“Every careful observer of the sick will agree in this, that thousands of patients are annually starved in the midst of plenty from want of attention to the ways which alone make it possible for them to take food ... have a rule of thought about your patient’s diet, consider, remember how much he has had and how much he ought to have had today.”

(Florence Nightingale, 1859)
EXECUTIVE SUMMARY

“I think you should be proud of what you achieve on this ward.”

South Gloucestershire LINk undertook an ‘Enter and View’ in respect of in-patient nutrition and hydration with North Bristol NHS Trust (NBT) during October to December 2010. The LINk was prompted to action by articles in the national press about in-patient malnutrition. Appropriate and adequate nutrition and hydration are fundamental to health, well-being and recovery from illness. There are a large number of national policy imperatives that seek to ensure that patients are well nourished. Yet organisations such as Age UK continue to publish reports such as ‘Still Hungry to be Heard’ (Age UK 2010), that emphasise that some health organisations are falling short in this duty of care.

South Gloucestershire LINk set 3 objectives for their Enter and View; to determine if NBT had implemented nutritional screening and Protected Mealtimes, and how adequate oral hydration was ensured for patients. The proposal was warmly welcomed by NBT and the LINk were able to scrutinise Trust policy documents, meet with senior staff and matrons, visit wards to observe mealtimes and talk to ward staff and patients.

The LINk found that nutritional screening is in the process of being implemented across the Trust and Protected Mealtimes are in place; although there needs to be a consistent, universal system of identifying vulnerable patients introduced; and minor changes could improve the oral hydration of patients. The LINk has therefore made recommendations for simple system changes that will improve patient experience.

To prevent too much interruption to patient care on the wards South Gloucestershire LINk worked collegiately with Bristol LINk throughout the Enter and View process as Bristol LINk had been asked by NHS Bristol to specifically investigate older peoples nutrition and hydration care in hospital. Bristol LINk will report on their findings separately from this report.

‘I didn’t like the pie so I just made myself a mashed potato sandwich’
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Introduction

1.1 The Local Involvement Network (LINk) role is to work as a critical friend with local health and social care services to consider the standard and provision of these services and how they may be improved. Local Involvement Networks have an important statutory power that entitles authorised representatives of a LINk to be able to ‘Enter and View’ services as they are being provided, to observe the nature and quality of the services, and to collect the views of people whilst they are directly using the services.

1.2 In January 2010 a national newspaper article about in-patient malnutrition prompted the development of scoping and options papers (papers are available on request) about this issue for consideration by South Gloucestershire LINk Health Services Working Group (HSWG). The Group agreed that adult in-patient nutrition and hydration should be part of their work programme and ‘Enter and View’ undertaken with North Bristol NHS Trust (NBT). In light of the literature review it was decided that the ‘Enter and View’ authorised representatives should seek assurance on 3 specific areas of in-patient nutrition and hydration care:

- the implementation of nutritional screening,
- the implementation of protected mealtimes, and
- the delivery of sufficient (adequate and appropriate) oral hydration.

“The figures obtained by the Conservatives showed that 185,446 people were discharged from hospital in England in 2008/9 with a diagnosis of malnourishment, compared with 175,003 who were admitted malnourished.”

(Daily Telegraph 22 January 2010)
2. Background

2.1 There are mixed findings on the prevalence of malnutrition in different care settings but it is estimated that three million people are at risk of malnutrition in the United Kingdom; of these 3% are in hospitals or other NHS settings (BAPEN 2009). Currently 40% of patients admitted to hospital are undernourished (British Nutrition Foundation 2009). Malnutrition is associated with poor recovery from illness, extended hospital stays, prolonged rehabilitation and unnecessary costs to health care. As much as 70% of malnutrition in acute hospital admissions is not recognised and is unmanaged (The National Institute for Health and Clinical Excellence [NICE] 2006).

2.2 Lack of adequate hydration is considered to be a patient safety issue by the National Patient Safety Agency (NPSA 2007) and it is deemed a common problem in hospitals. Dehydration is linked to a number of serious conditions such as coronary heart disease and stroke, patient falls and increased lengths of stay in hospital.

2.3 The problem of malnutrition is estimated to cost the NHS £7.3 billion a year. Of this 52% (£3.8 billion) relates to malnourished patients in hospital (BAPEN 2005). There are potential cost savings in introducing nutritional screening. There is little information available about the cost of poor hydration but it is estimated that ‘proper’ hydration could lead to annual savings of £0.95 billion (NPSA, RCN and Water UK 2007).

“Water is inexpensive: a hospital patient could drink two litres of tap water a day for nearly five months and cost the NHS just the price of a first class stamp.”

(National Patient Safety Agency, Royal College of Nursing, Water UK, 2007)
3 National Context

3.1 The importance of patients’ nutritional needs being met whilst in hospital has been highlighted in a number of reports and campaigns such as the Royal College of Nursing “Nutrition Now” campaign (RCN 2007). Age Concern’s “Hungry to be Heard” (2006) report and their “Don’t go hungry in Hospital” (2007) campaign. This campaign highlighted that older patients were at greatest risk of becoming malnourished whilst as in-patients and that they often reported that they did not get help or encouragement to eat and drink when needed, that their meals were placed out of reach and that the food they were served was inappropriate. Figures compiled by Age Concern (now Age UK) as part of its ‘Hungry to be Heard’ campaign revealed six out of ten older people were at risk of becoming malnourished or their condition deteriorating while in hospital. Their follow on report “Still hungry to be Heard” (Age UK 2010) found that the number of people leaving hospital malnourished was increasing and recommended 7 Steps to better nutrition; three of these steps include introducing nutritional screening, Protected Meal times’ and the Red Tray system.

3.2 Nutritional screening is the first step in identifying who may be at nutritional risk, or potentially at risk, and who may therefore benefit from an appropriate nutritional intervention. Screening is usually a rapid, simple procedure used by staff on first contact with a patient so that clear guidelines for action can be implemented. Some patients may just need help with eating and drinking, others may need to be referred for expert advice (BAPEN 2003).

“The most important office of the nurse, after she has taken care of the patients’ air, is to take care to observe the effects of his food” (Florence Nightingale. 1859)
3.3 Protected Mealtimes are periods when all ward based activity (where clinically appropriate) stops to enable staff to serve food and give assistance and support to patients as required. A simple innovation concentrating attention on patient nutrition in clinical settings has been linked with Protected Mealtimes. Many hospitals have adopted this innovation, which is a system of red trays or red ‘markers’ of some sort for identifying patients who require assistance at mealtimes. Food served on a red tray provides an effective signal to staff without compromising the patient’s dignity.

4. Local context

4.1 NHS acute in-patient care situated in South Gloucestershire is provided by North Bristol NHS Trust (NBT). NBT is the largest teaching Trust in the South West providing hospital and community healthcare to the residents of Bristol, South Gloucestershire and North Somerset, plus the Trust is a regional centre for neurosciences, plastics and burns, orthopaedics and renal services and receives a significant number of referrals from other hospitals for the range of specialist services. For the Care Quality Commission Core Standards Declaration for 2009/2010 the Trust declared compliance with Core Standard C15b; that is, ‘where food is provided, healthcare organisations have systems in place to ensure that patients’ individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day’.

4.2 NBT state that “the food served in our hospitals has been rated ‘excellent’ for many years running” and for 2009/2010 according to the latest inspection by the Patient Environment Action Team (PEAT), this rating has been maintained. The Trust offer a la carte menus catering for different religious and cultural beliefs and for those who require specialised diets. They also offer a snack box service for those who have missed a meal and the wards also have adjoining kitchens which are available 24 hours a day.
These can provide patients with hot and cold drinks as well as toast and snacks. Their aim is to provide healthy and nutritionally balanced meals.

4.3 North Bristol NHS Trust became the first NHS organisation in the south of England to receive the prestigious Food for Life Catering Mark from the Soil Association for its patient meals. The award has been given in recognition of the Trust’s commitment to providing a high proportion of freshly prepared dishes using only farm-assured meat. This means all meat comes from businesses where UK minimum standards on animal welfare are being met. In addition, much of the food now comes from the local area – reducing the Trust’s carbon footprint and supporting local businesses.

4.4 Scrutiny of the South Gloucestershire LINk database of issues raised with the LINk by members of the public reveals that a total of 9 (nine) concerns about in-patient nutrition and hydration in NBT were detailed between April 2009 and January 2011. These reports include instances of patients not receiving the help they needed at mealtimes, hot drinks rounds not being undertaken, food intake not being monitored, and food and drink placed in front of a visually impaired patient who was not told their meal was served.

5. Measuring performance

5.1 There are a number of national frameworks and requirements in place for assessing and monitoring nutritional care. For example, meeting nutritional needs is one of the Care Quality Commission’s (CQC) Essential Standards of quality and patient safety that organizations are required to meet to achieve registration with the CQC. The CQC Standard Outcome 5, ‘Meeting Nutritional Needs’ states that people using the service are supported to have adequate nutrition and hydration. This is because providers who comply with the regulations will:
• reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration
• provide choices of food and drink for people to meet their diverse needs making sure the food and drink they provide is nutritionally balanced and supports their health.

Nutrition and hydration are also part of the annual self-assessments undertaken by NHS Trust Patient Environment Action Teams (PEAT).

5.2 Nurses are responsible for patients’ day to day nutritional care and measurement is often around the process of nutritional care, ensuring that there is good practice. ‘The Essence of Care’ (Department of Health [DH] 2001), a policy document about the delivery of the fundamentals of nursing care, was designed to support measures to improve quality using a benchmarking process. A nutrition benchmark was introduced in 2003 with the aim of ensuring that “the environment should be conducive to enabling individual patients to eat - and that they should receive the care and assistance they require with eating and drinking”. This benchmarking tool of best practice was updated in 2010 and includes a specific indicator to measure if “food is served and food containers collected, by a person who is able to accurately report people’s food and drink intake to the relevant person”.

5.3 In November 2009 The DH Chief Nursing Officer for England launched ‘High Impact Actions for Nursing and Midwifery’ (Institute of Innovation and Improvement 2009). These 8 high impact actions include an action on nutrition and hydration entitled; “Keeping nourished – getting better”. Each action sets out the scale of the challenge and the potential opportunity in terms of improvement to quality, patient experience and reduction in cost to the NHS. The actions are in the process of being implemented by NHS organisations.
6. Enter and View Methodology

Process

6.1. Following due process for an Enter and View, as agreed in a protocol drawn up between South Gloucestershire LINk and NBT, it was agreed that the LINk would undertake the Nutrition and Hydration Enter and View with observations of mealtimes and opportunities to speak to staff and patients. Meanwhile NHS Bristol had asked Bristol LINk to undertake an investigation into older peoples’ in-patient experience specifically in respect of their nutrition and hydration. Therefore the two LINks agreed to work collegiately to undertake the Enter and View process with NBT, albeit with a different emphasis of purpose and objectives. South Gloucestershire LINk had agreed that, although older people, especially very elderly people with co-morbidities, were likely to be considered as nutritionally vulnerable patients it was important to concentrate on the systems and processes in place to ensure that all adult in-patients were supported to receive adequate nutrition and hydration. It was thus agreed that the Enter and View would be undertaken in 4 sequential steps, as follows:

**Step 1** The LINk authorised representatives (hereafter the LINk representatives) to scrutinise NBT nutritional strategy/policy documents, prior to

**Step 2** The LINk representatives meeting with NBT Director of Nursing, Head of Dietetics and Nutrition, Lead Nurse for Nutrition, Head of Catering, and a Non-Executive Director to discuss the development and implementation of Trust nutrition and hydration strategies and policies, followed by

**Step 3** The LINk representatives to join one of NBTs regular, routine Matrons’ meetings to discuss the Enter and View process and discover how the matrons monitor and evaluate the implementation of trust nutrition policies. (One of the
10 key responsibilities of matrons is to ensure patients nutritional needs are met [DH 2003]), and

**Step 4** The LINk representatives to observe patients’ lunchtime meals from 11.30am to 1.30pm on 4 wards with the LINk representatives being able to ask questions of staff and patients.

6.2 To ensure a consistent approach an ‘Aide-Memoire’ of questions to be used by the LINk representatives throughout the Enter and View process was developed during a number of preparatory meetings. These questions were based on the Council of Europe Alliance (UK) “10 Key Characteristics of Good Nutritional Care in Hospitals”, a landmark document which creates a common understanding of what good nutritional care looks like in hospital settings. Please see Appendices 1 and 2.

**Data collection**

6.3 **Desk top review of documents** On 20th October 2010 NBT provided a number of documents for the LINk representatives to scrutinize prior to the meeting with the Trust senior management staff, please see list of documents in Appendix 3. Further documents were circulated at the meeting. These documents provided considerable useful background information and prompted further questions for the LINk representatives to ask at the meeting and during subsequent ward visits. The LINk was grateful that their request to provide a number of the documents in Braille for one of the LINk authorized representatives was fulfilled by NBT.

6.4 **Meeting with NBT Senior Staff** The meeting with NBT senior management staff was held on 29th October 2010. NBT staff included the Director of Nursing, a Non-Executive Director, the Head of Nutrition and
Dietetics, the Catering Manager, the Lead Head of Nursing on the Trust Nutrition Steering Group and the Patient and Community Engagement Manager. There was a wide ranging and extensive question and answer session. Notes of the meeting are attached as Appendix 4. NBT also provided the LINk representatives with a range of food, including pureed meals, from the patient menus, for the representatives to see, smell and taste. The LINk was grateful that NBT allowed one of the LINk authorized representatives to have their personal assistant accompany them to the meeting and it should be noted that the LINk specific request that, if possible, a Trust Non-Executive Director attend the meeting was met.

6.5 Matrons’ Meetings Two of the LINk representatives attended one of the regular NBT Matrons’ meetings on 06 October 2010 prior to the ward visits to explain the role of LINk; the aim and objectives of the Nutrition and Hydration Enter and View, and to seek an understanding of the Matrons role in supporting adequate and appropriate in-patient nutrition and hydration. It was agreed that LINk representatives would attend a Matrons’ meeting following the ward visits to share and discuss the LINk findings and, where appropriate, seek clarification on any issues arising from the ward visits.

6.6 Ward visits As Bristol LINk had a specific objective to consider older people’s nutrition and hydration it had been agreed that at least 2 of the 4 ward visits should be to wards that usually had a majority of elderly people. Therefore one visit was undertaken to a ward that cared for people following a stroke (Ward 106, Frenchay Hospital) and another visit was to a ward that cared for people with dementia and medical conditions (Malvern Ward, Southmead Hospital). The other 2 wards visited were a surgical ward (J Ward, Southmead Hospital) and a trauma and orthopaedic ward (Ward 202, Frenchay Hospital). The LINk representatives spent a total of approximately 2 hours on each ward observing the meals being served and asking questions of the ward
staff and patients. Contemporaneous notes were made by each LINk representative and these can be found at Appendix 5.

7. Findings

7.1 Nutritional Screening  The NBT Head of Nutrition and Dietetics explained at the Trust/ LINk meeting in October 2010 that NBTs nutritional screening tool is used with every patient at the Southmead Hospital site and it is still being introduced at the Frenchay Hospital site. Patients are either weighed on admission, or if being admitted for elective surgery, they will be weighed at the pre-operative assessment clinic. Unlike the screening tool MUST, (the Malnutrition Universal Screening Tool, BAPEN 2003), which BAPEN advocate is used by healthcare organisations, the Trust do not measure patients Body Mass Index (BMI) routinely because they believe that there are discrepancies about what accurate information it can provide for general patients. The Trust focus is on targeting patients who have poor appetites and providing a solution based on their particular needs.

The Trust nutritional screening tool audit documentation provided by NBT demonstrate that between January 2010 and September 2010 the number of patients with their weight documented on the tool rose from 45.4% to 60.0%; and that the number of patients screened rose from 66.7% to 85.1%, peaking at 93.7% in August 2010. Each ward and department has access to appropriate, routinely calibrated scales with which to weigh patients.

The nurses spoken to on the ward visits explained that there was space on the patient discharge form, which goes to the patient’s primary care provider/care home etc, for information to be given about the patient’s nutritional status on discharge from the ward. If need be the hospital dietician will also contact the community dietician to ensure there is continuity of patient care.
7.2 **Protected Mealtimes** It was stated at the Trust/LINk meeting that Protected Mealtimes had been implemented across the Trust for several years. It was expected that meals should have no interruptions for the patients, except for dealing with any urgent clinical issues, and that patients should have a rest after meals. It was pointed out that there are sometimes difficulties in ensuring that mealtimes are ‘protected’ but this is not an issue unique to NBT. On their visits to the 4 wards the LINk representatives found that the wards concerned were vigilant in ensuring that patients were not disturbed unnecessarily during their lunchtime.

7.3 **Red Tray/‘Marker’ system** Some wards of both hospital sites use red napkins or red mats on trays as an indicator that patients will need assistance with their meals. There is not a universal, consistent, systematic approach across the Trust to clearly identify such patients.

Some of the wards have Trust trained volunteers available to assist and support the nursing staff in helping patients to eat their meals. Malvern ward also specifically encourages relatives to help patients with their meals as people with dementia often respond better to people they know well.

7.4 **Hydration** The LINk representatives were told by nursing staff on the wards that patients have their jugs of water cleaned and refilled once a day and that the jugs will be refreshed and replenished on request. The water jugs are also left at the patients’ bedsides overnight so that they can access a drink. Some wards such as Malvern Ward on the Southmead Hospital site do not leave water jugs by the patients at all. This is because the patients on this ward may be at particular risk of falling if water is spilt on the floor. These patients are offered water and hot drinks on a regular, routine and frequent basis. The ‘intentional rounding’ initiative has been introduced as a pilot to 10 wards whereby patients who have been assessed as at high risk of falling are
checked on an hourly basis and, amongst other things, are offered a drink of water.

The LINk representatives observed that a glass of fresh tap water is not routinely offered to patients with their lunch, although patients are usually offered a cup of tea after their meal is finished. The LINk representatives were informed that in Southmead hospital if the patient leaves their glass on the meal tray it will be collected and sent to the main kitchen and thus the wards lose the glasses.

7.5 The menus and the food  Patient and specialist menus for both acute hospital sites were shared with the LINk representatives prior to the ward visits. The Trust was also able to demonstrate that a range of hot and cold meals suitable for patients of different religious beliefs and ethnic groups are available.

During the Trust/LINk meeting the Catering Manager explained that the food is prepared differently on each of the acute hospital sites. At Frenchay Hospital it is a cook/chill process and food is sent in bulk in a trolley to the ward to be regenerated and plated for patients. Spare portions are available on request if required. On the Southmead Hospital site food is cooked, plated and sent to the wards in a trolley on individual patient trays. Replacement meals are available if required.

NBT has been accredited with a Soil Association award. To win such an award 75% of food needs to be fresh on the menu; the trust score 84%, this means that there are no additives or hydrogenated fats. The food is locally sourced and it is made from seasonal fresh ingredients. The meat is farm assured and it is not halal meat. The Trust buys in halal prepared, and other pre-prepared, meals to meet patients’ specific ethnic or religious requirements. Gluten free diets are available. Food service supervisors are available to discuss an individual patients needs and they work closely with the dieticians. The menus
change every 2 weeks and there are winter and summer menus. There is very little un-served food wastage, at 4.5% this is well below the national target of 12%, although plate wastage is not known.

Meals are given out by nursing staff and plates/trays collected by domestic staff and the LINk representatives found that there appears to be no qualified member of nursing staff monitoring food intake/plate wastage of all patients on a ward, although there will be food charts available to be completed for vulnerable patients.

Snacks are available for patients on the wards if required. For example, soup, bread/toast, cereals, milky drinks and snack boxes are available. Biscuits are provided with mid-morning tea on the Southmead hospital site but not the Frenchay Hospital site.

Not all patients spoken to were aware that snacks or replacement meals were available; or if they did, they did not want to bother nursing staff by asking for them. This was especially true for one patient who explained that she had not liked the taste of the main course so instead she had made herself a mashed potato sandwich. The domestic staff had removed her plate and no-one had noticed that this patient had not eaten a nutritious meal.

On Malvern ward, Southmead Hospital, because of the patients’ particular needs there is a different approach to ensuring that their nutritional status is maintained and improved. For example, food is fortified, full fat milk and butter is used, and an evening sandwich round is offered. Their food does not arrive ready plated but in bulk on a food trolley so that staff can serve the portions. Patients are shown the meals on offer and are able to make a choice. One patient did comment that his food was usually swamped in gravy or sauce which was not his choice.
Most of the patients spoken to on the ward visits who were able to select their meals found the menus easy to understand with a good choice of meals on offer, and they found the food palatable and tasty.

The LINk representatives had an opportunity to see and taste a range of different meals at the meeting with the Trust senior management staff. They thought that the food smelt appetising, looked wholesome and attractive, and it was flavoursome and of good quality.

8. Discussion and Recommendations

8.1 It should be borne in mind that the ward visits were planned and announced and only 4 wards were visited. It should also be noted that, in the spirit of cooperation in developing an Enter and View protocol and understanding the process, NBT staff attended the LINk preparatory meetings. Therefore, what the LINk authorised representatives heard and observed can only be considered as a ‘shining a spotlight at a particular time on a particular place’. However, the LINk believe that there are sufficient accumulative data from the Trust policy documents, the meetings and the ward observations to act as a basis for making some recommendations for change by NBT.

8.2 Nutritional Screening  South Gloucestershire LINk have been assured that nutritional screening has been introduced at the Southmead Hospital site and is in the process of being introduced across the Frenchay Hospital site. The audits of the malnutrition screening tool from April to September 2010 that were made available to the LINK representatives demonstrate that weighing patients, screening patients for malnutrition, and referral to dieticians has improved month on month. The LINk, however, would like to see a deadline set for full implementation of the screening tool across all wards at NBT and to be
reassured that training to support patient nutrition and hydration is available for all staff to access on the Trust Intranet.

The LINk are also concerned that it appears that no qualified member of nursing staff actively monitors patients’ plate wastage at mealtimes. As stated in ‘Essence of Care’ (DH 2010) --- food should be “served and food containers collected by a person who is able to accurately report people’s food and drink intake to the relevant person”.

8.3 Protected Mealtimes The Enter and View process has assured South Gloucestershire LINk that NBT has implemented Protected Mealtimes. However, the LINk is concerned that there is no consistent systematic approach across wards on both hospital sites to clearly identify which patients need assistance with eating and drinking; whether this is a system of using red trays, red mats, red napkins or other clear ‘markers of vulnerability’. As the LINk has received reports of patients not receiving appropriate assistance with their meals the LINk would like to see a system that is acceptable to patients and their relatives, or carers, introduced as soon as is practically possible. As Age UK in ‘Still hungry to be Heard’ (Age UK 2010) stated --- “Those of us who need help with eating should be identified on admission and our food placed on a red tray to signal the need for help”.

8.4 Hydration The LINk welcomes the introduction of the ‘intentional rounding’ initiative pilot that will help ensure that patients who are at risk of a fall are checked and offered water on an hourly basis. However, the LINk believes that there are simple, small steps that can be taken that would not only ensure patient hydration but improve the patient experience. For example, routinely offering patients a glass of fresh water with their lunch and supper should not be too difficult to implement. Water that has been standing in a jug at the bedside on a warm ward is not always palatable. The issue of water glasses disappearing from wards at Southmead Hospital if the glasses are left on meal trays is not an insurmountable problem. It’s just a simple ‘system failure’, and should be easy to
rectify. As is stated in the Hospital Hydration Best Practice toolkit (NPSA 2007) “Many people prefer to drink ‘little and often’. “Try to offer water at mealtimes” “Water is best served fresh and chilled – not left in open jugs” “Providing fresh water also demonstrates care of patients in a way that relatives and visitors can see”.

8.5 Menus and food South Gloucestershire LINk representatives were impressed by the quality of the food available for patients, how the food is sourced, the choice of dishes on the menus, the range of multicultural meals available and the provision of snacks. However, on a more minor note, the LINk was disappointed to discover that patients do not always realise that they could request a replacement meal, or that snacks are available, and that biscuits with tea are only offered to patients on the Southmead hospital site.

9 Conclusion

South Gloucestershire LINk Nutrition and Hydration Enter and View has focused on 3 important areas of in-patient nutritional care; nutritional screening, protected mealtimes and oral hydration. NBT has warmly welcomed and supported the process. Acting as a critical friend The Link has found through observation of a mealtime on 4 wards and discussion with staff and patients much to praise. The LINk has recommended some small, but fundamental changes to systems and practice that the Trust could make that can only enhance patient care. The LINk will follow up Trust progress on the suggested changes within the next 6 months.

“We went in to the ward kitchen area later and talked to the very friendly lady who had been serving out the meals. She told us with pride that she loves working there.”
APPENDIX 1

‘AIDE MEMOIRE’

1. Purpose of the Enter and View

The purpose of South Gloucestershire LINk Enter and View visit is to seek assurance that patients in North Bristol NHS Trust (NBT) are receiving adequate and appropriate nutrition and hydration; with an emphasis on 3 key areas of care delivery:

- the implementation of nutritional screening
- the implementation of ‘Protected Mealtimes’
- the delivery of oral hydration

The visit will involve document analysis, observation and opportunities to speak to staff and patients.

2. Suggested questions to ask/areas to explore

The following headings and questions are meant as a guide; please note that the list is not exhaustive or exclusive.

**Corporate /Senior Management** (set strategy and policy and monitor performance)

- What nutritional policies does the Trust have in place? How are these policies included in your clinical governance arrangements?
• How do Senior Managers/Directors and Non-Execs assure themselves that policies are being implemented and adhered to?

• What process and outcome measures does the Trust use in respect of in-patient nutrition and hydration? How are results fed back to staff and patients?

• How are patients involved in the planning and monitoring arrangements for food provision?

• How has ‘Protected Mealtimes’ been implemented?

**Dietetics Department** (dieticians calculate patients’ nutritional requirements)

• How do dieticians work with patients?

• How do dieticians work with ward staff?

• How do dieticians ensure there is effective menu planning to achieve optimal nutrition and hydration?

• How do dieticians assess and review their work?

• How do dieticians ensure patients from different cultures are catered for?

• How do dieticians gather and monitor satisfaction data regarding quality and timeliness of meals and snacks?

• How do dieticians contribute to patient discharge arrangements?

• How do dieticians involve patients in developing the service?
• What training is provided for ward based staff? How is it provided?

• How do dieticians work with other professionals such as Speech and Language Therapists and Occupational Therapists to ensure that patients are not at risk nutritionally?

• What lessons have dieticians learnt from any compliments or complaints? What changes have been made in response to patient experience?

Ward based nursing staff (nursing staff deliver the day-to-day nutritional care)

• What are the Trust’s nutritional policies?

• How do you know which of your patients are nutritionally at risk, or at risk of dehydration? What screening tool is used?

• Are all patients screened on admission to identify those who are malnourished or at risk of becoming malnourished? Are all patients rescreened weekly?

• How do you monitor patients nutritionally at risk?

• Do patients have a care plan which identifies their nutritional care needs and how they are to be met? Who reviews the plans and acts on them?

• How do you monitor a patient’s fluid intake/balance? What records are kept, who reviews and acts on them?
• How do you ensure patients receive an appropriate meal or beverage when required (24/7)?

• How do you ensure your patients nutritional and hydration needs are met on transfer of care?

• How have you implemented ‘Protected Mealtimes’? How do you know the implementation is successful? If you have not implemented Protected Mealtimes, why not?

• What assistance is available to help patients with food choices and to help patients eat and drink as appropriate?

• What lessons have you learnt from any compliments or complaints? What changes have been made in response to patient experience?

Patients

• Did you find the menu sheets easy to read, understand and fill in?

• If required, what assistance were you given to choose your meals?

• Were you able to order the food that you considered culturally acceptable? If not, what were you able to do about it?

• How was your food presented to you? (For example, a hot meal was hot etc. If it wasn’t, what was the patient able to do about it?)
• If you needed it, were you offered assistance to eat your meals; or were you able to ask for help?

• Were you given time to eat all of your meal?

• If for any reason you missed a meal, or part of a meal, were you later offered any food?

• Were you able to have a drink when you wanted/needed one?

• Were you offered a drink at regular times during the day? (And at night if you needed a drink?)

• If you needed it were you offered assistance to have a drink? What sort of help were you offered?

**Ward domestic staff**

Please explain your role with patients’ drinks and meals, and during mealtimes.

**Sources of further information for LINk authorised representatives**

- Malnutrition Universal Screening Tool  [www.bapen.org.uk](http://www.bapen.org.uk)
- ‘Still Hungry to be Heard’  [www.ageuk.org.uk](http://www.ageuk.org.uk)
- Productive Series and Protected Mealtimes  [www.institute.nhs.uk](http://www.institute.nhs.uk)
- Hydration for Health Best Practice Toolkit for Hospitals  [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- 10 Key Characteristics of Good Nutritional Care Toolkit  [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
APPENDIX 2

TEN KEY CHARACTERISTICS OF GOOD NUTRITIONAL CARE

• all patients are screened on admission to identify the patients who are malnourished or at risk of becoming malnourished and all patients are re-screened weekly

• all patients have a care plan which identifies their nutritional care needs and how they are to be met

• the hospital includes specific guidance on food services and nutritional care in its Clinical Governance arrangements

• patients are involved in the planning and monitoring arrangements for food service provision

• the ward implements Protected Mealtimes to provide an environment conducive to patients enjoying and being able to eat their food

• all staff have the appropriate skills and competencies needed to ensure that their patients’ nutritional needs are met. All staff receive regular training on nutritional care and management

• hospital facilities are designed to be flexible and patient centred with the aim of providing and delivering an excellent experience of food service and nutritional care 24 hours a day, every day

• the hospital has a policy of food service and nutritional care which is patient centred and performance managed in line with governance frameworks

• food service and nutritional care is delivered to the patient safely

• the hospital supports a multi-disciplinary approach to nutritional care and values the contribution of all staff groups working in partnership with patients and users.
APPENDIX 3

Documents provided by NBT

The following documents were provided by NBT for scrutiny by the LINk authorised representatives and discussion with Trust senior staff prior to their meeting:

- Food and Nutrition Policy  May 2008
- Enteral Nutrition Policy  May 2009
- Parenteral Nutrition Policy
- Malnutrition Screening Tool
- 24 hour Fluid Record Chart
- Food Assessment Chart
- Patient ‘No Appetite’ Information Leaflet
- Patient Gluten free Information Pack
- Menus for Frenchay hospital
- Menus for Southmead Hospital
- Examples of specific cultural or religious menus available e.g. for Afro-Caribbean people, Chinese people, Asian people, vegetarian menu, kosher menu, halal meals, pureed meal – a la carte menu
- Special Dietary Needs Information for Staff information
- PEAT Report June 2010  (Inspection undertaken in March 2010)
- Audits of Malnutrition Screening Tool  April/July/August/September 2010
- Nutrition Steering Group Terms of Reference
- Nutrition Steering Group Report November 2009
- Nutrition Steering Group Nutrition ‘Hit List’ 2009
- Draft Nursing Quality Assessment Tool pilot results
APPENDIX 4

Nutrition and Hydration Enter & View
Meeting the Senior Team

Friday 29 October 2010
8.30 – 10.30am Georgian Room, Trust THQ, Frenchay

Notes of meeting

Chair: Marie-Noelle Orzel
Notes: Juliet Winter

Welcome and Introductions

Present: Janet Biggin; Mike Garrett; Joanna Parker; Carol Eddon, Margaret Barton [Carol’s Personal assistant]; (South Glos. LINk) and Gillian Seward and Gill Maw; (Bristol LINk)
Robert Mould; Marie-Noelle Orzel; Lynne Miller; Katherine Lord; Gary Wilkins; Juliet Winter (NBT staff)
Apologies: Norma Marshall (South Glos. LINk)

Purpose of Enter & View:

For South Gloucestershire LINk the aim of the Enter and View visit is to seek assurance that patients in North Bristol NHS Trust (NBT) are receiving adequate and appropriate nutrition and hydration; with an initial emphasis on 3 key areas of care delivery; the implementation of nutritional screening and ‘Protected Mealtimes’, and the delivery of sufficient hydration (fluid balance). The visit will involve observation and opportunities to speak to staff (and patients).
For Bristol LINk the drive to request an Enter and View came from NHS Bristol, who last year asked Bristol LINk to conduct an investigation into the experience of older patients in particular, vis-à-vis a number of press reports of malnutrition and poor standards of hydration within hospitals nationally. What they were hearing from older people’s groups, did not match up to the results of surveys being circulated by the Acute Trusts in Bristol. Another driver was reports from Bristol LINk participants.

**Q&A session**

**Food and Nutrition Policy**

<table>
<thead>
<tr>
<th>LINk Q:</th>
<th>How frequently is this Policy reviewed?</th>
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<tbody>
<tr>
<td>NBT A:</td>
<td>The Policy is reviewed every couple of years so the content is being updated this year</td>
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<table>
<thead>
<tr>
<th>LINk Q:</th>
<th>Section 1.1 ‘The Trust and Directors will acknowledge that food provision and service is an important part of the treatment and care of a patient’</th>
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<tbody>
<tr>
<td></td>
<td>LINk felt this should be more positively worded, that acknowledge was not strong enough and that whatever wording was chosen needed to have more action about it.</td>
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<td></td>
<td>Suggested wording from LINK was - ‘The Trust and Directors understand the importance’ etc and perhaps include 'actively monitor the delivery of'</td>
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<tr>
<td>NBT A:</td>
<td>The Trust does acknowledge the importance of food provision in patient care, though this may well have financial implications that also needs to be acknowledged. <strong>ACTION KL.</strong> KL would like her wording to convey:</td>
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<td></td>
<td>That food provision and service is not just a hotel service but an important part of safe patient care – and that 'acknowledge' implies more action than 'understand'. ‘Affirm’ was another suggestion together with 'declare to be true', 'state emphatically' etc.</td>
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<thead>
<tr>
<th>LINk Q:</th>
<th>Section 1.5 – definition of ’fortified foods’?</th>
</tr>
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<tbody>
<tr>
<td>NBT A:</td>
<td>Means food enrichment</td>
</tr>
<tr>
<td>LINk Q:</td>
<td>There can be a risk of overusing supplements instead of providing food e.g. Fortisip. What is the Trust’s position?</td>
</tr>
<tr>
<td>NBT A:</td>
<td>Patients are encouraged to take food in the first instance. Supplements are given as a secondary option.</td>
</tr>
<tr>
<td>LINk</td>
<td>Offering small portions can be more palatable</td>
</tr>
<tr>
<td>LINk Q:</td>
<td>NBT A:</td>
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</table>
| What is offered in between meals? | The following are offer routinely:  
  - Milky drinks  
  - Cereals  
  - Bread  
  - Snack boxes out of hours |

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<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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</table>
| What do you mean by routinely offered? Are mid morning snacks offered if breakfast has not been eaten? Are alternatives provided if snacks can not be eaten? | Biscuits are provided with tea and alternatives are provided, as required. This should be offered as part of nursing care. To date biscuits have not provided with tea at Frenchay.  
**ACTION GW – review this discrepancy** |

<table>
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<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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</table>
| Do people know that snacks are available i.e. especially disabled people who can not use their hands. | Food will be put aside for patients e.g. if they have to go for a X Ray  
**ACTION: Ward Book that is accessible, that highlights what will be available** |

Nursing Quality Assessment Tool audits:  
- Patient documentation [20% overall assessment]  
- Ward observation – includes section on food and nutrition [40% overall assessment]  
- Patient experience – includes Q: Have you received enough help from staff to eat your meals? [40% overall assessment]  

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<thead>
<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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<tbody>
<tr>
<td>How do you ensure Agency/Bank Staff are briefed on routine activity</td>
<td>This is the responsibility of the Ward Sister</td>
</tr>
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<thead>
<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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<tbody>
<tr>
<td>What training is provided for staff on serving food?</td>
<td>NVQ training is provided to Domestics, HCA’s and volunteers. This picks up poor practice. Currently work in progress on Food Service Training for Domestic Supervisors to then be cascaded to Domestic Food Service staff</td>
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<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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</table>
| The Food Balance Chart – there is not enough space to record answers. It was acknowledged though that creating more space will make a form unwieldy  
Abbreviations work adequately. The forms are completed for patients where issues have been identified. Also patients with symptoms that are typical of hydration/malnutrition are targeted and assessed. | All patients get assessed on admission. However, there are occasions when the patient's physical appearance and or admission history would indicate that the patient is likely to have experienced poor hydration and/or malnutrition. Such examples might include when a patient has not eaten or drunk sufficiently as a result of an illness that has been going on some time e.g. persistent temperature, perhaps depression, lack of support at home. Other examples include patients that have long term alcohol problems, or cancer and we know that when they are admitted they are typically suffering from a degree of malnutrition and or poor hydration |
<table>
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<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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<tbody>
<tr>
<td>What about patients who may not eat or drink because they are embarrassed about going to the toilet or using commodes?</td>
<td>Nurses are skilled in assisting and reassuring patients in such situations.</td>
</tr>
<tr>
<td>How does a nurse pick up that patients are not drinking? How often are jugs replenished?</td>
<td>Nurses have overall responsibility for monitoring how much water a patient drinks from their water jug. This gets recorded on the 24-hour Fluid Chart. Jugs will usually get replenished twice a day, though they will be topped up as necessary.</td>
</tr>
<tr>
<td>How do we ensure that Nil By Mouth patients do not drink water?</td>
<td>Again, this is the responsibility of the nursing staff.</td>
</tr>
<tr>
<td>It has been brought to the attention of LINks that jugs were being taken away at night. This should not happen. LINk would like to follow up this action to ensure that this practice has discontinued.</td>
<td>ACTION: Investigate to ensure this does not happen. LM has sent out an email to all Heads of Nursing on the 1st November 2010. To be followed up at a Heads of Nursing meeting and assurance to be feedback to LINk that this practice has discontinued.</td>
</tr>
<tr>
<td>Intentional Rounding initiative – every hour patients who have been risk assessed as high for falls are checked for the following:</td>
<td></td>
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<tr>
<td>• Do they need fluids?</td>
<td></td>
</tr>
<tr>
<td>• Is the call bell within reach?</td>
<td></td>
</tr>
<tr>
<td>• Do they need the toilet?</td>
<td></td>
</tr>
<tr>
<td>• Do they need assistance with anything else?</td>
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<tr>
<td>The initiative has been piloted on 10 wards and is now being rolled out.</td>
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<tr>
<td>As we move to 75% single rooms in the new hospital, intentional rounding will become more important.</td>
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<tr>
<td>Gleaning best practice from some of the older approaches to nursing was acknowledged. However, throughput of patients has increased massively and current nursing practice reflects this.</td>
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<tr>
<td>How fully implemented is Section 2 - Food &amp; Nutrition Policy (training)?</td>
<td>Not fully yet. We need to utilise our E-Learning module. ACTION: KL to follow up</td>
</tr>
<tr>
<td>S. Glos LINk pointed out that The NHS Core Learning Unit has an excellent module Food, Nutrition &amp; Hydration in Health and Social Care. It can be accessed from <a href="http://www.corelearningunit.nhs.uk">www.corelearningunit.nhs.uk</a> by anyone with an nhs e-mail address.</td>
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<tr>
<td>It doesn't currently appear in NBT's Managed Learning Environment platform but KL has asked whether it can be included. The constituent parts are:</td>
<td></td>
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<tr>
<td>• Introduction to Food, Nutrition and Hydration</td>
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<tr>
<td>• Facilitating and Supporting Eating and Drinking</td>
<td></td>
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<tr>
<td>• Undernutrition and Hydration</td>
<td></td>
</tr>
</tbody>
</table>
- Assistance with eating and drinking
- Best practice and benchmarks for care-based nutrition.

This information will be included in an appendix to the Nutrition policy.

As a Trust we also need to regain art of role modelling amongst staff on the ward. Also to explore the introduction of nutrition champions

LINk Q: Joanna Parker [SG LINk member] who is a volunteer befriender shared her observations:
- Mealtime felt a little rushed e.g. main course and dessert were sometimes served at the same time
- The tea trolley came around shortly after
- She felt that patients need to be able to take time and digest their food
- How the food is presented is important.
- Before the food arrives patients need time to wash and have their bed tables cleared and washed
- HCA’s serve/assist with food but no qualified staff seem to supervise the process

NBT A: We need to use trays more consistently across the Trust. We need to present the food better and use napkins

**Enhanced Recovery Programme** – initiative to support patient’s recovery before and after going to theatre i.e. re thinking nil by mouth, building up patients with supplements before theatre and getting them up and sitting to take food quickly afterwards. Average length of stay is less than 2 days. Where it is greater than 2 days dining rooms may be reintroduced. Patient’s physio and therapies could be integrated into getting back and forward to the dining area. The aim is to get patients up and home as they will get more sleep and better food which will further enhance their recovery.

LINk Q: How do you assist patients with little or not appetite
NBT A: We have a ‘No Appetite’ leaflet, which advises relatives about what they can bring into hospital. Additional support will be provided by nursing/HCA staff too

LINk Q: Does a registered nurse monitor the choices that patients make to ensure they are appropriate for the patient’s health needs
NBT A: The Food Assessment Chart records food intake and the Senior Nurse will be aware of patient’s menu choices. Patients experiencing problems in eating will be seen by a Dietician. On both sites the patient’s menu choice accompanies their food so this can be checked with the patient if necessary. Patients requiring help are assisted in completing their menus by the nurse caring for them i.e. patients who are confused etc.

LINk Q: What about patients with dementia who may forget what food they have ordered or change their minds?
NBT A: Food is chilled and warmed at Frenchay. Spare portions are available. At Southmead the food is cooked on the day and plated. Replacement meals can be provided.

It will also be the skill of the nurse to assist patients with dementia
<table>
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<tr>
<th>LINk Q:</th>
<th>NBT A:</th>
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<tbody>
<tr>
<td>What is the cost per day per patient? How is food sourced?</td>
<td>Around £2 provisions costs. The Trust’s buying power makes this possible. We have been accredited with a Soil Association award. 75% of food needs to be fresh on the menu; we score 84% [no additives or hydrogenated fats]. This will continue despite cost pressures. 3 week rolling menus have been reduced down to 2 weeks due to length of stay reducing. Popular meals then get repeated more regularly. Favourites are; roast dinner, fish &amp; chips, cottage pie and steak &amp; kidney pie. All meat is farm assured. Multicultural meals available.</td>
</tr>
<tr>
<td>Members of the community asked for assurance that Halal meat is used strictly for Halal diets?</td>
<td>We have responded to an FOI request on this already. Uptake for a halal diet is low. A London company [established for 20 years] provides us with this type of meat for halal diets. For all other diets standard meat is used.</td>
</tr>
<tr>
<td>What about Chinese menu choices</td>
<td>Again not a great take up for this choice. It has been acknowledge that sweet and sour dishes are not traditional Chinese. As with any long staying patient that comes in and is not happy with the menu choices, the Catering Supervisor will visit them to talk through menu choices and if necessary source individual preferences.</td>
</tr>
<tr>
<td>Can relatives bring food in if a patient is unhappy with menu choices</td>
<td>This will be at the discretion of the ward but is generally discouraged, particularly if it is hot food, as the hospital then has not control over whether the food has been heated properly or sustains the right temperature once on the wards to comply with food standards.</td>
</tr>
<tr>
<td>How do you measure food waste?</td>
<td>We only measure un-served food, not plate waste. This averages at about 4.5% against national targets of 12%. Currently waste is bagged and taken away. In the new hospital composting food waste will be explored.</td>
</tr>
<tr>
<td>Is the nutrition risk screen tool used on every patient?</td>
<td>Yes at Southmead, and the tool is currently being introduced at Frenchay. Patients are weighed on admission. Elective patients will usually get weighed at their pre op assessment. We do not carry out BMI because there are discrepancies about what accurate information it can provide us for general patients. It can help us target obese or overweight patients. The focus is on targeting patients who have poor appetites and providing a solution based on their needs.</td>
</tr>
<tr>
<td>There would seem to be a reliance on nursing and ward staff regards monitoring malnutrition, especially if there has been no dietician intervention. Malnutrition is the hidden iceberg in the community. We do not take a dogmatic approach about when to intervene, intervention will happen earlier if it is deemed necessary for a patient’s health and well being.</td>
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<tr>
<td>Please explain the concept of ‘protected meal times’ and how it is implemented. An initiative that has been around for several years. It is a period of rest/non interruption during and after meal times by staff unless the patient needs assistance. It does not work well all the time especially if a medical or emergency intervention is required. This is a challenge nationally too. More work does need to be done and poor practice prioritised.</td>
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<tr>
<td>How are vulnerable patients supported?</td>
<td></td>
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<tr>
<td>NBT A:</td>
<td>Some areas use a red napkin to identify patients who need assistance with eating. Whether it is red napkins, red slip mats or red trays we need to take this forward through the Nutrition Steering Group. This Enter &amp; View has helped to focus our thinking. Again approach for Diabetic patients is very flexible.</td>
</tr>
<tr>
<td><strong>ACTION:</strong> <strong>an approach to support vulnerable patients during mealtimes to eat their meals to be taken forward through the Nutrition Steering Group</strong></td>
<td></td>
</tr>
<tr>
<td>LINk Q:</td>
<td>Question for Robert Mould, [Non Executive Director]. On the management walkabout, is nutrition and hydration an agenda item?</td>
</tr>
<tr>
<td>NBT A:</td>
<td>The focus of the walkabout is medical care, though due to undergoing this Enter &amp; View, nutrition and hydration should be a focus too. Trust Board also get to taste food annually. The Trust’s Chief Executive has a nursing background, so will challenge nursing aspects. Safety walkabouts mean spot checks are carried out on wards regularly too.</td>
</tr>
<tr>
<td>LINk Q:</td>
<td>Do we cater for wheat intolerance?</td>
</tr>
<tr>
<td>NBT A:</td>
<td>Not specifically but again we will cater for individual needs as required</td>
</tr>
<tr>
<td>LINk Q:</td>
<td>It is not pleasant to be fed. How do you encourage patients to feed themselves? Do you offer finger food?</td>
</tr>
<tr>
<td>NBT A:</td>
<td>Providing adapted cutlery, finger food can be made available, though we could bring it onto the standard menu.</td>
</tr>
<tr>
<td>LINk Q:</td>
<td>Sight can be an issue regards eating, so colour and presentation of food are important. Is this taken into account?</td>
</tr>
<tr>
<td>NBT A:</td>
<td>Training package available for domestics on serving food to patients. This is available for anyone though the focus is less on registered nursing staff. Engaging volunteers and carers in serving food is important too.</td>
</tr>
</tbody>
</table>
APPENDIX 5

Notes from Ward visits

Visit to J Ward at Southmead Hospital 10th November 2010 (Joanna Parker)

J ward is a surgical short stay ward with 18 beds and has areas for male and female patients. It is usually only open for 5 days, Monday to Friday, but does take other patients such as medical ‘outliers’ and then is open for 7 days a week. The LINk representatives were made very welcome and were able to talk to the Matron, Ward Sister, staff nurses and patients and observe lunch being served and the trays collected.

All staff, except domestic staff, give out the food trays, taking a team approach. Staff put on clean plastic aprons for mealtimes. Food arrives from the main kitchen already plated on trays and the nurses ensure that each tray has a packet of handwipes on it. Domestic staff collect the trays when the meal is finished. It was not clear if any qualified nurse would monitor how much food was eaten/how much was left on the plate by each patient. The staff did say that a ‘marker’ of some sort was required to go on trays for patients who were on food charts so that domestic staff were aware that their food intake needed to be noted and recorded. The red tray/red mat / red paper napkin system is not in use.

It was not routine to offer each patient a glass of water with their meal. This was because if the patient left the glass on the meal tray the glass would disappear to the main kitchens and the ward would run short of glasses. The staff did say that they would consider how this problem could be overcome so that offering fresh water at mealtimes as well as during ‘intentional rounding’ would be possible. Water jugs are changed and washed daily and replenished twice daily. Jugs of water are available during the night.
The surgical patients are weighed before admission and any medical patient transferred in should have been weighed on ward of origin. Staff should know patients dietary requirements from the admissions sheet and are easily able to get special diets from the main kitchen if required. Soup, bread, snacks are available on the ward if a patient needs them. Meals can be kept for a patient (within a certain time limit). The meal is cooled, placed in the fridge and then reheated. Families and carers are able to come on the ward and assist their relatives at mealtimes. The menus are given out by the nurses in the evening and collected by night staff. Not sure what help is given to patients with selecting meals from the menus.

Staff are able to access Trust policies on the intranet. They can pass on information to primary care about patients’ dietary needs using the standard discharge form.

One patient stated that she found that the menus offered plenty of choice and that the food was good quality although she found the vegetables were too crunchy for her taste. She had not liked the taste of the pie that she had ordered for lunch. “Fortunately”, as she stated, she had also ordered bread and butter with her meal, so she was able to make herself a mashed potato sandwich. No-one had noticed that was all she had eaten. She didn’t know that she could have asked for an alternative meal or even had soup and toast from the ward stock.

Visit to Ward 202 at Frenchay Hospital, November 18th 2010 (Janet Biggin)

Menus – Handed out each evening, collected the next morning when they are then checked out by nursing staff and on Sundays they are picked up to be audited.

Vulnerable Patients – Red laminated A4 paper on all these patients placed on their bed tables, to check on their intake & output. All admissions are monitored.
for the first 3 days. A printout on all patients given at handover times which is especially useful for any agency staff.

Hygiene – All patients are issued with hand wipes to use before meals & after using a bottle/bedpan.

Water Jugs – Throughout the ward each patient had a jug of water on their bed table/locker, which was topped up at regular intervals. These were also left for patients to use overnight, (some patients would need to ask for help in pouring)

Volunteers – these people offer help to feed/assist patients at meal times. This ward would like more volunteers, as they (the staff) find it difficult to assist every patient who needs help at the appropriate time.

– Hot drinks were offered from a trolley by staff 6 times a day – ergo drinks following a meal as well as coffee time, afternoon and in the evening.

Breakfast – This changed about 5 years ago from a choice of cereals & cooked, to just a ‘continental breakfast’.

Snacks/Missed Meals – various snacks are ordered to allow patients something to eat when/if they have missed a meal. This comprises of biscuits, bread, butter, jam, marmalade, soup, cereals & snack-boxes.

Hot Trolley - The trolley arrives in the kitchen for it to be plugged in. The food is probed at 11am, at which time the domestic checks out the amount of food ordered against what has been sent up. Food is ordered on the number of patients on the ward, the staff are not allowed to estimate for extra patients – if more food is needed, then it is ordered at the appropriate time. The hot trolley stays in the ward for 20 minutes, the amount of time it takes to serve the food.

Training & Preparation – The domestics are trained when they begin their job at Frenchay and have a ‘refresher/update’ each year. This includes – Fridge
temperature, quantity of food left over, how the trolley is set up and all things appertaining to it. Visitors – not allowed in until 2.30pm. I didn’t ask about the evening visiting hours.

Observed – an afternoon domestic appeared with the cleaning trolley before the patients had finished their meal and was told to start when the meal had finished. Orthopaedic patients – a high proportion of these patients need help, but not enough volunteers to help them, therefore mealtimes take longer.

Patient 1 stated – has asked for small portions, but to no avail, sandwiches are too thick and not keen on the water – tastes different
Patient 2 stated -- Happy with the menu
Patient 3 stated – Doesn’t like the meals very much, would like to have more chips, sausages and bacon… (!)

Visit to Ward 106, Frenchay Hospital  24TH November 2010 (Janet Biggin)

Vulnerable Patients – No red mats, but all patients are monitored on admission & until a ‘swallow test’ is done, they are kept on fluids/I.V., etc. Hygiene – all patients are issued with wet wipes to freshen up before meals and after using bed pan/bottle.

Water Jugs – water is available to the patients and the jugs are left by their bed side/table. The jugs are left out overnight. Volunteers – There are 6 volunteers on this ward and the staff are very appreciative of all the help they give. Families are also encouraged to assist in feeding/helping at meal times. Drinks – The ward offers hot drinks through the day and in between meals, the last drink given out after 9pm.
Breakfast – this is given out by nursing staff about 8.30 and consists of a continental breakfast. Snacks/Missed Meals – Snacks, cereals, soup and bread are ordered/kept to offer patients who have missed a meal. Food that is brought in has to be used by the end of that day, so very difficult for families that cannot visit every day to leave anything for them.

Hot Trolley – All staff have one day’s training for this, then refresher courses/updates every 6 months. I was told that at Southmead the food is plated, so there is sometimes spillage when the porters are not very careful with the trolleys going over the bumps. The staff take their complaints to the ward sister. (this information was from the domestic)

Observed - Some of the patients are not able to speak coherently because of their disability/stroke, so can be confused when asked questions or about themselves. It was not so easy to ascertain from the patients what they thought about the menus/food/drinks etc., as they were not all being offered meals – until they had had their swallow test.

Patient 1 stated – Nursing staff/relatives read out the menu to me so I can choose.
Patient 2 stated – Toast is always cold; it would be nice to have cooked breakfast...

Visit to Ward 202 at Frenchay Hospital, November 18th 2010 (Carol Eddon)

The Ward Manager seems to manage his ward very efficiently, under a good deal of pressure in these days of constant changes and anxiety over the uncertainty regarding future developments. I noticed that he and his staff interacted happily, talking easily and with good humour.
If I understood correctly, although regular full-time domestic staff receive adequate training and re-training every two years, this is can be somewhat random with part-time staff and bank workers. Casual domestic staff are not necessarily trained. There is a big need for more domestic workers. During our visit, there was one cheerful woman serving the meals and two or three others delivering them to the patients. (Margaret [Carols personal assistant], said that it looked like a lot of the food provided for that dinner-time was wasted.)

The Ward Manager was confident that the nurses handle the patients’ food and drink charts and dietary needs competently, and that all records are kept and checked carefully. Menu choices are also monitored by the nurses. There is a good system in place to identify patients requiring extra help with menus or at meal times. (The red mat on the tray scheme appears to be successful.) Special dietary requirements are the responsibility of dieticians and nurses. On this particular ward, no agency nurses are employed.

I talked to five patients, they were one hundred percent positive in confirming that water jugs are cleaned and replenished frequently, and that fresh water is available at all times. Hot drinks are offered at regular intervals throughout the day and can be requested over-night. All of them spoke highly of the Ward Manager and his team.

One man who is diabetic complained that the food is so tasteless and unappetizing that he rarely bothers to eat it. (slight exaggeration, I suggest, because he insisted that he never eats between meals and is not really interested in food anyway!) However, others were pleased with the quality and quantity of their food. Four of them were especially complimentary. (The mid-day offerings certainly smelled tempting to me - but then, I wasn't feeling poorly! One man wisely made the point that some medications spoil taste.) I asked whether they were offered snacks, when they felt hungry between meals, but they all said they had not needed to ask for any additional food. Snack boxes are provided for
anyone who, for any reason, misses their meal, and extras such as soup, cereal or toast can be prepared by nurses on the ward when requested.

Some patients find selecting meals two days in advance awkward, as they don’t know what they will feel like eating in two days time.

The ward nursing staff do welcome and appreciate volunteers or relatives to assist with feeding and helping patients who would benefit from support during meal-times or with filling in menu cards. Nurses have difficulty in fulfilling these time-consuming tasks. This is a serious problem.

We didn’t actually get the chance to be in the ward when the patients were being presented with their meals. Maybe this would have been too intrusive? Although the visit was obviously planned and felt "stage managed", I felt that it gave us useful insights. The staff were open and friendly, and the patients responded warmly to us. (I guess they enjoyed the interlude in the daily round of hospital events.)

Visit to Ward 106, Frenchay Hospital, November 24th 2010. (Carol Eddon.)

Although they were welcoming, I thought the matron and ward sister seemed a little guarded towards us initially. However, as they talked about their work (and, I trust, found us human and sympathetic) they warmed to their subject and became more relaxed and were soon sharing their thoughts and ideas quite comfortably and honestly. They seemed to get on very well together and were enthusiastic about finding ways to improve patient experience and promote a strong team spirit amongst their staff. Because this ward is predominantly for people who have had strokes, the majority of the patients are considered to be vulnerable, needing physical help in many areas including eating and drinking and coping with the practicalities of meal times. The domestic staff are experimenting with variations on the red mat or napkin on tray system, but have not yet found a satisfactory method of identifying patients who need extra help. They are hoping to acquire smaller trays to accommodate non-slip mats, as the
trays currently in use are too big. Light breakfasts are provided: cereals, toast and tea or coffee. Snacks are available at all times, plus hot and cold drinks. Fresh drinking water is always readily on hand, too. Every patient has a supply of wipes for cleaning hands. I talked with five patients - three women and two men. The three women were perfectly happy and satisfied with the food. One of them said that she was pleasantly surprised at the high standard of the meals. One of the men said he found the food enjoyable and quite sufficient, all things considered. The other, a diabetic young man, was totally dissatisfied, because everything cooked was soft and mushy. He called it "old people's food, sloppy and easy to swallow!" He wanted substantial solid dinners for a man's appetite. I asked him about menu choices. He replied that he had been in hospital for a week but had only been given a menu to choose from on that day (Wednesday). Of course, there could have been medical reasons. He told me that he nips along to the cafe to get proper grub, but is annoyed that he has to pay for it. (Does he really do that? If so, how can his food and drink intake be monitored?) They all confirmed that there are plenty of drinks on offer and no shortage of drinking water. On the domestic side, we were permitted to observe meals being served out and given to the patients. One woman served the food, with a young girl helping her, and nurses delivered it to the patients and helped with feeding. Margaret (Carol’s personal assistant) remarked that the food was nicely presented and looked appetizing, being served from a hot trolley on to plates. Pureed food was prepared in the main kitchens and not on the ward. We went in to the ward kitchen area later and talked to the very friendly lady who had been serving out the meals. She told us with pride that she loves working there. She said she prefers working on one ward permanently, rather than floating. She enjoys being part of a team. Volunteers and relatives are welcomed to assist at meal times. In fact, voluntary help is invaluable. Life on the ward would certainly be extremely difficult without their contribution, as the nursing staff have more than enough tasks to keep them busy - not to mention the huge amount of inevitable paper-work. Whilst the patients were eating, a man tried to bring his
trolley of cleaning materials in, and he was politely but firmly told to wait till after meal time. All in all, I was especially impressed with the team work.

Ward 202 at Frenchay Hospital, November 18th 2010  (Mike Garrett)

We were met by the Head of Nursing and introduced to the Nurse in Charge. We were informed that water jugs were topped up to 1 litre frequently and that wipes were available at the bedside for wiping hands when required. Red mats were placed on the appropriate patient’s trays for auditing of food intake, “protected mealtimes” were implemented, handover sheets were used over all three shifts noting patient’s requirements.

The food trolley comes up to the ward at approximately 11.00am, it is then checked over and meals are distributed from 12.00 onwards, it took about 20 minutes for all meals to be served up.

Gluten free meals are available, staff can order these when required.

There is a daily meal count to see how much food is left over, this is recorded in a book and audited weekly.

Meals cannot be reheated once they have gone cold.

Relatives are allowed to come in and help feed a patient if they feel the need.

Hot drinks are available when required

Patient’s comments

Of the four patients I spoke to, there was only one who was not entirely happy with the meals, “I cannot always get what I want”, “meals are not appetising”, “butter is not always available to go on a slice of bread”, “my son sometimes brings in meals for me but I don’t really want to bother him because he is so busy”, “the cheese sticks to my mouth and throat, the cheese my son brings in is much better”. I don’t complain about the food because the nurses have enough to do”.

The main problem here, we felt, was that chewing meat especially for this
particular patient was a problem, she had dentures that had become ill fitting due to her illness which had caused her to lose weight. No dental assistance / advice is available on the wards for patients [even though they have a dental surgery on site!]. If it is deemed necessary a patient's own dentist could be called in to help with the problem.

The three other patients we spoke to all appeared to be satisfied with their meals, they found the menus easy to read and understand or were able to have the read out to them. One was given assistance to choose from the menu and another wasn’t.

Of the four patients questioned cultural food was not necessary
Missed meals - One patient was offered a meal after her operation, one didn’t want one and the third said they would ask for one if required.
One patient told us that help was available to eat a meal if necessary.
All four patients questioned said that a drink was available when wanted / needed and that they were offered a drink at regular intervals during the day and in the evening.

Ward based domestic staff
There is just one ward based domestic member of staff who works on the ward until late evening. If she is not available for work for any reason there would be agency staff available to carry out the duties, they are not always trained up fully.

Visit to Ward 106, Frenchay Hospital 24TH November 2010 (Mike Garrett)

We were met by the Matron and introduced to the Ward Sister.
This was a difficult ward to ascertain from the patients whether they liked the meals etc. Many were elderly stroke victims who were either confused or unable to convey their thoughts easily.
It must be said that quite a few of the patients on this ward were being “fed” and
hydrated intravenously. From the ward staff we were able to ascertain that the water jugs were replenished frequently, that if a particular meal is disliked the patient can order something else, snacks were available such as soup, yoghourts, sandwiches, and cream crackers. Relatives were able to bring in food for a patient if required Water jugs were allowed at the patient’s bedside overnight and fluid intake is checked where needed. Food Assessment Charts were used.

Two of the three patients able to respond to the questions said that the menus were easy to read and understand and that the meals were OK. Evening drinks were brought round between 9.00pm - 9.30pm. It was noted that the lunches were individually plated up and served carefully. Pureed meals were available and all ingredients were presented separately on the one plate rather than all being mixed in. On the lunch menu there were diced carrots, peas and sweet corn, potatoes - mashed and whole, meat pie and mince and gravy. For the sweet it was apple crumble and custard.

One thing that was noted was that one of the cleaning staff tried to push his trolley on to the ward past the meal trolley, he was told in no uncertain terms to go away until after lunch was finished!

The ward normally has up to six volunteers available to help in the ward. There are usually two domestic staff on in the mornings, one is ward based and permanent the other is temporary and can be a different person each day.

The ward based domestic member of staff has been trained up - one days training at Southmead and then a refresher course every six months. Replacement or stand in domestic staff are also trained up to a certain standard. I didn’t notice if there was a record being made of left and unwanted meals. Breakfast is usually served up at 8.30am and consists of cereal and toast plus a
hot drink. There are no fried or cooked breakfasts available.

One patient commented that he didn’t like cereal for breakfast and that the toast was nearly always cold!

Visit to Malvern Ward at Southmead Hospital 01 December 2010
(Joanna Parker)

Malvern ward is an 18 bed ward caring for people with medical conditions and dementia. It has both male and female patients. The LINk representatives were warmly welcomed by the Matron, Ward Manager and staff and given time to speak to staff and the patients as well as observing what happens at lunchtime. The average length of stay on the ward is 25 days. The staff are working to implement the recommendations of the National Dementia Strategy.

Many of the patients have poor appetites so a nutritious diet is extremely important. The ward therefore specifically uses full fat milk and butter and have fortified drinks rounds and an evening sandwich round. The ward also bulk order meals so each patient is served a meal of their choice at each mealtime rather than complete a menu and receive a plated meal on a tray. The ward has a different approach to mealtimes than other wards. For example, Malvern ward has a dining room and patients are encouraged to sit and eat at the tables as part of their rehabilitation and to provide opportunities for socializing. The daily mealtimes are as follows:

- Breakfast, with porridge freshly made on the ward, toast and cereal is also available
- Mid-morning drink, a milky drink with biscuits
- Lunch, cold drink offered during meal, hot drink after meal
- Afternoon hot drink
- Supper, cold drink offered during meal, hot drink after meal
- Fortified drink round, a dietician devised ‘cold shake’
- Evening sandwiches

Carers are asked to join their relatives at mealtimes if possible as the patients often respond better to people they know. The bulk ordering of meals means that staff can show patients the food on offer and they can make an immediate choice of what to eat. Nurses serve the food and clear away the plates so it is known exactly what each patient has eaten. However the plates and bowls are carried from the food trolley to the table in the nurses’ hands, not on a tray. Any gravy or sauce, and the custard, is put on the food without asking how much a patient would prefer.

Water jugs are not kept near patients because of the risk of spillage and creating a hazard for patients potentially falling but patients are offered drinks, hot and cold clear fluids at very frequent intervals during the day.

At the meal table the staff brought 2 choices of main courses and puddings for the patients to see and select which one they preferred. The patients were then encouraged to eat by themselves with assistance given if required. They were also given a glass of water to drink during the meal and a cup of tea to finish. There was only one complaint when one gentleman told me that “they swamp every meal in gravy”, and it did indeed appear as if each main course was either ‘sloppy’ with a sauce or gravy and the puddings had generous helpings of custard. Maybe not all elderly people want food ‘softened’ in such a way? Finger foods and adapted cutlery are available and dieticians and catering staff work together on patients’ specific needs.

There was a sense that the ward staff were trying to make the meal a sociable occasion, enabling choice whenever possible and encouraging the patients to be self-sufficient. I think the staff should be proud of what they achieve.
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South Gloucestershire LINk

Nutrition and Hydration Enter and View

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- Joanna Parker (‘Lead’ representative)
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Joanna Parker
South Gloucestershire LINk Health Service Working Group member and ‘Lead’ member for the Nutrition and Hydration Enter and View

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“All of the patients spoke highly of the Ward Manager and his team”.

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