HEALTH & WELL-BEING SCRUTINY COMMITTEE 9TH MARCH 2011

POLICY REVIEW : MALNUTRITION AND DEHYDRATION IN HOSPITALS – REVIEW OF EVIDENCE

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To provide the Scrutiny Committee with a summary of the evidence received during the review of hospital food.

2. Background

2.1 The review aimed to investigate the provision of food and fluids, nutritional support and public health advice/interventions for Sunderland hospital inpatients in order to manage avoidable malnutrition and dehydration.

3. Methods of Investigation

3.1 Evidence was gathered in the following ways:

a) City Hospitals Sunderland 'Setting the Scene' 10 November 2010
b) Age UK 'Still Hungry to be Heard' 12 January 2011
c) Visit to Sunderland Royal Hospital 21 January 2011
d) Case studies from other hospitals 9 February 2011
e) National in-patient survey 9 February 2011
f) Service Users consultation ongoing during February / March 2011

4. Setting the Scene

4.1 Staff from the Trust, representing nursing, catering and nutrition provided evidence to the Scrutiny Committee on how the processes and systems operate from delivery of food to feeding the patients. They summed this up as:

- A seamless service from delivery, preparation, serving to the patient
- No requirement for food production equipment
- Significant reduction in equipment maintenance
- Safe and modern frozen/chilled food storage facilities
- Temperature controlled from delivery at hospital to delivery on ward
- Reduced wastage of resources in production and uneaten meals
- Choice at the point of service 'choose with their eyes'
- Hot, fresh food prepared near at point of service
- Improved plate presentation at point of service
- Food and Beverage Policy formulated around the ward with constant patient quality questionnaires

5. Evidence Gathering

<u>Evidence from City Hospitals Sunderland</u>

5.1 City Hospitals Sunderland confirmed that the provision of food and drink for patients is an integral part of their treatment plan. The Trust adopts a multi professional

approach to ensuring the menus meet the requirements of patients by dietetic staff, the catering team and nursing staff working together.

5.2 The prevention of malnutrition is a key priority for the Trust and staff from all relevant areas are working together to minimise the prevalence of malnutrition.

5.3 The main principles of the patient catering service are to:

- Recognise that it is not a support service, but an integral part of the patients treatment;
- Ensure that the process is everyone's responsibility and requires multi disciplinary involvement;
- Understand the patients needs;
- Ensure the availability of a full menu and information at all times;
- Recognise that this is a priority services; and
- Continually review services.

5.4 In 1992 the catering services were reviewed which identified the following key areas:

- Poor menu availability and complicated to use;
- Patients were required to make a menu choice more than 24 hours in advance;
- Fragmented service from food production to patients;
- Loss of temperature through hot food distribution as well as cold meals arriving warm;
- Time consuming and labour intense meal ordering process;
- Meal ordering process rarely in line with patients movement;
- High wastage – 30% production and 30% plate; and
- Food hygiene safety standards compromised.

5.5 The Trust opted to introduce a chilled meal assembly production method which would:

- Focus on the ward service and not food production;
- Provide significant quality, hygiene, cost and space benefits;
- Reduce revenue costs from labour and overheads to food products; and
- Give improved information for patients.

5.6 The chilled meal assembly process means that food products are purchased directly from companies either frozen/chilled in hygienically sealed units. As the products arrive into the Trust they are stored and distributed chilled under controlled conditions. The food is delivered chilled to ward zonal kitchens by catering staff where it is then regulated and set up for service by catering staff. The main advantages of the system are:

- Patients choose at the point of service and not 24 hours in advance;
- Food is hot and fresh as it is prepared near to point of service;
- Improved presentation due to plate presentation at the point of service;
- Reduced wastage of resources (production and unused meals);
- No requirement for food production equipment;
- Reduced risk in food production process;

- Safe and modern frozen/chilled food storage facilities (year on year clean bill of health from environmental health inspections); and
- Temperature controlled from CHS receipt to delivery to ward.

5.7 In order to ensure that meal times become an integral part of treatment, protected meal times have been introduced within the Trust.

5.8 All patients have a personal bedside menu which rotates weekly. The menu offers the following diet options:

- Suitable for diabetics
- Healthy choice
- Chefs choice
- Vegetarian society approved
- Halal
- Kosher

5.9 The following standards of food provision are contained within the menu:

- Fresh fruit and vegetables available daily as choices;
- Wholemeal bread and four varieties of high fibre cereals to be offered and breakfast time;
- Wholemeal or white bread sandwiches to be available at lunch/evening meal;
- A choice of low fat spread, polyunsaturated margarine or butter and yoghurts to be offered low in fat;
- Milk puddings made with skimmed milk and the milk available on the ward is also semi-skimmed;
- Low calorie sweeteners are available as an alternative to sugar; and
- Soups to be low in fat.

5.10 Nutritional assessment of all patients should be undertaken by the nursing staff using the Malnutrition Screening Tool (MUST) within 24 hours of admission and at least weekly thereafter. A score of 2 or more triggers a referral to the dietetic service.

5.11 The Nutrition and Dietetic Service is managed as one department covering both community and hospital settings, facilitating a seamless transition of patient care between primary and secondary care. The team includes 24 Dietitians, 6 Dietetic Assistants and 5 clerical support staff and is based at Sunderland Royal Hospital.

5.12 If a patients nursing assessment identifies the risk of them becoming dehydrated and/or malnourished, requiring assistance to feed or be prompted to eat, the 'red serviette' system is implemented on the ward. This entails the wrapping of cutlery in red serviettes prior to food service and thereby raises staff awareness of the need for assistance. This also ensures that the patient's intake of food and drink is closely assessed, monitored, and then documented on a food chart.

5.13 A number of mechanisms are in place within the Trust to monitor the processes in place. To date some of the key areas which have been identified include:

- Patient menus not always available;
- Insufficient advice on the catering service available from ward staff;

- Sometimes the food and beverage service is delegated to a junior member of staff; and
- Patients rarely choose with their eyes (point of service).

5.14 Key actions which are being developed as a result of feedback include:

- Extend menu availability both at the bedside, entrances to wards and also on the patient TV system;
- Programme of Directors/senior team experiencing patient menu with patients;
- Introduction of a modern beverage facility:
  - New smaller food trolleys to the bedside to further promote “choose with your eyes”; and
  - New beverage trolleys to offer an increased availability.
- Enhancement of quality assurance and monitoring by ‘naming and shaming’ and regular reporting to the Executive Board;
- Introduction of a more robust plate waste monitoring system to be included as part of patient care records to support the nutritional policy.

5.15 As with all aspects of health care the provision of patients food/drink is constantly reviewed to ensure the highest quality of service is being provided. This takes the form of engaging patients in real time feedback about food choice, service and quality. Regular food tasting sessions are arranged by the catering team where members of the Community Panel are invited to taste and comment on the quality of food provided to patients.

<u>Evidence from Age UK</u>

5.16 he review was selected following a number of national research studies highlighting the risks including the national Age Concern campaign.

5.17 Age UK research showed 40% of older people are malnourished on admission to hospital.

5.18 In 2006 Age Concern published Hungry to be Heard, a report into malnourished older people in hospital that argued for a change in culture and practice. It recommends seven steps that hospitals should take to end the malnourishment of older people.

5.19 The campaign aimed for every ward in every hospital to implement seven steps to end malnutrition in hospital:

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.

5.20 In August 2010 Age UK published Still Hungry to be Heard which follows the campaigning report Hungry to be Heard, published four years earlier.

5.21 The report recognises that there are examples of good practice across the country, but not enough has changed since the original report to change outcomes. The report is critical about the way malnutrition is tackled among older people in hospitals.

5.22 Locally, Age UK Sunderland recently carried out a Hospital Meals Survey in support of the national Hungry to be Heard campaign. This research provides a snapshot from more 'able bodied' older people of their nutritional experiences whilst in hospital.

5.23 Overall, it appears that the Trust is performing well in most areas but more can still be done to improve the situation, especially in the following areas:-

- The findings in relation to other people seen to be requiring assistance and not receiving it is an area of concern that could be usefully addressed by the Trust.

- By ensuring nutritional assessments are completed upon admission and discharge to hospital and importantly communicated to patients so that they have an awareness of their assessments and any associated action required.

<u>Evidence following visit to Sunderland Hospital</u>

5.24 A visit was carried out over lunchtime on Friday 21st January 11.00 – 13.30. Wards visited were:

C33 Head and Neck
E52 Care of the Elderly
D44 / D43 Trauma and Orthopaedics

Itinerary:

- Observe delivery and assembly
- Observe progress of the food to the wards
- Observe the heating of the food close to the wards

- Observe the serving of the food
- Observe patients being fed

5.25 Members were pleased with the openness and transparency of the visit and were grateful to the staff involved in setting up the visits and escorting them. Members asked staff questions and spoke with some of the service users. They were also able to see the monitoring of meals take place.

5.26 The assembly and distribution of such a large quantity of meals was an impressive operation. It was commented that there was a high quality of food provided. Certainly, the food sampled in the staff restaurant was tasty and nutritious. The staff who assisted with the visit ranging from the catering department to the ward staff were undoubtedly dedicated to providing the best nutritional support and they are to be congratulated on the service provided.

5.27 Aspects of the meals service which raised questions during the visit included:

a) The difference in operational standards from ward to ward and the extent to which patients have the full range of choice on the menu.
b) The extent to which patients are involved in the menu design linked to feedback surveys and best use of information from patient feedback.
c) The involvement of a patients' friends / relatives in supporting encouraging patients to take food and passing on information about patients
d) The availability of snacks / fruit and individualised meals and the extent to which patients ask for food or the patients staff offer
e) Maintaining, monitoring and using data about malnourished patients.

National In-Patient Survey

5.28 The in-patient survey of adult inpatients in NHS trusts in England shows how each trust scored for each question in the survey, compared with national average results. The report can be used to understand the trust's performance, and to identify areas where it needs to improve. Three questions are included in the survey about Choice of Food, Quality of Food and Help with Eating. Scores based on patients' responses to the survey highlight how each of the scores compares with other Trusts as either 'worse', 'about the same', or 'better'.

5.29 Of those respondents who had hospital food, a fifth (20%) rated it as "very good," no change from 2008 but an increase from 18% in 2002. Just over a third (35%) described the food as "good", a decrease of one percentage point since 2008; 30% of respondents thought it was "fair". There has been a statistically significant increase, of less than one percentage point, from 2008 in the proportion of respondents who rated the food as poor (14%).

5.30 Overall, 78% of respondents reported that they were "always" offered a choice of food, no change from the previous survey, while another 16% said they were offered a choice "sometimes". Six percent of respondents said they were not offered a choice of food. However, this question showed differences related to how long respondents had been in hospital for: 13% of respondents who only stayed overnight said they were not offered a choice of food compared with four percent of those who stayed more than one night.

Case studies from other hospitals

5.31 Hospitals receiving scores of better than average for one or more of the three questions in the National In-Patient Survey were approached for their comments on how they thought they had achieved the better than average responses from patients.

5.32 Key issues emerge as:

- Using good quality, fresh, local ingredients
- Including the views of patients in menu design and service delivery
- The key role held by catering staff
- Close working and high levels of awareness of nutrition across staff groups
- Compliance with MUST screening and use of results

Service Users Evidence

5.33 A consultation is currently taking place with service users asking for their views on various aspects of the hospital food service including:

- Satisfaction with hospital food including choice and quality
- Reasons for not eating / missing a meal
- Options and alternatives to cater for individual appetites
- Help with eating

5.34 This consultation is being achieved with the help and support of Links, Age UK, Health, Housing & Adult Services and Sunderland Teaching Primary Care Trust.

5.35 The interim results are attached at Appendix 1

6. Conclusions

6.1 Some key issues have emerged which are reflected in national investigations of this issue. Areas of strength are shown to be encouragement to eat and support from staff as well as some presentation issues, for example portion size. However, patient choice and variety of meals is the most common area for dissatisfaction.

7. Recommendations

7.1 Members are asked to contribute views for the drafting of the final report.

8. Background Papers

Scrutiny Committee reports

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