

At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 10th NOVEMBER, 2010 at 5.30 p.m.

Present:-

Councillor Walker in the Chair

Councillors A. Hall, Maddison, Old, Padgett, Shattock, Snowdon, N. Wright and Mr. Alan Patchett.

Also in Attendance:-

Councillor Tate	-	Chairman of Management Scrutiny Committee
Nonnie Crawford	-	Sunderland Teaching Primary Care Trust
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
June Lawson	-	City Hospitals Sunderland NHS Foundation Trust
Felicity White	-	City Hospitals Sunderland NHS Foundation Trust
Larry Stores	-	City Hospitals Sunderland NHS Foundation Trust
Judith Hunter	-	City Hospitals Sunderland NHS Foundation Trust

Apologies for Absence

Apologies for absence were received on behalf of Councillors Chamberlin, Fletcher and D. Smith.

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 13th September, 2010 be confirmed and signed as correct record subject to the amendment that Bev Atkinson and Brent Kilmurray are recorded as representing Sunderland TPCT.

Declarations of Interest

There were no declarations of interest made.

Review of the Management of Malnutrition and Dehydration in Hospitals

The Chief Executive submitted a report (copy circulated) to provide evidence from City Hospitals Sunderland for the policy review of malnutrition and dehydration in hospitals.

(for copy report – see original minutes)

The Chairman welcomed Carol Harries to the meeting and invited her to introduce the report. Ms. Harries advised that the 'story' of food process in City Hospitals would be presented from a facilities, nursing and nutrition and dietetics perspective respectively.

A PowerPoint presentation followed detailing the main principles behind the catering service which was reviewed in 1991/92. Chilled Meal Assembly was introduced in 1993, which:-

- Allows patients to choose at point of service not 24 hours in advance, i.e. choose with their eyes
- Establish a seamless service
- Food hot and fresh as prepared near at point of service
- Improved presentation due to plate presentation at point of service
- Reduced wastage of resources (production, unused meals)
- Food & Beverage Policy formulated around ward including constant patient quality questionnaires
- Eliminate food production waste
- No requirement for food production equipment
- Significant reduction in equipment maintenance
- Safe & modern frozen/chilled food storage facilities (year on year clean bill of health from environmental health inspections)
- Temperature controlled from CHS receipt to delivery to ward

Councillor Old commented on her personal experience when staying in Sunderland Royal Hospital. She was on a salt restricted, fat free diet yet was still offered food she should not have been eating.

Ms. Hunter advised that dietetics, catering and nursing were working in trio to ensure a more joined up approach.

Mr. Patchett enquired whether patients were made aware that food was available 24 hours a day, seven days a week. Mr. Stores advised that it was indicated on the menus and Ms. Hunter advised that the facility was used. Mr. Patchett commented that the option to request food at any time was not as clear as it could be.

Mr. Patchett referred to a previous comment by Mr. Stores that “food and beverage was the task of the junior staff” and asked for clarification. He was informed that catering staff were involved with meal times and nursing staff were always in attendance to offer assistance.

Ms. Hunter informed the Committee that special arrangements were made for patients with physical disabilities or vulnerable elderly patients with the provision of a finger food menu. This would enable continued independence in eating and allow individuals to eat at their own pace. The dementia club takes place in a therapeutic environment.

Councillor N. Wright applauded the changes that had been made, however she expressed reservations about the issue of 'choosing with the eyes' as this could still result in communication issues for people with, for example, visual impairment.

Mr. Stores advised that City Hospitals had acquired new beverage trolleys which could go in to individual bays to offer patients choice.

In response to a question from Councillor A. Hall regarding children's menus, Ms. Hunter advised that children were offered a wide variety of choice including popular and familiar food such as fish fingers, chicken goujons and chips. Most children preferred finger foods and comfort food such as mince and potato. Many did choose to eat fruit.

Councillor Shattock raised concerns that the food did not appear to be freshly cooked on site. Mr. Stores advised that fresh food was bought in from suppliers either frozen or chilled ready to reheat. He stated that these were not ready meals and were prepared fresh at source.

In response to a question from the Chairman, Ms. Hunter advised that any support staff who attended to assist an individual to eat their meal would be trained and had knowledge of the patient's requirements. Nursing staff would record how much the patient had had to eat and drink.

Members of the Committee raised concerns that dietary requirements were not always met and choice was not always available. Ms. Harries stated that City Hospitals were aware through surveys that they were scored low on patients being offered a choice and this was clearly an issue that needed to be addressed.

Councillor N. Wright enquired what special resources were in place to assist people with dementia and learning disabilities and was advised that efforts were made to maximise the amount of staff available to support individuals at meal times. These staff were trained and were aware of the need to help people at a safe and correct pace for the individual. Meal times were protected to promote an environment which was calm and uninterrupted for patients to enjoy their meal. Visiting times were limited accordingly.

Texture modified diets were available if required. A senior doctor worked with a multi discipline team to ensure appropriate care and feeding and drinking aids such as adapted plates to assist the individual or specific colours for the visually impaired. The entire philosophy of food was looked at and consideration given to, for example, visually appealing food for those people lacking a sense of smell

For older people, hospital staff worked with care homes to ensure commonality and familiarity if patients were taken into hospital.

Ms. White advised that the nutrition training group had been reinstated which comprised link nurses and nutrition champions.

Councillor Padgett advised that due to the geography of Washington, a significant proportion of people attended the Queen Elizabeth Hospital in Gateshead and he questioned whether the standards in the report related only to City Hospitals. Ms. Hunter confirmed that the report did relate to City Hospitals only.

Councillor A. Hall commented that the nature of the presentation tended to focus on resources for older people and vulnerable adults and she questioned what proportion of patients in hospitals were representative of these groups. Ms. Hunter stated that 30% of patients came in for elected procedure and stayed for a short period of time. 70% of people in hospital were older and they stayed for longer periods.

In response to a question from Councillor A. Hall, Ms Hunter advised that people were discouraged from bringing their own food in to hospital, and while it was impossible to ban, the patient information leaflet tried to explain why it was not appropriate to do so.

Mr Patchett referred to the 'MUST' (Malnutrition Universal Screening Tool) and enquired whether patients had to achieve a score of 2 for BMI, weight loss and acute disease in order to be considered at high risk of malnutrition.

Ms. Hunter advised that it was possible to obtain a combination of scores and still be at risk. Ultimately a dietician would make an informed decision with regard to an individual.

Mr Patchett enquired how many people were considered to be malnourished when entering City Hospitals and how many when they left. Ms. June Lawson advised that a series of audits had recently been carried out and the question could be much better answered once the data had been analysed.

In response to a further question from Mr Patchett, Ms Hunter stated that there were 700 volunteers throughout the hospital, although currently they did not help to feed patients and the possibility was currently being explored.

Ms. Hunter advised that menus were available in large print and menu cards were available to look at in the main entrance. Mr. Patchett stated that large print menus should be available as a matter of course.

Councillor Snowdon commented that the system appeared to be resorting back to a system that worked well in the past and training was key.

With reference to the change in visiting times, Ms. Hunter stated that the revised visiting times were a 6 month pilot scheme. The pilot was not a wholesale change and was being carried out on a ward for elderly people and was being continually monitored.

In response to a question from Councillor Shattock regarding mortality rates in City hospitals where malnutrition was an issue, Ms. Hunter advised that it would not be possible to provide a specific figure for Sunderland and she acknowledged that statistics needed to be more robust.

Councillor Shattock queried the extent to which nurses saw nutrition was an integral part of their job.

Ms. Hunter advised that nursing staff saw nutrition as a critical part of a patient's daily care and was indeed a component of their training. Nurses were fundamentally involved in the design of the new drinks trolley.

Discussion ensued in relation to food wastage.

Mr. Stores advised that food wastage was stringently measured but it was a reality of offering food choice that there would be some degree of waste.

Dr. Crawford commented that it was important to audit the cause of waste. There was more food waste in the care of the elderly as they tended to eat smaller portions.

Ms. Hunter acknowledged that there was frequently a drop in appetite as a result of the ageing process therefore careful menu planning was required to ensure that nutrient requirements are provided at the correct level. The use of modest portion sizes and snacks on an evening time were in operation.

The Chairman having thanked the attendees for their presentation, it was:-

2. RESOLVED that the contents of the presentation as a contribution to evidence gathering for the policy review be received and noted.

Request to Attend Conference Event

The Chief Executive submitted a report (copy circulated) to consider nominating delegated to attend CfPS Regional Health Scrutiny events

(For copy report – see original minutes)

3. RESOLVED that 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.

Forward Plan – Key Decisions for the Period 1st November, 2010 – 28th February, 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 November, 2010 – 28th February, 2011.

(for copy report – see original minutes)

4. 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)

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

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

(Signed) P. WALKER,
Chairman.