

East Sussex Health Overview and Scrutiny Committee



Review of nutrition, hydration and feeding in hospitals

Final report

September 2010



The final report of the Health Overview and Scrutiny Committee (HOSC) review of nutrition, hydration and feeding in hospitals

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Preface

'A missed meal in hospital is just as much of a risk to patient safety as missing medication for a patient's recovery.'

Age Concern

The Health Overview and Scrutiny Committee's role, as a group of councillors representing local people, is to review the healthcare available for East Sussex residents and, where appropriate, make recommendations for improvement.



In 2009, the Committee decided to review the effectiveness of policies and practices in place in local hospitals to ensure patients are supported to eat and drink appropriately during their hospital stay, and for patients at risk of malnutrition to be identified.

This issue had been highlighted at national level through the Age Concern campaign 'Hungry to be Heard' and the Dignity in Care programme. The Department of Health published the first national action plan for nutritional care in hospitals in 2007. It was timely to look at how this was being implemented by local hospitals.

As part of this review we worked with the Local Involvement Networks in East Sussex, West Sussex and Brighton and Hove who visited local hospitals, interviewed patients and observed practice. We are grateful for their work which provided vital information to inform the review.

This report summarises the Committee's findings and recommendations. We will submit these to the local hospital Trusts, ask for their response and monitor progress.

I would like to convey my thanks to the patients and carers who were interviewed and the NHS staff who explained policies and procedures and discussed the challenges in improving care. I would also like to thank the Members of the Review Board for their work.

Councillor Alex Hough

Chairman, Review Board on Nutrition, Hydration and Feeding

Review Board Members:

Councillor Eve Martin

Councillor Ruth O'Keeffe

Councillor Diane Phillips

Councillor Sylvia Tidy

Summary of conclusions and recommendations

HOSC recognises the significant progress that has been made by Trusts over the last few years in implementing national guidance such as 'Improving Nutritional Care', National Institute for Health and Clinical Excellence (NICE) guidance and the recommendations of the 'Hungry to be Heard' campaign.

However, there is still work to be done to ensure that the comprehensive policies in place on nutrition and hydration are consistently implemented on a daily basis so that all patients on all wards receive the best possible nutritional care. Embedding nutritional care into routine practice is an ongoing challenge requiring commitment from all staff from the front-line to Board level.

HOSC's review has found that most of the systems and procedures are in place, with structures such as nutrition steering groups, staff training and some audits established to support their implementation. The keys to further improvement are a relentless focus on consistent implementation and regular review of progress incorporating feedback from patients, carers and their representatives.

To that end, HOSC will monitor progress on the recommendations made in this report over the next year or so to ensure that the areas for improvement highlighted are addressed appropriately.

Recommendation		Page
1	The Trusts should continue to work towards MUST (Malnutrition Universal Screening Tool) screening all inpatients and appropriate outpatients as per the NICE guidelines.	11
2	Trusts should work towards screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of assessment and action.	11
3	The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate.	11
4	The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN (British Association for Parenteral and Enteral Nutrition) audits. Additional information could be used to inform the Trusts' own nutrition strategies and those of other local healthcare providers and commissioners.	11
5	Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times.	13
6	Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy.	15

7	<p>Trusts should consider action to:</p> <p>a) raise awareness of the full range of options, including vegetarian, gluten-free and diabetic menus, as well as snack boxes;</p> <p>b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;</p> <p>c) take measures to ensure that food is hot for the last patient to be served;</p> <p>d) ensure that drinks are available with meals as well as afterwards.</p>	15
8	<p>Trusts should have a clear policy on assisted eating and drinking arrangements, including:</p> <p>a) agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with patient representatives before agreement.</p> <p>b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.</p>	18
9	<p>Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:</p> <p>a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it.</p> <p>b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).</p>	18
10	<p>The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options.</p>	19

Introduction

1. In October 2007, the Department of Health published 'Improving Nutritional Care', an action plan to ensure that people being cared for by health and social care services are getting the right nutritional care and support to eat and drink. The action plan was prompted by the national Dignity in Care programme, media articles, research reports and complaints that some vulnerable people who are being cared for by health and social care services were at times not having enough to eat or drink, in quality or quantity. It set out five key priority areas:

- Raising awareness amongst all stakeholders, including people who use health and care services and their carers, of the link between nutrition and good health.
- Ensuring guidance on nutrition and nutritional care is accessible and appropriate.
- Encouraging nutritional screening for all people using health and social care services.
- Encouraging provision and access to relevant training on the importance of nutrition.
- Clarifying standards and strengthening inspection and regulation.

2. The importance of good nutritional care had been, and continues to be, particularly highlighted by the Age UK (formerly Age Concern) campaign 'Hungry to be Heard' which highlights seven suggested steps to end malnutrition in hospitals:

Hungry to be Heard: 7 steps to end malnutrition

Step 1: Listen to us

We must be consulted about hospital menus, our meal requirements and our preferences, and hospital staff must respond to what we tell them.

Step 2: All ward staff must become 'food aware'

Ward staff need to take responsibility for our food needs in hospital.

Step 3: Hospital staff must follow professional codes

Hospital staff must follow their own professional codes and guidance from other bodies.

Step 4: Assess us for malnourishment

As many of us are malnourished on admission to hospital, we should all be weighed and our height measured on admission.

Step 5: Introduce protected mealtimes

Protected mealtimes will ensure we are given appropriate assistance to eat meals when needed and sufficient time to eat our meals.

Step 6: Use a red tray system

Those of us who need help with eating should be identified on admission and our meal placed on a red tray to signal the need for help.

Step 7: Use mealtime volunteers

Where appropriate, hospital should use trained volunteers to provide additional help and support to us at mealtimes.

Source: Age UK website

3. This review considers how well national recommendations such as these are being implemented in local hospitals which provide care for East Sussex residents.

Some key facts

- Malnutrition affects over 10% of older people
(BAPEN, 2006; European Nutrition for Health Alliance (ENHA), 2006)
- Malnourished patients stay in hospital for much longer, are three times as likely to develop complications during surgery and have a higher mortality rate
(*The MUST report*, BAPEN, 2003; Age Concern, 2006; BBC, 2006)
- Six out of 10 older people are at risk of becoming malnourished, or their situation becoming worse, in hospital
(BAPEN, 2003; Age Concern, 2006; BBC, 2006)
- Patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50
(BAPEN, 2003; Age Concern, 2006)

Source: Extracted from 'Improving Nutritional Care', DH, 2007

The role of the Health Overview and Scrutiny Committee

4. The East Sussex Health Overview and Scrutiny Committee (HOSC) is a group of elected local councillors from East Sussex County Council and the five district and borough councils in the county, together with three co-opted Members representing local voluntary and community sector organisations. The Committee's role is to review and make recommendations about local health issues and health services which are of concern or importance to East Sussex residents.
5. The Committee Members are not expected to have specialist health knowledge. Their role is to look at issues from a lay perspective and to gather evidence from service users, staff, expert witnesses, data and documents to inform their recommendations to the NHS or other organisations involved with improving health.
6. HOSC decided to review nutrition, hydration and feeding in hospitals as it had been highlighted as an area for improvement nationally as described above. The Committee formed a Review Board of five Members to investigate the issues and report back their findings and recommendations.

Objectives and scope of the review

7. The objective of the Scrutiny Review was to:

'Assess and make recommendations on nutrition, hydration and feeding in acute hospitals which provide services to the people of East Sussex with particular focus on policies and practices in place to ensure that patients are getting the right nutritional care to support them to eat and drink.'

8. To do this, the review aimed to:

- Research public and professional knowledge of nutrition, hydration and feeding in hospitals and the information currently available.
- Seek the views of patients, carers and professionals in relation to nutrition, hydration and hospital feeding.
- Examine how practice in East Sussex compares to regional and national best practice.
- Examine available data, with particular reference to identifying any issues concerning malnutrition.

9. In order to keep the review manageable it was agreed to focus on the main acute hospitals of East Sussex Hospitals Trust (Eastbourne District General Hospital and the Conquest Hospital, Hastings) and Brighton and Sussex University Hospitals Trust (Royal Sussex County Hospital, Brighton and Princess Royal Hospital, Haywards Heath). These hospitals provide the majority of acute care for East Sussex residents.

10. The review particularly focused on the extent to which the Trusts follow national guidance, along with evidence of the patient experience in practice. Policies and practices were investigated to establish good practice and/or gaps.

Investigating patient experience

11. To investigate how well policies are being put into practice the Review Board commissioned the Local Involvement Networks (LINKs) for East Sussex, West Sussex and Brighton and Hove to visit a sample of wards in local hospitals to observe practice at mealtimes and talk to patients and carers about their experience. It is recognised that the LINKs visited a small sample of wards on a small number of occasions and that the findings from their visits represents a snapshot of practice at these times. However, although the sample is small, the valuable feedback from patients and carers is very helpful in highlighting issues which may have wider significance.

12. Where possible the Review Board has also drawn on patient feedback and audit data available from other sources. There are a range of mechanisms in place to monitor patient experience, including in relation to nutrition. These range from national patient surveys and Patient Environment Action Team (PEAT) inspections, to local patient surveys and feedback via the Patient Advice and Liaison Service (PALS). For example, Brighton and Sussex University Hospitals Trust carries out 'real time' surveys with hand-held devices which enable information to be fed back within a week. The two catering companies serving the two hospitals also supply 200 completed patient questionnaires per month which allows the Trust to monitor food quality. At East Sussex Hospitals Trust, the Trust's catering staff speak to patients regularly, dine with them and run patient forums. Meal questionnaires are also used to gather feedback and, each month, following the publication of the survey results, an action plan is developed to address any highlighted issues, and catering staff work with ward staff to instigate improvements.

13. Appendix 1 of this report contains further information about the LINK visits and further details of how the Review Board went about investigating the issues – the people interviewed, research undertaken and the documents reviewed. The LINK reports are available separately and we do not attempt to reflect the full detail of their findings in this report.

Structure of the report

14. This report sets out the Review Board's findings and recommendations. It does not attempt to cover all aspects of nutrition and hydration but focuses on five key areas, namely:

- Screening
- Protected mealtimes
- Hospital food
- Assisted eating/drinking
- Information

15. For each of these areas, the report firstly examines the policies and procedures in place and secondly, looks at evidence of how these are being implemented in practice – the 'patient experience'. Finally, the report makes recommendations for the Trusts to consider and respond to.

Findings and recommendations

1. Screening

Policies and procedures

16. The National Institute for Health and Clinical Excellence (NICE) guidance 'Nutrition Support for Adults' recommends that, *"all hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and when there is clinical concern for outpatients"*.

17. Locally, both Trusts have policies in place to cover the screening of patients to identify those experiencing, or at risk of, malnutrition. Brighton and Sussex University Hospitals Trust's nutrition and hydration policy states that patients should be screened for malnutrition using MUST (Malnutrition Universal Screening Tool) within 24 hours of admission and re-screened at weekly intervals. This screening should enable any issues to be identified and a nutrition care plan produced.

18. During the course of the Review, East Sussex Hospitals Trust was in the process of changing its screening regime. Although a screening regime had already been in place (to screen patients on admission and then re-screen weekly), in March 2010 the Trust began implementing the MUST system, supported by staff training. As MUST is a standard tool, it is recognised good practice and enables data to be easily compared and shared nationally.

19. Neither Trust has yet fully implemented the routine screening of outpatients (with appropriate exceptions) as recommended by NICE. However, some screening of outpatients is undertaken and there is an expectation that this will continue to develop as the Trusts work towards the consistent coverage recommended by NICE.

20. The Board also noted that screening is not routinely undertaken on discharge from hospital. Because policy is for patients to be screened on admission and rescreened regularly (e.g. weekly) during their hospital stay, and the length of stay for many patients is only 3-4 days, many patients will have been assessed shortly before discharge in any case. However, the Board believes that discharge checklists may be a useful place to flag up nutritional issues as a 'double check' that screening has been undertaken during the previous week, and to ensure that any nutritional issues are highlighted to professionals and carers who will be taking over the patient's care outside hospital.

21. It is unclear to what extent the outcomes of screening are collated to identify overall patterns or trends. Both Trusts participate in BAPEN (British Association for Parenteral and Enteral Nutrition) national audits which involve some analysis and stratification of patient groups. However, the Board's view is that there may be valuable information to be obtained from further analysis, for example whether malnutrition is more common in patients admitted from certain settings or with certain conditions. Such data may be informative for commissioners, community health services or care homes and identify where training or additional support or intervention may be required. It may be possible to expand data gathered during the BAPEN audit process to facilitate this.

22. It should be noted that the MUST process does not cover screening for dehydration. This should form part of each patient's initial assessment and include the patient's own perception of their thirst, as well as clinical assessment. Results should be documented in both medical and nursing notes, along with action to be taken.

Patient experience

23. Patients interviewed on wards by the Local Involvement Networks were asked whether they recalled being weighed on admission to hospital as this is one indicator that screening may have taken place. Overall, over half of patients interviewed did recall being weighed, suggesting that they had been assessed. It is difficult to draw any more specific conclusions from the survey data as it relies on patient recall (a significant proportion did not remember one way or the other) and weighing is not the same as screening. However, around a third of patients (some of whom had been admitted as emergencies) did not recall being weighed, which suggests there may be room for improvement.

24. Both Trusts carry out their own audits of screening which provide more accurate information. At Brighton and Sussex University Hospitals Trust, the Trust's dietician monitors screening through regular audits in conjunction with the nursing team. Results are monitored at the quarterly nursing performance reviews for each division. Trust figures from March 2010 showed that 65% of patients at the Royal Sussex County Hospital and 74% at the Princess Royal Hospital were being screened within the recommended 24 hours.

25. At East Sussex Hospitals Trust, data collected in June 2010, shortly after the introduction of MUST, showed that 24% of patients were screened on admission. However, this data was collected very soon after the introduction of the MUST tool, and the transition from the previous screening tool was still underway. Data from a previous 2008 audit showed that 78.5% of patients were screened on admission using the previous screening process.

26. A key factor in ensuring comprehensive MUST screening is the training of sufficient staff to undertake the assessments. Both Trusts have ongoing programmes of MUST training for relevant staff.

27. Although the Review Board is encouraged to see MUST in use at both Trusts, clearly further work is needed to ensure all patients are screened in line with the agreed policies. The statistics are backed up by feedback from local voluntary sector groups Age Concern East Sussex and Care for the Carers who questioned how consistently nutrition and hydration screening and monitoring is undertaken in practice. The Board is pleased to see that regular audits are undertaken to enable progress to be closely monitored and barriers to prompt screening addressed. HOSC would encourage the Trusts to continue to prioritise screening within their work on nutrition and feeding as it is a prerequisite for enabling appropriate care to be put in place.

Recommendations – Screening

Recommendation 1

The Trusts should continue to work towards MUST-screening all inpatients and appropriate outpatients as per the NICE guidelines.

Recommendation 2

Trusts should continue to work towards consistent screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of assessment and action.

Recommendation 3

The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate.

Recommendation 4

The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN audits. Additional information could be used to inform the Trusts' own nutrition strategies and those of other local healthcare providers and commissioners.

2. Protected mealtimes

Policies and procedures

28. 'Protected mealtimes' are periods on a hospital ward when all non-urgent clinical activity stops. During these times patients are able to eat without being interrupted and staff can offer assistance. Research shows that patients who are not interrupted and receive appropriate service and support during mealtimes are happier, more relaxed and eat more.

29. Both local Trusts have well developed policies in place regarding protected mealtimes across all wards and recognise that compliance needs to be monitored regularly to ensure that their use becomes part of the normal culture and practice of the hospital. Adherence to protected mealtimes policy extends beyond hospital staff – patients' visitors also need to be aware of the need for patients to eat undisturbed. Both Trusts make information available to patients' carers and visitors via leaflets and posters. Visitors assisting patients with eating or drinking (either physically or with encouragement) are welcome to stay on the ward but non-assisting visitors are generally discouraged during the protected period.

Patient experience

30. The Review Board recognised that the Trusts are committed to protected mealtimes and have clear policies in place. The key issue is how effectively and consistently they are being implemented in practice. A recent 'walk round' audit at Brighton and Sussex University Hospitals Trust had found that 19 of 23 wards were fully compliant. East Sussex Hospitals Trust will be undertaking similar checks linked to a planned programme of work on 'productive mealtimes'. Both Trusts agree that lunch is the most challenging mealtime to 'protect', due to competing clinical activity, and so requires particular attention.

31. The Local Involvement Networks (LINKs), during their ward visits, observed protected mealtimes in action. LINK representatives were particularly impressed with practice at the Princess Royal Hospital where information on protected mealtimes was particularly visible and screens were set up at ward entrances during mealtimes to emphasise the need for patients to eat undisturbed. This approach appeared to keep interruptions to a minimum.

32. On their visits to other hospitals the LINKs did witness some interruptions to mealtimes. Many of these are linked to clinical care and some may be unavoidable. However, observations indicated that some interruptions could have been avoided and that doctors in particular must be aware of the importance of meals being undisturbed unless the clinical need is overriding. Where patients were away from wards during mealtimes for clinical reasons (e.g. having tests), staff were observed to keep a meal for them, or order a replacement on their return.

33. All hospitals provide information for patients and carers on protected mealtimes. The LINKs observed that on some occasions visitors' presence during mealtimes could be distracting, but other visitors provided important assistance with eating and drinking. HOSC recognises that it is difficult to judge whether visitors' presence is helpful and to 'enforce' protected mealtimes with visitors. The Review Board supports the Trusts' approach of continuing to educate and inform visitors of the importance of minimising distractions at mealtimes, including avoidance of outgoing phonecalls by patients and visitors.

34. The Board noted that it is more difficult to provide information to patients (and their visitors) admitted as emergencies compared to those receiving planned care, who can be given information at pre-admission appointments and who have time to read and digest information before being admitted. This is a notable factor, particularly at the Royal Sussex County Hospital which has a higher proportion of emergency and acutely ill patients. Brighton and Sussex University Hospitals Trust is, however, introducing ward-specific leaflets which will include information on protected mealtimes and other aspects of the ward routine.

Recommendation – Protected mealtimes

Recommendation 5

Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times.

3. Hospital Food

35. The Review Board did not intend to look in detail at the quality and variety of hospital food or the Trust's catering arrangements. A range of patient survey and feedback mechanisms are in place to gauge satisfaction with food on a regular basis, which HOSC did not wish to duplicate. However, in terms of ensuring that patients are eating sufficiently to meet their nutritional needs, certain aspects are particularly important, for example the ability to meet special dietary needs, the overall appeal of the food and ability to obtain additional food outside the normal mealtimes.

Policies and procedures

36. Catering arrangements vary between hospitals. At Brighton and Sussex University Hospitals, catering for the Trust's two main hospitals is provided by two different catering companies – Sodhexo at the Princess Royal Hospital and ISS UK at the Royal Sussex County Hospital. At East Sussex Hospitals Trust, catering is undertaken by an in-house team, which the Trust believes gives them more control. Food is prepared at a single site - the Conquest Hospital in Hastings – for patients at both hospitals.

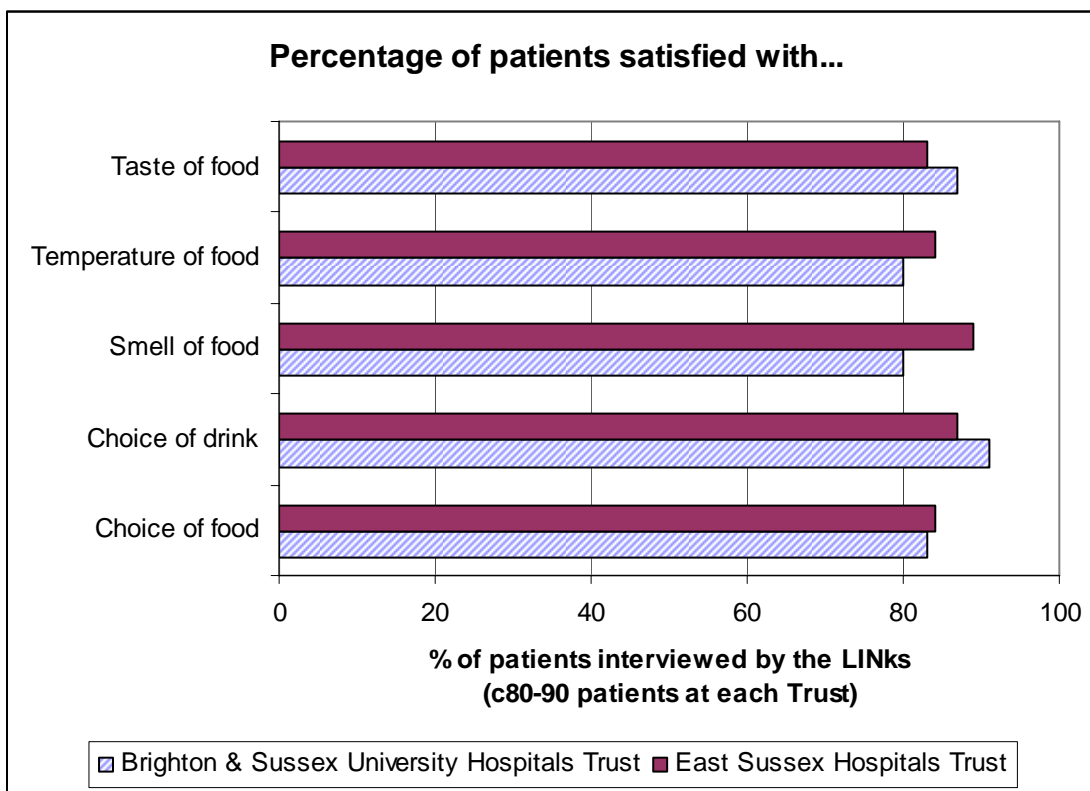
37. Both Trusts provided evidence to the Review Board of arrangements in place to cater for special dietary needs, be these medical, cultural or other individual needs. Vegetarian and gluten free options are routinely provided as part of normal menus, and supplementary menus are available for other needs (e.g. halal, kosher) with meals prepared as required. East Sussex Hospitals Trust has recently increased the proportion of standard menu options which are gluten free by making changes to recipes, a move which the Review Board welcomes. Brighton and Sussex University Hospitals Trust takes a different approach, providing a separate gluten-free menu, based on feedback from patients.

38. Both Trusts have 'snack boxes' or 'light bites' available on request for patients needing extra food between meals (due to missing meals for medical or clinical reasons, or simply a desire for an additional snack). These also cater for special dietary needs.

Patient experience

39. Both Trusts have recently received positive ratings in 2010 Patient Environment Action Team (PEAT) inspections with regard to hospital food. The Princess Royal, Eastbourne and the Conquest Hospitals all received a 'good' rating for food, whilst the Royal Sussex County Hospital received an 'excellent' rating. Recent local patient surveys also showed positive results, with the vast majority of patients satisfied with the food. However, results from the 2009 national inpatient survey undertaken by the Care Quality Commission were less positive with both Trusts receiving a score of 4.8 out of 10 for the quality of food. The reasons for these differences are unclear, but the different samples and methodologies of the surveys mean direct comparison is difficult.

40. The more positive picture from local surveys and the PEAT inspections was reinforced by the findings of the LINK visits with a majority of patients interviewed being satisfied with the food. Patients were found to be realistic about the limitations of catering for large numbers of people on a set budget.



41. Feedback from patients suggested some areas for potential improvement:

- **Availability of fresh fruit and veg/healthy options** – the most commonly suggested improvement at both Trusts was an increase in the amount of fresh (as opposed to tinned) vegetables and fruit. Fresh fruit is readily available at all hospitals on request but many patients were unaware of this, suggesting it needs to be more clearly and proactively promoted. There was also a lack of awareness of other healthy alternatives available, such as salads.
- **Variety of vegetarian options** – Although vegetarian diets are catered for as part of normal daily menus, a number of vegetarian patients suggested that the choice was limited and some said they opted for sandwiches as a result.

42. Further discussion with the Trusts regarding vegetarian options highlighted limitations on including more vegetarian options within standard menus given requirements for protein and iron content, and the need to balance the needs and preferences of a minority of vegetarians against the majority of non-vegetarians. Both Trusts offer further vegetarian options as part of the supplementary menus for special dietary needs if the main vegetarian option is unsuitable, but the LINK findings suggest that vegetarians are unaware of this.

43. In terms of encouraging take up of fruit, the Trusts have already taken action to ensure fruit is more visible to patients on food trolleys – for example, East Sussex Hospitals Trust has introduced a fruit bowl display.

44. Procedures for serving food vary from hospital to hospital. East Sussex Hospitals Trust has a system of ward co-ordinators, who are responsible for serving food, at the Eastbourne site and this is being rolled out across the Conquest Hospital. Feedback to the LINK representatives on the co-ordinator role was very positive, with patients feeling that their individual needs were more fully met. HOSC supports the roll-out of this approach across the Trust. Brighton and Sussex University Hospitals Trust has a system of ward hostesses in place, who co-ordinate food service. The LINK representatives visiting the Princess Royal Hospital noted how all ward staff were engaged in food service, supervised by the ward sister – an example of good practice.

45. All hospitals make hand wipes or gels available to patients for the purpose of cleaning hands during the day, including prior to meals and snacks. The LINKs noted, however, that many patients were not aware of this purpose or encouraged to clean hands prior to meals. This is an area for improvement as part of infection control strategy and should be included in a clear pre-mealtime routine on the ward, which ensures that patients are readied to eat their meal, including having time to use the toilet. Some wards use a bell to clearly signal the start of pre-mealtime preparations. The Board suggests that this may have several advantages – for example, signalling to staff and visitors that protected mealtimes are about to commence, as well as ensuring the preparatory routine gets underway promptly. These issues could be helpfully addressed as part of productive mealtime initiatives.

Recommendations – Hospital food

Recommendation 6

Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy.

Recommendation 7

Trusts should consider action to:

- a) raise awareness of the full range of options, including vegetarian, gluten-free and diabetic menus, as well as snack boxes;**
- b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;**
- c) take measures to ensure that food is hot for the last patient to be served;**
- d) ensure that drinks are available with meals as well as afterwards.**

4. Assisted eating/drinking

Policies and procedures

46. There are two key aspects to assisted eating and drinking – firstly, identifying those patients needing help and secondly, providing appropriate assistance. In terms of identifying patients, initial screening is important, as is monitoring consumption to identify where food is being left due to difficulty eating. Once a need for help has been highlighted, it is important that all staff are aware that assistance is required. Age UK recommend use of a ‘red tray’ scheme to easily identify patients needing help to all staff. However, there has been mixed feedback on this type of scheme, with some people suggesting it is stigmatising to single people out in this way. Assistance with eating can be provided by staff, families/carers or volunteers (although qualified staff should be assisting patients with more complex needs).

47. Brighton and Sussex University Hospitals Trust is currently trialling a red tray system on two wards. The trial, which is progressing well, will enable the Trust to gather feedback and learning about how to ‘embed’ the system into normal practice before rolling the scheme out more widely. A ‘red jug’ scheme to help identify people needing assistance with drinking or at risk of dehydration has also been successfully trialled on one ward recently. In terms of assistance, nurses help patients who need specialist help and volunteers help other patients. Brighton and Sussex University Hospitals Trust has around 90 trained volunteers who assist at meal times.

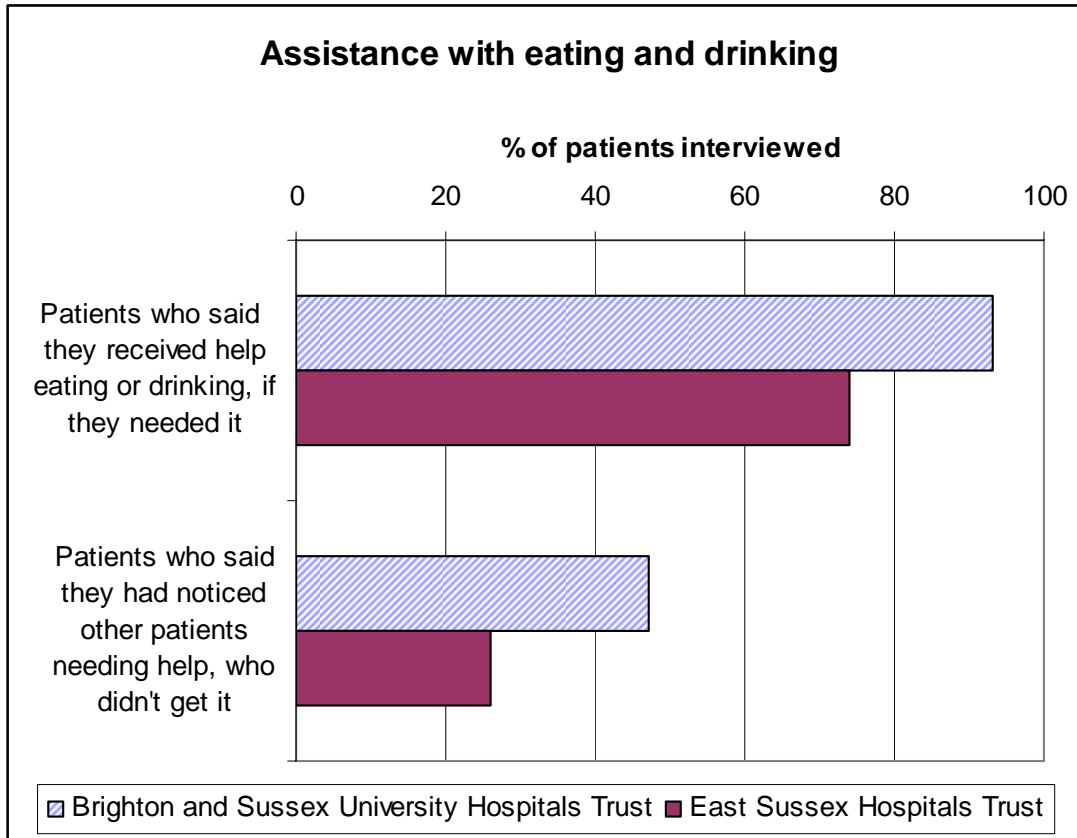
48. East Sussex Hospitals Trust also mentioned the mixed feedback on the red tray system and the possibility of exploring more discreet solutions. The Trust views the provision of appropriate support as the responsibility of senior nurses, who should ensure that staff are aware of where help is required, and intend to examine whether a red tray type scheme or better ward procedures are the preferred way forward. The Trust also has volunteers to help patients at mealtimes at the Eastbourne hospital and is working towards introducing volunteers at the Conquest hospital.

49. Age UK has pointed out that the red tray system can be adapted if necessary to be less obtrusive but that their feedback suggests patients do not object to it. Although staff should be aware of patient needs, Age UK’s view is that a red tray or similar system can help ensure awareness continues over staff shift changes or transfers of patients between wards, or if a patient’s need changes during their stay.

50. At both Trusts, limited information is available on the numbers of patients identified as requiring assistance and whether this assistance is received. The Review Board considers that this information is vital in determining whether a key part of nutrition policies is being implemented. The Trusts should look at including collection of this information in future audits. It is particularly important to check that patients with very specific assistance needs (for example due to visual impairment or cerebral palsy) are receiving the required assistance.

Patient experience

51. During visits to the local hospitals LINK representatives observed patients being assisted to eat by staff and/or volunteers. As those needing assistance were not always readily identified (e.g. with red tray or other marker) it was not possible for the LINKs to know whether all those requiring assistance received it. The sample of patients interviewed were asked whether they had received help to eat if they required it. The majority (over 80% patients who said they needed help) had received it. However, when patients were asked whether they had seen others who needed help but hadn’t received it, a larger proportion (around a third of patients overall) said help had not been provided. It should be noted that these findings are based on relatively small numbers of patients interviewed.



52. Results from the 2009 national inpatient survey present a similar picture with Brighton and Sussex University Hospitals receiving a score of 7.6 out of 10 and East Sussex Hospitals 7.2 out of 10 against the question asking patients whether they had received help with eating meals (if it was required). This is in line with national averages but again shows room for improvement.

53. The LINK observations also highlighted some areas of good practice including stroke wards receiving meals first at East Sussex Hospitals Trust to enable staff maximum time to assist with eating (due to a higher proportion of patients requiring assistance in these wards) and well-presented pureed food for patients with difficulty swallowing. Adapted cutlery was seen in use on some wards and the Board would suggest that Trusts ensure all wards have easy access to equipment such as rubber placemats, plate guards and adapted cutlery. These aids can enable patients to feed themselves when they would otherwise need assistance.

54. These findings suggest that whilst systems are in place to provide help through volunteers or staff, there are still important gaps to address. LINK representatives also observed that it could be challenging for staff and volunteers to get round to everyone requiring assistance, particularly where there were staffing shortages. Patients requiring assistance sometimes had to wait for a staff member or volunteer to become available, meaning their food was cooling down (and perhaps becoming less appetising) in the meantime. Recruitment of additional volunteers may help with this although, of course, staffing shortages also need to be addressed.

55. HOSC's view is that assisted eating is an area for further improvement. Its importance is recognised in policies but evidence suggests that not all patients requiring help are receiving it all of the time. More effective auditing of assisted eating would help to focus efforts to improve, and to help suggest where additional volunteer help could be more effectively targeted. HOSC would also like to see Trusts take a more consistent, Trust-wide approach to the identification of patients requiring assistance using a red tray or similar system, and a clear policy on who can/should be providing assistance to patients in various circumstances – staff, volunteers or families/carers - and the advice which should be given to non-professionals.

Recommendations – Assisted eating

Recommendation 8

Trusts should have a clear policy on assisted eating and drinking arrangements, including:

a) agreeing and implementing a consistent Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with patient representatives before agreement.

b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.

Recommendation 9

Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:

a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it.

b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).

5. Information

Policies and procedures

56. Both Trusts supply 'welcome packs' or patient information leaflets to patients admitted to hospital. Patients receiving elective (planned) treatment receive the information prior to admission whilst those admitted as emergencies should be given copies after they are admitted. The information is also available on Trust websites.

57. The information includes brief details about hospital meals and places where patients and visitors can buy additional food if they wish (cafés, vending machines etc). The availability of snack boxes or light bites, in addition to meals, is also mentioned in the Brighton and Sussex University Hospitals Trust welcome leaflet, and the Review Board would suggest that this is added to the East Sussex Hospitals Trust leaflet. Conversely, the East Sussex Hospitals Trust leaflet mentions protected mealtimes and the Board would suggest that this is added to the Brighton and Sussex University Hospitals Trust information. Of course, it is up to individual patients or their families/carers to read the information and some will be too unwell or unable to take it all in.

58. Day to day, both Trusts supply information on menu choices to patients, either for information, with choices made from the trolley at mealtimes (East Sussex Hospitals Trust) or for patients to make a selection prior to mealtimes (as at Brighton and Sussex University Hospitals Trust). Menus include details of vegetarian and gluten free options, as well as other information such as healthy options or choices suitable for diabetic people. Brighton and Sussex Trust uses symbols on some menus to identify options suitable for special diets and healthy or high-energy options – an idea which could be used more widely.

Patient experience

59. Feedback from the LINK visits suggested that, despite the information made available to patients, there is a lack of awareness in some areas such as:

- **Availability of fruit** – as mentioned above, although fruit is readily available, many patients are not aware of this.
- **Availability of snack boxes or light bites** – again, although readily available, many patients were not aware of these.
- **Availability of further vegetarian and gluten-free options** – again, as mentioned earlier in the report.

60. It appears that more needs to be done to raise awareness of the full range of food options, particularly those mentioned above. A reminder of the availability of fruit, snacks and other vegetarian options on menus may be a helpful, regular and easily visible way to encourage people to ask for additional food if they need or want it. Clear information in patient leaflets is also important.

61. The findings from LINK visits suggested that awareness and availability of menus at East Sussex Hospitals Trust appeared to be lower, perhaps reflecting the fact that the Trust operates a point of service choice, rather than selecting from a menu in advance. Some patients felt that choice was limited by this system, depending on what was available on the trolley when it arrived and that the full choice promised by menus/information leaflets was not always available.

62. The Trusts recognise that some patients will not actively request additional items without encouragement and that not all patients will read leaflets. Various actions are being considered including an introductory patient information video available on the bedside TV (East Sussex Hospitals) and further training of ward hostesses (Brighton and Sussex Hospitals). The evidence from the LINK visits suggests that a range of actions are needed to both increase awareness and actively encourage patients to request additional items such as fruit.

Recommendation – Information

Recommendation 10

The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options.

Conclusions

63. Overall, HOSC recognises the significant progress that has been made by Trusts over the last few years in implementing national guidance such as 'Improving Nutritional Care', NICE guidance and the recommendations of the 'Hungry to be Heard' campaign.

64. However, there is still work to be done to ensure that the comprehensive policies in place on nutrition and hydration are consistently implemented on a daily basis so that all patients on all wards receive the best possible nutritional care. Embedding nutritional care into routine practice is an ongoing challenge requiring commitment from all staff from the front-line to Board level.

65. HOSC's review has found that most of the systems and procedures are in place, with structures such as nutrition steering groups, staff training and some audits established to support their implementation. The keys to further improvement are a relentless focus on consistent implementation and regular review of progress incorporating feedback from patients, carers and their representatives.

66. To that end, HOSC will monitor progress on the recommendations made in this report over the next year or so to ensure that the areas for improvement highlighted are addressed appropriately.

Appendix 1: Methodology

Scope and terms of reference of the review

The Review Board was established to assess and make recommendations on nutrition, hydration and feeding in acute hospitals which provide services to the people of East Sussex with particular focus on policies and practices in place to ensure that patients are getting the right nutritional care to support them to eat and drink.

In order to keep the review manageable it was agreed to focus on the main acute hospitals of East Sussex Hospitals Trust (Eastbourne District General Hospital and the Conquest Hospital, Hastings) and Brighton and Sussex University Hospitals Trust (Royal Sussex County Hospital, Brighton and Princess Royal Hospital, Haywards Heath) as these hospitals provide the majority of acute care for East Sussex residents.

The review particularly focused on the extent to which the Trusts follow government guidance, along with evidence of the patient experience. Policies and practices were investigated to establish good practice and/or gaps.

The following areas were excluded from the scope of the review:

- Acute hospitals run by Maidstone and Tunbridge Wells NHS Trust
- Community hospitals and care homes
- Domiciliary setting e.g. meals on wheels
- Catering contracts
- Arrangements for food preparation, distribution and sourcing of meal ingredients
- Patients at the end of their life who have been placed on what is termed 'the Liverpool Care Pathway'.

Review Board Membership and project support

Task Group Members: Councillors Alex Hough (Chairman), Eve Martin, Ruth O'Keeffe, Diane Phillips, Sylvia Tidy

The Project Managers were Lisa Schrevel (to February 2010) and Claire Lee (from February 2010), Scrutiny Lead Officers.

Review Board meeting dates

8 September 2009 at County Hall, Lewes

12 November 2009 at County Hall, Lewes

12 February 2010 at County Hall, Lewes

29 June 2010 at County Hall, Lewes

17 August 2010 at County Hall, Lewes

Witnesses providing evidence

The Review Board would like to thank all the witnesses who provided evidence in person:

NHS representatives

Brighton and Sussex University Hospitals NHS Trust

Gina Behar-Spicer, Associate Director of Nursing for Surgery

Joy Churcher, Head of Dietetics

Peter Flavell, Patient Experience Manager
Elma Still, Assistant Director of Clinical Governance
East Sussex Hospitals NHS Trust
Michelle Clements, Facilities Manager
Shotham Kamath, Deputy Chief Nurse
Dr Nick McNeillis, Associate Medical Director
Lucinda Silva, Acute Clinical Lead Dietician
Fiona Lyon, (former) Dietetic Manager
Beverley Thorp, (former) Deputy Chief Nurse

Local Involvement Network (LINK) representatives

Maureen Lawrence, LINK Participant, East Sussex LINK
Tony Reynolds, LINK Participant, West Sussex LINK
Jan Cutting, Development Worker, East Sussex LINK
Olly Grice, Development Officer, West Sussex LINK
Mark Habibi, Development Officer, West Sussex LINK
Claire Stevens, LINK Manager, Brighton and Hove LINK
Val Young, Development Worker, East Sussex LINK

Voluntary and community sector representatives

Steve Hare, Chief Executive, Age Concern East Sussex
Esmee Russell, Senior Campaigns Officer, Age Concern and Help the Aged

Other evidence

The Review Board would also like to thank all the patients and carers who agreed to be interviewed about their experiences by the LINKs and the NHS staff who assisted the LINKs before and during their visits.

The Board also received a number of phonecalls, letters and emails from East Sussex residents about their experiences and are grateful to those people who took the time to give their feedback which informed the review.

Local Involvement Network Visits

The Local Involvement Networks (LINKs) undertook all ward visits during April 2010. East Sussex LINK visited the Conquest Hospital, Hastings and Eastbourne District General Hospital. Brighton and Hove LINK visited the Royal Sussex County Hospital, Brighton. West Sussex LINK visited the Princess Royal Hospital, Haywards Heath. Visits were undertaken by LINK representatives who are volunteer members of the public who have received training and been authorised to 'enter and view' premises providing NHS care. They are supported by staff from their 'host organisation', a local voluntary sector organisation.

Three wards were visited at each hospital – a surgical ward, a medical ward and a stroke ward. Each ward was visited twice, at different times of day and on different days of the week. The visits to each hospital covered all three mealtimes – breakfast, lunch and dinner. The hospitals were given approximately 24 hours notice of the specific wards which would be visited.

Two LINK representatives undertook each ward visit – one to interview patients and one to observe procedures and practice. Patients were of course free to decline to be interviewed and some patients could not be interviewed due to their health, being away from the ward, asleep or otherwise engaged. The interviews therefore cover a sample of patients on each ward at the time of the visits.

Overall, interviews were undertaken with 97 patients at East Sussex Hospitals Trust and 82 at Brighton and Sussex University Hospitals Trust. Each LINK has produced a report on the findings from their visits which are available separately from the HOSC website www.eastsussexhealth.org or contact Claire Lee on 01273 481327 for a paper copy.

Evidence papers

The Task Group reviewed the following documents/websites

Item	Date
Trust policies, procedures and patient information leaflets relating to nutrition, hydration and feeding, Brighton and Sussex University Hospitals NHS Trust and East Sussex Hospitals NHS Trust	Various
Results of the National Inpatient Survey 2009, Care Quality Commission website	Published May 2010
Patient Environment Action Team inspection results 2010, National Patient Safety Agency website	2010
British Association for Parenteral and Enteral Nutrition (BAPEN) website	2010
Dignity in Care Programme website	2010
Improving Nutritional Care: a joint action plan from the Department of Health and Nutrition Summit stakeholders	October 2007
Hungry to be Heard, Age Concern	August 2006

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