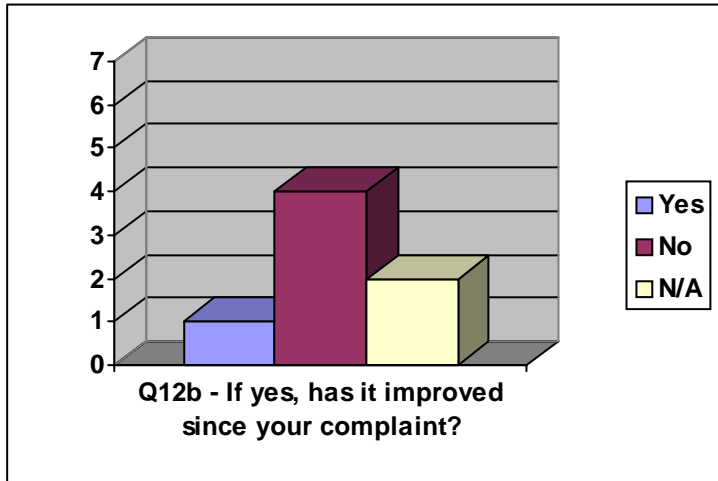
Q12b: If yes, has it improved since your complaint?

Overall score: 7

Yes: 14% (1)

No: 57% (4)

Don't Know: 29% (2)



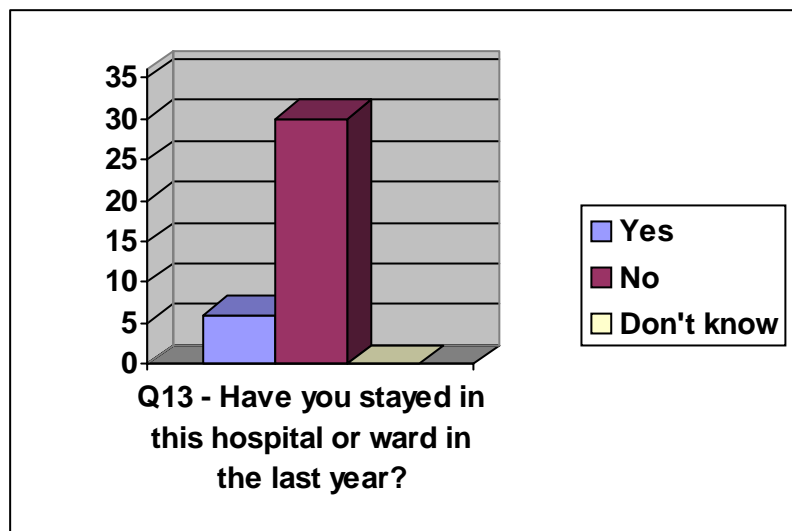
Q13: Have you stayed in this hospital or ward in the last year?

Overall score: 36

Yes 17% (6)

No 83% (30)

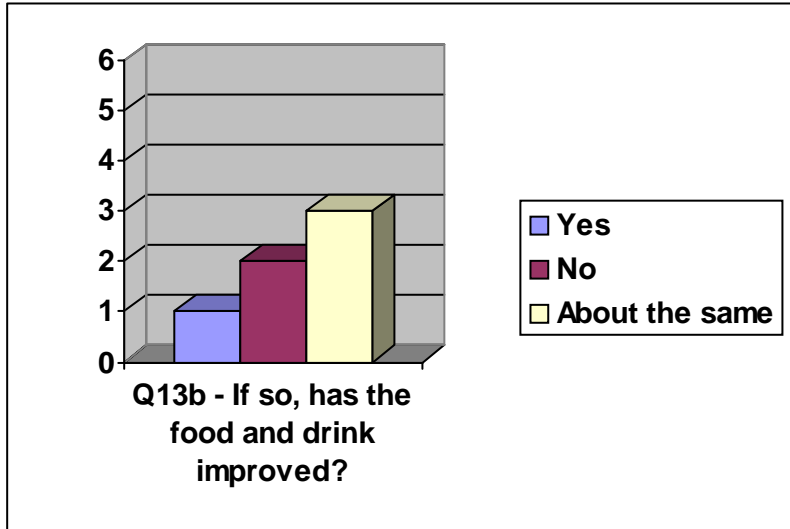
Don't Know: 0% (0)



Q13b: If so, has the food and drink improved?

Overall score: 6

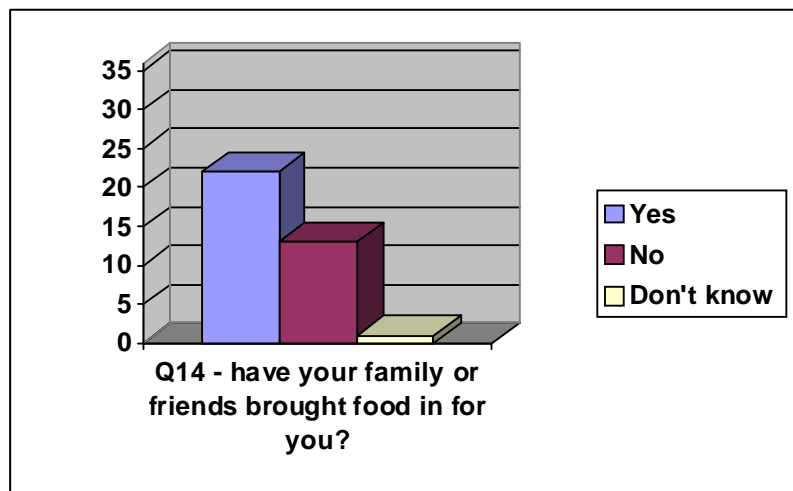
Yes 17% (1)	No 33% (2)	About the same: 50% (3)
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Q14: Have your family and friends brought food in for you?

Overall score: 36

Yes 61% (22)	No 36% (13)	Don't Know: 3% (1)
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Q15: Have you noticed other noticed patients who need help with eat and drink but didn't get it?

Overall score: 36

Yes: 61% (22)	No: 36% (13)	Don't Know: 3% (1)
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Observations

Royal Sussex County Hospital, Brighton

- Although most people said they were not weighed before coming into hospital, the main reason for this is likely to be due to being admitting via Accident and Emergency.
- 7 patients said they had complained about the food but had their complaints satisfactorily dealt with.
- Water jugs all seem to be filled and available but did not have lids. This may be because it is easier for patients to access their water jug.
- Most patients were unaware that snacks are available between meals and seemed surprised to hear that they were.
- Interviewers witnessed staff giving assistance to those that needed it
- Some staff seem to be over stretched during meal times. It is difficult to get round to all the patients who need help eating as meals get cold.
- Vegetables looked over-cooked and unappetising
- Some respondents said they felt the vegetarian options were limited and opted for sandwiches.
- Most patients received the meal options they had chosen although some patients said they could not remember what they had ordered anyway.
- Some patients felt the food could be healthier with more fresh fruit and vegetables available
- Most patients seem satisfied with the temperature of the food
- No visitors or volunteers were observed helping with patients' eating but this may be because it can be unsafe to use volunteers to assist with eating when the patient has complex care needs.
- There seemed to be a lot of food left on plates but it is acknowledged that this is not necessarily an indication of poor quality but could be attributed to illness etc. (as discussed in Chapter 5).
- Staff were seen assisting quite a few patients with eating with a sensitive, caring approach and most patients seemed to respond well to this.
- One older patient who appeared to be quite fragile and possibly had dementia was seen with a pasty type dish. This was left half eaten and did not have any gravy. This looked quite difficult to swallow as it was so dry.
- The LINK did not observe any patients using specially adapted eating aids.
- Although most patients' friends and family did bring in food and drink this was not due to poor quality of the food, it appeared to be mainly as an act of kindness.

Positive Patients Comments on RSC

The breakfast is nice, just the sort of thing I eat at home.

Staff seem willing to help with feeding if people need it

I always get lots of water and tea

Lunch and breakfast is good

Always get what I ordered

Staff are friendly and helpful

Negative Patients Comments on RSC

Haven't had jelly since I was 8, not what I want

Dinner is the worst meal, boring and over-cooked

I would prefer more fruit and low fat food

Not much choice for vegetarians, so chose sandwiches

The food is pretty bad, not tasty at all

Very unhealthy, can't wait to get home to eat properly

Food is often very dry and tasteless, but not in long enough to worry really

7. Recommendations

1. Photographs of every meal.

Picture menus are obviously particularly useful for people with communication difficulties and those whose first language is not English. However, they may also be useful for others who are not familiar with the dishes and perhaps to stimulate interest in food.

2. Menus in large print available for those that need this

3. Clear coding for special diets and healthy eating indicating low fat options, suitable for those with diabetes, gluten free etc.

4. Menus recorded on to cassette tape for people with visual impairments.

5. Use a red tray system (or similar) to easily identify patients who need additional feeding support from staff and volunteers. And can also identify patients who are experiencing loss of appetite and weight.

Evidence suggests using this system can improve nutritional care (Age Concern 2006). It can also act as an aide memoir for staff to complete food/fluid charts and/or to provide supplement/fortified drink.

6. Using a red jug and cup to identify those patients at risk nutritionally and of dehydration.

7. Patients are provided with at least 7 beverages a day as well as fresh water.

Sufficient fluid intake is vital to patient recovery and may help prevent problems such as constipation and urinary tract infection.

8. Protected meal times poster at the entrance of every ward.

To encourage visitors to adhere to this. However, we recognise that visitors can be useful in assisting patients to eat.

9. Staff to enforce protected meal times with visitors who are not there to help encourage patients to eat.

Patients who are not interrupted and receive appropriate service and support during mealtimes are happier, more relaxed and eat more.

10. Add to the Hospital Welcome booklet and Visitor Code and to Trust website: encourage visitors to bring in soft drinks such as high juice squashes, blackcurrant drinks and fruit juice. Try to avoid fizzy (carbonated) drinks as these often of no nutritional value and can cause wind (gas) particularly for patients who are lying in bed for most/all of the day.

Often people find it difficult to drink plain water and therefore may not drink enough to keep them properly hydrated.

- 11. Menus have a text reminder (or symbol) to encourage patients to choose healthier dishes/options e.g. that they have their five portions of fruit and vegetables a day (if appropriate to their clinical needs).**
Hospitals should highlight good practice and lead by example in providing and encouraging healthier food choices to enable the population to reduce the risks of developing preventable diseases.
- 12. Increased/widespread use of modified eating aids.**
According to NICE “healthcare professionals should ensure adequate quantity and quality of food and fluid is available in an environment conducive to eating and there is appropriate support, e.g. modified eating aids”
- 13. To offer snacks three times per day for those patients with increased energy and nutrient requirements.**
The LINK Enter and View were not aware of the specific dietary needs of most of the patients unless they disclosed this so it was difficult to determine whether these patients were offered snacks 3 times a day.
- 14. Provide a selection of extra bread (including brown and wholemeal) and should be available as an accompaniment to all meals.**
This may help patients meet their nutrient and energy requirements and may help prevent constipation.
- 15. Water jugs have lids to minimise foreign debris and bacteria contaminating the water.**
- 16. All patients are made aware that snacks and snack boxes are available.**
This helps increase flexibility, interest and variety and is particularly important for those with poor appetites etc.
- 17. Jelly has minimal nutritional value although it is recognised it is easy to swallow.** Fruit (fresh or tinned in light syrup or natural juice), yoghurt, rice/custard/semolina, muesli/cereal bar etc. would perhaps be a better option.
- 18. Use red cups for patients with dementia.**
Research (Alzheimer’s Society) has shown that people with dementia patients respond better to red and are more likely to drink from a red cup than a clear one.
- 19. Vegetarian menu options are interesting and varied.**
Research from the Vegetarian Society shows that generally many vegetarians do not receive suitable or satisfactory food in hospital. With a larger than average vegetarian population in Brighton and Hove this is an important consideration at the Royal Sussex County Hospital.

- 20. It might help patients if they were observed after the serving is completed and to be asked straight away if there was a problem and whether some assistance was needed.**
- 21. All patients receive the patient booklet which explains that snacks are available and what facilities such as vending machines and snack shops are on site.** This is important since some patients are admitted via accident and emergency so would not have been sent literature.
- 22. That volunteers are used to help with eating to help staff ensure patients are given as much assistance and encouragement to eat.**

8. Glossary

Dietician

A person who is specially trained in the nutritional needs/care of patients. A dietician will assess a person in order that the food/fluid given to the person is nutritionally balanced and meets their therapeutic needs.

Malnutrition

A state of nutrition in which a deficiency, excess or imbalance of energy, protein or other nutrients, including minerals and vitamins, causes measurable adverse effects on body function and clinical outcome.

Protected Meal Times

Periods of time on a hospital ward when all non-urgent activity stops, allowing the patient to eat without being interrupted and staff are available to provide assistance.

Screening Tool

Aid to assess a patient's status. A nutritional screening tool is an aid to assess a patient's nutritional status or their risk of poor nutritional status.

Therapeutic Diet

Food/fluid which has had its nutrients modified to meet the nutritional needs of a person, and which forms part of their medical treatment to prevent symptoms or improve nutritional status.

9. References

Council of Europe Resolution on Food and Nutritional Care in Hospitals
November 2003

Hungry to be Heard (2006) Age Concern England

Improving Nutritional Care A joint Action Plan from the Department of Health and
Nutrition Summit stakeholders (2007) Department of Health. England

Organisation of Food and Nutritional Support in Hospital. (2007) BAPEN

RCN (2007) Nutrition Now. London: RCN.

Sullivan DH, Sun S, Walls RC. Protein-energy under nutrition among elderly
hospitalized patients: a prospective study. *Jama* 1999;281(21):2013-9.
TV Chef Backs Hospital Food Project for Older People *Science Daily* (May 6,
2010)

The National Institute for Clinical Excellence published Nutrition Support for
Adults – Oral Nutrition Support, Enteral Tube Feeding and Parental Nutrition

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:	
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:

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.

LINK Nutrition Observation Checklist

LINK name:	
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?

A large, empty rectangular box with a thin black border, intended for a user to provide additional information or answers to the question 'Anything else?'. The box is currently blank.



West Sussex LINK Report

Review of Nutrition, Hydration and Feeding in 3 Wards of the Princess Royal Hospital by members of the West Sussex LINK Enter and View Team, April 2010

1. Introduction

East Sussex Overview and Scrutiny Committee commissioned a review of aspects of the level of nutrition, hydration and feeding that patients from that county were receiving in the various hospitals where they underwent treatment. As the Princess Royal Hospital is sited in Haywards Heath in West Sussex the West Sussex LINK agreed to carry out 'the enter and view visits' for this investigation.

A joint questionnaire was developed and it was agreed with the Hospital Management that three different wards should be visited; twice each so that visits would take place at the 3 daily meal times and on different days of the week. 4 members of the 'Enter and View Team' made the visits.

Details of Visits

Date & Meal	Team Members	Ward & Type
Wed 14 April evening	Tony Reynolds, Theo Verner	Hurstpierpoint (surgical/medical)
Sun 18 April lunch	Tony Reynolds, Lilian Bold	Ardingly (stroke/ medical)
Mon 19 April breakfast	Tony Reynolds, Theo Verner	Ardingly
Thur 22 April evening	Tony Reynolds, Chris McCrory	Balcombe (medical)
Fri 23 April breakfast	Tony Reynolds, Theo Verner	Balcombe
Sat 24 April lunch	Tony Reynolds, Chris McCrory	Hurstpierpoint

2. Analysis of Enter and View Visits

Administratively there were no problems. The West Sussex LINK staff and the Hospital Patient Experience Manager liaised about the visit and the visiting team found they were expected on the wards. Questions were readily answered and ward staff were happy to show visitors the procedures for dishing up meals and assisting patients to feed, and the methodology of record-keeping.

46 interviews were completed, 11 more than the target. In each of the wards there were patients too poorly to speak to or fast asleep. There were refusals from each ward, about 8 altogether. Nearly as many men as women were interviewed.

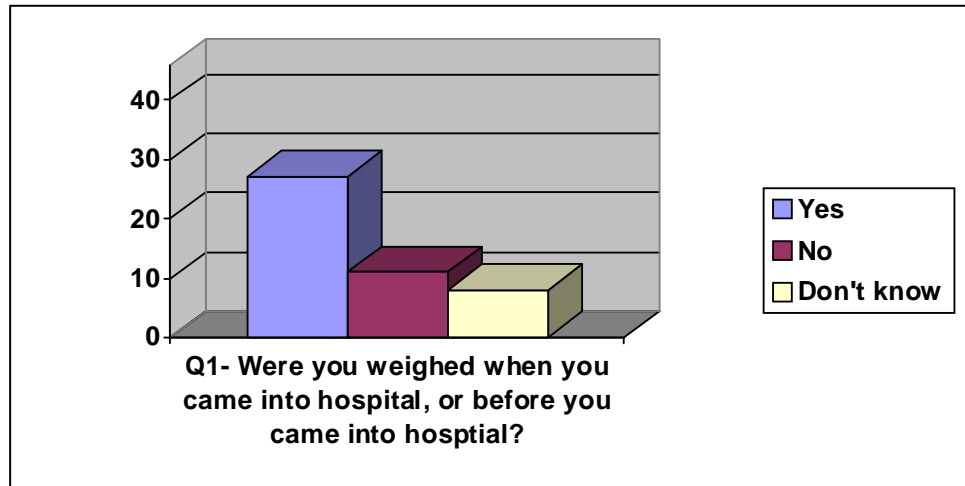
Meal times were 'protected' and screens unfolded across the entrances to wards stating that patients were to be allowed their meal without interruption. This worked and only once did an emergency cause a disruption to this ruling in one bay of one ward during our observations

Results:

Q1: Were you weighed when you came into hospital or before you came into hospital?

Overall score: 46

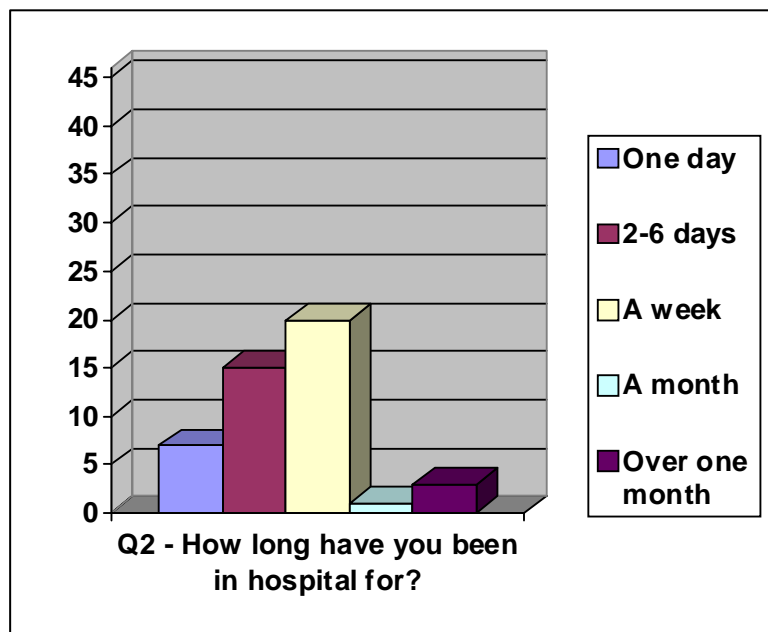
Yes	59% (27)	No	24% (11)	Don't Know	17% (8)
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Q2: How long have you been in hospital for?

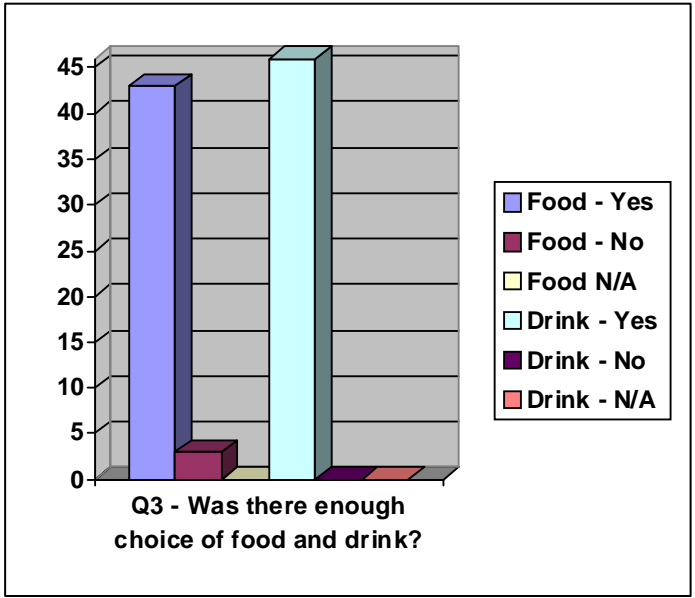
Overall score: 46

One day	2-6 days	A week	A month	More than a month
15% (7)	33% (15)	43% (20)	2% (1)	7% (3)



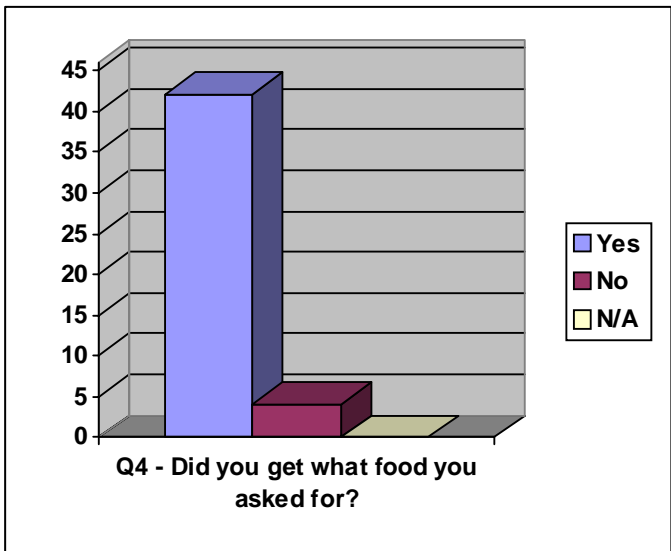
Q3: Was there enough choice of food and drink?

Overall score - Food: 46, Drink: 46		
Food: 93% YES (43)	7% No (3)	Don't Know: 0% (0)
Drink: 100% YES (46)	0% No (7)	Don't Know: 0% (0)



Q4: Did you get what food you asked for?

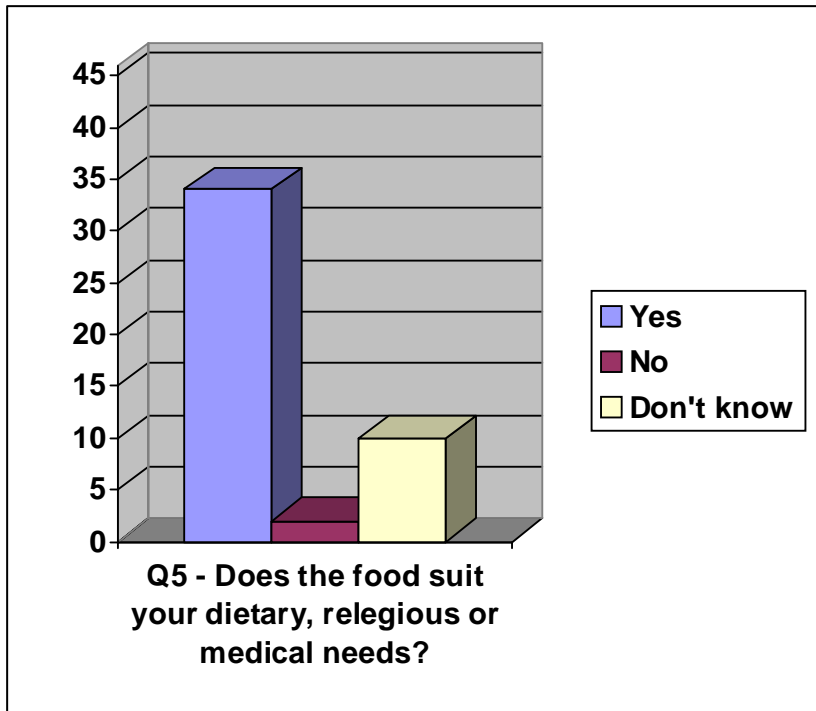
Overall score: 46		
Yes 91% (42)	No 9% (4)	Don't Know 0% (0)



Q5: Does the food and drink suit your dietary, religious or medical needs?

Overall score: 46

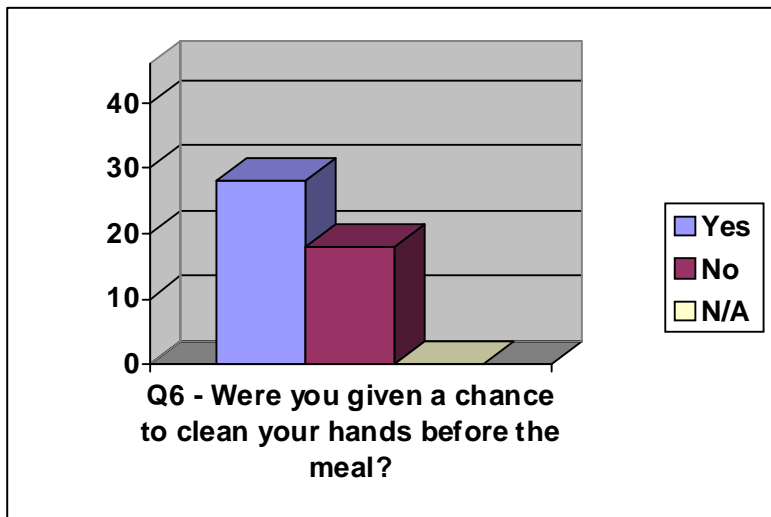
Yes	74% (34)	No	4% (2)	Don't Know	22% (10)
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Q6: Were you given a chance to clean your hands before the meal?

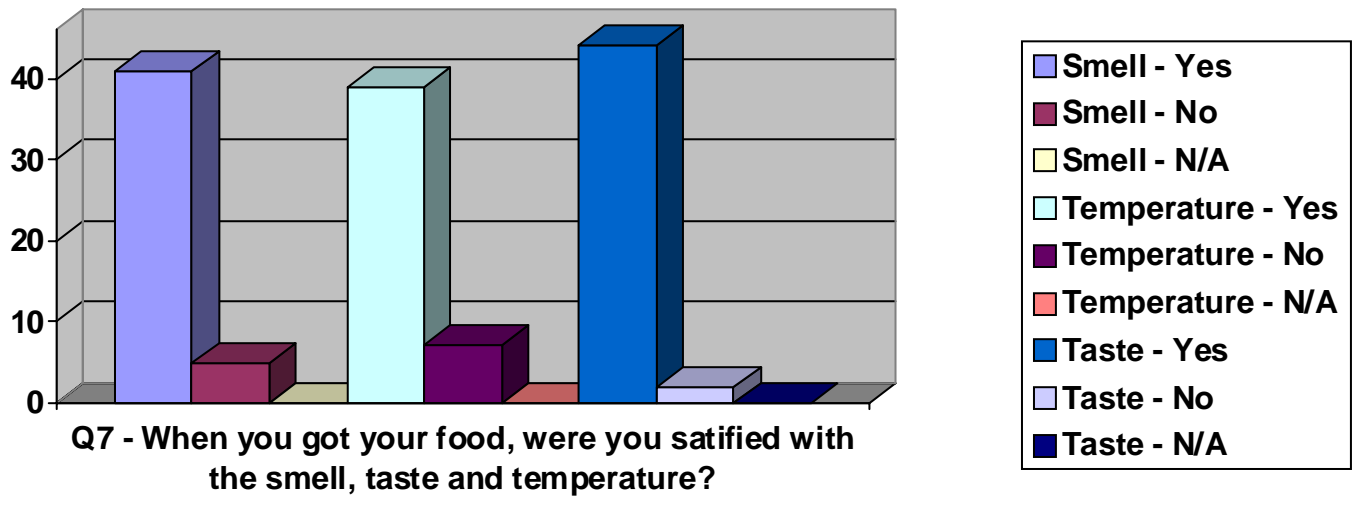
Overall score: 46

Yes	61% (28)	No	39% (18)	Don't Know	0% (0)
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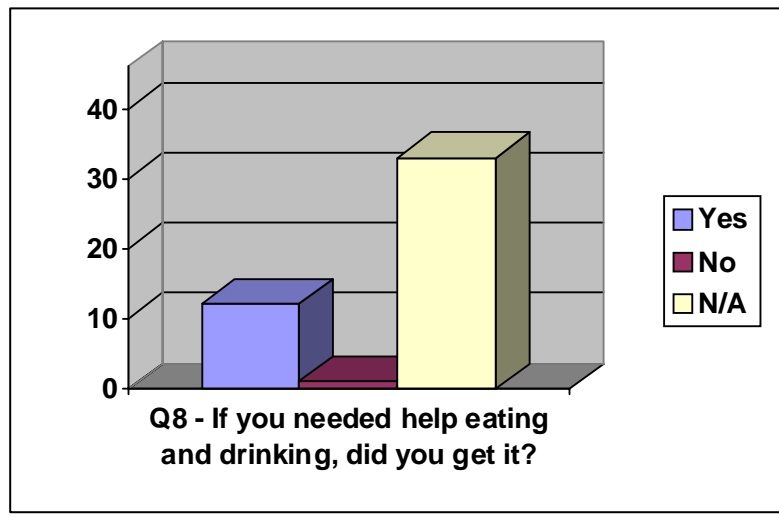
Q7: When you got your food, were you satisfied with:

Overall score: 46			
Smell:	89% Yes (41)	No: 11% (5)	Don't Know: 0% (0)
Temperature:	85% Yes (39)	No: 15% (7)	Don't Know: 0% (0)
Taste:	96% Yes (44)	No: 4% (2)	Don't Know: 0% (0)



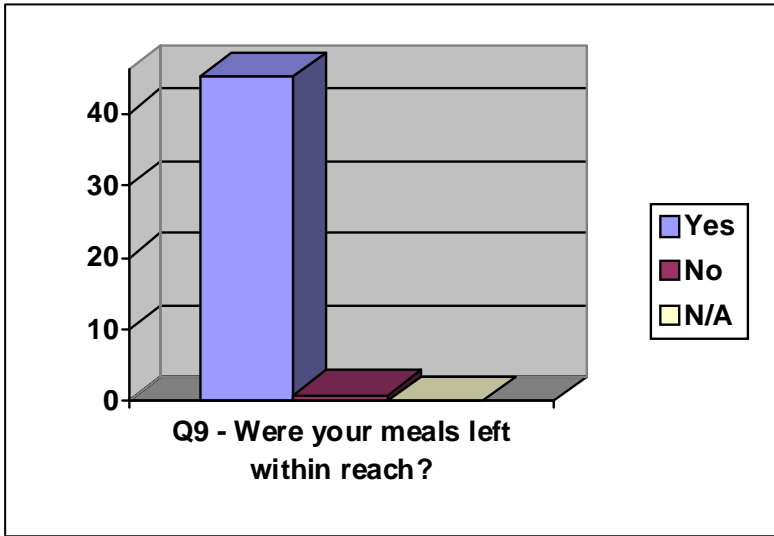
Q8: If you needed help eating and drinking, did you get it?

Overall score: 46		
Yes: 26% (12)	No: 2% (1)	N/A: 72% (33)



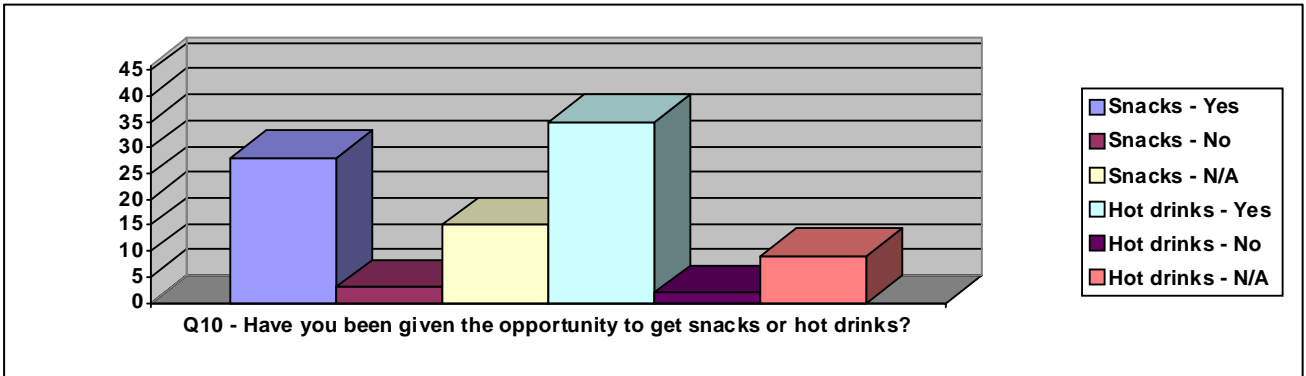
Q9: Were your meals left within reach?

Overall score: 46					
Yes	98%	(45)	No	2%	(1)
			Don't Know	0%	(0)



Q10: Have you been given the opportunity to get:

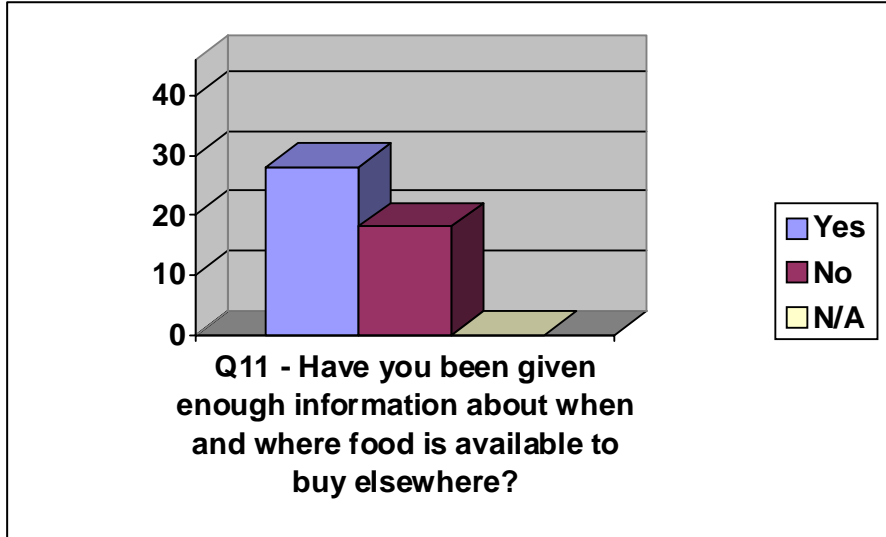
Overall score: 46					
Snacks: 61% Yes (28)	Snacks: 7% No (3)	Snacks: 32% N/A (15)			
Hot drinks: 76% Yes (35)	Hot drinks: 4% No (2)	Hot drinks: 20% N/A (9)			



Q11: Have you been given enough information about when and where food is available to buy elsewhere?

Overall score: 46

Yes	61% (28)	No	39% (18)	Don't Know	0% (0)
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Q12: Have you complained about the food or drink?

Overall score: 46

Yes: 2% (1)	No: 98% (45)	Don't Know: 0% (0)
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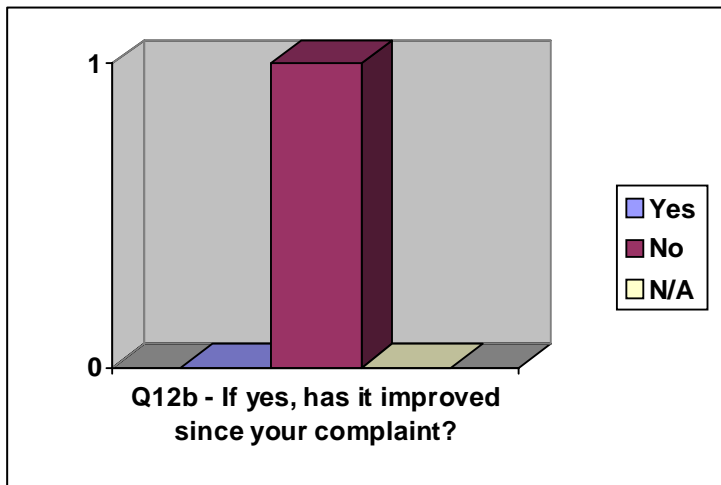
Q12b: If yes, has it improved since your complaint?

Overall score: 1

Yes: 0% (0)

No: 100% (1)

Don't Know: 0% (0)



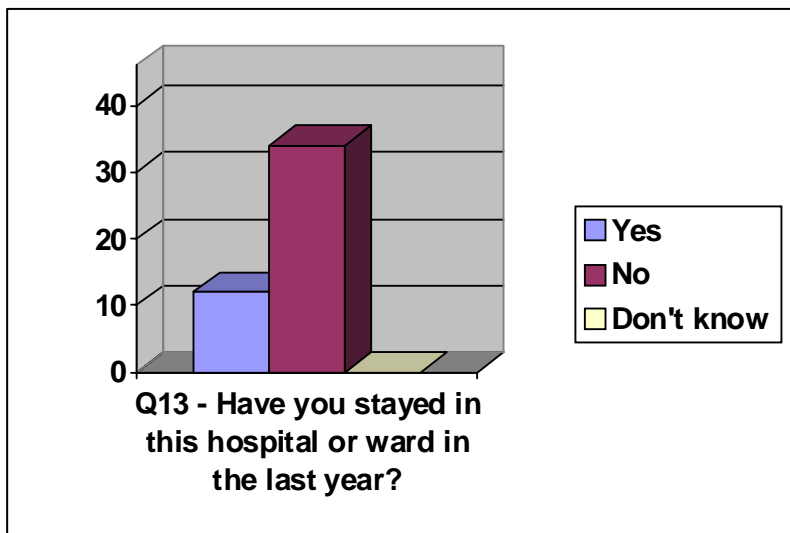
Q13: Have you stayed in this hospital or ward in the last year?

Overall score: 46

Yes 26% (12)

No 74% (34)

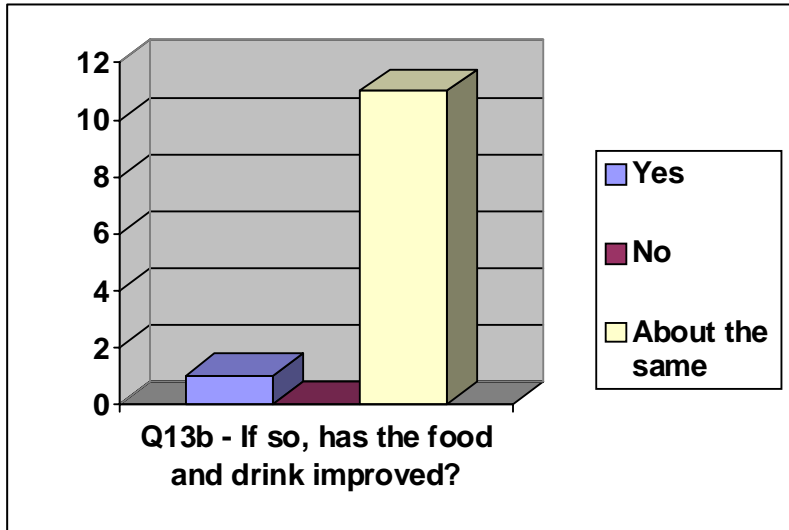
Don't Know: 0% (0)



Q13b: If so, has the food and drink improved?

Overall score: 12

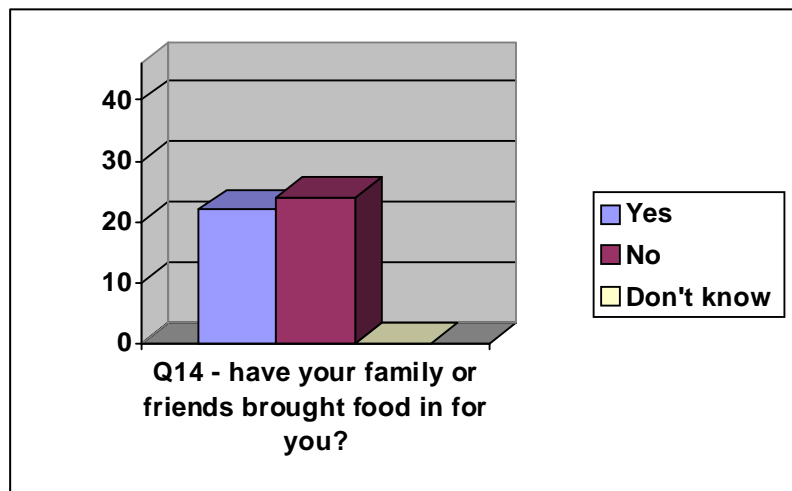
Yes 8% (1)	No 0% (0)	About the same: 92% (11)
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Q14: Have your family and friends brought food in for you?

Overall score: 46

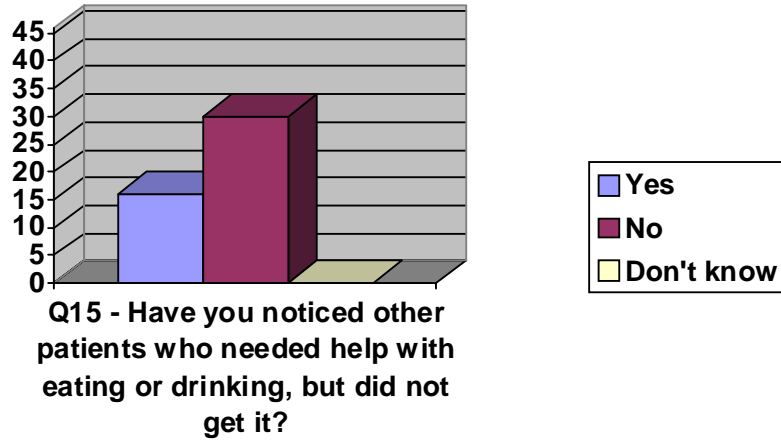
Yes 48% (22)	No 52% (24)	Don't Know: 0% (0)
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Q15: Have you noticed other noticed patients who need help with eat and drink but didn't get it?

Overall score: 46

Yes: 35% (16)	No: 65% (30)	Don't Know: 0% (0)
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4. Observations and Recommendations

The 6 visits enabled the 'Enter and View Team' to see the staff in action at mealtimes and the impression gained was of care taken in the preparation and heating of the food by the Patient Catering Assistant, responsible for dishing up at lunch and the evening meal. Temperature control is adhered to, using the special heated food trolleys. There is a good choice of menus usually chosen the day before and portion size can be regulated. The dishing-up process is carried out efficiently with all ward staff engaged in carrying food to the patients and making sure patients were sitting upright and had access to it. It was pleasing to see a ward sister carefully vetting each patient's dish and keeping track of the whole serving process.

Coloured trays for different needs are in use but on the visits there were few patients being given them. There was evidence of patients being assisted with food and drink but it seemed to be after all the meals had been dished out and there was an instance of one patient having to wait 10 minutes for assistance, so that the food would have been cold.

No friends or relations were observed helping feed patients, Care seemed to be taken in presenting the food on the plate and the smell and appearance were appetising. It was noted that after the meal was served patients had their food in front of them on their bed tables within easy reach.

There is no cooked breakfast, although toast, cereal and porridge are available with orange juice to drink. Preparation is done by ward staff assistants on demand. The reason is a budget/cost matter, and did rankle with some, mainly male patients who missed a full cooked breakfast.

Water jugs seemed well replenished and on one ward we saw staff refilling all the jugs as a routine procedure. Fruit could be obtained through the lunch-box system or asked for separately but was usually supplied by patients' visitors.

There were many instances in all wards where patients had not been encouraged to clean their hands before the meal, either by washing or using the convenient hand gels.

Nutrition charts are completed after meals for those patients where there is cause for concern about lack of eating, malnutrition etc and kept with their medical notes. On one ward the visiting team was told it was policy to try to coax patients to eat rather than not have enough food.

Menus are chosen the day before but sometimes patients can change their minds at the meal time and if there is enough left over have an alternative. This was noted once. Several patients found portions too large. There is an opportunity to order a small portion from the menu when patients complete their forms the day before and the servers could adjust the portion size if asked at the meal time.

At one weekend meal there were concerns by a member of staff that with less staff on duty it was difficult to serve the meals as efficiently as normal. There was one instance where some of a patient's meal had a cling-film wrapping which the patient found hard to undo and should have received some help.

Food wasted is measured on a ward basis but nurses note cases of individual patients leaving much of their food and the doctors can be informed. The Patient

Catering Assistant is responsible for logging the total amount of wasted food per ward. Sodexo Healthcare who is responsible for providing cooked meals carries out a comprehensive monthly survey covering a wide range of their activities from patient satisfaction to food waste.

Recommendations

In all three wards meals are served efficiently and there is a high patient satisfaction of choice quality and temperature and taste. Sometimes it might help patients if they were observed not eating after the serving is completed to be asked straight away if there was a problem and whether some assistance was needed. Every patient should have the meal system explained to them as soon as possible after arrival on the ward. Advice on obtaining snack-boxes, fruit and food and drink and how to get dietary advice, outlets for visitors to obtain food and drink should be included.

The biggest concern is with hand cleanliness. It is recommended that patients should be actively encouraged to clean their hands before meals and eating snacks and fruit. Although a patient may not move from bed between meals it does not mean the hands cannot become contaminated! If and when hand wipes are provided patients must be encouraged to use them.

A patient's weight doesn't seem to be factored into a patient's diet or at least none of the patients interviewed seem to have discussed this with staff during their hospital stay and an enforced stay in hospital would seem an appropriate time and place to do this.

Thanks

The Enter and View Team thank all the Staff for their willing co-operation and helpfulness and time spent explaining procedures to the Enter and View Team

Post-script

Tony Reynolds has taken up the matter of cleaning hands before eating with the Medical Director of the Trust who recognises it as an important factor of infection control and will raise the problem as an urgent item in the Infection Control Committee.

Tony Reynolds, West Sussex LINK, 23rd May 2010