

POLICY REVIEW: MALNUTRITION IN HOSPITALS – CASE STUDIES FROM OTHER HOSPITALS**REPORT OF THE CHIEF EXECUTIVE****1. Purpose of Report**

- 1.1 To provide information to the Scrutiny Committee about examples of good practice as part of the review of malnutrition and dehydration in hospitals.

2. Background

- 2.1 The Scrutiny Committee has been pursuing a review of the management of malnutrition and dehydration in hospitals since September. The review was selected following national studies highlighting the risks in hospitals across the country.
- 2.2 The scope of the review is to study the evidence in City Hospitals Sunderland set against those national studies and best practice guidance.

3. National Inpatient Survey Results 2009

- 3.1 The in-patient survey of adult inpatients in NHS trusts in England shows how each trust scored for each question in the survey, compared with national average results. The report can be used to understand the trust's performance, and to identify areas where it needs to improve

National Results

- 3.2 Three questions are included in the survey about Choice of Food, Quality of Food and Help with Eating. Scores based on patients' responses to the survey highlight how each of the scores compares with other Trusts as either 'worse', 'about the same', or 'better'.
- 3.3 Of those respondents who had hospital food, a fifth (20%) rated it as "very good," no change from 2008 but an increase from 18% in 2002. Just over a third (35%) described the food as "good", a decrease of one percentage point since 2008; 30% of respondents thought it was "fair". There has been a statistically significant increase, of less than one percentage point, from 2008 in the proportion of respondents who rated the food as poor (14%).
- 3.4 Overall, 78% of respondents reported that they were "always" offered a choice of food, no change from the previous survey, while another 16%

said they were offered a choice “sometimes”. Six percent of respondents said they were not offered a choice of food. However, this question showed differences related to how long respondents had been in hospital for: 13% of respondents who only stayed overnight said they were not offered a choice of food compared with four percent of those who stayed more than one night.

4. Case Studies from other Hospitals

4.1 Hospitals receiving scores of better than average for one or more of the three questions were approached for their comments on how they thought they had achieved the better than average responses from patients. The comments received are set out below:

4.2 ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST

Our production kitchen is vital to prepare, cook and serve fresh food on a daily basis. Food is procured locally and with regard to the sustainability and security of that future service it also ensures high nutrition content. 30% of all food is procured locally to the South East, mostly from farmers and the smaller business, this includes organic milk, local breads, free range chicken and seasonal vegetables.

All Food is cooked using fresh food, without the need for convenience foods. This enhances the taste and flavour of food and we also know the ingredients that go into our recipes and dishes. All patients, including those on special diets, are offered freshly cooked food, including patients who require special needs.

The Trust and Senior Management are very supportive to the Catering Department and the Trust policy is that food has a major contribution to the treatment and well being of the patients and staff. Experience shows that all patients enjoy their meals and we ensure that they are included in all discussions regarding the service and menus that we offer. We believe this contributes in reducing patient stress levels and improving the hospital experience.

The Catering Department has the complete responsibility for the catering patient meal service and the Catering Host and Hostesses are employed by the department to work at ward level. They give the menu to the patients as well as all meals and beverages. The food is a bulk food distribution via heated trolleys and served on the ward. This responsibility to the Catering Department ensures that all patients are fed and nourished which is supported by the red tray system.

Our menu is agreed with the dieticians and nursing staff and covers a three week cycle offering a continental breakfast and a three course lunch and supper. A cooked breakfast is offered on a Sunday. Patients enjoy a home made cake every afternoon keeping a British tradition alive. The recipes demonstrate what the majority prefer and importance

is given to providing a healthier food choice. The present cost of food per patient per day is currently at £4.20p

We meet the patients on each ward every other month in an informal meeting with the Dieticians, Domestic Services and Nursing Staff. These meetings are vital for us to get feedback on the positive and negative issues. This is also an opportunity to discuss our sustainable policy and other work we do to help the environment. One of these is our management of wastage keeping a daily record and sending all waste food for composting. Another is reducing our food mileage by reducing deliveries to the hospital to only three per week.

Main points are: listen to the patient, take into consideration their likes and dislikes, use local fresh food where possible, use seasonal vegetables and make food an integral part of the patient treatment.

4.3 ROYAL MARSDEN NHS FOUNDATION TRUST

There are a number of important factors, including:

- A pro-active management team
- A close working relationship between key staff groups, including Catering, Dieticians and Nursing
- The award of an in-house catering service, which ensures the Trust's direct control of service delivery
- Trust investment in catering infrastructure and staffing
- An emphasis on cooking from fresh ingredients (in combination with 'cook-chill')
- Preparation of food as close to the patient as possible (e.g. via ward-level 'finishing' kitchens)
- A high proportion of 'call order' meals (due to the nature of the Trust's patients)

4.4 ROYAL BERKSHIRE HOSPITAL

We currently operate a 14-day menu cycle providing 2 x three-course choice of meals at lunch and supper. This incorporates over 100 different choices in the 14-day period. Additionally, we provide cultural and religious diets: Halal, Afro-Caribbean and Kosher meals. These are not restricted and are open to all our patients if requested.

We also provide an extended patients' menu from the Trust Restaurant for our long-term patients (4 weeks +) with menu fatigue or patients who require encouragement to eat.

Furthermore, a photographic menu book is held by each ward for patients with communication difficulties, or patients who do not speak or read English as a first language.

All this information is provided daily via the patients' menu cards, patient information booklets and the Trust Intranet. Nursing / ward-based staff are kept informed of changes and updates through the Trust's Nutritional Champions Network and the Trust Intranet.

We monitor the menu choice uptake on a monthly basis and note the least popular dishes. These are then reviewed each quarter and amended accordingly. No new dish is introduced to the patients' menu cycle until it has been tested and approved by the Trust Dieticians, Speech and Language Therapist and a nursing representative.

We audit our patients regularly for quality, choice and service, and our latest two surveys show us to be consistently high in our patients' catering satisfaction.

At the Royal Berkshire NHS Foundation Trust we have an in-house catering operation providing a conventional plated / tray meal service. The Catering Department has some of the longest-serving members of the Trust staff, who are committed to delivering the best patient experience and to supporting a patient's recovery, whilst keeping within agreed financial parameters.

4.5 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES

Menus

Due to the long-stay nature of our patients, the majority of our meals are freshly prepared and cooked on the premises (i.e. home made) using ingredients from a variety of local suppliers.

Our menus change every 18 months. Patients, Catering colleagues and Dieticians are asked for input to the menu choices.

The chosen menus are on a three week rolling programme (increasing to four weeks from 1st April 2011).

Currently these consist of;

Continental Breakfast	prepared by and provided at ward level
Lunch (main meal)	2 courses with 3 home made main meal choices or a sandwich meal Selection of vegetables or salad Hot and cold pudding choices
Supper	3 courses Home made soup Light snack pasties or pizzas or sandwiches Cold dessert such as yogurt, sweets, fruits.

Dietary

All Catering colleagues (Chefs and Catering Assistants) are trained by our Dieticians through a set programme of 1 hour courses in the common forms of dietary requirements (gluten intolerance; nut allergies etc).

Where possible we try to individualise special diets on a case by case basis by manipulating the standard menu to suit individual needs and tastes. This takes place after a consultation between Catering Manager and patient.

Ethnic dietary needs are catered for on an as and when required basis. This may involve a meeting between the Catering manager and the patient to ensure the patient's needs are met in full.

Textured and pureed patient requirements are catered for with the lunch time meal always being home made.

Hygiene standards

Workforce planning in the Catering department ensures that we have cover to prepare and cook the meals as well as the availability of individuals in charge of the cleaning rota of our catering unit and catering utilities such as trolleys and serving dishes. The RNHRD NHS FT Catering team have achieved the Public Protection Food Hygiene Award with merit for the fourth year running.

Patient feedback

Patient feedback forms a crucial part in determining our food and drink offerings to our patients. Feedback from patients is achieved at various times and levels;

- Catering manager walk round – once a month. To ensure direct and face to face contact and feedback from patients.
- Group sessions with Catering team and residential course patients (such as our one month residential courses for AS and Pain Management patients).
- Catering Manager meets with individual patients in cases of special dietary requirements to recognise food allergies and/or ethnicity requirements.
- All in-house patients have ready access to the 'Did you enjoy your meal' feedback folder in our Day room
- All patients are asked to complete the food section as part of our discharge procedure.

Food provision for patients, visitors and colleagues

'Walking' patients, visitors and colleagues are also able to enjoy their meal in our Basement dining room where the Servery opens with a

Breakfast bar at 7.30hr and an extensive lunch menu (including healthy options such as a salad bar) from 11.30hr to 14.00hr. Again the meals are home cooked and available at reduced prices.

4.6 EAST CHESHIRE NHS TRUST

Our actual scores were:

1. How would you rate the hospital food?

Very good	36%
Good	40%

2. Were you offered a choice of food?

Yes always	81%
Yes sometimes	14%

3. Did you get enough help from staff to eat your meals?

Yes always	75%
Yes sometimes	15%
Did not need help	68%
No	10%

Looking at a comparison of 2008 and 2009, it is clear to see that assistance with meals is where we have made the biggest improvement, as in 2008 we scored 58% for always and in 2009 it increased to 75%.

Here are some of the things we have done within East Cheshire NHS Trust which I feel have contributed to our result within the National Patient Survey.

LEAN Event

This LEAN event took place 5th November 2009 to explore the oral nutrition process and highlight what works well and which areas could be improved. Over 40 staff from all disciplines attended the event looking at four key areas, these being

- Menus
- Education
- Corporate Policy
- Mealtimes

A lead was nominated for each key area to support the individual projects identified for action within their area. Findings from the key areas were then fed back to complete the overall action plan. Persistence and encouragement were key, as the LEAN event was held over the winter period and the Trust was extremely busy.

All the actions from the LEAN event groups are fed into a nutrition action plan, which continues to be updated and reported back through

our patient meals group and clinical nutrition steering group on a bi-monthly basis.

Improvements continue and have included:

- Increased compliance from 30% - 70% (2008 – 2009) documented MUST screening. To increase compliance still further Key Performance Indicators have been set for the next three years. Results of MUST screening are shown prominently on the wards as part of the 'Knowing How You are Doing' display boards.
- Awareness 'Top Tips' nutrition newsletter for staff circulated. This includes useful information about nutritional needs for patients and update information about overall nutrition performance.
- Increased compliance with protected meal times and the usage of the red tray system.
- Volunteer mealtime helper service implemented.
- Better efficiencies with respect to the timely ordering of food for patients resulting in less wastage.
- Catering leads visit the wards regularly to speak to the patients about their experiences.
- Monthly data collected from services users by house keeper staff and nursing staff regarding assistance with meals. This area was added to the monthly patient perception survey to try and improve the scores relating to assistance at mealtimes. The regularly monthly feedback of performance to ward areas supported the other activities around nutrition and resulted in a clear improvement in results.
- Excellent networking experiences to appreciate other roles – e.g. menu card office / wards etc.
- Less repetition and more streamlining of the mealtime process.
- Raising staff awareness around nutrition, supplements etc.

I cannot emphasise enough how valuable the LEAN event was, particularly with regard to setting aside time for all key stakeholders to get together. This ensured an appreciation of how complex the service is and how important each person's role is to ensure appropriate nutrition is received by our patients. Although many of the issues were already being tackled, the LEAN event brought all those involved together to focus on common aims.

Our statutory and mandatory training within the Trust includes a section on Dignity and Respect. Ensuring patients receive appropriate nutrition and assistance is emphasised in this session.

In terms of the quality of the food this is provided by an external company (ISS) who provide the catering service to the Trust. Clearly a key element of our success is having a good partner in the provision of the service.

4.7 DERBY HOSPITALS NHS FOUNDATION TRUST

Regular surveys are undertaken by our contractor regarding the quality of the food and whilst they have good satisfaction rates (around 90%) we also review any other feedback through our staff reported incident forms and patient feedback both through Nutrition Steering Group and our Patient Experience Group. Each area is required to complete and report upon their action plan as a result of feedback and facilities fall into this.

We hold study days for all non medical staff involved in patient care and nutrition forms part of that day. We use patient stories to get staff to think about how it feels from a patient's perspective.

We have a balanced score card for wards and MUST completion is on this the compliance rate is set at 95% and this is reported to our Trust Board in the public part so the press pick up on it. We have recently re-launched the new MUST as whilst staff were very good at completing the tool they weren't always as thorough when it came to actioning medium or high scores so this is now incorporated into the tool.

The issue of knowledgeable/ trained staff is a constant cycle of delivering training which spans across all staff involved in nutrition. We are in the process of looking at an E-learning package.

We have protected mealtimes embedded across the organisation and as already described we have an effective reporting structure.

4.8 POOLE HOSPITAL NHS FOUNDATION TRUST

There are a number of factors which I believe have contributed to the consistently high scores for the Catering Service in the Trust.

The factors which I believe contribute to the success of Poole Hospital NHS Foundation Trust in the area of catering are as follows:

1. Provision of Service

The current Catering Service at Poole Hospital is an in-house service provided by a team managed and lead by directly employed individuals. This has not been because we took a deliberate view

about this, it has simply been that when benchmarked against alternative provisions the in-house option was both higher quality and significantly cheaper.

2. Leadership

The post of catering manager is filled by an exceptional individual who works really hard to ensure that all his staff deliver the best possible service no matter the aspect that they are involved in. This is no mean feat given that a majority of catering staff are some of the lowest banded and paid staff in the Trust. The Manager has assembled a strong leadership team with a deputy who is able to step into his shoes and cover his absence. The ethos of quality, of excellence and a work commitment ensures that we are able to maintain a very high quality of service even when there are pressures in the hospital.

3. Production

The meals provided for patients and in the staff restaurant are prepared at the time in the hospital's kitchens and are not brought in or cook/chill or other alternatives to fresh provision. This, coupled with an attention to detail flagged later, ensures that food presented to patients and customers in the restaurant is of a very high standard and presented in the best possible way.

4. Source of Provisions

The team in the department work extremely hard to source both the most cost effective but also the highest quality of provisions. We as a Trust have toyed with the idea of handing over the purchasing of catering provisions to our Central Procurement Team but have always stepped back from that because of the expertise of the Catering Team themselves in knowing both local and national providers and also being able to judge the quality of products has been a significant factor both in negotiating the best deals but also ensuring that the products bought are of the best quality.

5. Attention to Detail

The Catering Team at all levels are pernickety about how food is both handled and presented ensuring that the final product is high quality and delivered in a timely condition. Meals are plated in the Catering Department and taken on heated trays to the wards where they are individually given to patients.

6. Partnership Working with the Nutrition Team

We have a Nutrition Team that meets regularly which includes the Catering Manager as a key member. This Team debates fully both the

nutritional value of the food that we give but also how to encourage patients with nutritional challenges to eat the food that is available.

7. Choice

Despite several projects looking at different options, we have stuck with a rolling menu choice based on a fixed menu over a three week cycle. In addition to this there is the flexibility of patients, through ward staff and directly with the Catering Team being able to adjust menus or obtain food and nutritional support out of the set meal times.

8. Protected Meal Times

We have introduced the national system of Protected Meal Times and been quite rigorous in our implementation of it, ensuring that for both patients and staff the times around meals are protected from unnecessary intrusion. This has worked well in ensuring that there is time to eat and to be helped to eat.

9. Culture

There is something that is a little nebulous around the culture of an organisation where staff eat in the restaurant, staff see and meet the Catering Manager and his Team and staff hear about lots of different events and things going on. Themed meal times etc add to an atmosphere in which people think and believe that the catering provision in the hospital is good, as indeed it is. That leads in a lot of cases to staff not only using the catering facility but recommending it to others and also talking up food when necessary with patients and relatives.

All of the above is my personal view as to why catering in our organisation achieves such excellent results. I do not think there is a magic formula but if I had to put one of the above at the top of the list it would be leadership provided by the Catering Manager.

5. Conclusion

5.1 Key issues emerge as:

- Good quality, fresh, local ingredients
- Including the views of patients in menu design and service delivery
- Close working and high levels of awareness of nutrition across staff groups
- Compliance with MUST screening and use of results

5.2 The Committee is asked to receive this progress report in relation to the contributions from other hospitals in the policy review.

6. Background Papers

Health & Well Being Scrutiny Committee Reports

- Work Programme and Policy Review Report 9 June 2010
- Evidence from City Hospitals Sunderland 10 November 2010

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