

CABINET MEETING – 22 JUNE 2011 EXECUTIVE SUMMARY SHEET – PART I	
Title of Report: HEALTH AND WELLBEING SCRUTINY COMMITTEE: MALNUTRITION AND DEHYDRATION IN HOSPITALS	
Author(s): Health & Well-Being Scrutiny Committee and Chief Executive	
Purpose of Report: To set out the recommendations of the Health & Wellbeing Scrutiny Committee following the Committee's review of Malnutrition and Dehydration in Hospitals.	
Description of Decision: <p>The Cabinet is requested to consider the Health & Wellbeing Scrutiny Committee's Policy Review Final Report and endorse the recommendations contained within the report .</p> <p>To assist the Cabinet in its consideration of the draft recommendations of the Scrutiny Committee, (attached as Appendix A) is the proposed Action Plan for the implementation of these recommendations which has been prepared in consultation with the appropriate Portfolio Holder.</p>	
Is the decision consistent with the Budget/Policy Framework? *Yes/No	
If not, Council approval is required to change the Budget/Policy Framework	
Suggested reason(s) for Decision: <p>The Committee has reviewed 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.</p> <p>The recommendations aim to assist with further embedding national guidance into local practice to enhance the delivery of an effective nutrition policy which will assist all professionals in the management of malnutrition.</p>	
Alternative options to be considered and recommended to be rejected: <p>The Scrutiny Committee has gathered detailed evidence and arrived at conclusions and recommendations which are intended to improve the food service and provide all patients with good nutrition. There are no alternatives to be considered.</p>	
Is this a “Key Decision” as defined in the Constitution? Yes/No Is it included in the Forward Plan? Yes/No	Relevant Scrutiny Committee: Health & Well-Being

HEALTH & WELL-BEING SCRUTINY COMMITTEE: FOOD IN HOSPITALS

**REPORT OF THE HEALTH & WELLBEING SCRUTINY COMMITTEE AND THE
DEPUTY CHIEF EXECUTIVE**

1. Purpose of the Report

- 1.1 To set out the recommendations of the Health & Well-being Scrutiny Committee following the Committee's review of Malnutrition and Dehydration in Hospitals.

2. Description of Decision (Recommendations)

- 2.1 The Cabinet is requested to consider the Health & Well-Being Scrutiny Committee's Policy Review Final Report and endorse the recommendations contained within the report.
- 2.2 To assist the Cabinet in its consideration of the draft recommendations of the Scrutiny Committee, (**attached as Appendix A**) is the proposed Action Plan for the implementation of these recommendations which has been prepared in consultation with the appropriate Portfolio Holder.

3. Background

- 3.1 At its meeting on 9 June 2010 the Scrutiny Committee selected this review following a number of national research studies highlighting the risks of malnutrition in hospitals. In particular Age UK published Hungry to be Heard (2006), and a further report Still Hungry to be Heard (2010) into malnourished older people in hospital that argues for a change in culture and practice. It recommended seven steps that hospitals should take to end the malnourishment of older people.
- 3.2 Certain groups of patients (e.g. children, the elderly and those with neurological conditions or who have had surgery) have particular dietary and eating requirements that need to be met to prevent malnutrition and dehydration and to aid recovery. Malnourished patients stay in hospital longer and have a higher mortality rate. Good hydration can also assist in the management and prevention of ill health and its provision is a fundamental aspect of nutritional care.

4. Key Points Arising from the Review

- 4.1 The attached report contains the findings and recommendations from the review. The report was considered by the Health & Well-Being Scrutiny Committee at its meeting on 6 April 2011.
- 4.2 The summary of findings draws out recommendations relating to :
- (a) Promoting Health – Providing leadership and consistent good practice to allow patients to eat and drink in a way that promotes health;
 - (b) Information – Providing patients and carers with sufficient information to enable them to obtain their food and drink;

- (c) Availability – Allowing patients to access food and drink at any time according to their needs;
- (d) Meeting Individual Needs – Providing patients with food and drink that meets their individual needs and preferences and is presented in a way that is appealing to them;
- (e) Environment - Providing an eating environment that is conducive to good nourishment;
- (f) Screening and Assessment – Ensuring patients are screened on initial contact with follow up action of their nutritional needs;
- (g) Assistance – Providing patients with the care and assistance they require with eating and drinking; and
- (h) Monitoring – Patients food and drink intake is monitored and recorded

5. Response from the Directorate

- 5.1 Hospital food has an important role to play in leading by example to improve the standard of food we consume and change consumer behaviour outside the NHS by demonstrating to hospital patients, staff and visitors what a nutritious diet looks like.
- 5.2 The review is a welcome piece of hard evidence for policy-makers to confirm where good practice exists and to continue to improve food services so that continued efforts are not patchy and temporary in their effects. In particular, it is the Directorate's strong view that the experience of service users should be integral to the collection of meaningful data and to the preparation and promotion of compliance criteria.

6. Reasons for the Decision

- 6.1 The Committee has reviewed 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.
- 6.2 The recommendations aim to assist with further embedding national guidance into local practice to enhance the delivery of an effective nutrition policy which will assist all professionals in the management of malnutrition.

7. Alternative Options

- 7.1 The Scrutiny Committee has gathered detailed evidence and arrived at conclusions and recommendations which are intended to improve the food service and provide all patients with good nutrition. There are no alternatives to be considered.

8. Relevant Considerations / Consultations

- 8.1 City Hospitals Sunderland has worked closely with the Scrutiny Committee during this review. Age UK and Sunderland Links have also supported the review with co-opted representation on the Scrutiny Committee and patient consultation in the hospital.

9. Background Papers

Health & Well-Being Scrutiny Committee Agenda Papers 2010/11

Appendix A

Health and Wellbeing Scrutiny Committee

Malnutrition in Hospitals: Policy Review recommendations 10/11

Ref	Recommendation	Action	Owner	Due Date	Progress Commentary
1.	The Trust should review roles and responsibilities to enhance patient choice which includes the role for volunteers and the role of the catering department;	<p>Extend Housekeeper Service and present options including cost and benefits to patients</p> <p>Ward presence by catering manager/supervisors - Ensure a formal schedule of ward visits is established with evidence of feedback from each visit with follow up action plans</p>	City Hospitals Sunderland	<p>August 2011</p> <p>Completed</p>	
2.	<p>To ensure rigorous monitoring the Board should analyse data on:</p> <ul style="list-style-type: none"> - The number of patients identified as malnourished or at risk of malnourishment - The compliance rate with MUST - Targets to be set for improvement in compliance with screening - Actioning of MUST scores 	Monthly catering reports - Report to Nutritional Steering Group, highlighting follow up actions completed or outstanding	City Hospitals Sunderland	Completed	
3.	To support an approach of consistent best practice, the Trust should consider the use of all available communication tools for the promotion of nutrition for example, newsletters, bulletin boards, and internet to keep this as a priority in the minds of everyone all of the time, similar to the 'Wash Your Hands' campaign;		City Hospitals Sunderland		

4.	The Trust should aim to achieve consistency so that patient choice is delivered with access to a menu, easier access to appropriate versions of the menu, and consistent delivery of alternative menu choices;	<p>Menus displayed at all ward entrances</p> <p>Menus available at all bedsides</p> <p>Menu on 'Hospedia'</p> <p>Meal Ordering Pilot</p> <p>Electronic meal ordering - evaluation of options to be presented to Nutritional Steering Group</p>	City Hospitals Sunderland	<p>Completed</p> <p>Completed</p> <p>July 2011</p> <p>July 2011</p> <p>August 2011</p>	
5.	To enhance the eating environment and opportunities for patients to control their enjoyment of a meal, the Trust should consider the use of designated dining areas away from the bed where the physical layout allows this;		City Hospitals Sunderland		
6.	<p>To enhance the quality of food the following options should be consistently applied and communicated to patients:</p> <ul style="list-style-type: none"> - A range of common condiments and sauces should be available either routinely or on request - Portion sizes should be offered to patients in small, medium and large sizes - Milky drinks should be offered to patients in the evenings - Handy snack boxes of pre-packaged fruit, cheese, biscuits should be readily available to patients; and 	<p>New beverage trolley - maximise opportunities to offer increased range of choice of beverages and lite bite items from trolley. Ensure full training and consultation, with established standard operational procedures</p> <p>Food Choices - Develop lite bite offering in line with new beverage trolley</p>	City Hospitals Sunderland	<p>August 2011</p> <p>August 2011</p>	

7.	To further enhance assistance to patients a red tray system should be provided to ensure a link between a patient needing assistance and an uneaten meal left on the plate.		City Hospitals Sunderland		
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