At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 13th OCTOBER, 2010 at 5.30 p.m.

Present:-

Councillor Walker in the Chair

Councillors Fletcher, A. Hall, Maddison, Old, Padgett, Shattock, D. Smith and Snowdon and Mr. Alan Patchett.

Also in Attendance:-

Councillor Tate	-	Chairman of Management Scrutiny Committee
Bev Atkinson	-	South Tyneside NHS Foundation Trust
Gordon Booth	-	South Tyneside NHS Foundation Trust
Karen Brown	-	Sunderland City Council
Val Elsy	-	South Tyneside NHS Foundation Trust
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
Brent Kilmurray	-	South Tyneside NHS Foundation Trust
Lorraine Lambert	-	South Tyneside NHS Foundation Trust
Helen Ray	-	South Tyneside NHS Foundation Trust
Joanne Stewart	-	Sunderland City Council
Ken Wild	-	Northumbria Tyne and Wear NHS Trust
Carron Yeouart	-	Northumbria Tyne and Wear NHS Trust

Apologies for Absence

Apologies for absence were received on behalf of Councillors Chamberlin and N. Wright.

Minutes of the last Meeting of the Committee held on 15th September, 2010

1. RESOLVED that the minutes of the meeting of the Committee held on 15th September, 2010 be confirmed and signed as correct record.

Declarations of Interest

There were no declarations of interest made.

Transforming Community Services

The Chief Executive submitted a report (copy circulated) informing the Committee about how the transition on Transforming Community Services would take place and allowing Members the chance to discuss the change in management arrangements.

(For copy report – see original minutes)

The Chairman welcomed Ms. Lorraine Lambert, Chief Executive South Tyneside NHS Foundation Trust, and her colleagues to the Committee and invited them to present the report.

Ms. Lambert thanked the Committee for giving them the opportunity to attend and discuss the ongoing changes with regards to management arrangements and the impact this would have on service provision in Sunderland.

She advised that the Government had launched the Transforming Community Services programme in 2009 which confirmed that all PCT's should increase the separation between commissioning and providing parts of the organisation which the NHS White Paper had then gone on to strengthen by giving the responsibility of purchasing services to GP's.

The new model of partnership working would take up its role overall from 1st April, 2010 and partners were working hard to ensure that from that date access would be available to the same services needed and that every opportunity to make improvements in how services are provided were embedded. Partners were aware that this was a big transaction to be going through but were confident they could achieve service continuity and improvement by working closely together.

Councillor Shattock commented that the services to be affected were extremely important and it was imperative that the patient did not notice any changes in the service they received. She asked how teams would work in the future model and whether they would be working in different locations or over a number of sites? Ms. Lambert advised that they anticipated that from 1st April, 2011 there would be no change to where patients were treated or accessed services as the changes would be to the leadership management and not to service provision. Patients would continue to receive exactly the same package of care but they would be being asked for their suggestions as to how anything may be improved.

Ms. Bev Atkinson, South Tyneside NHS Foundation Trust, commented that it would be a struggle to ensure that relationships built by each of the three organisations would not be lost when combined into one. The change would offer huge opportunities as the shift was on how to keep patients out of hospitals and in their own homes and if the service provision could support a move towards that it could only be an improvement.

Councillor Hall welcomed the sense of optimism shown but commented that there was sure to be difficulties or problems during the transition. Ms. Lambert advised that they would be leading the process and had found that the biggest difficulty they faced was in the short term as they needed to ensure that everyone involved fully

understood the changes that were to be implemented, when and why it was happening and how as a service user they should continue to experience business as usual.

Mr. Patchett asked if there would be consultation undertaken with the District Nurses as to how they operate and any concerns they may have and Ms. Lambert advised that they were being involved as part of the service review which was being undertaken, which was a huge consultation process as part of the next stage of the process. They would also be consulted on how to best make sure that their patients continue to have the same level of care to ensure there was an obvious level of continuity in services being provided across Sunderland which had never been in place in the past to help in standardising the role.

In response to a question from Councillor Old regarding any financial impact the changes may have Ms. Lambert advised that there would be no financial savings made as part of this process and it was simply to improve the leadership management. The NHS faced making significant changes in the near future as further pressures were placed on the revenue available to them and there was a need to look at how services could be provided more efficiently in a similar way to the process Local Authorities were going through.

The Chairman thanked the Officers for attending the Committee and wished them a smooth transition, and it was :-

2. RESOLVED that the information about the model of care and the development of the services in the future be received and noted.

Environmental Improvements to Wearmouth View, Monkwearmouth Hospital

The Chief Executive, Northumberland Tyne and Wear NHS Trust submitted a report (copy circulated) to advise Members on the environmental improvements that were to be made to Wearmouth View at Monkwearmouth Hospital.

(for copy report – see original minutes)

Mr. Ken Wild, Divisional Manager Older People's Services and Ms. Carron Yeouart, Service Manager, Older People's Services presented the report and informed Members that as part of a programme of upgrading patient environments the Trust were about to embark on a refurbishment programme that would deliver an improved environment for people using the service. As the work was to be very disruptive, experience had shown that decanting current patients to another ward area was the best approach, which would mean that eight patients had agreed to move to Palmer Hospital, Jarrow for a period of up to six months and Members of the Committee were more than welcome to visit either site.

Councillor Shattock raised her concerns at moving patients to Jarrow and asked why that site had been agreed and if there had been any complaints from carers, as it would inevitably mean them having to travel significantly further. Mr. Wild appreciated the concerns raised and advised that the site at Jarrow had been

chosen as it had the relevant facilities available for the patients and that carers had been fully involved in any discussions around the options available. Ms. Yeouart advised that there was a very good Ward Manager at the Wearmouth Site who has good relationships with all of the patients and carers and would have been informed of any concerns either had. The Ward Manager had spoken with individual carers and patients and had no concerns to share on their behalf.

When asked if carers would be given help with travel arrangements to visit Jarrow, Mr. Wild advised that each case would be reviewed on an individual basis.

In response to a query from Councillor Padgett regarding the Monkwearmouth Site providing a lower level of service over the next six months, Ms. Yeouart advised that the Palmer Hospital was a similar type of facility to that of Wearmouth View and that the patients would continue to receive the same level of care. The move was a positive thing as initially they would move the skill mix so that it would remain the same for each hospital to manage.

Councillor Walker asked what the improvements to Wearmouth View would entail and was advised that the work was expected to take three to four months and consisted of removing a large forecourt that was in the middle of the ward to enable those with more complex needs or who were more frail, to have less restrictions to their mobility around the ward.

In response to Councillor Shattock's question around staff movements, Ms. Yeouart advised that as well as the Ward Manager going to Jarrow, there would also be seven members of staff going who were of mixed skill base, both qualified and unqualified, to help in providing a continuity of service to the patients.

Mr. Patchett asked if, upon completion of the works the ward would remain a 16 bed ward and was advised that that was the intention.

The Chairman having thanked Mr. Wild and Ms. Yeouart for their report it was:-

3. RESOLVED that the Committee support the positive improvements being made to Wearmouth View in line with the modernising environments across Northumberland Tyne and Wear NHS Trust.

Equity and Excellence : Liberating the NHS White Paper – Update Report

The Chief Executive submitted a report (copy circulated) to provide members with an update in relation to the 'Equity and Excellence in Health, liberating the NHS white paper' and its associated consultation papers.

(for copy report – see original minutes)

Ms. Brown, Scrutiny Officer, presented the report, advising that the consultation responses endorsed at the Scrutiny Committee held on 15 September, 2010 had been submitted to the North East Regional Joint Health Scrutiny Committee on 16 September, 2010 and the collective regional scrutiny response was attached as an

annex to the report for Members information. Ms. Brown took Members through the key points identified in the collective response.

She advised Members that this Committee had been represented at a CfPS meeting of Health Scrutiny Chairs and Scrutiny Officers held on 20th September, 2010 in London where the discussion had focussed on 'How might transparency and accountability be achieved in the Health White Paper proposals?' The event had provided useful discussion to inform the next steps for HOSCs in responding to the consultation and interpreting those consultation responses and taking part in the implementation of specialist aspects of the reforms.

Councillor Shattock thanked Ms. Brown for the rundown of the collective response and commented that she was in favour of the wording of the document. It stressed the importance of Elected Members continuing to be involved in the scrutiny of health and wellbeing.

In relation to a query from Councillor Smith regarding the GP Consortia, Ms. Brown advised that discussions would need to start early on around how they would be set up and held accountable. Relationships would need to be set between the Consortia and the relevant committee or forum to ensure they were scrutinised and held fully accountable.

Having thanked Ms. Brown for attending the CfPS meeting of Health Scrutiny Chairs on behalf of the Committee, it was:-

4. RESOLVED that the Committee noted the update report and further updates on the white paper developments be submitted to the Committee as and when necessary.

Forward Plan – Key Decisions for the Period 1st October, 2010 – 31st January, 2011

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1st October, 2010 – 31st January, 2011.

(for copy report – see original minutes)

Councillor Old requested further information on Item number 01436 – To agree for the Council to assist with and facilitate the transfer of NTW's learning disability homes to a registered Social Landlord.

A briefing had been circulated to Members since the last meeting on the issue of Personalised Budgets and Councillor Shattock requested that this be a future item on the agenda.

5. RESOLVED that the contents of the report be received and noted and additional information be provided to Members.

Annual Work Programme 2010 - 11

The Chief Executive submitted a report (copy circulated) for the Committee to receive an updated work programme for the 2010-11 Council year.

(for copy report – see original minutes)

6. RESOLVED that the Committee note the updated work programme.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and support.

(Signed) P. WALKER,
Chairman.

HEALTH AND WELL-BEING SCRUTINY COMMITTEE 10th November 2010

REVIEW OF THE MANAGEMENT OF MALNUTRITION AND DEHYDRATION IN HOSPITALS

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To provide evidence from City Hospitals Sunderland for the policy review of malnutrition and dehydration in hospitals.

2. Background

2.1 At its meeting on 9th June 2010 the Scrutiny Committee agreed to pursue a review of the management of malnutrition and dehydration in hospitals.

2.2 The review was selected following a number of national research studies highlighting the risks. At its meeting on 7th July 2010 the Committee agreed the scope of the review.

3. Aim of the Review

3.1 The aim of the review was agreed as:

To review strategies to support the decision-making of health professionals involved in 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.

4. Terms of Reference

4.1 The following terms of reference were agreed:

- To consider the whole process for providing hospital meals: menu/nutritional planning; preparation; meal time; monitoring [who is eating their meal]; and clear-up;
- To explore issues around the identification of patients who are admitted to hospital malnourished and whether that status has changed on discharge;
- To explore reasons why patients are not eating their meals;
- To establish how patients who find it difficult to feed themselves are supported to do so;
- To evaluate the effectiveness of management, treatment and education/training programmes relevant to malnutrition and dehydration;
- To explore what happens to monitoring information and how it is used to ensure all people receive the nutrition they require.

5. Methods of Enquiry

5.1 The Committee agreed to take detailed evidence from City Hospitals Sunderland to review policies and guidance in relation to the management of avoidable malnutrition and dehydration in hospitals including how decisions are taken around the provision and allocation of resources in the management of patients at risk of or with pre-existing malnutrition or dehydration.

5.2 This will include reviewing the way in which healthcare professionals use their clinical judgement and consult with patients which aims to reduce the negative personal, physical, emotional, social and financial impact of malnutrition and dehydration.

5.3 The next stage following this evidence gathering meeting will involve a visit to the hospital, a tour of the kitchens and some of the wards, and observing meal times.

6. Conclusion

6.1 The Committee is asked to receive the evidence gathering for the policy review.

7. Background Papers

Health & Well Being Scrutiny Committee – Work Programme and Policy Review Report 9th June 2010 and Scope of Review 7th July 2010

8. Key Terms

Nutrition - the supplying or receiving of nourishment

Malnutrition – a condition resulting from not getting enough nutritious food (with vitamins and minerals).

Dehydration – an inadequate amount of fluid in the body

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

HEALTH AND WELLBEING SCRUTINY COMMITTEE

NUTRITION AND HYDRATION OF PATIENTS

10 NOVEMBER 2010

BACKGROUND

City Hospitals Sunderland was established as an NHS Trust in April 1994 and became an NHS Foundation Trust in July 2004.

The Trust provides a wide range of hospital services to a local community of around 350,000 residents (including north Easington) along with an increasing range of more specialised services provided to patients outside this area, in some cases to a population as great at 860,000. The Trust operates from:

- Sunderland Royal Hospital
- Sunderland Eye Infirmary
- The Childrens Centre, Durham Road

There are around 945 acute hospital beds, the vast majority of which are all on the Sunderland Royal Hospital site with only 22 beds at Sunderland Eye Infirmary. The main hospital kitchen is also on the Sunderland Royal Hospital site.

The Trust employs just under 5000 staff and during 2009/10 the number of inpatients treated was 59,565 and 53,246 day cases.

INTRODUCTION

Prevention of Malnutrition at City Hospitals Sunderland

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 within our hospitals.

What is malnutrition?

Malnutrition is a state of nutrition in which deficiency, excess of imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue/body form and function and clinical outcomes.

Malnutrition is usually associated with disease and by its very nature can be both a cause and a consequence of disease. It affects people of all ages, but those most at risk include individuals with acute disease or chronic long term

conditions. Older people are particularly vulnerable as they often suffer from multiple clinical conditions those with dementia being particularly at risk.
The aim of this paper is to identify the systems and processes that are in place within the Trust to ensure that patients are receiving appropriate and timely nutrition and hydration whilst they are a patient in hospital.

Catering Services

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.

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.

As a consequence of the review a number of catering systems were analysed:

- Cook chill
- Cook freeze
- Cook service (traditional)
- Boil in the bag
- Chilled meal assembly

The Trusts preferred option was 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.

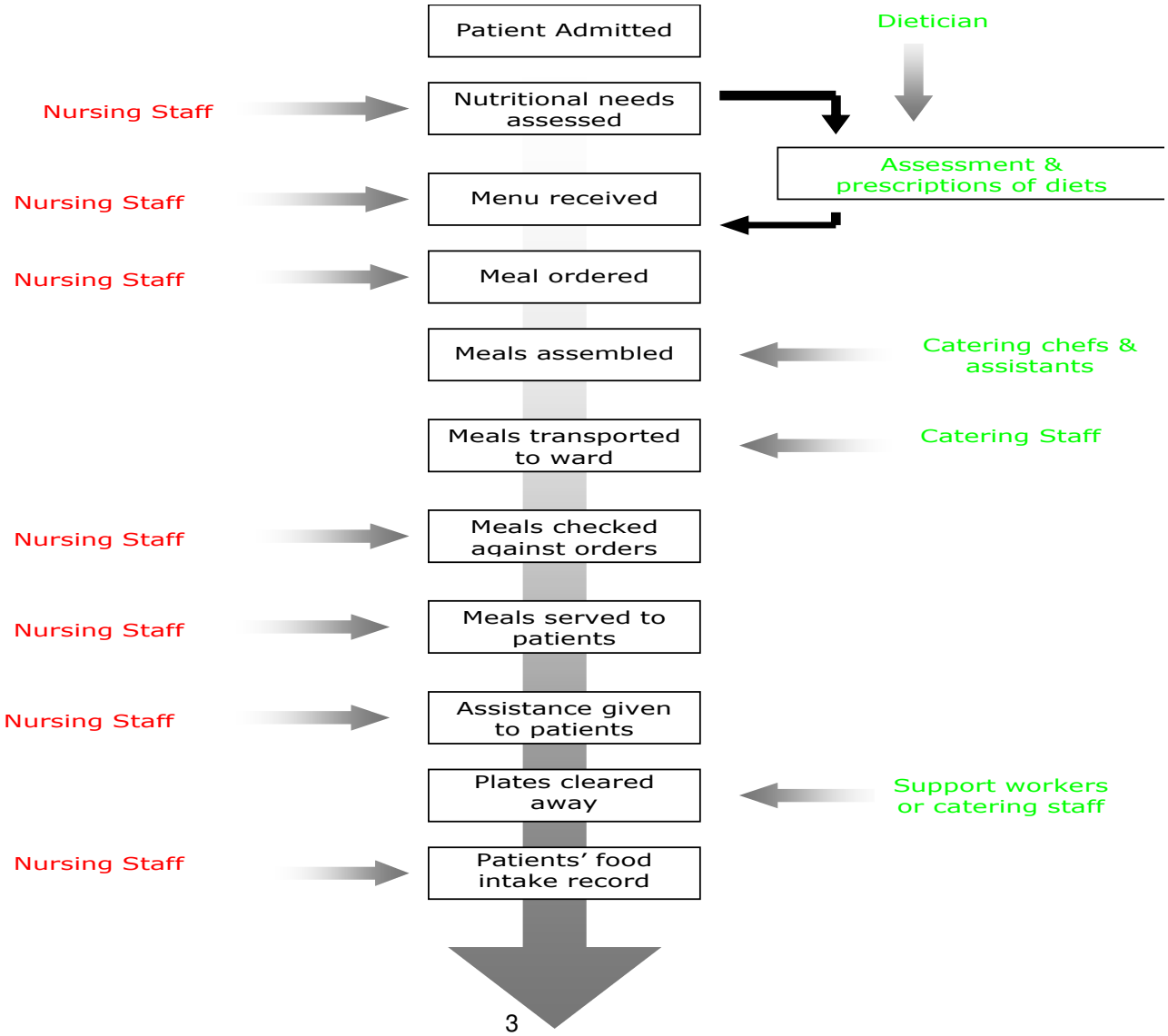
Chilled Meal Assembly

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.



Ward hostesses will deliver the food trolley regulated and set up for service to the ward. It is then the responsibility of nursing/ward staff to take the meal trolley and to serve meal to patients.

Further details of the specification of services for catering services are attached at Appendix 1.

An example of patient feeding costs are attached at Appendix 2 and also an example of a patient satisfaction, costs and wastage report at Appendix 2a.

These reports which are shared with wards and departments highlight:

- Patient meals ordered;
- Number of patients on each ward;
- Patient meal cost; and
- Patient satisfaction survey results.

Protected Meal Times

In order to ensure that meal times become an integral part of treatment, protected meal times have been introduced within the Trust and a copy of the procedure is attached at Appendix 3.

All patients have a personal bedside menu which rotates weekly. A copy is attached at Appendix 4. The menu offers the following diet options:

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

The following standards of food provision are al 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.

DIETETIC SERVICE

What is a Dietitian?

Registered Dietitians are the only qualified health professionals that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

Dietitians are educated to degree level and are statutorily regulated and governed by an ethical code to ensure they always work to the highest standard. The title Dietitian can only be used by those appropriately qualified professionals who have registered with the Health Professions Council (HPC).

Further information can be found by visiting the British Dietetic Association (BDA) website at www.britishdieteticassociation.co.uk.

The Nutrition and Dietetic Service

The 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.

In July 2010, a nutrition specialist nurse was appointed to facilitate a nutrition support team for patients requiring intensive nutrition support. The team includes a consultant gastroenterologist, two senior specialist dietitians, a clinical pharmacist and the nutrition specialist nurse (terms of reference are attached at Appendix 5).

The aim of the Nutrition and Dietetic service is to offer effective dietetic treatment for people with nutrition related diseases.

Hospital Dietitians

The Dietitians in the hospital are able to provide support and advice for all types of patients. The main areas of dietetic intervention include the provision of:

- Nutrition support to those patients who are unable to meet their nutritional requirements; and
- Therapeutic diets to those people who have conditions that benefit from special diets. Eating more of certain foods or avoiding others may help to control symptoms.

The Dietitians work closely with the catering team to ensure that appropriate food is provided to all patients requiring dietetic input and are heavily involved in the nutritional planning of hospital menus.

The Referral Process

Dietitians receive referrals from many sources including nursing staff, medical staff and other health care professionals. Patients will be referred for a variety of reasons but for the purpose of this report the focus will be on the role of the Dietitian in promoting adequate nutrition.

Assessment and Treatment Planning

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.

Once a referral has been received the Dietitian will attend the ward within 24 working hours. They will liaise with appropriate health care professionals and gather initial information about the patient from medical and nursing records. They will then talk to the patient, if possible, to try to find out more information about their usual eating habits, any loss of appetite prior to admission, social issues, weight loss history etc.

If the patient has been referred regarding poor nutritional intake nursing staff will have been asked to commence a food record chart (Appendix 6). The Dietitian will use this information to assess their approximate calorie intake. The patient's daily calorie requirements will then be calculated by the Dietitian with any deficits made up through the use of additional snacks, nutritional supplementation and in some cases artificial nutrition. Normal food will always be promoted as first line treatment and Dietitians liaise with the catering staff to ensure that patients are provided with appropriate meals and snacks where possible.

If patients are not able to meet their nutritional requirements through food alone then they will be encouraged to try nutritional supplementation, usually in the form of drinks, a variety of types and flavours are available and patients are given the opportunity to taste several varieties to make their preference.

Specialist Nutrition Support

In some cases patients will require more intensive nutrition support through the route of feeding via a tube into the stomach or parenteral nutrition (intravenous artificial nutrition) Dietitians are responsible for calculating nutritional requirements and deciding upon the appropriate feeding regimen for these patients.

Additional Responsibilities

In addition to their clinical workload Dietitians have many other responsibilities to ensure and promote effective patient care. All members of the dietetic team are encouraged to be involved in clinical audit.

Dietitians are also involved in the training of other healthcare professionals, including medical and nursing staff, in the role of nutrition in disease management and the prevention of malnutrition and are active members of all groups which involve nutrition, including; the catering review group, nutrition steering group, nutrition support group, nutrition link group and tissue viability steering group.

NURSING PERSPECTIVE

This paper describes the process that occurs from a nursing perspective to ensure patients are receiving appropriate and timely nutrition and hydration whilst they are in hospital.

On admission to hospital patients are assessed using the Roper, Logan and Tierney Nursing Tool[1]. This assessment tool enables nursing staff to take a holistic view of the patient's care requirements and is based on the activities of daily living we all undertake to maintain optimum health. When a patient is unwell their activities of living may be compromised as a consequence of physiological changes emanating from their illness/disease process.

The activities of daily living consist of:

- Maintaining a safe environment
- Communication
- Breathing
- Eating and Drinking
- Elimination
- Washing and Drinking
- Controlling Temperature
- Mobilisation
- Working and Playing
- Expressing Sexuality
- Sleeping
- Death and Dying

Eating and drinking are essential to our survival as humans, with nutritional status being influenced by general health, chronic disorders, mobility and

[1] Roper, Logan and Tierney (1980)
The Elements of Nursing, Churchill Livingstone.

Roper, Logan and Tierney (2000)
The RLT Model of Nursing: Based on Activities of Living
Elsevier Health Sciences, Edinburgh.

psychological or socio-economic factors as well as age. Activities of daily living are closely related and when illness compromises one activity then this will impact on others. For example if a patient has difficulty with their breathing due to a chest infection they may struggle to eat or drink. Nursing staff therefore play a vital role in working with the multi-disciplinary team to ensure patients receive adequate food, fluids and nutrition whilst they are inpatients.

As part of the assessment patients are asked whether they have any problems with feeding themselves or if they require assistance. If patients are unable to communicate this information will be gathered from a family member or carer. Should the patient be alone with no advocate to provide information the nursing staff will use their professional judgement based on the patient's activities of daily living assessment and diagnosis.

Patients also have a Malnutrition Universal Screening Tool assessment completed on admission, also referred to as the MUST. This is a tool to identify adults who are malnourished; at risk of malnutrition or who are obese It includes management guidelines which can be used to develop an individualised care plan for a particular patient.

The MUST assessments are carried out by a qualified nurse, within 24 hours of admission or at pre admission assessment clinics for those patients attending for elective surgery. The information contained in the tool includes:

- Date of assessment
- Has the patient has had any unplanned weight loss over a period of time
- Have they an existing acute disease
- Details of the patient's weight and height

The information is entered into the computer along with the patients BMI and a score is calculated of between 0-2.

A score of 0 indicates that the patient is well nourished and only requires assessing once per week.

A score of 1 indicates that the patient needs to have a strict record of their intake for three days and if there is no improvement they should be referred to the dietician.

A score of 2 immediately indicates that the patient is suffering from some kind of malnutrition and needs referral to the dietetic service for further advice and management plan.

Information is documented in the nursing assessment and the care planned appropriately according to the patient's choices and needs. This information

is then relayed to the multidisciplinary team, consisting of medical, nursing and Allied Health Professionals[2]

Information is shared with the nursing team to ensure they are aware of the needs of the individual patient. This information is communicated verbally during the handover so that all nursing staff are aware of the individual patient's status; the information is also stored in the electronic patient record for nursing staff to access to assist in the provision of holistic nursing care. This occurs at each shift handover so the new nursing team on duty has an overall picture of the patient's specific nursing requirements, support required and any changes that have occurred during the preceding span of duty.
If a patient does require assistance then this is offered during all meal times. Assistance can take many forms for instance:

- Patient's being assisted to sit in a specific position to enable them to access their meal;
- Food being cut into bite size pieces;
- General encouragement to eat and drink;
- Patient's being assisted to eat their meal by being fed by a relative or member of the nursing team.

Process

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. 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.

Food charts are available to record the intake patients have consumed in any 24 hour period, this allows the medical, nursing and dietetic staff to assess on a regular basis that the patient is getting the nourishment that they need during their hospital stay (Appendix 6).

Nursing staff are taught how to feed patients either during their training as a student nurse or during the health care assistant development programme either at or shortly after induction. (Copy of HCA programme attached at Appendix 7).

Protected Mealtimes

As identified earlier in the report staff follow the procedure outlined in Appendix 3.

[2] Allied Health Professionals – Physiotherapist; Occupational Therapist; Speech Therapist; Dietitian.

Meal Service

The patient's meals are served at approximately 08:00, 12:00 noon and 17:00.

Breakfast consists of a choice of hot and cold food.

At lunch time the patients are offered soup accompanied by sandwiches, jacket potatoes with various fillings are also available on request.

Dinner consists of a two course hot meal; the staff offer the patient a choice of what they would like to eat.

The Care of the Elderly wards have recently reviewed meal provision and have introduced a two course hot meal at lunch time and sandwiches/soup at tea time. This reflects the mealtime habits of the majority of the local population and is popular with in-patients.

Prior to meals being served patients are requested and prompted to wash their hands prior to eating, and the food is served at their bedside.

The patient's named nurse is responsible for ensuring that she is aware of how much is eaten by the patient at meal times and throughout the day. (This information can be relayed via the health care assistant, house keeper or ward hostess).

Nursing staff serving the meals offer the patient a choice of menu and portion size depending upon their appetite and will be guided by the patients response and the recommendations made by the Dietitian involved in the patients care.

If a patient does not like the food they are offered then alternative choices are available from the catering department. If a patient has not eaten their food then the nursing staff must explore the reasons why and resolve any issues there may be.

Liquid refreshments are offered seven times daily and all patients are supplied with a jug of water and a glass on admission (assuming their condition allows them to drink) and it is refilled twice daily and on request.

Patients who have delirium and dementia require additional support to tempt and reinforce their need to eat.

Two areas have developed luncheon clubs ensuring adequate nutrition is provided in a therapeutic environment with great success. The two clubs which have been set up within the Trust are on the dementia unit (E56) and Care of the Elderly (COTE) ward (E52). Staff and volunteers facilitate these clubs, and they are seen as integral to the patient's rehabilitation by promoting normality as they enable patients to sit at the table with others.

Homely crockery is used and the table is set with a table cloth, which seems more conducive to successful nutrition. Patients are offered alternative meals i.e. salads and during summer are sometimes treated to strawberries and cream.

During this time social activities also take place, when the patients can either watch movies, play games or do some craft work. The lunch club on E52 has been running approximately two years and just recently received the Board of Governors Award at the Trust's Reward and Recognition Celebration in September 2010.

Different patient groups have different nutritional needs, those who are ill or have had surgery (all of our patients fall into one of these categories), the elderly, pregnant women, diabetic patients, children naming just a few. The nursing staff aims to meet the nutritional needs of all of these inpatients following initial assessment.

Patients who have any physical disability or with sensory impairment will be identified through the MUST assessment and nursing staff will provide the necessary assistance.

Up to 45% of patients who have been admitted following a CVA (a stroke) have some degree of dysphagia, the inability to swallow. Dysphagia is associated with poor outcome and can cause dehydration, starvation, weight loss, malnutrition, silent aspiration, chest infections and pneumonia. The nurse's role is to observe and assess using the adult Oral Nutritional Support Guidelines (attached at Appendix 8).

A swallowing assessment is carried out within 24 hours of admission by either a dysphagic trained nurse or by a member of the SALT (Speech and Language Therapy) team. Once assessed the SALT team/nursing staff decide whether our patients require further intervention from the Dietetic team.

Nursing staff are committed to providing excellent nutrition to patients in our hospital and combined with the wider team strive to nourish our patients to aid a more speedy recovery.

MONITORING

A number of mechanisms are in place within the Trust to monitor the processes in place.

Catering Department Questionnaires

The catering department issues as average of 100 questionnaires on a weekly basis and an example of the results are identified below.

Patient Catering Satisfaction Survey Results September – August 2010 i.e. 653 Patients

No	Question	Never (Score 0)	Sometimes (Score 1)	Always (Score 2)
1	Do you have access to the patient menu?	109 (17%)	66 (10%)	478 (73%)
2	Was the menu explained to you by a member of staff?	163 (25%)	89 (14%)	401 (61%)
3	Are you offered a choice of dishes?	148 (23%)	94 (14%)	411 (63%)
4	Do you think the choice is adequate?	13 (23%)	92 (14%)	548 (84%)
5	Are the portion sizes served adequate?	9 (2%)	126 (19%)	518 (79%)
6	Is your food well-presented on your plate?	72 (11%)	116 (17%)	465 (72%)
7	Are your meals hot enough?	8 (2%)	96 (14%)	549 (84%)
8	Was the person who served your food courteous & helpful?	2 (1%)	42 (6%)	609 (93%)
9	Is your crockery clean?	6 (1%)	26 (41%)	621 (95%)
10	Is your cutlery clean?	5 (1%)	32 (5%)	616 (94%)
11	Are you offered salt & pepper & other accompany-			
12	ments?	43 (7%)	123 (19%)	487 (74%)
13	Did you see a dietician (if applicable)?			
14	Did you receive the correct meal (if applicable)?	67 (11%)	34 (5%)	552 (84%)
15	Do you think the menu choice is healthy?	24 (4%)	41 (6%)	588 (90%)
16	Are you happy with the amount of beverages served?	9 (2%)	114 (17%)	533 (81%)
	Are you generally happy with the catering service	25 (4%)	113 (17%)	515 (79%)
17	provided?	8 (2%)	81 (12%)	564 (86%)
	Are you generally happy with the quality of meals	13 (2%)	99 (15%)	541 (83%)
18	served?			
19	Are the dirty crockery and cutlery collected promptly?	8 (2%)	89 (13%)	556 (85%)
	Is your meal served at a suitable time?	3 (1%)	47 (8%)	603 (92%)

The Trust has also introduced a real time feedback system which aims to survey 250 patients each month using hospital volunteers, governors and members of the Local Involvement Steering Group. Three of the fifteen questions asked of patients are specifically about mealtimes:

- Is your food well presented and hot enough?
- Are you offered a good choice of food?
- Did you get enough help from staff to eat your meals?

The results of all questionnaires are fed back to our Patient Environment Action Team (PEAT) and Catering Review Group the Matrons Environmental Meeting and the Patient and Public Involvement Steering Group to ensure that actions are identified and delivered. 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).

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.

CONCLUSION

City Hospitals Sunderland consider the provision of food and drink for patients as 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.

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 forum 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.

The opportunity to provide detailed information to the Health and Wellbeing Committee about the nutrition of patients in hospitals is welcomed by the Trust. We anticipate that the information provided will enable a dialogue to begin about patient nutrition in City Hospitals Sunderland and look forward to demonstrating and improving the service we provide to patients.

CAROL HARRIES
Director of Corporate Affairs

JUDITH HUNTER
Head of Nursing

FELICITY WHITE
Head of Dietetics

LARRY STORES
Facilities Manager

APPENDIX 1

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CATERING SERVICES

SPECIFICATION OF SERVICES

Review Date: October 2010

INDEX

SECTION ONE:
INTRODUCTION AND GENERAL DESCRIPTION OF HOSPITALS

1.1 LOCALITY SERVERD BY CITY HOSPITALS SUNDERLAND

City Hospitals Sunderland is responsible for the provision of the Health Services to the population of the City of Sunderland. The present catchment population is 330,000 and this figure includes the 33,000 for the Easington area.

1.2 PRESENT AND FUTURE HEALTH CARE SERVICES

There are currently two hospitals within Sunderland (Sunderland Royal Hospital and Sunderland Eye Infirmary) supporting in the region of 956 beds.

1.3 GENERAL DESCRIPTION OF HOSPITALS

It should be noted that the information contained in this section on bed numbers and patient mix is subject to change, particularly with regard to future developments.

1.3a Sunderland Royal Hospital

This hospital is situated approximately one mile from Sunderland city centre on the main A183 road to Chester-le-Street. The hospital is the largest in Sunderland, a mainly acute unit of 934 beds, with approximately 95% average occupancy. It also houses the trust headquarters, education centre, residential accommodation, district laundry and district transport services. Adjacent to the hospital is a large health centre and pharmacy store.

The hospital comprises 36 wards/patients feeding points of varying specialities and a Coronary Care Unit, Intensive Care Unit, Accident & Emergency department, outpatient facilities, treatment and diagnostic services and occupational health department. Some of the feeding areas and wards are some distance from the main central assembly unit.

1.3b Sunderland Eye Infirmary

This hospital is a sub regional unit providing Ophthalmology services. It is situated in Queen Alexandra Road, two miles south of the city centre and two miles from the Sunderland Royal Hospital site. The hospital consists of one ward. Haygarth ward on the ground floor consisting of 22 beds. The hospital also has a Diagnostic Unit, Accident & Emergency Department and outpatient wards and feeding areas are reached by internal corridors, 10 beds are also staffed for day cases.

1.3c **Washington Galleries**

This is a Health Centre and elderly day unit situated in the Galleries, Washington town centre.

1.3d **Childrens Centre**

This is a day centre for children. It is situated approximately one mile from the Sunderland Royal Hospital site.

1.4 **HOSPITAL BED ALLOCATIONS**

Hospital Site	2009 Beds	2010 Beds
Sunderland Royal Hospital	934	934
Eye Infirmary	22	22
Galleries	-	-
Childrens Centre	-	-
TOTALS	**956**	**956**

Sunderland Royal Hospital - 30 day places
Sunderland Eye infirmary - 10 day places

SECTION TWO:
INTRODUCTION TO CHILLED MEAL ASSEMBLY

2.1 INTRODUCTION TO THE CATERING SERVICES

The work of the Catering Services Section is related to the provision of a high quality, flexible, safe, food service, to require nutritional standards making maximum use of quality foodstuff.

The Service Provider must demonstrate, by submission of menus, work plants, rotas, training schemes and any other relevant documentation how the following tasks are to be met.

The Core services are:

1. Food Service to Patients and their Families, Staff and Visitors
2. Effective Cleaning
3. Effective Monitoring
4. Stores Control
5. Waste Control
6. Function catering
7. Cash Handling and Accounts
8. Health and Safety
9. Room Bookings
10. Health promotions
11. Customer Satisfaction, Demonstration, Monitoring and Action
12. Provision of Effective Training to Staff

Areas which need special consideration in addition to compliance with the Patients catering standard are:

1. Preparation of Patients Food including therapeutic diets, ethnic and cultural requirements. Preparation of staff food, including visitors
2. Maintaining high standards of hygiene
3. Operating an effective, due diligence system
4. Quality function work, service and presentation skills
5. Health promotion activities
6. Performance Management
7. Cash handling procedures
8. Establishing and responding to service needs
9. Maintaining high links with all customers
10. Ensuring effective care and upkeep of all machinery and equipment
11. Providing a call-off order service for patients
12. Providing celebration cakes and special fare
13. A demonstration of effective Health and Safety measures
14. Food contamination, incident and reporting procedure

The following pages of this document provide further detail of the level of service required.

2.2 **DESCRIPTION OF CATERING SYSTEM**

In brief the system comprises a hybrid of a central assembly and receipt and distribution unit. The Central Assembly and Distribution Unit is located on 'A' Floor of the Hylton Road block of Sunderland Royal Hospital. The purchase of ready cooked frozen and chilled meals will be undertaken from this unit on behalf of all hospitals within Sunderland. Frozen and chilled food storage, assembly, and distribution will be undertaken from this location.

The ordering of all patients and some staff meals is undertaken from the Central Assembly and Distribution Unit, utilising commercial suppliers. Food is produced by commercial suppliers to strictly specified dietary requirements and delivered in a frozen or chilled state.

The system is monitored and controlled by experienced/trained catering personnel at all points, as indicated in departmental policies. Under no circumstances must raw food be received into the Central Assembly and Distribution Unit.

Products (both frozen and chilled) are received into the Central Assembly and Distribution Unit where they are checked for quality and quantity and appropriately stored.

Catering staff at individual hospitals notify the central unit of meal requirements. Frozen meals thawed to a chill temperature, in accordance with each hospitals requirements. All meals are assembled in insulated boxes, ready for distribution.

Insulated boxes are then transported by refrigerated vehicles to drop off points at each location where catering personnel will check them and ensure correct distribution to each ward regeneration point.

Where possible small numbers of wards are grouped into regeneration zones operated by catering staff who are involved in patient meal ordering.

Chilled food is then removed from the insulated boxes and placed into regeneration ovens/trolleys and heated to the correct temperature. All food is thoroughly temperature probed prior to service by catering staff, and temperatures recorded. Meals are then delivered, ready for serving by ward staff. At this point ward staff assume responsibility for the service of the meals to patients. Washing up is undertaken at zonal/ward level by catering staff, with the exception of the Eye Infirmary, where this duty is undertaken by domestics.

A choice menu operates on a minimum two week standard cycle. A full range of special diets are catered for, either on a bought in basis, or where essential produced in the Central Assembly and Distribution Unit.

Staff catering is undertaken on the same basis as patients with the addition of call order facilities in dining rooms for increased variety and flexibility. All

hospitals within the City Hospitals Trust have a finishing kitchen, with the facilities to produce meals to order.

All food for regeneration must be delivered to the wards in disposable ovenable recyclable containers. All cold food items must also be delivered in disposable containers.

All meal deliveries to wards will be undertaken by catering staff.

Meal service to patients is undertaken by ward staff.

Patient meal ordering will be undertaken by catering staff in conjunction with nursing staff.

Cooked breakfast will be offered, each day.

It is the responsibility of the service provider to ensure each ward and department is provided with the appropriate dry provisions, such as tea, coffee, biscuits etc.

Three meals delivered per day, seven days per week as follows:

Just in time for breakfast service	-	Breakfast items
Just in time for lunch service	-	Lunch items
Just in time for supper service	-	Supper items

Ward beverages undertaken by domestic staff

Disposal of Waste

The disposal of all Catering related waste (non-food) is the responsibility of the Service Provider. The Service Provider must ensure that all waste is disposed of as soon as is practically possible. Under no circumstances must waste be left in any area other than the designated waste location point.

The designated waste location points are:

Sunderland Royal Hospital	Skips at rear of hospital, near entrance to Catering Department
Sunderland Eye Infirmary	Skips at rear of hospital

All waste foods must be disposed by means of mechanical waste disposals at all sites. Waste food from overproduction is the responsibility of the Service Provider.

How the System Will Operate

The system to be operated in the City Hospitals for the provision of catering services is known as Chilled Meal Assembly.
Therefore a large portion of the meals on the patients and staff menus will be purchased from commercial suppliers in a frozen or chilled state in multi-portion containers.

Those items that are not suitable for going through the "freeze" process, such as salads, will be prepared under controlled conditions at a Central Distribution Unit, based at the District General site. All of the district menu requirements excluding beverages and counter lines will be provided from this central Distribution Unit.

a. The Central Distribution Unit will be provided with detailed information from local hospital Catering Manager, concerning historical meal uptake of each ward.

b. This information will be provided through data collected at each ward by catering staff.

c. This information will be collated into ward order for the purpose of effective meal packaging by C.A.D.U. personnel.

d. The meal assembly staff will assemble dishes into insulated boxes as indicated by the information provided by the C.A.D.U. supervisor.

e. Loaded insulated boxes will be delivered to the designated drop off points by C.A.D.U. distribution staff at the scheduled time.

f. Hospitals will receive three deliveries a day, seven days per week "just in time" for meal service as follows:-

Meal Time	Sunderland Royal Hospital	Sunderland Eye Infirmary
Breakfast Delivery Time	07:10	09:30
Lunch Delivery Time	10:40	09:30
Supper Delivery Time	16:10	09:30

g. Catering staff will receive and check for quality and quantity, the meal boxes for their appropriate zones, including food temperature checks.

h. All foods must be delivered at the following temperature:

Chilled 0 to 5 degrees centigrade

I. Catering staff will distribute food to their appropriate zone at the satisfactory completion of inspection checks.

j. Catering staff will on arrival at the ward/zone, transfers meals to regeneration trolleys as appropriate, ensuring that all food required to be serviced hot is placed in the oven.

k. Catering staff will be begin the regeneration cycle and prepare for patient meal service, by preparing all crockery, cutlery, service utensils and salads and sandwiches.

l. At the end of the regeneration cycle, catering staff will establish that all hot food has reached the required temperature (i.e. 75 degrees centigrade at the core of the food).

m. Catering staff will set out all meals on the service part of the trolley ready to deliver the main ward area ready for service by ward staff.

n. Catering staff will ensure they are available at all times during service hours to provide assistance and seek customer comments, give advise to patients and ward staff and act as a runner to ensure the service is provided in an efficient manner.

o. Catering staff will ensure that all records are taken of food temperature before and after regeneration.

p. Catering staff will ensure that a copy of the menu will be available in every patient's bedside locker.

q. At the end of the meal service, catering staff will clear away crockery and cutlery and take it with the hostess trolley to the zone/ward wash up area.

r. Catering staff will ensure that all unused food is disposed of by means of the mechanical food disposal machine, which is situated in the zone/ward wash up area.

s. Catering staff will clean crockery and cutlery by using the automatic dishwasher and store all items away in a safe clean and hygiene fashion.

t. Insulated meal delivery boxes will be returned to the site holding area by the hostess as soon as practically possible.

u. All food items will be delivered to wards in disposable ovenable board or tin foil containers.

v. Any difficulties experienced in undertaking any of the above tasks must be reported, however small, to the Catering supervisor/Manager.

w. All crockery and cutlery used by patients for beverages will be cleared and cleaned by domestic staff.

Patient Meal Ordering Procedure

1. During breakfast regeneration the catering staff will complete the meal order sheet for the following day's breakfast requirements. The complete breakfast meal order form will be delivered by catering staff to the catering office for collection by the supervisory staff by 10:00 hours.

2. During lunch regeneration the ward catering staff will complete the meal order sheet for the following day's lunch requirements. The completed lunch meal order form will be delivered by catering staff to the catering office, for collection by supervisory staff at 14:00 hours.

3. During evening meal regeneration the catering staff will complete the meal order sheet for the following day's evening meal requirements. The completed evening meal order form will be delivered by catering staff to the catering office, for collection by supervisory staff at the end of a shift.

CATERING STAFF WILL COMPLETE ALL ORDER FORMS IN CONSULTATION WITH WARD STAFF.

2.3 THE MEAL REGENERATION PROCESS

a. Most wards as specified have a Burlodge Multigen "2" or Minigen regeneration trolley. Some wards have static ovens with meal services undertaken either at location of regeneration or with a food hostess trolley.

b. The trolley consists of a forced air convection oven, for the regeneration of chilled meals.

c. The oven is pre-set at a temperature of 140 degrees centigrade and is also pre-set for 50 minutes regeneration cycle, for lunch and supper.

d. A second pre-set time of 40 minutes is available for the regeneration of breakfast items.

e. All the above programmes and temperatures are pre-set and can only be altered by a Catering Manager in consultation with an Engineer.

f. An audible alarm will sound at the end of the regeneration process, at which time catering staff will open the oven door and ensure that the food has reached a core temperature of 75 degrees centigrade. If the food has reached a minimum of 75 degrees centigrade in the centre it is now ready to serve.

g. All hot meals will now be placed on the pre-heated service area at the top of the trolley.

h. All chilled items will now be taken from the insulated box in the ambient section of the trolley and presented on the gantry of the trolley. Chilled meals will also be regularly checked for temperature.

i. Care must be taken when handling meal containers which have passed through the regeneration cycle, particularly when opening the oven door and taking the lids off the containers, as the food inside will be very hot and give off steam.

j. The most effective way to open sealed meal containers is by using a small, clean sharp knife. The knife must be cleaned by using a steri-wipe prior to use.

k. Once regenerated all food must be served as quickly as possible. If for some reason the ward is not ready to serve food directly after the completion ofregeneration, providing the oven door remains closed, the food will maintain its heat for a further 15 minutes. However, it is recommended that service is immediate.

l. Under no circumstances should regenerated food be kept warm in a ward hot cupboard, or stored for subsequent re-heating by microwave.

m. Meals which are required for patients who are absent from the ward during the meal service period, should obtain their food from the Catering Department at the request of the ward staff.

n. Do not switch off a regeneration oven midway through a cycle. This could result in food that is not sufficiently regenerated or food that has impaired quality.

o. The regeneration oven must be kept in a scrupulously clean condition and any food spillages must be cleaned immediately.

p. The interior back panels of the static and mobile ovens can be removed to facilitate effective deep cleaning. This panel will also need to be removed for cleaning in the event of any serious spillages.

q. The Works Department must be contacted for the removal of the panel.

r. If for any reason food does not reach the recommended temperature at the end of the above process, or the oven appears to be not working correctly in any way, the catering Manager or Supervisor must be contacted immediately.

s. Under no circumstances should any food be reheated using other equipment, e.g. ordinary ward oven, microwave or boiling ring.

t. If for any reason the regeneration oven fails to function just before a meal time, and it becomes clear that alternative arrangements will have

to be made, it will be the Catering Managers responsibility to organise this alternative service in conjunction with the ward staff.

u. The Catering Manager will ensure that a substitute oven is available for the next meal service, if he/she is informed that an oven is to be out of action for a period of time.

Power Failure

a. In the event of an interruption to the electricity supply the procedure set out here under should be as follows:

b. Switch off regeneration oven at the mains which will be located close to the oven.

c. If the electrical supply fails whilst food is being regenerated and the food temperature is below 75 degrees centigrade, the food should be removed from the oven and discarded. This will depend on the seriousness of the breakdown. A Catering Manager must decide.

d. In the event of the food having to be discarded, the catering Manager will make immediate alternative arrangements, in order to provide a substitute meal service.

e. For alternative arrangements to be effectively undertaken, it is vital that the Catering Manager and Supervisors maintain efficient communications with Works and Nursing personnel.

f. An alternative short term emergency menu will be formulated for the purpose of the above.

Miscellaneous Regeneration Equipment

Food Temperature Probes

a. Each ward or zone will be provided with a digital temperature probe, by the Contractor. This probe is to be used for testing the temperature of all food served on the wards/dining rooms.

b. Before and after use, it is important to wipe the stainless steel section, which is inserted into the food, with a sterile wipe. The sterile wipes will be provided by the Contractor.

c. Please remember to switch off the probe after use - batteries are expensive. When the battery needs changing this is indicated by “BAT” on the display.

d. Replacement batteries must be provided by the contractor.

Oven Gloves

Two sets of oven gloves and arm protectors will be provided to each ward hostess by the contractor. Care should be taken to keep them as clean as possible, and they should be passed through the laundry system in the normal way.

Other Light Equipment

All light equipment as identified in the schedule will be replaced by the Contractor.

2.4 CHILLED AND FROZEN FOODS

Chilled Food

a. All chilled food must be stored at temperature of 0 - 3 degrees centigrade.
b. During meal assembly and meal distribution, all chilled food must be maintained at a temperature of 0 - 3 degrees centigrade.
c. Should chilled food exceed a temperature of + 3 degrees centigrade in storage, handling, distribution and before regeneration, it must be consumed within twelve hours.
d. Should chilled food exceed a temperature of 10 degrees centigrade during storage, handling, distribution and before regeneration, it must be discarded immediately.
e. Chilled food must be regenerated to a temperature of at least 75 degrees centigrade.

Frozen Foods

a. All frozen food must be stored at a temperature of -18 degrees centigrade minimum.
b. During meal assembly and meal distribution, frozen food must not exceed a temperature of 0-5 degrees centigrade.
c. Should frozen food exceed a temperature of 5 degrees centigrade but not 10 degrees centigrade in storage, handling, distribution and before regeneration it must be consumed within 12 hours.
d. Should frozen food exceed a temperature of 10 degrees centigrade during storage, handling, distribution and before regeneration it be discarded immediately.
e. Frozen food which thaws to a temperature of -12 degrees centigrade or above must not be re-frozen.
f. If a thawing process is undertaken before regeneration, this must be done in stringent temperature controlled conditions.
g. Frozen food must be regenerated to a temperature of 75 degrees centigrade.

SECTION THREE:
GENERAL DESCRIPTION OF PATIENT CATERING SERVICES

3.1 PATIENT MEAL SERVICE TIMES

Hospital	Breakfast	Lunch	Evening Meal
Sunderland Royal Hospital	08:00	12:00 noon	17:00
Sunderland Eye Infirmary	08:00	12:00 noon	17:00
Childrens Centre	N/A	12:00 noon	
Washington	N/A	12:00 noon	N/A

Special Occasion Arrangements

Catering Services continue to work as normal over the holiday period with the following exceptions:

- All “Day Hospitals” closed on all Bank Holidays.
- On Christmas Day, a full English breakfast is offered to consist of the following: bacon, scrambled egg, hash brown, beans, tomatoes.
- Christmas Day Lunch will offer; soup, roast turkey with bacon rolls, chipolata sausages, stuffing, cranberry sauce, roast and creamed potatoes, carrots, sprouts and gravy, followed by Christmas pudding - brandy sauce.
- Christmas Day evening menu will consist of: Christmas cake, sweet mince tarts, cocktail sausages rolls, meat and vegetarian sandwiches, tossed salad, roast cold meat and gateau.
- Vegetarian dishes must be made available with the above.
- All wards will be provided with Christmas serviettes, table covers, crackers, apples, satsumas and nuts.
- Wards will request special meals on other Bank Holidays, either to replace the normal meal or an addition to the normal meal.
- The contractor must be in a position to provide any such request.

Private Patients

No special arrangements are in place for private patients.

Standard Catering Services are provided although all requests by individuals must be delivered.

Birthday Parties and Other Special Occasions

All requests for catering Services must be provided on the authorisation of the Trusts Officers. This will include the provision of Birthday Cakes, Birthday Teas, and packed lunches.

Other Services

Senior ward staff will authorise free meal vouchers to distressed or long stay visitors or any other visitors who they feel it is necessary.

These vouchers can be redeemed at the staff dining rooms within the Trust.

The vouchers are valued at £1.34 each. Wards and departments staff will frequently request ad hoc, meals, beverages, and snacks for patients and visitors.

The Service Provider will be required to provide for these on request.

A service agreement with the Alzheimer's Unit to provide lunches Monday to Friday excluding Bank Holidays is in operation. This unit is situated at the Havelock Hospital, one miles from the Sunderland Royal Hospital site.

The Trust has a major incident procedure which requires the involvement of catering services. The contractor will make the necessary arrangements to ensure compliance.

3.2 SCHEDULE OF WARDS AND OTHER PATIENT FEEDING POINTS

Sunderland Royal Hospital							
Ward or Feeding Point	**Staffed Beds**	**Average Occupancy**		**Average Day Patient Attendance**		**Type of Patient**	**Floor Level**
		Mon - Fri	**Sat - Sun**	**Mon - Fri**	**Sat - Sun**		
B20	28	24	24	-	-	GIM	B Floor (2nd)
B21	28	24	20			Emergency Care	B Floor (2nd)
B22	20	18	18	-	-	Emergency Care	B Floor (2nd)
CCU/CPAU	18	18	18	-	-	Emergency Care	B Floor (2nd)
B25	14					General Surgery	B Floor (2nd)
B26	26	26	26	-	-	Day Unit	B Floor (2nd)
New Ward	40	40	40	-	-		B Floor (2nd)
C30	27	20	20	10	-	General Surgery	C Floor (3rd)
C31	27	24	24	8	-	General Surgery	C Floor (3rd)
C32	27	25	25	-	-	General Surgery	C Floor (3rd)
C33	30	30	30	-	-	Head & Neck	C Floor (3rd)
C34	30	30	30	-	-	Emergency Care	C Floor (3rd)
C35	18	16	16	10	5	Emergency Care	C Floor (3rd)
C36	26					Emergency Care	C Floor (3rd)
New Ward	40						C Floor (3rd)
D40	28	28	28	-	-	REM	D Floor (4th)
D41	28	24	24	-	-	REM	D Floor (4th)
D42	28	24	24	-	-	T&O	D Floor (4th)
D43	30	28	28	4	-	T&O	D Floor (4th)
D44	30	28	28	-	-	T&O	D Floor (4th)
ICCU	18	18	18	-	-		D Floor (4th)
New Ward	40	-	-	-	-		D Floor (4th)
D46	36	36	36	-	-	Urology	D Floor (4th)
D47	25	25	25	-	-	Gynaecology	D Floor (4th)
Maternity	36	36	36	-	-	Gynaecology	D Floor (4th)
E50	27					REM	E Floor (5th)
E51	27	26	26	-	-	REM	E Floor (5th)
E52	27	22	20	-	-	REM	E Floor (5th)
E53	30	18	18	-	-	GIM	E Floor (5th)
E54	15	10	10	-	-	GIM	E Floor (5th)
E55	30	26	20	-	-	GIM	E Floor (5th)
E56	26					REM	E Floor (5th)
New Ward	40						E Floor (5th)
F61	27	20	20	-	-	REM	F Floor (6th)
F62	27	20	16	-	-	REM	F Floor (6th)
F63	21	16	10	-	-	Paediatrics	F Floor (6th)
F64	32	10	10	-	-	Paediatrics	F Floor (6th)
Renal Unit	15	10	10	5	-	Renal	A Floor (1st)
Surgical Day Unit	-	-	-	12	-	Surgery	B Floor (2nd)
*Child Psych	10	10	-	-	-	Children	A Floor (1st)
TOTAL	**1055**	**651**	**589**	**57**	**5**	**-**	**-**

All locations chilled meal delivery and bulk service.
*Child Psychiatry delivered with hot food ready to serve.
Food prepared by call order kitchen at the Sunderland Royal Hospital.

Sunderland Eye Infirmary							
Ward or Feeding Point	**Staffed Beds**	**Average Occupancy**		**Average Day Patient Attendance**		**Type of Patient**	**Floor Level**
		Mon - Fri	**Sat - Sun**	**Mon - Fri**	**Sat - Sun**		
Haygarth	22	10	2	-	-	Ophthalmology	Ground
Day Cases	10	-	-	10	-	Ophthalmology	Ground
TOTAL	32	10	2	10	-		

All locations chilled meal delivery and bulk service.

Childrens Centre					
Ward or Feeding Point	**Staffed Beds**	**Average Occupancy**	**Average Day Patient Attendance**	**Type of Patient**	**Floor Level**
Day Unit	Nil	Nil	15	Paediatric	Ground

This location - delivered with hot food ready to serve.

Food prepared by call order kitchen at the Sunderland Royal Hospital.

3.3 NUMBER OF PATIENT MEALS (UPTAKE)

	Breakfast	**Lunch**	**Supper**	**Total**
Sunderland Royal Hospital	5600	6356	5986	17942
Sunderland Eye Infirmary	0	60	60	120
Galleries	--	10	--	10
Childrens Centre	--	50	--	50
TOTAL	**5600**	**6476**	**6046**	**18122**

3.4 DESCRIPTION OF ZONAL KITCHENS

Sunderland Royal Hospital

Central zonal kitchens to provide for these wards to consist of the following:

Zone	Wards	Qty	Item(s)
B1	**B20** **B21** **B22** **CCU**	1 x 1 x 3 x 3 x 3 x 1 x 1 x 1 x	W/D Dishwasher Regeneration/Hostess Trolleys 3 Phase electric socket supplies 13 amp standard electric socket supplies Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Storage facility for crockery, cutlery and utensils and regeneration trolleys

Zone	Wards	Qty	Item(s)
B2	**B25** **B26** **New Ward**	1 x 1 x 3 x 3 x 3 x 1 x 1 x 1 x	W/D Dishwasher Regeneration/Hostess Trolleys 3 Phase electric socket supplies 13 amp standard electric socket supplies Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Storage facility for crockery, cutlery and utensils and regeneration trolleys

Zone	Wards	Qty	Item(s)
C1	**C30** **C31** **C32**	1 x 1 x 3 x 3 x 3 x 1 x 1 x 1 x	Food waste disposal facility Phase and 13 amp sockets next to each other Regeneration/Hostess Trolleys 3 Phase electric socket supplies 3 amp standard electric socket supplies Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Storage facility for crockery, cutlery and utensils and regeneration trolleys

Zone	Wards	Qty	Item(s)
C2	**C33** **C34** **C35** **C36** **New Ward**	1 x 3 x 3 x 3 x 1 x 1 x 1 x	Food waste disposal facility 13 amp socket Regeneration/Hostess Trolleys 3 Phase electric socket supplies Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe All electric sockets to be located close to each other. Storage facility for crockery, cutlery and utensils.

Zone	Wards	Qty	Item(s)
D1	**D40** **D41** **D42**	3 x 3 x 3 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket } close together 13 amp standard electric socket } Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine Storage facility for crockery, cutlery and utensils. Storage location of regeneration trolley in these kitchen areas.

Zone	Wards	Qty	Item(s)
D2	**D43** **D44** **New Ward**	3 x 3 x 3 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket 13 amp standard electric socket Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine All electrical sockets to be located close to each other. Storage facility for crockery, cutlery and utensils. Storage location of regeneration trolley in these kitchen areas.

Zone	Wards	Qty	Item(s)
D3	**D46** **D47** **Maternity**	3 x 3 x 3 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket 13 amp standard electric socket Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine All electrical sockets to be located close to each other. Storage facility for crockery, cutlery and utensils. Storage location of regeneration trolley in these kitchen areas.

Zone	Wards	Qty	Item(s)
E1	**E50** **E51** **E52**	3 x 3 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine

Zone	Wards	Qty	Item(s)
E2	**E53** **E54** **E55**	3 x 3 x 3 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket 13 amp electric sockets Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine

Zone	Wards	Qty	Item(s)
E3	**E56** **New Ward**	3 x 3 x 3 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket 13 amp electric sockets Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine All electrical sockets to be located close to each other. Storage facility for crockery, cutlery and utensils. Storage location of regeneration trolley in these kitchen areas.

Zone	Wards	Qty	Item(s)
F1	**F61** **F62**	2 x 2 x 2 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket 13 amp electric sockets Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine

Zone	Wards	Qty	Item(s)
F2	**F63** **F64** **F65** **(Paediatric wards)**	2 x 2 x 2 x 1 x 1 x 1 x 1 x	Regeneration/Hostess Trolleys 3 Phase electric socket 13 amp electric sockets Dishwasher capable of washing 350 items per hour Electric kettle Digital food probe Food waste disposal machine

Sunderland Eye Infirmary

The Eye Infirmary Catering Department is situated on the first floor at the back of the building. The kitchen is used for both patient and staff meal services.

Patient meals are regenerated in a rescaserve trolley in the main kitchen and delivered to the ward on the ground floor by catering staff. On the completion of the meal service, clearing and cleaning is undertaken by the domestic staff. Catering staff collect the clean rescaserve trolley for storage in the main kitchen.

3.5 SUMMARY OF KITCHEN AND REGENERATION FACILITIES

Hospital	No of Main Kitchens	No of Finishing Kitchens	No of Meal Assembly Units	No of Staff Dining	No of Zonal Ward/ Kitchens	Type of Services Provided
SRH	-	1	1	1	13	Ward/Dept - Provisions Bulk - Patients Counter - Staff/public Waitress - Functions Buffet - Functions
SEI	-	1	-	1	1	Ward/Dept - Provisions Bulk - Patients Counter - Staff Waitress - Functions Buffet - Functions
Galleries	-	1	-	-	-	

3.6 THERAPEUTIC DIETS AND NUTRITIONAL REQUIREMENTS

Introduction

The responsibility for the provision of therapeutic and special diets rests with the Service Provider. It cannot be over-emphasised that therapeutic diets must not be supplied without a doctor's prescription, or without authorisation of a Dietitian.

Requests for therapeutic dietary treatments are received initially by the Authority's Dietitians, who will then inform the Catering Department of the patient's requirements.

The following indicates the minimum range and number of diets provided on a daily basis:

Hospital	H	K	D	R	LF	LS	LP	HP	LR	MAOI	GF	CA	SUPPS	MF
SRH	2	2	30	10	2	-	2	1	-	2	-	-	10	1
SEI	0	0	0	0	0	-	0	0	0	0	0	-	0	-

H	Halal	K	Kosher
D	Diabetic	MF	Milk Free
R	Reducing Energy	LR	Low Residue
LF	Low Fat	MAOI	Monoamine Oxidise
CL	Cholesterol Lowering	GF	Gluten Free
LS	Low Sodium	HP	High Protein
LP	Low Protein	SUPPS	Supplements
CA	Caesium	K	Low Potassium
LPL	Low Phosphate		

N.B. These meal numbers have been included in the schedule of estimated requirements

Other therapeutic diets may be required on request at infrequent intervals, e.g. elimination regimes, specific food intolerance's, metabolic disorders, diagnostic tests or combinations of those listed above. Supplements are supplied with ward dry provisions.

Staffing

The Service Provider will employ persons trained to prepare the diets in the central Assembly Unit, all of whom meet at least the minimum standards identified in the training specification.

Menus for Therapeutic Diets

Whilst many of the dishes suitable for the provision of some therapeutic diets will be available from the main choice menu, it will be expected that some types of therapeutic diet will have a separate 2 week cycle choice menu.

Ordering of Therapeutic Diets

When a patient is admitted on a therapeutic diet or prescribed a therapeutic diet after admission, the ward staff shall ensure that a request form is completed by a Medical Practitioner and forwarded to the Dietitian. The Central Assembly Unit will also be informed so that the appropriate preparation can be carried out.

The Authority's Dietitian will on receipt of a request for treatment form, interview the patient and organise the diet, a copy of which will be sent to the Service Provider for implementation.

Where the Dietitian has not received a request for treatment form, it is accepted that the Contract Caterer will not be held responsible for failure to provide the therapeutic diet.

The Preparation of Therapeutic Diets

Dishes for patients prescribed therapeutic diets must be prepared either in the Central Assembly Unit or purchased ready made from an approved supplier. All therapeutic diets must be individually packed and or plated.

Dishes for therapeutic diets requiring adaptation in preparation, weighing etc. should be prepared by the trained staff.

The appropriate dietary information and reference material to enable the diet cook to prepare therapeutic diet dishes shall be provided by the Service Providers Dietitian, in consultation with the Trusts Dietitian.

Use of Proprietary Products

Where proprietary products are required to be used in the preparation of diet meals, these products will be purchased by the Service Provider. Such products will be issued only on the authority of the Trusts Dietitian.

All requests must clearly indicate the date, name of patient(s) ward of patient(s) and be signed by the requesting Dietitian. Baby foods will be ordered and paid for by the Trust.

All other proprietary products and special tube feeds supplied to patients will be requested, authorised, supplied and paid for by the Trust.

The Service Provider will be issued with a list of products which he may request on commencement of the Service Provider.

N.B. The following are not proprietary products and must be supplied by the Service Provider as normal meal ingredients. These include:

Milk powder (including skimmed and semi-skimmed)
Polyunsaturated margarine's
Low fat margarine's
Low calorie sweetening agents

NOTES: THE SERVICE PROVIDER SHALL ENSURE THAT:

a) Staff preparing food for therapeutic diets are aware of the need for accuracy and the fact that these diets are an essential part of the patient's treatment.

b) Staff preparing diets are trained to do so, (e.g. City and Guilds qualification plus recognised course in diet cookery) and be reliable without constant supervision.

c) The Trust's Dietitian has access to staff preparing diets to give information necessary to their work e.g. changes in dietary treatment.

d) Flexibility at short notice is provided. Patient's conditions may alter rapidly necessitating dietary alteration, or new patients may admitted on therapeutic diets at short notice, provision of suitable foods for the next meal in such cases is essential.

e) Items which are required on a very infrequent basis, e.g. goat's milk are readily available when required.

General Nutritional Requirements

Patients not requiring therapeutic diets, including vegetarian and other food cultures, must receive a daily choice of nutritionally sound meals of suitable

texture and variety which will provide at a minimum the nutritional standards specified. (Minimum recommended nutritional intakes for various groups of hospital patients). Such requirements are, for example, Kosher, Vegetarian, Hindu and Moslem Food.

Trust's Food and Health Policy

The Catering Service Provider will be expected to conform to the guidelines of the Trust's Food and Health Charter. Menu content, variety of food service and recipe content should generally reflect the aim of the charter is to promote a healthy diet for consumers of the catering service. The Trust's Dietitian will advise the Catering Service Provider of the required standards to be met to conform to the policy. Various promotional, educational and evaluation strategies will be pursued by the Trust's Health in the work-place team of which the Catering Service Providers representative will be expected to be an active member. The Catering Service Providers staff should be fully aware of all the Medical and UK Government Reports and discussion documents appertaining to the UK recommendation on food and health.

Minimum Recommended Nutritional Intakes for Various Groups of Hospitalised Patients

	Normal Adult	Pregnancy/ Lactation	Geriatrics	Paediatrics (up to 16 years)
Kilocalories	1800/2200	2400/2750	2400 max	2880 max
Protein g	60	60-69	60	72 max
Calcium mg	700	700	700	1000
Vitamin C mg	40	50	40	40
Vitamin D mg	10	10	10	10
Vitamin A mg (retinal equiv)	700	700	700	700
Thiamine mg	1.0	1.0	0.9	1.0 max
Riboflavin mg	1.3	1.4	1.3	1.3 max
Folate mg	200	300	200	200

Requirements will be increased by trauma, surgery, infection, fever and some drugs and diseases. The patient's ability to take normal food may also be reduced at this time.

Long stay patients e.g. psychiatric, learning disabilities, geriatric patients will be more prone to vitamin deficiencies, especially vitamins C and D. For these patients a non-structable source of vitamin C should be used, e.g. fresh fruit juice, oranges or grapefruits or ribena, vitamin D enriched foods should be used e.g. margarine, ovaltine and some yoghurts.

Explanation of Patient Menu

1. The menu is constructed to offer as many patients as possible a choice of main meals and desserts. There are certain circumstances where the prescribing of a therapeutic diet make choices impossible.

2. The choice of meal may be made at the point of service or at the shortest practical time in advance of service of the meal, dependent upon the user's choice.

3. Menu items will be coded as follows to enable patients requiring therapeutic diets to make informed choices;

   D - Diabetic R - Weight Reducing

   F - Low Fat CL - Cholesterol Lowering

4. The menus will be constructed to offer one dish suitable for vegetarians and one dish suitable for patients requiring soft food at each main meal.

5. Other meal items required for therapeutic diets which do not form part of the choice menus will be provided separately, in clearly labelled, disposable containers. The labels will give information regarding:
   a) Portion size
   b) Calorie, carbohydrate or protein content of portion as appropriate

6. These meal items will be regenerated at ward level with the rest of the ward meal requirements.

7. The Central Assembly and Distribution Unit will be responsible for purchasing or production of these items on behalf of all hospitals. The quantities purchased will be based on estimate requirements for individual hospitals.

8. The Catering Managers will liaise with the Dietetic Department to determine appropriate labelling and appropriate requirements before ordering.

9. Meal items not suitable for freezing will be organised, prepared and distributed from the central assembly unit.

10. Catering staff will estimate patient meal requirements in consultation with the nurse in charge with regard to the needs of patients requiring therapeutic/soft diets.

11. Catering staff will inform the Catering Manager of each unit of any patient requirements which cannot be met by the main menu. The

Catering Managers will contact the Dietitian regarding the provision of these additional requirements.

12. The Dietitians will inform the Unit Catering Manager as quickly as possible of any additional requirements once she has identified these requirements in discussion with medical/nursing staff and the patient concerned.

13. Catering staff will be responsible for informing the nurse in charge if patients do not eat their meals. This is especially important for:
    a) insulin dependent diabetic patients who must have their carbohydrate allowance replaced if the meal is not consumed.
    b) frail elderly, terminally ill, handicapped and any other patients where adjustment of volume or consistency of meals may need alteration according to their medical condition.

14. Nursing Staff are responsible for informing catering staff the identity of patients in the above categories. Decisions must be made by medical/nursing staff in each unit regarding the role of the catering staff in the care of the patients with anorexia nervosa and nervosa bulimia.

    Nursing staff must remain responsible for:
    a) recording fluid or food intakes for specific patients.
    b) monitoring the meals offered to weaning babies, toddlers and small children.

15. Summary of Therapeutic Diet Ordering

    It is important that any patient prescribed a special diet is referred to the Dietitian for:

    a) Patient to be assessed for required diet.
    b) Education of patient to make informed choice.
    c) Nursing staff and catering staff to be made aware of individual requirements.

Summary of Menu Diet Coding

Low Fat

Any patients requiring a low fat diet can choose any meal items (F).

Cholesterol Lowering

Any patient requiring a cholesterol lowering diet can choose meal items coded (CL).

Diabetic Diets

Menus are coded (D) to indicate the meal item suitable for patients requiring a diabetic diet.

Each diabetic will be seen by the dietician to assess their individual requirements.

The patient will be provided with a diet sheet appropriate to their treatment, age and level of understanding.

The nursing staff will be given an indication of the amount of carbohydrate each individual requires.

The Dietician will use a standard form to record the number of exchanges to be given at each meal.

Each ward has a carbohydrate exchange chart.

Reducing Diet

Menus are coded (R) to indicate meal items suitable for patients requiring weight reduction.

It is important that the portion size of the main course is controlled.

The amount of cereal/bread/potato etc., required by the individual will be decided by the Dietician.

The nursing staff will be informed of these requirements.

Other Therapeutic Diets

Other special diets not catered for within the choice menu will be provided separately.

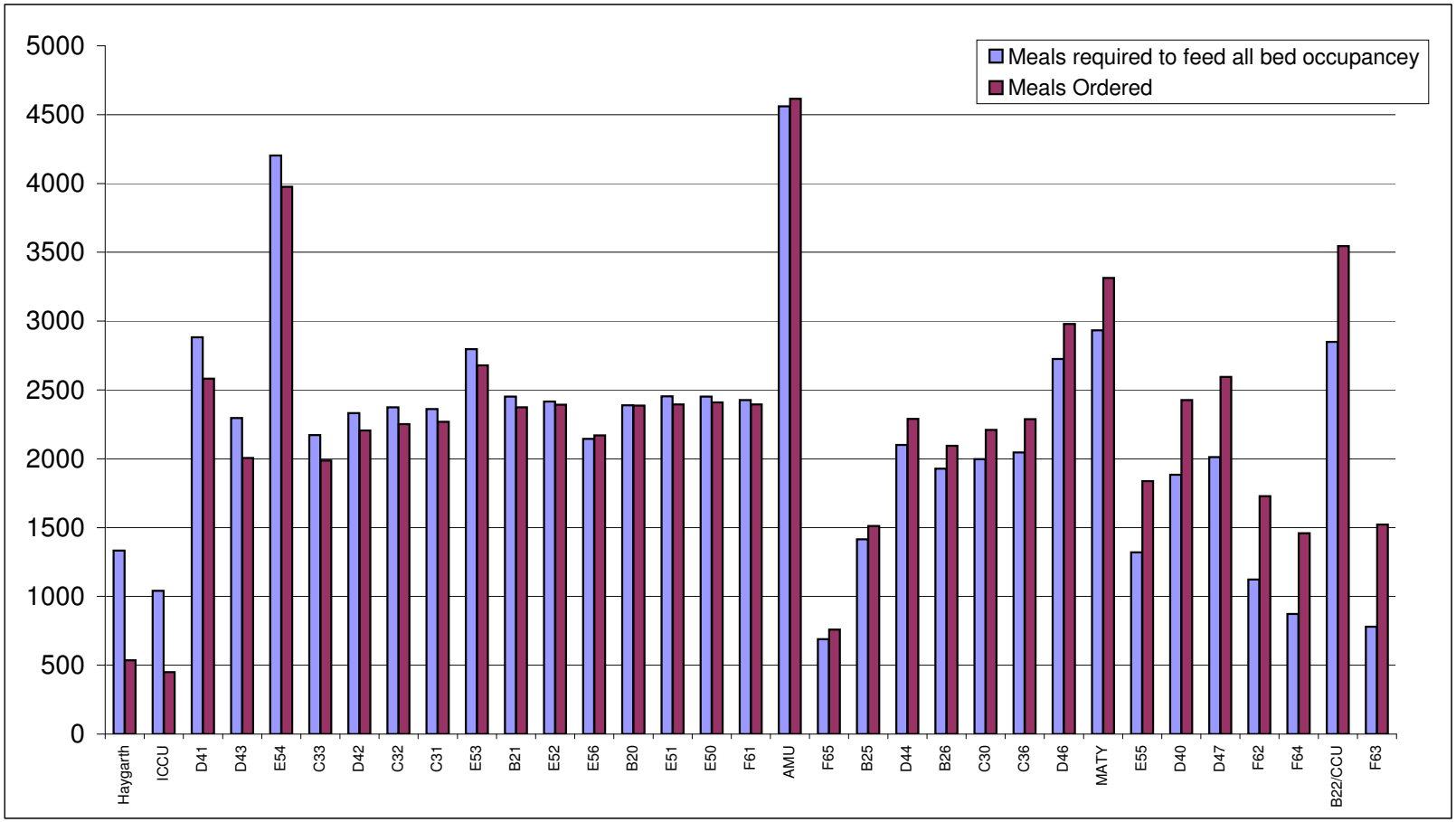
It is important the dietician is notified as soon as possible to allow liaison with the Catering Department.

3.7 **RANGE OF PATIENT MEAL CHOICES**

MENU	BREAKFAST	LUNCH	SUPPER
Starters/Soup		1	1
Main Course/Protein	2	2	2
Main Course/Veg	1	2	2
Sandwich	-	2	2
Salad	-	1	1
Potatoes	-	2	2
Vegetables	2	2	2
Hot Sweet	-	1	-
Cold Sweet	-	2	3
Fresh Fruit	4	4	4
Cheese & Biscuits	-	YES	YES
Beverages	5	5	5
Childrens Alternatives	-	5	5
Diabetic Main Course	2	2	2
Halal	2	2	2
Kosher	2	3	3
Soft	2	2	2
Diabetic Sweet	-	2	2
Renal Main Course	2	3	3
Renal Sweets	-	2	2
Other Diets	2	3	3
Porridge	YES	NO	NO
Minced Meat + Veg	1	2	2

The range of some of the more specific diets could be more limited, dependant upon the Dietitians recommendations.

Ward	Meals required to feed all bed occupancey	Meals Ordered
Haygarth	1334	536
ICCU	1041	450
D41	2883	2582
D43	2295	2005
E54	4203	3976
C33	2172	1988
D42	2331	2206
C32	2373	2252
C31	2361	2268
E53	2796	2679
B21	2451	2374
E52	2415	2392
E56	2145	2170
B20	2388	2387
E51	2454	2394
E50	2451	2410
F61	2427	2395
AMU	4560	4616
F65	690	758
B25	1416	1512
D44	2100	2289
B26	1929	2095
C30	1998	2209
C36	2046	2288
D46	2724	2979
MATY	2934	3313
E55	1320	1837
D40	1884	2426
D47	2013	2595
F62	1122	1729
F64	873	1459
B22/CCU	2850	3545
F63	780	1523



PATIENT SATISFACTION, COSTS & WASTAGE REPORT **Sep-10**

1	2	3	4	5	6	7	8	9	10	11
Ward	Directorate	Number of patient days	Number of meals ordered	Value of main course items supplied from set menu	Value = 75% of cost is dedicated to ward provisions & special diets, 25% to low cost food items with minimum waste	Total value of all meals & provisions ordered/supplied	Wastage value	Percentage waste	Average cost per meal	Level of patient satisfaction (%)
Information comes from		Bed States	Collation sheet (meals)	Waste - ptns ordered	7- 5	Collation sheet (value)	5 - 8	9 ÷ 8	7 ÷ 4	Patient satisfaction survey
B21	E/CARE	2451	2374	£ 1,417.59	£ 1,380.24	£ 2,797.83	£ 93.30	7%	£ 1.18	100%
B22/CCU	E/CARE	2850	3545	£ 1,770.94	£ 1,914.84	£ 3,685.78	£ 149.78	8%	£ 1.04	100%
AMU (C34&35)	E/CARE	4560	4616	£ 2,457.47	£ 2,341.81	£ 4,799.28	£ 155.79	6%	£ 1.04	86%
DISCHARGE LOUNGE		9	220	*	*	£ 225.94	*	*	£ 1.03	*
C36 decant	E/CARE	2046	2288	£ 1,461.90	£ 917.88	£ 2,379.78	£ 88.41	6%	£ 1.04	95%
E50	E/CARE	2451	2410	£ 1,881.86	£ 604.99	£ 2,486.85	£ 152.75	8%	£ 1.03	100%
B20	GIM	2388	2387	£ 1,422.17	£ 1,497.93	£ 2,920.10	£ 128.96	9%	£ 1.22	100%
B26	GIM	1929	2095	£ 1,224.81	£ 1,167.49	£ 2,392.30	£ 116.52	10%	£ 1.14	100%
E53	GIM	2796	2679	£ 1,301.96	£ 1,316.26	£ 2,618.22	£ 73.20	6%	£ 0.98	100%
E54	GIM	4203	3976	£ 2,507.36	£ 1,786.47	£ 4,293.83	£ 174.60	7%	£ 1.08	100%
E55	GIM	1320	1837	£ 1,531.67	£ 658.85	£ 2,190.52	£ 126.98	8%	£ 1.19	100%
D47	O&G	2013	2595	£ 1,255.41	£ 882.47	£ 2,137.88	£ 193.28	15%	£ 0.82	90%
MATY	O&G	2934	3313	£ 1,587.73	£ 1,480.18	£ 3,067.91	£ 277.80	17%	£ 0.93	100%
HAYG	OPHTH	1334	536	£ 428.19	£ 432.39	£ 860.58	£ 68.15	16%	£ 1.61	95%
F63	P/CH	780	1523	£ 730.80	£ 856.31	£ 1,587.11	£ 98.96	14%	£ 1.04	*
F64	P/CH	873	1459	£ 637.46	£ 796.04	£ 1,433.50	£ 84.47	13%	£ 0.98	*
F65	P/CH	690	758	£ 703.41	£ 210.10	£ 913.51	£ 103.11	15%	£ 1.21	*
C37	THEATRE	*	461	*	*	£ 473.31	*	*	£ 1.03	*
ICCU		1041	450	*	*	£ 591.81	*	*	£ 1.32	*
F61	REM	2427	2395	£ 1,098.64	£ 1,262.44	£ 2,361.08	£ 52.20	5%	£ 0.99	100%
F62	REM	1122	1729	£ 1,075.67	£ 834.41	£ 1,910.08	£ 111.43	10%	£ 1.10	*
D40	REM	1884	2426	£ 1,421.61	£ 1,312.20	£ 2,733.81	£ 120.94	9%	£ 1.13	100%
D41	REM	2883	2582	£ 2,122.29	£ 1,152.74	£ 3,275.03	£ 110.15	5%	£ 1.27	99%
E51	REM	2454	2394	£ 1,408.80	£ 988.01	£ 2,396.81	£ 161.36	11%	£ 1.00	100%
E52	REM	2415	2392	£ 1,515.00	£ 861.10	£ 2,376.10	£ 104.27	7%	£ 0.99	100%
E56	REM	2145	2170	£ 1,657.20	£ 716.36	£ 2,373.56	£ 185.49	11%	£ 1.09	100%
HUME	REM	*	1654	£ 1,233.69	£ 1,288.40	£ 2,522.09	£ 157.55	13%	£ 1.52	96%
B25	GEN SURG	1416	1512	£ 666.94	£ 1,712.05	£ 2,378.99	£ 103.11	15%	£ 1.57	100%
C30 ESAU	GEN SURG	1998	2209	£ 969.47	£ 1,133.45	£ 2,102.92	£ 101.70	10%	£ 0.95	100%
C31	GEN SURG	2361	2268	£ 1,346.44	£ 956.03	£ 2,302.47	£ 53.65	4%	£ 1.02	97%
C32	GEN SURG	2373	2252	£ 2,174.06	£ 28.40	£ 2,202.46	£ 94.67	4%	£ 0.98	100%
D46	UROLOGY	2724	2979	£ 1,685.96	£ 1,327.99	£ 3,013.95	£ 267.47	16%	£ 1.01	97%
C33	H&N	2172	1988	£ 851.66	£ 861.43	£ 1,713.09	£ 39.60	5%	£ 0.86	100%
D42	T&O	2331	2206	£ 1,381.24	£ 1,051.86	£ 2,433.10	£ 115.33	8%	£ 1.10	91%
D43	T&O	2295	2005	£ 949.29	£ 1,683.95	£ 2,633.24	£ 52.38	6%	£ 1.31	92%
D44	T&O	2100	2289	£ 889.03	£ 1,684.02	£ 2,573.05	£ 68.79	8%	£ 1.12	86%
TOTAL		71768	76972	£ 44,767.72	£ 38,390.15	£ 83,157.87	£ 3,986.15	9%	£ 1.08	97%

* No information available

PATIENT FEEDING COSTS

Key

Column	Description
1	Ward.
2	Directorate.
3	Number of patient days.
4	Number of meals ordered.
5	Value of main course items supplied from set menu.
6	Value = 75% of cost is dedicated to ward provisions & special diets, 25% to low cost food items with minimum waste.
7	Total value of all meals & provisions ordered/supplied.
	Value of "set menu" meals served.
8	Wastage value.
9	Percentage waste.
10	Average cost per meal.
11	Level of patient satisfaction (%)

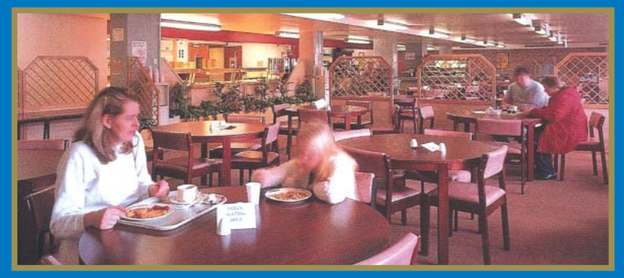
Protected Mealtimes

The aim of protected mealtimes is to promote an environment, which is calm and uninterrupted for our patients to eat and enjoy their meal.

To support this we would be grateful if you could please avoid entering the ward or visiting during mealtimes.

Breakfast	08:00 – 09:00
Lunch	12:00 – 13:00
Dinner	17:00 – 17:45

Please speak to the nurse in charge for more information



Please remember your family, friends and other visitors are welcome to use the hospital restaurant between 7.30am and 7.30pm.

The dishes on the alternative menu are available daily as individual items.

Halal and Kosher meals strictly conform to requirements.

All Halal meals are served with Basmati Rice.

Any special diets not appearing here will be catered for as requested by the Dietician.

For details of all catering services can be found in the Catering Charter available upon request from your nurse or ward hostess.

If you experience any difficulties with the Catering Service please ask your nurse or ward hostess to contact the following.

MICHAEL GRAVILLE
Head of Catering Services
City Hospitals Sunderland

DENISE CARR
Deputy Catering Manager
City Hospitals Sunderland

MAUREEN BOYLE
Senior Dietitian
City Hospitals Sunderland

NHS

The National Health Service

MENU

Week 1

To make your stay more pleasant and to assist your recovery, our Catering Department would like to offer you a wide range of services, which we hope you will enjoy.

We want to cater for your needs and meet your expectations. Please tell us if we are not achieving this, we would like to know.

Catering Standards

Our Standards Will Mean

- You will have a choice of dishes suitable to your dietary needs.
- You can choose your meal when you require it.
- You can have a choice of portion size.
- You are given the name of a Catering Manager.
- You will have help if you need it to read the menu. (This includes menus in larger print and other languages on request.)
- A copy of the full Catering Services Charter will be available on request.
- You may be asked to give your views of the Catering Service provided.

The Menu

- Rotates weekly.
- Alternative menus available.
- Fresh fruit, yoghurts, cheeses available daily.
- Wholemeal bread available daily.
- Formed around healthy eating principles.

How To Order Meals

- Choose your meal direct from the trolley.
- Ask the nurse or ward hostess for advice and give your requirements in advance.
- Understand the diet coding as follows:

D – Suitable for diabetics

H – Healthy Choice

– Chefs Choice

– Vegetarian Society Approved

Healthy Eating

We encourage you to consider the comments below when choosing your meal:

- **Have regular meals.**
- **Eat less fried foods and pastry.**
- **Avoid sugar and sugary foods.**
- **Leave salt until you taste the meal.**
- **Take more high fibre foods.**
- **Have more fresh fruit and vegetables.**
- **You choose healthier foods for a speedier recovery.**

Week 1

Breakfast

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Branflakes DH	Branflakes DH	Branflakes DH	Branflakes DH	Branflakes DH	Branflakes DH	Branflakes DH
Cornflakes DH	Cornflakes DH	Cornflakes DH	Cornflakes DH	Cornflakes DH	Cornflakes DH	Cornflakes DH
Weetabix DH	Weetabix DH	Weetabix DH	Weetabix DH	Weetabix DH	Weetabix DH	Weetabix DH
Porridge DH	Porridge DH	Porridge DH	Porridge DH	Porridge DH	Porridge DH	Porridge DH
Sausage	Bacon D	Sausage	Bacon D	Sausage	Sausage	Bacon D
Baked Beans DH	Tomatoes DH	Tomatoes DH	Baked Beans DH	Tomatoes DH	Baked Beans DH	Tomatoes DH
Toast DH	Toast DH	Toast DH	Toast DH	Toast DH	Toast DH	Scrambled Eggs D
Roll (& Preserve) DH	Roll (& Preserve) DH	Roll (& Preserve) DH	Roll (& Preserve) DH	Roll (& Preserve) DH	Roll (& Preserve) DH	Toast DH
						Roll (& Preserve) DH

Scrambled egg is available for special diets on request.

Lunch

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Soup	**Soup**	**Soup**	**Soup**	**Soup**	**Soup**	Roast Turkey DH
Scotch Broth	Minestrone	Vegetable	Tomato	Vegetable & Herb	Potato & Leek	Roast Beef DH
						Minced Beef DH
						Yorkshire Pudding
Choice of Sandwich	**Choice of Sandwich**	**Choice of Sandwich**	**Choice of Sandwich**	**Choice of Sandwich**	**Choice of Sandwich**	Harvest Casserole DH
Turkey Salad DH	Corned Beef & Tomato DH	Egg & Tomato DH	Ham Salad DH	Simply Tuna DH	Cheese & Onion	
Egg Mayonnaise	Tuna Mayonnaise	Ham Salad DH	Cheese Savoury	Turkey Salad DH	Ham & Tomato DH	
Corned Beef & Tomato DH	Turkey Salad DH	Cheese Savoury	Corned Beef & Tomato DH	Cheese & Onion	Turkey Salad DH	

Supper

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Braised Steak & Mushrooms DH	Roast Pork DH	Hungarian Beef Goulash DH	Roast Lamb	Loin of Pork with Sage & Apple DH	Chicken Chasseur DH	Creamed Turnip DH
Real Cornish Pasty	Savoury Minced Beef DH	Roast Turkey DH	Cheese, Leek & Egg Pie	Corned Beef Hash DH	Mince Pie	Carrots DH
Cauliflower Cheese	Vegetable Pasta DH	Cod in Parsley Sauce DH	Savoury Bean Casserole DH	Battered Cod	Beef Lasagne DH	Sprouts DH
Shepherds Pie DH	Braised Chicken with Lentils DH	Cheese and Tomato Omelette	Fisherman's Pie	Vegetable Curry & Patna Rice DH	Bean & Vegetable Casserole DH	Roast Potatoes
				Cod in Parsley Sauce		Creamed Potato DH
Mixed Vegetables DH	Cauliflower DH	Green Beans DH	Broccoli DH	Peas DH	Creamed Turnip DH	Ginger Sponge with Custard
Creamed Turnip DH	Peas DH	Carrots DH	Mixed Vegetables DH	Cauliflower DH	Broccoli DH	Pear Halves DH
Creamed Potato DH	Noisette Potatoes	Jacket Wedges	Creamed Potato DH	Chipped Potatoes	Creamed Potato DH	
Jacket Potato DH	Creamed Potato DH	Creamed Potato DH	Baby Jacket Potatoes DH	Creamed Potato DH	Noisette Potatoes	
Apple & Blackberry Pie with Custard	Chocolate Sponge with Custard	Rhubarb Crumble with Custard	Jam Sponge with Custard	Apple Crumble with Custard	Lemon Sponge with Custard	**Soup**
Fruit Cocktail DH	Mandarin Oranges DH	Sliced Peaches DH	Pear Halves DH	Fruit Cocktail DH	Apricot Halves DH	Spring Vegetable
						Choice of Sandwich
						Corned Beef & Tomato DH
						Egg Mayonnaise
						Simply Tuna DH

Alternative Menus

Halal
- Meat & Daal
- Chicken Curry
- Keema & Peas
- Aloo Gobi & Peas
- Cauliflower & Aubergine Masala
- Moong Bean Curry
- Meat & Potatoes
- Chicken Korma
- Yellow Lentil Curry
- Chick Pea Daal

Kosher
- Roast Chicken
- Chicken Casserole
- Braised Steak
- Steak Pie
- Fish Pie
- Plaice in Parsley Sauce
- Vegetable Lasagne
- Vegetable Pie

Childrens
- Chicken Burgers
- Beef Burgers
- Chicken Goujons
- Fish Fingers
- Ravioli
- Hot Dogs
- Spaghetti
- Vegetable Burgers
- Scrambled Egg

Vegetarian
- Leek & Mushroom Pasta
- Nut Cutlet
- Vegetable Casserole
- Macaroni Cheese
- Quorn Sausage
- Vegetable Curry
- Vegetable Chilli
- Harvester Casserole
- Cauliflower Cheese
- Vegetable Bolognaise
- Vegetable Quiche
- Cheese & Onion Quiche

Sandwiches/Salads
- Tossed Salad DH
- Low Fat Cheese Salad DH
- Ham Salad DH
- Egg Salad DH
- Chicken Salad DH
- Turkey Salad DH
- Salad Sandwich DH
- Low Fat Cheese Sandwich DH
- Turkey Sandwich DH
- Corned Beef Sandwich DH
- Ham Sandwich DH
- Cottage Cheese Sandwich DH

Lite Bite
- Snacks
- Sandwiches
- Salads

Available 24 hours a day

Lite Bite Menu
12.00 midnight to 6.00 a.m.
Available Daily

Please ask your nurse for details

**Some choices on the menu may be subject to availability or seasonal trends*

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

NUTRITION STEERING GROUP

TERMS OF REFERENCE

NOVEMBER 2010

Purpose

To provide strategic leadership and co-ordination of all aspects of nutrition in the Trust, ensuring that the process leads to the delivery of good nutritional practice and a better patient experience.

Key Objectives

1. To implement a strategy to share good practice across the Trust.

2. To raise awareness of the link between nutrition and good health.

3. To ensure that optimum nutrition is promoted to aid recovery and healing.

4. To ensure the provision of education and training to frontline staff equips them with the skills and knowledge to deliver quality nutritional care.

5. To develop and monitor compliance of a nutrition policy across CHS.

6. To provide an annual report to the Clinical Governance Steering Group on compliance with the nutrition policy.

Membership

Lead Roles:

Felicity White	Head of Nutrition and Dietetics
June Lawson	Matron

Group Membership:

Annette Bainbridge	Staff Nurse (Coronary Care Unit)
Denise Carr	Catering Manager
Emma Forsyth	Senior Specialist Dietician (Integrated Critical Care Unit)
Dave Green	Community Panel Representative
Angie Hardy	Specialist Clinical Pharmacist
Dr David Hobday	Consultant Gastroenterologist
Judith Hunter	Head of Nursing
Susan Leonard	Practice Development Sister
Sandra McFall	Percutaneous Endoscopic Gastrostomy (PEG) Nurse
Mr Graham O'Dair	Consultant Surgeon
Nichola Pringle	Nutrition Nurse Specialist
Brendan Spencelayh	Senior Speech & Language Therapist
Mr Peter Surtees	Consultant Surgeon
Paula Tetlow	Percutaneous Endoscopic Gastrostomy (PEG) Nurse - Head & Neck
Sarah Whitehead	Senior Specialist Dietician (Gastroenterology)
tbc	Age UK Representative

Meetings

The group will meet bi-monthly and be chaired by the Head of Nutrition and Dietetics and/or the Matron. Other individuals considered appropriate to the activities of the Steering Group will be co-opted on an ad hoc basis. Members or a representative will be expected to attend at least 75% of the time.

Reporting Arrangements

The Nutrition Steering group will report directly to the Strategic Nursing Midwifery. There is also expected to be a link to the Clinical Governance Steering Group via the Clinical Governance Manager.

APPENDIX 6

City Hospitals Sunderland NHS
NHS Foundation Trust

NUTRITION CHART

Name: _____ **Unit Number: X**_____ **Ward:** _____

Admission Weight: _____ **Weight (Frequency):** _____

Dietary Specifics: _____ **Supplements:** _____ **Extras:** _____

***Specify food taken and in what quantity – i.e. 4 tablespoons of**….

Date	Breakfast	Lunch	Supper	Extras Specify time taken	Weight
	Print name	Print name	Print name	Print name	Print name
	Print name	Print name	Print name	Print name	Print name
	Print name	Print name	Print name	Print name	Print name
	Print name	Print name	Print name	Print name	Print name
	Print name	Print name	Print name	Print name	Print name
	Print name	Print name	Print name	Print name	Print name
	Print name	Print name	Print name	Print name	Print name

APPENDIX 8

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF: **Nursing and Quality**

GUIDELINE TITLE: **Adult Oral Nutritional Support**

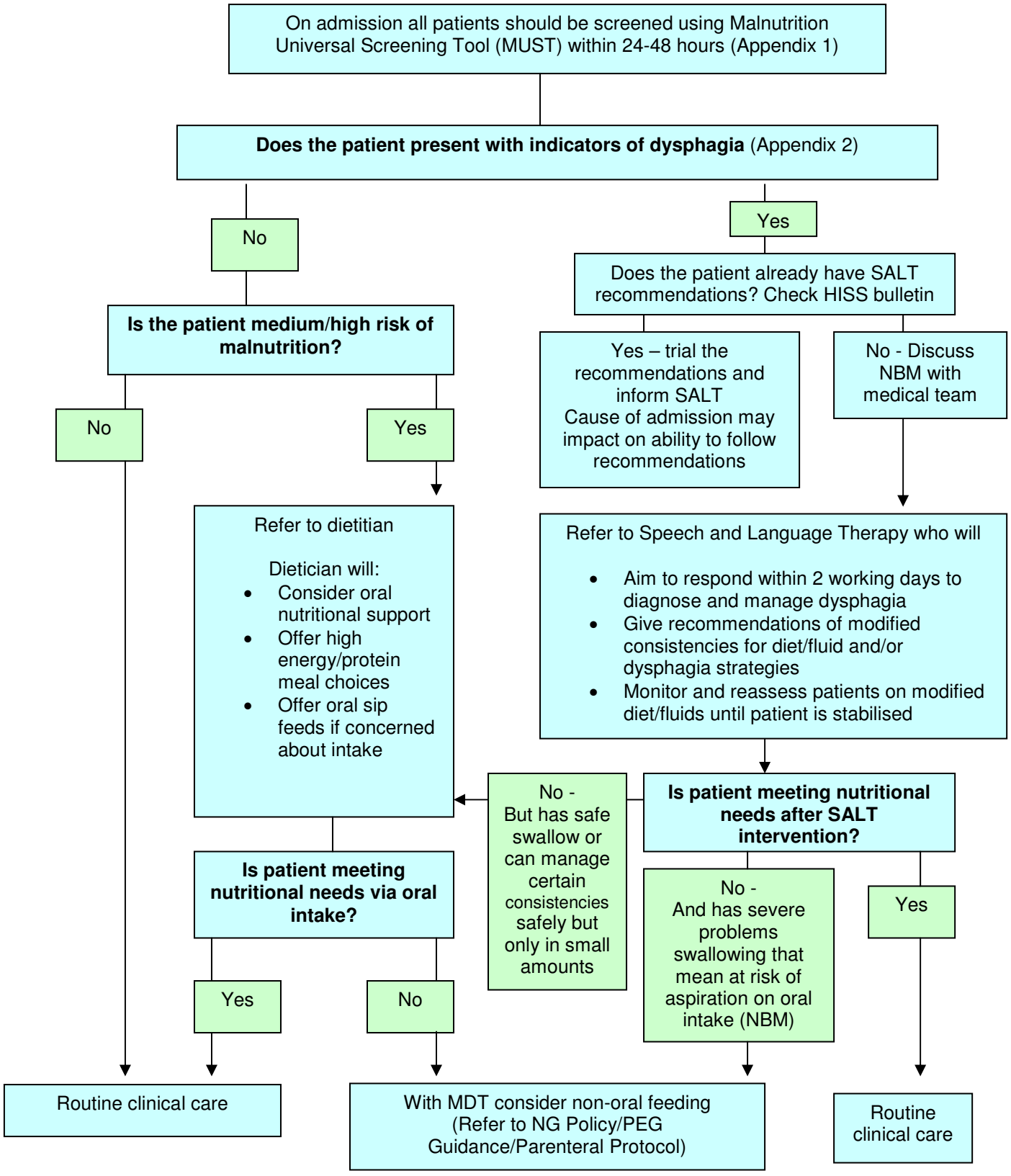
GUIDELINE NUMBER:

Guideline Statement:	This guideline offers best practice advice on the care of adults who require nutritional support.
Applies to:	All Nursing Staff Dietetics Speech and Language Therapy
Rationale:	See attached flowchart and tables: • Adult Oral Nutritional Support Guidelines • Malnutrition Universal Screening Tool (MUST) • Indicators of Dysphagia In addition to this all patients will: • Be fully informed of their treatment and decisions made about their care • Given the opportunity to discuss their nutritional needs and options for treatment/management
References:	National Institute for Clinical Excellence *Nutrition Support in Adult. Guideline 32.* February 2006. British Association for Parenteral and Enteral Nutrition (BAPEN) *Malnutrition Universal Screening Tool* 2003

Authors of Guideline	Kate McCann Heather Waldron Emma Forsyth Emma Dawes
Date Developed	March 2008
Date for Review	Mach 2010
Ratification Signatures: **Nutrition Strategy Group Consultant:** **Director of Nursing:**	

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

ADULT ORAL NUTRITIONAL SUPPORT GUIDELINES



Malnutrition Universal Screening Tool

Step 1
BMI Score

BMI kg/m2	Score
>20 (>30 Obese)	= 0
18.5 – 20	= 1
<18.5	= 2

+

Step 2
Weight loss score

Unplanned weight loss in past 3 – 6 months %	Score
<5	= 0
5-10	= 1
>10	= 2

+

Step 3
Acute disease effect score

If patient is acutely ill and has been or is likely to be no nutritional Intake for >5 days
Score 2

Step 4
Overall risk of malnutrition

Add all scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

Step 5
Management guidelines

0 Low Risk
Routine clinical care

Repeat Screening
Hospital – weekly
Care Homes – Monthly
Community – annually for Special groups e.g. those >75 yrs

1 Medium Risk
Observe

Document dietary intake for 3 days if subject in hospital of care home

If improved or adequate intake – little clinical concern; if no improvement - clinical concern – follow local policy

Repeat screening
Hospital – weekly
Care Home – at lease monthly
Community - at least every 2-3 months

2 or more
High Risk
Treat

Refer to dietician, nutritional support team or implement local policy

Improve and increase overall nutritional intake

Monitor and review care plan
Hospital – weekly
Care Home – monthly
Community - monthly

All risk categories
Treat underlying condition and provide help and advice on food Choices, eating and drinking when necessary.
Record malnutrition risk category.
Record need for special diets and .follow local policy

Obesity

Record presence of obesity. For those with underlying conditions, these are generally controlled before treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

(BAPEN 2003)

INDICATORS OF DYSPHAGIA

Positive Indicators of Dysphagia:

Nursing staff should refer to the Adult Oral Nutritional Support Guidelines when a patient presents with any of the following indicators of dysphagia:

- Coughing/choking during/after eating/drinking
- Wet/gurgly voice quality after eating/drinking
- Patient complains of food sticking or discomfort on swallowing
- Suspected chest infection/pneumonia caused by aspiration

Contributing factors for Dysphagia:

Any patient presenting with the symptoms/diagnosis below should be considered to have an increased risk of dysphagia. The symptom/diagnosis alone does not indicate dysphagia but can be a significant contributing factor.

- Weight loss
- Dehydration
- High risk medical diagnosis
  e.g. CVA, Parkinson's disease, Motor Neurone Disease, dementia
- Facial motor or sensory changes
- Repeated chest infections
- Poor oral intake

HEALTH AND WELL-BEING SCRUTINY COMMITTEE 10 November 2010

REQUEST TO ATTEND CONFERENCE EVENT

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Committee to consider nominating delegates to attend CfPS Regional Health Scrutiny events.

2. Background

2.1 The Council's Overview and Scrutiny Handbook contains a protocol for use of the Scrutiny Committees budget to attend training and conferences relevant to the remit of the Committee.

3. Conference Details

3.1 As part of the Health Scrutiny Support Programme the CfPS is offering a number of Regional Events to look at the challenges facing communities, local authorities and the NHS and how the unique powers of scrutiny can continue to make a difference to local people and services. Events are taking place in London, Birmingham, Manchester, and York.

3.2 As well as providing the latest position on the progress of the Health Bill, workshops will be offered on:

- Are we adequately prepared for an ageing society?
- Respecting dignity – are we getting it right?
- Reducing health inequalities: a scrutiny resource kit
- Upholding and monitoring the NHS Constitution as a benchmark for local issues

3.3 Places have been reserved at the London event on 29 November and the York event on 31 January 2011. There is no cost for attendance at the conference however travelling costs will be incurred. It is possible that further places could be reserved at the York event.

4. Recommendation

4.1 It is suggested that the Committee nominates the Chair of the Committee, and the Health Scrutiny Officer to attend the London event and the Head of Scrutiny and Assistant Scrutiny Officer to attend the York event with travel expenses to be funded from the budget of the Scrutiny Committee.

Contact Officer: Karen Brown
karen.brown@sunderland.gov.uk

HEALTH & WELL-BEING SCRUTINY COMMITTEE

10th November 2010

FORWARD PLAN – KEY DECISIONS FOR THE 1 NOVEMBER – 28 FEBRUARY PERIOD

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

1.1 To provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 November – 28 February 2011.

2. Background Information

2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.

2.2 Holding the Executive to account is one of the main functions of scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

General Scope: To consider issues relating to health and adult social care services

Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

3. Current Position

3.1 The relevant extract from the Forward Plan is attached.

3.2 In the event of members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. Recommendations

4.1 To consider the Executive's Forward Plan for the current period.

5. Background Papers

Forward Plan 1 November – 28 February 2011

Contact Officer : Karen Brown, Scrutiny Officer
0191 561 1004 karen.brown@sunderland.gov.uk

Forward Plan - Key Decisions for the period 01/Nov/2010 to 28/Feb/2011

E Waugh,
Head of Law and Governance,
Sunderland City Council.

14 October 2010

Forward Plan: Key Decisions for the next four months - 01/Nov/2010 to 28/Feb/2011

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01438	To agree the Contributions Policy	Cabinet	01/Dec/2010	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties	via the Contact Officer by 19 November 2010 - Health and Wellbeing Scrutiny Committee	Report	Neil Revely	5661880
01426	To agree Moving from Contracting to Personalised Budgets (Day Care Services - OP)	Cabinet	01/Dec/2010	Cabinet Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties	Via the Contact Officer by 19 November 2010 - Health & Wellbeing Scrutiny Committee	Report	John Fisher	5661876
01436	To agree for the Council to assist with and facilitate the transfer of NTW's learning disability homes to a Registered Social Landlord.	Cabinet	01/Dec/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties.	Via the Contact Officer by 19 November 2010 - Health and Wellbeing Scrutiny Committee	Report	John Fisher	5661876

HEALTH & WELL-BEING SCRUTINY COMMITTEE

10th November 2010

ANNUAL WORK PROGRAMME 2010-11

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Committee to receive an updated work programme for the 2010-11 Council year.

2. Background

2.1 The Scrutiny Committee is responsible for setting its own work programme within the following remit:

> *Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)*

2.2 The work programme can be amended during the year and any Member of the Committee can add an item of business.

3. Current Position

3.1 In addition to the items taken at the scheduled meetings the following activities have taken place since the last meeting.

3.2 The regional review of the Health Needs of the Ex-Service Community has nearly reached its conclusion and a final report will be drafted by the end of this year. An Action Learning event is taking place at the end of November intended to capture what has been learned about scrutiny from the project. The project is contributing to the CfPS Scrutiny Development programme.

3.3 The North East Joint Health Committee submitted a regional response to the NHS White Paper, Equity and Excellence: liberating the NHS. Two further papers in a series of documents for consultation have been issued. The Information Revolution is about transforming the way information is accessed, collected, analysed and used by the NHS and adult social care services and Greater Choice and Control which describes in more detail proposals for greater choice and control over care and treatment, choice of treatment and healthcare provider.

4. Conclusion & Recommendation

4.1 That Members note the updated work programme.

5. Background Papers
None

Contact Officer : Karen Brown 0191 561 1004
karen.brown@sunderland.gov.uk

HEALTH AND WELL-BEING SCRUTINY COMMITTEE WORK PROGRAMME 2010-11

	JUNE 09.06.10	**JULY 07.07.10**	**SEPTEMBER 15.09.10**	**OCTOBER 13.10.10**	**NOVEMBER 10.11.10**	**DECEMBER 08.12.10**	**JANUARY 12.01.11**	**FEBRUARY 09.02.11**	**MARCH 09.03.11**	**APRIL 06.04.11**
Cabinet Referrals & Responses	Article 4: Food Law Enforcement Service Plan. (NJ)	CQC Service Inspection of Safeguarding Adults & Choice & Control for Older People	CQC Service Inspection – Action Plan Response to 'Tackling Health Inequalities in Sunderland' Review			Response to 'Tackling Health Inequalities in Sunderland' Review		LSP Delivery Report		
Policy Review	Proposals for policy reviews (KJB) Ex-Service Personnel Review (KJB) Regional Health Protocol (KJB)	Scope of review – Malnutrition in Hospitals (KJB)	Appointment of Coopted Member Ex-Service Personnel Review Progress (KJB)		Evidence Gathering – City Hospitals Sunderland	Evidence Gathering	Evidence Gathering Ex-Service Personnel Review – Final Report	Evidence Gathering	Final Draft Report	Final Report
Performance			Performance & VfM Annual Report (GK)			Performance Q2 (GK)				Performance Q3 (GK)
Scrutiny	Mid-Staffordshire NHS hospitals Foundation Trust – Francis Report (CH) Internal Service Development (CW) CfPS Conference attendance (KJB)	TeleCare Services (PF) Total Place (LC) Social Care for Adults with LD (JF)	CAMHS Review (PCT) NHS White Paper Consultation CfPS Conference Feedback	Transforming Community Services NHS White Paper update Wearvmouth View Improvements		Children's Acute Pathway Reform (NHS) Pride Project (IH/TR) Child Poverty Strategy (RS)	NHS White Paper update Sexual Health	NHS White Paper update Personalised Budgets (SL)	NHS White Paper update	Annual Report (KB)
CCfA/Members items/Petitions										

At every meeting: Forward Plan items within the remit of this committee / Work Programme update