

**Report of the Nutrition and Hydration in Hospitals
Working Group
Draft Findings and Recommendations v00.06**

Version control

Version	Date	Author
V00.01	June 2013	Emily Strandbrook-Shaw
V00.02	September 2013	Amends made by the Working Group
V00.03	October 2013	Amends by Working Group following circulation with of V00.02
V00.04	5 th November 2013	Amends by Working Group following circulation of v00.03
V00.05	7 th November 2013	Comments from Chris Morley, NHS FT – corrections to titles.
V00.06	11 th November 2013	Final amends by Working by Group – following a meeting with NHS FT.

1. Introduction

1.1 A public question was put to the Committee at its meeting on the 17th October 2012, raising concerns about the quality of hospital food in Sheffield. The Committee agreed to establish a working group to look at the quality of hospital food in Sheffield. The Committee agreed that the focus of this work would be on adults.

1.2 Members were appointed to the working group as follows:
 Cllr Garry Weatherall (Chair)
 Cllr Tony Downing
 Cllr Joyce Wright
 Cllr Janet Bragg
 Cllr Roger Davison
 Cllr Diana Stimely
 Helen Rowe, Sheffield LINK Representative.

1.3 The working group has heard from the following people to date:

- Hotel Services Director, Sheffield Teaching Hospitals NHS Foundation Trust
- Head of Catering, Sheffield Teaching Hospitals NHS Foundation Trust
- Deputy Chief Nurse, Sheffield Teaching Hospitals NHS Foundation Trust

And made the following visits:

- Central Production Unit, Northern General Hospital

- Ward Vickers 4 – Northern General Hospital
- Hadfield 6 – Northern General Hospital

On these visits the Working Group spoke to staff and patients, observed mealtimes and meal preparation in action and sampled food.

2 Background

From the outset, the Working Group recognised the importance of high quality nutrition in hospitals. The group considered best practice advice.

In 2012, the Department of Health announced new standards setting out what patients should expect from hospital food. These will be assessed through the PLACE assessments – Patient Led Assessment of the Care Environment – which started in April 2013, and will be carried out annually by local people. Hospitals will be assessed on the following principles:

- Nutritious and appetising hospital food and drink is essential
- Patients get a choice from a varied menu – including meals suitable for religious needs.
- All patients should have access to fresh drinking water at all times, unless it contradicts clinical advice.
- Food and drink should be available at all times, not just planned mealtimes
- Hospitals should promote healthy diets to staff and visitors
- The Government Buying Standards for Food should be adopted as standard whenever possible.
- Hospitals should regularly evaluate their food service and act on feedback from patients
- The NHS as a whole should look for and reward excellence in hospital food.

These principles were useful as a framework for the group in considering how well we are performing in Sheffield.

2. Findings

Sheffield Teaching Hospitals NHS Foundation Trust

2.1 What does the performance information tell us?

Complaints information collected by STHFT between December 2011 and December 2012 show that out of 1359 complaints, only 25 related to food. Of the 25 complaints, 11 related to the quality of food, 8 related to the availability of food, and 6 related to assistance with eating or drinking.

The National Inpatient Survey for 2011 ranked STHFT as ‘about the same’ as other hospitals:

Quality of Food – 4.8/10
Choice of Food – 8.6/10
Help with eating – 7/10

STHFT's own inpatient survey asks the question 'If you need help with eating and drinking 'are you given the help that you need?'
80% of those questioned answered 'always' in February 2012, and 90% answered always in November 2012.

Between April 2012 and January 2013 STHFT received 196 comments about food from their website feedback and comment cards – 151 comments were positive, and 45 were negative.

The Care Quality Commission (CQC)

The Care Quality Commission carried out a nutrition inspection at the Northern General Hospital in March 2011. It found that the Northern General was meeting the required standards.

2.2 STHFT approach to food and mealtimes.

The Trust prepares meals for 4000 patients per day, at a cost of £6.86 per patient, across a number of hospital locations.

A bulk meal service has been in operation at the Northern General for some time, with this system planned to replace the plated meals service used across other hospitals as the necessary refurbishments take place.

The bulk meal service has distinct advantages over the plated meals service. Meals are prepared at the Central Production Unit on a cook chill basis, and then transferred to wards in trolleys to be served. This system provides choice at the point of service, choice in portion size to suit individuals, and improved presentation.

Typical menus consist of the following:

Breakfast

Continental

Lunch

Starter of fruit juice or soup
2 hot main dishes with vegetarian option
Choice of vegetables and potatoes/rice/pasta
2 cold choices – salad or sandwiches
Cold dessert

Evening meal

Fruit Juice
3 hot main choices
Hot dessert

Wards can choose to alter meals to suit their patient needs and also their individual choices – e.g. cooked breakfast, soup and sandwiches for lunch.

Special dietary requirements are catered for – eg kosher, halal, fork mashable, smooth mashable and high protein. Snack boxes are available at all times, and the Central Production Unit can respond quickly to individual requests from wards.

For breakfast a cooked breakfast / eggs were available on request – but some patients did not seem to be aware of this

Different wards take different approaches to mealtimes and dining arrangements depending on the needs of their patient groups.

There is Trust wide recruitment of volunteers to assist with mealtimes – 77 volunteers across 8 wards were due to be in place by February 2013.

The Trust reported that the key mealtime challenge for, particularly frail elderly patients and those with dementia, is not in providing support for feeding, but in enticing patients with small appetites to eat. Families are encouraged to get involved at mealtimes – particularly on care of the elderly wards – and alternatives to heavy meals can be provided.

The Trust reported plans to develop ward accreditation for nutrition and hydration.

3 Observations from visits.

3.1 Central Production Unit

The group visited the Central Production Unit (CPU) at the Northern General Campus to tour the facility and sample meals.

The group were impressed by the facilities and production at the CPU. Catering staff reported that Government Buying Standards are adhered to, and that where possible the Trust uses local suppliers. This is not always possible however, due to the national NHS purchasing standards, which can be restrictive for smaller businesses. The group were aware that this challenge has been overcome by some Hospital Trusts, for example Scarborough

The group sampled a range of meals and were very impressed by the quality of the food. They also recognised the challenges implicit in catering for such large numbers of people every day, and their differing tastes and preferences. The group felt reassured that, contrary to anecdotal reports and 'popular myth', the quality of food provided to STHFT patients is good.

The group were especially pleased to note the CPU now prepare a range of freshly made soups, which are far more nutritional than the previous soup option which was dried and reconstituted with boiling water on the wards.

The group also recognised that these fresh soups are especially useful to tempt patients back into eating and can be made higher in calorific value by adding cream to them which can be requested.

3.2 Northern General – Vickers 4 and Hadfield 6

The group spoke to staff and patients on two wards at the Northern General, both catering for elderly patients. The patients the group spoke to were largely happy with the quality and choice at mealtimes.

The group were impressed with some of the systems wards had implemented to assist with nutrition and hydration:

- Magnet boards by patient's beds making nutrition needs and preferences clear – although the group observed these were not always being used.
- Information boards at the nurse's station detailing patient needs and preferences
- Recording and monitoring of patients food and fluid intake
- Fresh water available at all times

The group observed mealtimes in action, and did, on occasion feel that the benefits of the bulk meal service were not maximised – see below.

The wards reported a good relationship with the Catering Service, and were aware that they could make special requests as required.

Overall, the group observed mealtimes working well – and in line with the national NHS principles.

4. Recommendations

4.1 Ensuring the system works as intended.

4.1.1 Maximising the potential of the bulk meals system

The group were impressed with the system that STHFT has in place for mealtimes.

The group feels that the system provides adequate choice, and caters well for specialist requirements. The group were impressed with the quality of food provided by the Central Production Unit (which dispelled some of our misconceptions about hospital food!), and the flexibility of the catering service, which is able to respond to the majority of requests from wards.

The bulk trolley meals system is a big improvement on the plated meal service, and the group saw the potential this system has, in giving patients choice at the point of service, choice in portion size to suit individuals, and improved presentation and quality as the meal is plated just before serving.

However, the group felt there are perhaps some missed opportunities for maximising the impact of this system. Our ward observations showed different approaches on different wards. In some instances, meals were plated and distributed to patients, effectively re-creating the plated meals service – which limits the 'choice' element – both in terms of portion size and meal choice. The group recognises that the bulk meals system is

relatively new, and it will take time to be embedded across all sites, however feels that more could be made of the opportunities offered by this system. Plans to introduce nutrition and hydration accreditation for all wards may be a way of spreading best practice and ensuring that the system is working as well as it can across all sites and wards.

The group recommends that where possible, unless there are reasonable constraints e.g. restricted space on wards / risk of the spread of infection the wheeled trolley be taken into each individual bay. As this would provide more stimulation to patients' appetites and participation in meal times, as the patient would see their own meal being served.

4.1.2 Communication

The group were impressed by the flexibility of the catering service – meals can be provided outside of the normal schedule, individual requirements can be catered for, and snack boxes are readily available.

The group did think however, that more could be done to communicate the available services to patients. LINK had also observed that on their 'Enter and View' visits, patients were not aware that these options are available.

During the Observation visits, which involved speaking to patients, a number of patients that were asked about food/meals were not aware that they could meet with a member of the catering team to discuss their individual nutritional needs and that meals could be adjusted and planned to meet these needs (where it did not compromise the patients' health care and nutritional requirements). It appears wards do not take advantage of this service.

The group recognises that people in hospital may be feeling vulnerable, and unable to ask for things. The group therefore recommends that further work be undertaken to improve communication between ward staff and patients regarding the choices available to them, as from speaking to patients they were not always aware of these choices and so in turn the catering service were unable to meet these needs as they were unaware of them.

It was felt that wards need to be proactive in making patients aware of what is available, both in terms of choice and special dietary requirements. The Trust also needs to ensure that all staff are made aware of these options so they can be clearly communicated to patients, this includes non- ward based staff e.g. pre-operative assessment staff.

4.2 Making the most of our resources

4.2.1 The Central Production Unit

The group were impressed with the operation at the CPU at the Northern General, and the standard of food produced there. The CPU already supplies some of Sheffield Health and Social Care Trust units with meals and the group felt that over the mid to long term, there may be benefits

in looking to develop further the CPU as a provider of meals to other organisations.

There may be advantages to be had from such a set-up –

- Consistency across the Health and Social Care system in Sheffield
- Financial benefits through economies of scale
- Using Sheffield facilities rather than outsourcing to external companies – keeps money in Sheffield, and supports local suppliers used by STHFT.

4.2.2 Ward Flexibility

The group recognises that all wards are different, dealing with a diverse range of patient groups with a variety of needs. The group feels that wards should be given the autonomy to put in place systems that will help them to meet the needs of their patient groups. This is particularly important with frail elderly and dementia patients, who often have little appetite – and need to be encouraged to eat wherever possible. This might mean providing options other than meals.

Some examples given by staff on the wards included:

- Facilities for heating milk on the ward – eg microwaves and hobs – recognising that there might be health and safety issues and requirements.
- A snack cupboard on the wards – so patients can access treats and snacks at all times
- Cake in the afternoons - staff observed that for patients without large appetites, a cup of tea and slice of cake with visitors is an easy opportunity to increase calorie intake.

4.3 Support during mealtimes

4.3.1 The group observed that in some cases the meal had not been placed near enough for the patient to reach it, thus preventing the patient from being able to eat their meal without some difficulty.

Although the group are aware that all staff undergo formal training around supporting patients to reach and manage their meal, it recommends that further work continue to be done to reinforce this. Specifically through embedding best practice and monitoring on the wards. The group further recommends that consideration be given to having “Meal Time Co-ordinators” to support the embedding of this practice.

This page is intentionally left blank