

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **16th June 2011**

By: **Director of Governance and Community Services**

Title of report: **Nutrition, Hydration and Feeding in Hospitals – Progress Report**

Purpose of report: **To consider the progress of the local hospital Trusts in response to the recommendations of HOSC's review of nutrition, hydration and feeding.**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on the progress reports from Brighton and Sussex University Hospitals Trust and East Sussex Healthcare Trust (appendices 1-4).**
 - 2. To request a further update on progress in March 2012.**
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1. Background

1.1 In 2009 HOSC agreed to review nutrition, hydration and feeding in hospitals as it had been highlighted as an area for improvement nationally through campaigns such as the Dignity in Care programme and Age Concern's 'Hungry to be Heard' work.

1.2 Councillors Hough, Martin, O'Keeffe, Phillips and Tidy were nominated to form the Review Board. Councillor Hough was subsequently nominated to chair the Review Board.

2. Objectives and scope of the review

2.1 The objective of the review was to assess and make recommendations on nutrition, hydration and feeding in acute hospitals which provide services to the people of East Sussex with particular focus on policies and practices in place to ensure that patients are getting the right nutritional care to support them to eat and drink.

2.2 In order to keep the review manageable it was agreed to focus on the main acute hospitals of East Sussex Hospitals Trust (Eastbourne District General Hospital and the Conquest Hospital, Hastings) and Brighton and Sussex University Hospitals Trust (Royal Sussex County Hospital, Brighton and Princess Royal Hospital, Haywards Heath). These hospitals provide the majority of acute care for East Sussex residents.

2.3 In order to investigate the experiences of patients the Board commissioned the Local Involvement Networks (LINKs) for East Sussex, West Sussex and Brighton and Hove to visit a small sample of wards in local hospitals to observe practice at mealtimes and talk to patients and carers about their experience. The feedback gathered from the sample of patients and carers interviewed provided valuable input to the review.

3. Findings and recommendations

3.1 The Review Board's findings and recommendations were outlined in the final report considered and endorsed by the Committee at its meeting in September 2010. The report is also available from the HOSC website www.eastsussexhealth.org or by contacting Claire Lee on 01273 481327.

3.2 Overall, the Review Board recognised the significant progress that has been made by Trusts over the last few years in implementing national guidance such as 'Improving Nutritional Care', National Institute for Health and Clinical Excellence (NICE) guidance and the recommendations of the 'Hungry to be Heard' campaign.

3.3 However, the Board also emphasised that there is still work to be done to ensure that the comprehensive policies in place on nutrition and hydration are consistently implemented on a daily basis so that all patients on all wards receive the best possible nutritional care. In light of this, the report made ten recommendations for the local hospitals Trusts to consider and respond to.

4. Trust responses

4.1 Both Brighton and Sussex University Hospitals NHS Trust (BSUH) and East Sussex Hospitals Trust (ESHT) provided HOSC with an initial response and action plan covering the recommendations arising from the review in November 2010. Both Trusts accepted all the recommendations made by HOSC.

4.2 The two Trusts have now provided their first reports on the progress made since receiving HOSC's recommendations. The following reports are attached:

- Appendix 1: East Sussex Healthcare NHS Trust – progress report
- Appendix 2: East Sussex Healthcare NHS Trust – updated action plan
- Appendix 3: Brighton & Sussex University Hospitals NHS Trust – progress report
- Appendix 4: Brighton & Sussex University Hospitals NHS Trust – updated action plan

4.3 Trust representatives Shotham Kamath, Deputy Chief Nurse, Michelle Clements, Facilities Manager, Lucinda Silva, Acute Lead Dietician and Lesley Houston, Dietetic Services Manager (Community) of East Sussex Healthcare NHS Trust together with Joy Churcher, Head of Dietetics, and Matthew Hutchinson, Associate Chief Nurse (Quality, Standards and Practice) of Brighton and Sussex University Hospitals NHS Trust will attend the HOSC meeting to discuss progress.

BILL MURPHY

Interim Director of Governance and Community Services

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Background papers: HOSC, 16 September 2010, item 10 and 18 November 2010, item 6

ESHT Feedback Report May 2011

Review of Nutrition, Hydration and Feeding in hospitals

1. Introduction

The September 2010 report from HOSC recognised the significant progress that has been made by Trusts over the last few years in implementing national guidance such as 'Improving Nutritional Care', National Institute for Health and Clinical Excellence (NICE) guidance and the recommendations of the 'Hungry to be Heard' campaign.

However, the report also concluded that there is still work to be done to ensure that the comprehensive policies in place on nutrition and hydration are consistently implemented on a daily basis so that all patients on all wards receive the best possible nutritional care. Embedding nutritional care into routine practice is an ongoing challenge requiring commitment from all staff from the front-line to Board level.

East Sussex Healthcare NHS Trust wholly believes that the therapeutic role of food within the healing process cannot be underestimated and will continue to consider and develop the key recommendations as appropriate identified within the report

This report highlights progress made by East Sussex Healthcare NHS Trust against the recommendations made in the HOSC Review of Nutrition, Hydration and Feeding in hospitals report – September 2010.

The Trust believes it has made some progress against the recommendations laid down by HOSC but also recognises more is to be done in some areas and the pace of progress in others needs to be accelerated.

The HOSC review focused on five key areas:

- Screening
- Protected mealtimes
- Hospital food
- Assisted eating/drinking
- Information

2. Screening

Recommendation 1

Trusts should continue to work towards MUST-screening all inpatients and appropriate outpatients as per the NICE guidelines

East Sussex Healthcare NHS Trust implemented the use of MUST (Malnutrition Universal Screening Tool) in March 2010. An initial audit was completed in June 2010 to assess the effectiveness of the implementation program and an action plan was compiled from the results.

Ongoing training sessions have been organised for clinical staff and a data base is being kept of those who have been trained.

As identified in the June 2010 Audit Action Plan, training has been focused in designated pre-admission clinics and, SAU/MAU/DME wards where volumes of patients being admitted and those groups considered at greatest risk are to be found.

As part of the ERAS programme in pre assessment clinics MUST screening is undertaken.

MUST Screening is included within the New Starter Health Care Assistant training and Health Care Assistant Updates.

In addition from September 2011, The Trust Lead Dieticians, working with the Trust's Preceptor ship Facilitator, will be incorporating MUST Training and Nutritional Awareness in our Newly Qualified Registered Nurse Induction Week and ongoing Preceptor ship.

We are also in the final stages of procurement of an e-learning package for MUST

The plan is to extend MUST training to appropriate outpatient clinics including gastroenterology outpatient clinics and all other adult inpatient wards.

The next audit in June 2011 will compare results data with those from last year and produce a new audit action plan based on the findings.

MUST assessment and screening has been highlighted in the last two editions of the ESHT Sharing Lessons in Practice Newsletter which has been introduced by the Patients Safety Committee to improve the safety and quality of services that we provide

Recommendation 2

Trusts should continue to work towards consistent screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of assessment and action.

A comprehensive review of a patient's hydration status is made on admission as part of the clinical history and examination process for an individual patient and this is recorded in the Integrated Patient Documentation which form part of the patient's clinical notes.

This documentation has been revised and implemented since the last HOSC update in November 2010 and now includes specific sections for recording information regarding a patient's nutrition and hydration status.

Clinical Role Development Coordinator and Clinical Matrons have visited every inpatient ward and explained, with the lead nurse how the documentation should be completed using 'How to guide'. This information has then been disseminated down to the ward teams.

Decisions in respect to need for fluid balance monitoring and chart are based upon these assessments and subsequent reassessments by clinical staff.

The Trust introduced a new fluid balance chart in March 2011 after significant piloting and amendment.

Recommendation 3

The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate.

Consultants / Doctors currently provide the discharge information / letter as appropriate for the GP's

The dietetics team have been working closely with medical and nursing staff to ensure that this information is provided along with all appropriate discharge information.

Discharge Summary will include reference to patients who have received *ongoing* dietetic care and management and who require *ongoing nutritional* care and management (as determined by dietetic teams) in the community. This will also include confirmation that screening has taken place within seven days prior to discharge.

The discharge summary which includes the nutritional advice will be available for GPs, other health/social care professionals and carers where appropriate.

The Community Dietetic Team are informed of all patients requiring home enteral feeding to ensure that there is a seamless transfer of nutritional care. Liaison occurs regularly between the 2 teams regarding enteral tube fed patients.

The merger of the acute Trust with the community services provider in April 2011 will promote improved working relationships and enhance the nutritional care of patients when they are discharged.

Recommendation 4

The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN audits. Additional information could be used to inform the Trusts' own nutrition strategies and those of other local healthcare providers and commissioners.

A decision has been made not to participate in this years BAPEN audit as the nutritional screening audit in June 2011 will be undertaken on potentially all adult inpatients and the data collected will include information age and ward (type) as that collected by BAPEN.

The Trust will continue to be involved in a number of relevant clinical audits to support its approach in Nutrition, Hydration and feeding using best clinical practise

The acute Nutrition Steering Group and its equivalent Community Group have shared minutes of meetings/best practice/information and screening audit data at meetings for the past year.

With the merger, the 2 groups will now become integrated to form a new Trust wide group. An initial meeting has already taken place in April 2011 to discuss this integration.

3. Protected Meal times

Recommendation 5

Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times.

The protected meal times initiative was first launched in the Trust in 2004. Due to the activity that is undertaken on the wards this initiative has been implemented (where appropriate) predominantly over the lunch time period as this is considered to be the main meal of the day

A recent audit has shown that this initiative is currently in place and being adhered to in the main on around 70% of our inpatients wards across the Trust although there may be times that clinical need necessitates interruption at meal times. Protected Mealtimes is not in place within our Medical Assessment Areas and Medical Short Stay Areas at this time

The Deputy Chief Nurse has circulated additional information to the Trust's Clinical matrons regarding the need to raise awareness and compliance at inpatient ward level

The current Protected Mealtime guidelines have been reviewed are in draft form and are awaiting formal approval and ratification from Nutritional Steering Group later in June. They were the first nutrition documents to undergo revision post the merger of the old hospital trust and old community health services Patient information leaflets are available on the Trust's intranet page and further information is available in the patients bed side booklets.

Guidelines and best practise initiatives have been shared with BSUH and Community units.

4. Hospital Food

Recommendation 6

Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy.

The Trust recognises that some form of standardisation would be helpful in our approach to mealtimes. As such the Trust have implemented the *Productive Ward* Mealtime Module as a vehicle for determining best practise and some standardisation in ensuring patients are well prepared for their meal. This pace of this particular response to the HOSC Report has been slower than anticipated.

A ward on each acute site has been identified to introduce this initiative – Polegate ward and McDonald ward. These wards have ward managers who are engaged in the ethos of Productive Mealtimes and have patient base that is more likely to require additional support at mealtimes

The productive ward mealtime module gives guidance on how to ensure the best experience for patients while making the delivery quick and easy for staff. This results in taking wasted time out of meal delivery and re-investing it to make sure patients get the correct nutritional assessment and staff have time to feed patients who require support.

Each ward currently has its own method in preparing patients for their meal supported by housekeeping. On many wards pre meal procedures include use of hand hygiene wipes or hand cleansing before meals and ensuring that aspects like bed table are correctly positioned, patients have had opportunity to use toilet before mealtimes.

Polegate ward is a good example of this. These are in the form of a set of expectations that the ward manager has laid down for her staff and are included in a pre meal checklist.

Recommendation 7

Trusts should consider action to:

- a) raise awareness of the full range of options, including vegetarian, gluten-free and diabetic menus, as well as snack boxes;*
 - b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;*
 - c) take measures to ensure that food is hot for the last patient to be served;*
 - d) ensure that drinks are available with meals as well as afterwards.*
-

a) Patients bed side booklets which contain a complete section on the catering services available and include copies of menus, are situated by each patient's bed side. Regular checks are made to ensure that these are still in place.

Following the merger with the community services, these booklets will need to be reviewed to encompass the change to East Sussex Healthcare NHS Trust, this will give the

opportunity to review content and add more specific information to raise awareness of the full range of options.

A free introductory video is now live on the Hospedia bedside entertainment system which makes reference to the bed side booklets and catering services available to patients.

A ward poster is currently being developed which will highlight key information relating to catering services available for patients. These will also include information on protected meal times. Discussions have been had with BSUH and ideas sought with regards to their ward protected meal times poster to see if this could be adapted to meet ESHT requirements.

b) Fruit bowls are sent to each ward and placed on top of the meal trolleys during service, therefore being more visual and allowing patients to be aware of the availability of fresh fruit. The current menus are under review with particular attention being made to the choice of vegetarian options and the vegetable selection available

c) + d) Food service audits have been completed by the facilities management team on 74% of wards across the Trust.

Areas of best practise have been identified along with areas where improvements are needed to be made.

Training plans have been devised to incorporate areas for improvement to include the importance of temperature checks and food service protocols and required beverage rounds for patients. Training is ongoing for ward coordinators with regular refresher training sessions being completed.

Temperature monitoring should be completed and recorded on wards at each meal service and this will be audited by the catering team with any areas of non compliance being investigated.

We are currently undertaking an extended choice menu pilot study across 4 wards in the Trust.

The purpose of the trial is to :

To provide patients with a wider choice of nutritious meal options in order to improve patient satisfaction and 'normalise' the patient experience.

To improve the nutritional intake of patients by providing a wide range of choice and to meet the belief that patients will eat more if they are able to more closely match their exact eating requirements.

To identify the cost / implications of such a development.

5. Assisted Eating and Drinking

Recommendation 8

Trusts should have a clear policy on assisted eating and drinking arrangements, including:

a) agreeing and implementing a consistent Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with patient representatives before agreement.

b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.

Along with the completion of MUST the patient integrated documentation now contains sections clearly recording information regarding a patient's nutrition and hydration status. This will ensure that patients who require assistance with eating or drinking are identified and a suitable approach is implemented.

It is the responsibility of the ward nursing teams and housekeeping teams to undertake direct feeding assistance at meal times however some patients may not need physical support but may require assistance with opening of packaging etc or indeed just friendly encouragement.

The Trust has purchased a range of assisted cutlery which includes high rimmed plate, non slip mats, angled spoons and thick handled cutlery and spouted cup with handles. These enable patients to manage to consume their food and drink albeit using approved and recognised aids. We consider this enhances the patient dignity and means that patients who require direct assistance and more practical support from nursing staff receive it.

The assisted cutlery has been well received by ward managers. More work is needed to raise the awareness of the availability of the equipment across the Trust and in individual wards.

The Trust already has a limited Volunteer Assisted Eating Scheme in place and are exploring the opportunities to develop this scheme further. Clear guidelines now exist for the recruitment, training and ongoing support of these volunteers. More work is needed to fully harness the support volunteers can give patients and staff at mealtimes and this will be area of increased focus moving forward.

Volunteer service managers are now specifically recruiting for volunteers to work on the volunteer assisted eating programme

Polegate work has a Lunch Club where patients and their carers dine together in an environment more conducive to a normal mealtime

Recommendation 9

Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:

- a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it.*
- b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).*

Pilot audits has been undertaken at Conquest on the stroke, orthopaedic and a DME ward on the process of assisted eating and drinking and nil by mouth patients in November 2010.

These audits have helped us to identify areas for improvement make recommendations and implement action plans.

It is recommended that these audits are now completed across the Trust.

6. Information

Recommendation 10

The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options.

As highlighted in recommendation 7

a) Patients bed side booklets which contain a complete section on the catering services available and include copies of menus, are situated by each patient's bed side. Regular checks are made to ensure that these are still in place.

Following the merger with the community services, these booklets will need to be reviewed to encompass the change to East Sussex Healthcare NHS Trust, this will give the opportunity to review content and add more specific information to raise awareness of the full range of options.

A free Introductory video is now live on the Hospedia bedside entertainment system which makes reference to the bed side booklets and catering services available to patients.

A ward poster is currently being developed which will highlight key information relating to catering services available for patients. These will also include information on protected meal times. Discussions have been had with BSUH and ideas sought with regards to their ward protected meal times poster to see if this could be adapted to meet ESHT requirements.

Additional Supporting Information

The Trust hosts an annual Nutrition Study Day which is organised by the Dietetic department. It is open to all Trust staff and is an excellent way for raising awareness and sharing best practise for good nutritional care.

This year's study day was held on 25th May 2011 with over 90 attendees, it raised awareness of the recommendations made by HOSC and the actions that all staff from front line to board level need to take to improve nutritional care standards.

Workshops held during the day included MUST training, fortification and modification along with other clinical nutrition support sessions

East Sussex Health Overview and Scrutiny Committee

Review of Nutrition, Hydration and Feeding in Hospitals September 2010

UPDATED ACTION PLAN RESPONSE – May 2011

| Recommendation | Comment | Action | Date | Lead | RAG |
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| The Trusts should continue to work towards MUST (Malnutrition Universal Screening Tool) screening all inpatients and appropriate outpatients as per the NICE guidelines | Screening using the MUST tool was introduced across the Trust in March 2010. | Initial audit complete and action plan compiled | January 2011 - complete | Lucinda Silva Lead Dietitian in Nutrition Support | Green |
| | | Ongoing training sessions organised for clinical staff by the Dietetic Department. | January 2011- ongoing | | |
| | | Training to be undertaken in the designated key areas : surgical preadmission clinic and, SAU/MAU/DME wards To extend training to appropriate outpatient clinics such as gastro clinics and all other adult inpatient wards. | March 2011 - ongoing | | |
| | | MUST Re – Audit | June 2011 | | |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>Trusts should work towards screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of assessment and action.</p> | <p>A comprehensive review of a patients hydration status is already made on admission as part of the clinical history and examination process for an individual patient.</p> <p>This is documented on an ongoing basis in the Integrated patient documentation which form part of the individual patient's clinical notes</p> <p>Decisions in respect to need for fluid balance monitoring and chart are on based upon these assessments and subsequent reassessments</p> | <p>New fluid balance chart has been developed and is in use across the Trust</p> <p>Patient integrated documentation version 1 has been reviewed and version 2 now contains sections clearly recording information regarding a patients nutrition and hydration status</p> <p>Twice yearly fluid balance audit completed by Critical outreach team for patients requiring careful fluid monitoring</p> | <p>March 2011 - complete</p> <p>March 2011 - complete</p> <p>Audit complete Jan 2011</p> | <p>Critical Care Outreach</p> | <p>Green</p> |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate</p> | <p>Consultants / Doctors currently provide the discharge information / letter as appropriate for the GP's</p> | <p>To continually raise awareness with medical and nursing staff to ensure that this information is provided along with all appropriate discharge information.</p> | <p>April 2011-ongoing</p> | <p>Lucinda Silva Lead Dietitian in Nutrition Support</p> | <p>Green</p> |
| <p>The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN (British Association for Parenteral and Enteral Nutrition) audits. Additional information could be used to inform the Trusts' own</p> | <p>The Trust does consider Information from BAPEN audits and other external influences and uses this information to support its decision making regarding policy and strategy</p> | <p>A decision has been made not to participate in this years BAPEN audit as the nutritional screening audit in June 2011 will be undertaken on potentially all adult inpatients and the data collected will include information age and ward (type) as that collected by BAPEN.</p> | <p>MUST audit June 2011</p> | <p>Lucinda Silva Lead Dietitian in Nutrition Support</p> | <p>Amber</p> |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| nutrition strategies and those of other local healthcare providers and commissioners. | | | | | |
| Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times. | The protected meal times initiative was first launched in the Trust in 2004. Due to the activity that is undertaken on the wards this initiative has been implemented (where appropriate) predominantly over the lunch time period as this is considered to be the main meal of the day | Audit complete | May 2011 - complete | Shotham Kamath Deputy Chief Nurse | Green |
| | | Patient Information Leaflet Available | | | |
| | | Communication from Deputy Chief Nurse to Clinical Matrons regarding Protected Mealtimes | May 2011 - complete | | |
| | | Share best practise ideas with local community units and BSUH | May 2011 - complete | | |
| | | Guidelines have been revised and are waiting to be formal approval and ratification | June 2011 | | Amber |
| | | To re launch the protected meal times initiative across the Trust | June 2011 - onwards | | Red |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy. | Each ward currently has its own method in preparing patients for their meal. | <p>Introduction of <i>Productive Ward</i> Mealtime Module as a vehicle for determining best practise and some standardisation in ensuring patients are well prepared for their meal.</p> <p>Wards identified as Polegate ward, EDGH and MacDonald Ward , Conquest hospital</p> <p>Initial meetings have been held to take this forward – Dec 10 and Jan 11</p> <p>Purchase of Supported Meals Equipment and use in these two areas to enable feedback and amendments to use as required.</p> <p>Trial successful, 40 kits to be rolled out across those areas requesting them</p> | <p>January 2011 - onwards</p> <p>January 2011 - complete</p> <p>June 2011</p> | Shotham Kamath Deputy Chief Nurse | Amber |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>Trusts should consider action to:</p> <p>a) raise awareness of the full range of options, including vegetarian, gluten-free and diabetic menus, as well as snack boxes;</p> <p>b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;</p> | | <p>Raise awareness of patient bed side booklets which include information on catering services and all menu options available for patients.</p> <p>a). Hospedia – Introductory video is now live on system and refers to bed side booklets and catering services available to patients</p> | Complete | Michelle Clements Facilities Manager | Green |
| | | <p>a) To develop a ward poster for patient ward areas informing them of the bedside booklet and information on catering services</p> | In progress | | Red |
| | | <p>b). Fruit bowls are sent to each ward and placed on top of the meal trolleys during service, therefore being more visual and allowing patients to be aware of the availability of fresh fruit</p> | Complete | | Green |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>c) take measures to ensure that food is hot for the last patient to be served;</p> <p>d) ensure that drinks are available with meals as well as afterwards.</p> | <p>Ward beverage trolleys are available on all wards.</p> <p>Patients should be offered a minimum of 7 drinks per day.</p> | <p>Meal service audits completed on all ward areas to establish areas of best practise and areas where improvements are required.</p> <p>As well as covering general food hygiene and food service protocols refresher training to be tailored to incorporate specific areas requiring improvement</p> <p>A Pilot study of an extended choice menu on 4 wards across the Trust is currently being undertaken</p> | <p>April 2011 - complete</p> <p>May / June 2011 ongoing</p> <p>February 2011 – August 2011 In progress</p> | | Amber |
| <p>Trusts should have a clear policy on assisted eating and drinking arrangements, including:</p> <p>a) agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with patient representatives before agreement.</p> | <p>The Trust already has a limited Volunteer Assisted Eating Scheme in place</p> | <p>To further use of the Volunteers Assisted Eating Scheme</p> <p>Patient integrated documentation version 1 has been reviewed and version 2 now contains sections clearly recording information regarding a patients nutrition and hydration status</p> <p>To use the Productive Ward Meal Times Module to identify 'best practise' methods for identifying patients who require assistance, ensure they receive assistance and share across the Trust</p> | <p>January 2011 onwards.</p> <p>March 2011 - complete</p> <p>January 2011 onwards</p> | <p>Shotham Kamath, Deputy Chief Nurse</p> | Amber |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting</p> | | <p>The use of volunteers at mealtimes to assist patients follows guidelines and follows on from appropriate preparation to safely undertake the role</p> <p>Trial of Nutrition Hydration and Food Patient Information System-equipment for system ordered for 2 wards, to run a trial with a view if successful this might be implemented more widely</p> | <p>Already Completed and in Place</p> <p>June 2011</p> | | <p>Amber</p> |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:</p> <p>a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it</p> <p>b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).</p> | <p>A pilot to be undertaken at Conquest on the stroke orthopaedic and DME ward on the process of assisted eating and drinking.</p> | <p>Pilot audit completed Dec 10 and Action Plan produced</p> <p>Results of these audits to be discussed at the Clinical Nutrition Group and Productive Ward Strategy Group to help formulate how patients are identified and then given appropriate assistance when required and that timely and appropriate nutritional support is given when a patient is placed nil by mouth.</p> | <p>Complete</p> <p>July 2011</p> | <p>Lucinda Silva Lead Dietitian in Nutrition Support</p> | <p>Green</p> <p>Red</p> |
| <p>The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food</p> | | <p>Raise awareness of patient bed side booklets which include information on catering services and all menu options available for patients.</p> <p>a). Hospedia – Introductory video is now live on system and refers to bed side booklets and catering</p> | <p>Complete</p> | <p>Michelle Clements Facilities Manager</p> | <p>Green</p> |

| Recommendation | Comment | Action | Date | Lead | RAG |
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| <p>such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options.</p> | | <p>services available to patients</p> | | | Red |
| | | <p>a) To develop a ward poster for patient ward areas informing them of the bedside booklet and information on catering services</p> | <p>In progress</p> | | |
| | | <p>b). Fruit bowls are sent to each ward and placed on top of the meal trolleys during service, therefore being more visual and allowing patients to be aware of the availability of fresh fruit</p> | <p>Complete</p> | | Green |
| | | <p>Meal service audits completed on all ward areas to establish areas of best practise and areas where improvements are required.</p> | <p>April 2011</p> | | |
| <p>As well as covering general food hygiene and food service protocols refresher training has been tailored to incorporate specific areas requiring improvement</p> | <p>May / June 2011 - ongoing</p> | | Amber | | |

East Sussex Health Overview and Scrutiny Committee – Review of Nutrition and Feeding in hospitals (September 2010) – progress report May 2011.**Brighton and Sussex University Hospitals (BSUH) NHS Trust progress report based on the recommendations from the HOSC.****Introduction**

This progress report has been compiled to build on the work undertaken following the publication of the HOSC recommendations. The acknowledgement by the HOSC that significant progress had been made in implementing national policy and improving nutritional standards was encouraging, although it is recognised that further work is needed.

Key Achievements:

Stop it and Spot it – Malnutrition Awareness month – September 2010

Multi- coloured Jug (Lid) Scheme – nationally recognised at the 7th Improving Nutrition and Hydration on the wards National Conference at the Royal College of Nursing 4th May 2011. The Trust has also personally presented the Spot it and Stop It initiatives to Dame Christine Beasley, DoH Chief nurse.

Continued improvement of MUST scores across the hospital sites

Participated in national BAPEN audit April 2011

Implementation of Comfort Rounds April 2011

PEAT scores rated 'Excellent' across all hospital sites for the food (April 2011)

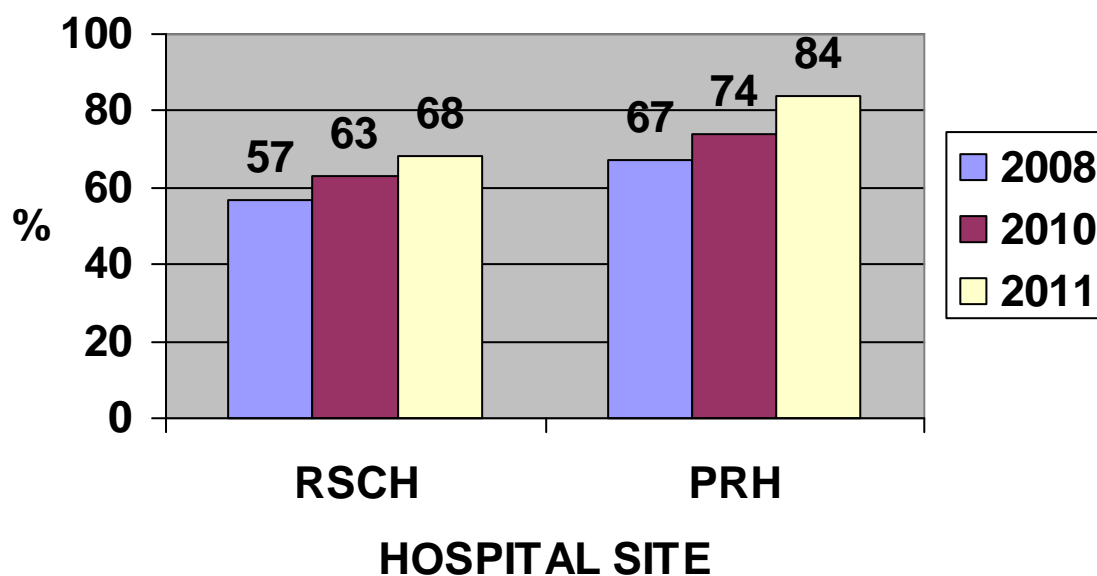
Progress on Recommendations:**1) The Trusts should continue to work towards MUST screening in all inpatients and appropriate outpatients as per NICE guidelines**

There are regular MUST audits carried out across the Trust. As part of the governments QIPP High Impact Actions Malnutrition awareness month (September 2010) was launched and MUST training was delivered in both lecture settings and at ward level, with in excess of 400 nursing staff receiving further training (Appendix 1 - Best Practice Guide). The Trust has also implemented the 'Enhanced Recovery Programme' and within this process at pre-admission patients are screened using the MUST tool thus addressing some of screening required for outpatients.

Trust-wide MUST screening is undertaken twice per year (including the national BAPEN audit) with more localised ward based audits completed more frequently in areas where there is a focus on improving MUST screening rates. An action plan and further training is implemented for all wards

with screening rates less than 80% with the aim to achieve 100% screening across the hospitals. Latest MUST results have shown there has been increased referral rates to dietetics and in the use of supplements and snacks for patients.

PERCENTAGE OF PATIENTS SCREENED FOR MUST



MUST is not appropriate for use within paediatrics and as a Trust we have implemented STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics) in order to ensure that this patient group is screened using a validated tool. Training with regards to the use of STAMP has been delivered and the tool was launched in October 2010. A recent audit has shown a reduction in the number of patients screened (to 41%) from the initial implementation. An action plan including further training for nursing staff and presentation at the paediatric clinical governance meeting has been organised to reach the target of 100% and ensure that the screening tool is fully embedded in practice.

Further work has been identified in creating a centralised training record for MUST and other nutrition training, including the use of online tools to facilitate this. The Trust is planning to use the BAPEN online screening teaching package and is aiming to implement this by December 2011. Continued training and formal teaching sessions on MUST are delivered both at ward level and as part of the Nutrition Link Nurse training. In a survey of ward based nursing staff 64% (32 out of 50) had received MUST training.

2) Trusts should work towards screening for dehydration on admission. Indications for fluid balance chart should be documented by the admitting nurse and healthcare assistant, along with an audit trail of assessment and action.

A review of the documentation has been completed with the development of a risk assessment booklet where this information is collated. Indications for fluid balance monitoring are a clinical decision and the implementation and reassessment of this is based on the clinical status of the patient.

The multi-coloured jug scheme is an initiative that has shown improvement in patient outcomes which has been rolled across the elderly care wards and has been nationally recognised. The red jug lids are for those who have difficulty drinking, are dehydrated or have dementia. The blue lids are for those on limited fluids (e.g. those patients with heart failure, oedema etc) and the green lids are for those who are independent and can pour their own drinks. Prior to this initiative intakes ranged between 400-1000ml for a patient. Following this intervention the intakes of patients ranged from 1500- 2500mls fluid per day. In addition (from local audit data – Linda Meany 2011) there has been a reduction in the level of UTI's, IV fluid use (and subsequent reduction in infection risk to patient), falls, complaints of dry mouth and grade 1 pressure areas (as skin is visibly rehydrated and there is less dry skin).

As a further example of assessment and action, nursing metrics have been developed. This is a new validated web-based system which links directly with DATIX (Clinical risk register) to highlight any areas of concern. Nutrition and hydration form part of the data collected via this tool including information on falls, IV lines, medications and catheters. A sample of the information collected at ward level (May 2011) is included below:

| NUTRITION | Yes | No | N/A |
|--------------------------------------------------------------------|------------|-----------|------------|
| Nutritional Assessment updated in last 7 days | 15 | 0 | 0 |
| Has the patient been weighed in the last 7 days | 10 | 5 | 0 |
| Has MUST been recorded weekly/ monthly (as per NICE guidelines) | 14 | 1 | 0 |
| If patient at risk of malnutrition is a nutrition care plan in use | 13 | 2 | 0 |
| Has hydration status been assessed and recorded daily | 15 | 0 | 0 |
| If NBM, has NBM decision been reviewed daily? | 7 | 0 | 8 |
| If NBM has alternative feeding been evaluated and recorded? | 6 | 0 | 9 |

3) The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GP's, other health/social care professionals and carers where appropriate.

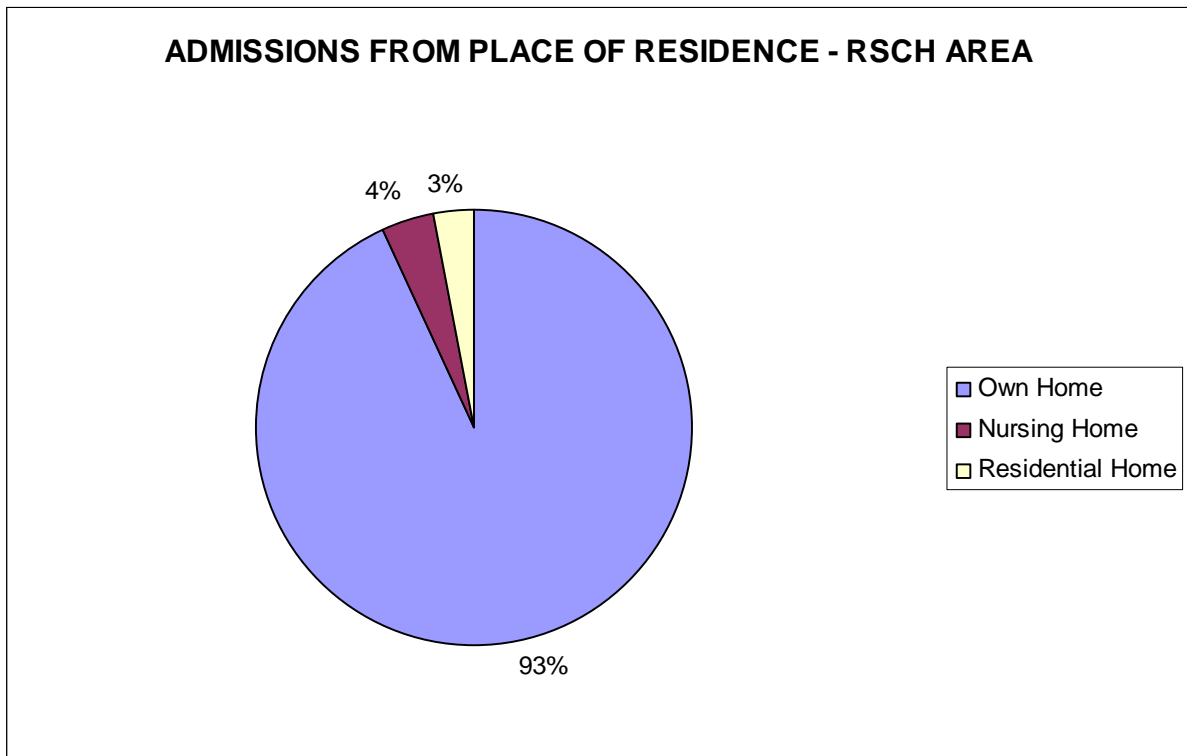
A discharge checklist for nursing staff has been developed and is currently being trialled on a number of wards.

Where the patient is known to the dietetic department and discharged on supplements or active dietetic treatment a letter is sent to the GP informing them of this and of the pertinent details of their nutritional status. Further progress with regards to this work will be undertaken as part of a wider review of discharge documentation, in line with the role out of "Electronic patient Discharge Letters"

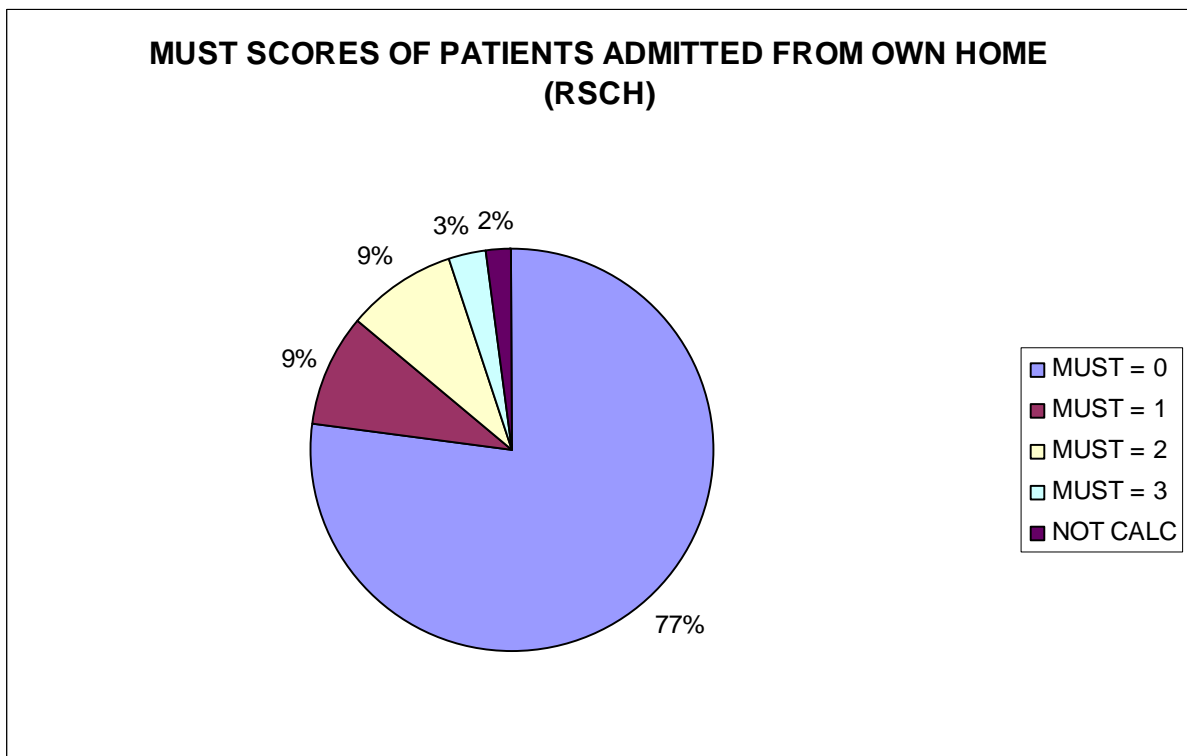
We understand there has been some MUST training commissioned by the local authority for nursing homes however within the community further work needs to be undertaken in promoting food fortification packages.

4) The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN audits. Additional information could then be used to inform the Trusts' own nutrition strategies and those of local healthcare providers and commissioners.

Additional information obtained in respect of possible malnutrition patterns was collected during the BAPEN screening week for all admissions during the time frame. Patients were assessed as to whether they were admitted from their own home, nursing home or residential home and then the results analysed to see if there were any patterns with regards to the prevalence of malnutrition.



In PRH during the audit period 100% of admissions (33 patients) were from their own home and of these 18% (6 patients) had a MUST score of 1 or above.



There were only small numbers of patients admitted from residential or nursing homes – in total only 5 patients from the 103 patients audited following admission. Of these patients 3 out of the 5 had a MUST score of 2 or above.

As part of ongoing audit work we will continue to identify if there are any patterns however based on the initial findings this does not appear to be the case.

5) Learning and best practice with regards to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors visits during these times.

Following Malnutrition Awareness month in September 2010 new posters for protected mealtimes have been launched alongside training. We will continue to work with our neighbouring Trusts in both the east and west of the county and learn from the experience of other teaching hospitals with regards to sustaining protected mealtime practice and sharing policies. It was encouraging that the HOSC highlighted as part of its report in September 2010 a number of areas of good practice examples within BSUH, demonstrating implementation of protected meal times.

Recent audit of Protected mealtimes (PMT) at BSUH showed: 24 out of 30 ward areas observing PMT at RSCH (80%) and 10 out of 12 ward areas at PRH (83%).

Further promotion of PMT on both sites is planned for the Nutrition Link Nurse study day in June 2011.

6) Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks as part of infection control.

Following the review by the senior nursing team and Nursing Delivery Unit hand wipes or gels are available at all times to patients and the importance of hand hygiene for patients has been included as part of mealtime preparation.

In addition the Trust have launched 'Comfort Rounds' (please see Appendix 2) in order to highlight the importance of identifying basic care needs and ensuring that those requiring assistance are identified.

7) Trusts should consider action to:

- a) Raise awareness of the full range of options, including vegetarian, gluten free and diabetic menus as well as snack boxes**
- b) Increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;**
- c) Take measures to ensure that food is hot for the last patient to be served**
- d) Ensure that drinks are available with meals as well as afterwards**

- a) There is currently a review of the menu on Royal Sussex County Hospital (RSCH) site being undertaken which will include descriptions of the various options available including vegetarian, halal, kosher meals etc. The Princess Royal Hospital (PRH) site have had new menus implemented in June 2010 which highlight the different options as listed above. (A copy of this was provided to the HOSC). In order to raise awareness and provide the menu in different formats a picture menu has been designed. Following the April 2011 PEAT (Patient Environment Action Team) audit, the hospital scored 'Excellent' across all the hospital sites for the food

Menu coding is undertaken in line with the British Dietetic Association guidelines. These recommend that a healthy eating option and a high calorie option are identified on the menu. It is stated on the new PRH menu that all of the healthy eating options are suitable for those who are diabetic.

Following feedback from ward sisters we have undertaken a piece of work with our colleagues in catering to ensure that patients are receiving their first choice from the menu.

- b) Whilst in the general population this recommendation is suitable particularly where 'healthy eating principles' need to be applied, in some patient groups (for example renal) it may not be clinically appropriate (due to the high potassium content of fruit and vegetables). Another consideration is for those patients with poor appetites who are malnourished where a snack of a cake providing 150 kcals towards their daily intake may be more appropriate in comparison to an apple which may only provide 47kcals. In order to give patient choice (and dependant on the clinical area) both cakes/ biscuits and fruit are offered from a basket. (The patient identifies the product that they would like and the hostess takes it from the basket for them to reduce the infection control risks of using an open basket.)
- c) The catering departments undertake audits of the temperature of the food served at each mealtime at the beginning and end of food service. Any concerns with regards to food temperature are investigated as a priority.

They have also undertaken further assessment to assess depreciation in temperature of food to identify, particularly for those requiring assisted feeding, the optimum time frame within which to provide that particular meal.

- d) All patients should have access to drinks during their meals and this is something that is being addressed through the implementation of the 'Comfort Rounds'.

8) Trusts should have a clear policy on assisted eating and drinking arrangements, including:

- a) **Agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with the patient representatives before agreement.**
- b) **Clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.**

The implementation of this recommendation is wholly supported and changes to the Nutrition and Hydration policy have been completed in order to aid with the identification of those requiring assistance feeding. All policies relating to nutrition are reviewed at the Nutrition Steering Group which includes review by patient representatives.

There has been training by the Practice Development Nursing team for staff including volunteers regarding assisted feeding. There are clear policy guidelines to ensure that patients with more complex needs are provided with the nursing assistance with feeding.

9) Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:

- a) **The proportion of patients identified as requiring assistance with eating or drinking who are receiving it**
- b) **The time between initiation of nil by mouth order to time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery.)**

- a) It is noted that over 90% of the patients in the HOSC report said that 'they received help eating or drinking if they needed it'. The identification and assistance of these patients using suitably qualified staff is of great importance and as part of a number of initiatives including Essence of Care (Food and Drink benchmark 2010) and the Malnutrition High Impact Action audits, the aim is to identify and record these patients. There is however subjectivity to this process as some patients may not need direct physical help with feeding (but perhaps some psychological support), and the level of support required day to day for an individual may vary. This is being addressed by 'sit and see' audits where senior staff observe particular bays and advise on ways in which to improve care. Assisted feeding has formed part of the observation process. The 'sit and see' audits are a recent innovation by BSUH in partnership with the SHA. In addition the implementation of the Comfort rounds also addresses some of these issues.

Through the monthly catering patient satisfaction audits (latest data April 2011 RSCH) people are asked what help were they given to eat their meal; 57% said they did not need help, 21% had assistance in opening packets, 16% were given help to feed and 6% said they would have liked assistance feeding. These audit results are reviewed and where key themes can be identified corrective action is taken to address this.

- b) With the implementation of the Enhanced Recovery Programme it is expected that the length of time patients remain nil by mouth pre and post op will reduce and this data is currently being recorded in the patient notes.

In designing an audit to review nil by mouth processes, there are a number of complex competing variables that will need to be taken into account, not least that for some patients a period of nil by mouth is clinically the most appropriate course of action at that time (for example for those with intractable vomiting or intestinal pseudo-obstruction). Often it is prudent to wait before initiating alternative feeding (such as parenteral nutrition) as this is not without risk. It is a medical decision to place a patient nil by mouth and any audit will need to take into account the variety of clinical conditions that can arise prior to this decision being made.

An audit was undertaken looking at levels of Nil By Mouth on the Stroke wards, Care of the Elderly wards and general medical wards. An audit tool was used to assess the length of time between NBM being instructed and the patient receiving nutrition support across 22 ward areas. At RSCH this was 1.2 days and 1.8 days at PRH. An action plan has been developed to ensure that nutrition support is commenced in a timely manner.

Audit will be undertaken on the surgical wards with regards to length of time NBM however as discussed above there are often more complex reasons for patients being NBM care will need to be taken in how the audit is designed.

Speech and Language waiting times have been requested via the Chief Nurse BSUH from the Chief Nurse at Sussex Community Trust. At the point of completing this paper the data was unavailable.

10) The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options

The menu at RSCH is currently under review and the above recommendation will be implemented as part of the new menus. In the meantime the BSUH Dietetic department have produced an information leaflet informing patients of what to expect from the food and drink service at BSUH. Bedside folders have also been developed by the nursing teams to provide information pertaining to

that particular ward (including food and beverage service) for patients. Other ways of highlighting availability of the different food and drink products continue to be explored.

Conclusion

From a BSUH perspective the HOSC review has provided a good framework from which we have been able to launch some of these initiatives. We hope that the progress made so far meets the expectations of those who designed the recommendations and would welcome further feedback with regards to this. There are developments that remain ongoing and we will keep the HOSC informed as to our progress with this.

Joy Churcher

Head of Dietetics BSUH

31/05/2011

Matthew Hutchinson

Associate Chief Nurse BSUH

31/05/2011



Keeping Nourished Getting Better: Best Practice Guide

Outline

Malnutrition is associated with poor recovery from illness and surgery. Studies show that approximately 40% of patients admitted to hospital are undernourished. Using the MUST screening tool aids in identification of malnutrition so that patients can be referred for treatment.

Action

- To identify and address dehydration and malnutrition in patients admitted to BSUH.
- To ensure Protected Meal Times (PMT) are implemented in all general ward areas.

Target

- 100% of patients screened using the MUST tool on admission and weekly whilst an inpatient
- 100% of patients to have hydration status recorded and those at risk of dehydration identified and monitored through red jug scheme
- 90% of wards adhering to PMT policy

Measure

- MUST screening tool audited monthly
- PMT audited monthly
- Hydration record audited monthly



Nutrition is the Mission

1. MUST is a must

It is really important that each patient is screened using the MUST tool on admission and a care plan implemented. Refer to the dietitian where the MUST score is 2 or above.

Best practice

All patients should be screened using the MUST tool on admission to identify those who are malnourished and those at risk of malnutrition. All patients should be re-screened weekly. Follow the Step 5 management guidelines from the tool to implement nutritional care.

2. Go with the flow...

Use the MUST management tool and follow the flow chart in order to assess your patient.

Best practice

Follow the MUST management guidelines and use the care plan dependent on your patient's needs.

3. Water, water everywhere... but is there enough to drink?

Often patients with poor oral intake have poor fluid intake as well. Assess hydration status and make sure that the patient is getting adequate fluid each day.

Best practice

Where a patient is identified as being at risk of dehydration keep a fluid chart (monitored 12 hourly) and use the red jug scheme so that intake can be easily monitored by all staff in the area.

Give your patient additional fluids in hot weather. Drinks should be offered 7 times per day with the first and last drinks of the day being given by a registered nurse or midwife.

4. Say Ahhh

Good mouth care is essential in ensuring patients are able to take adequate food and fluids.

Best practice

Use the BSUH oral assessment tool to identify those patients who need assistance with mouth care. Implement care plan and refer to the medical team as appropriate.



5. To feed or not to feed? - that is the question

Some patients are unable to tolerate an oral diet for a variety of reasons. If this is identified alert the medical team. A referral may be required to the speech and language therapist or the dietitian.

Best practice

The decision for a patient to be Nil by Mouth as part of the clinical management plan should be documented and communicated to the multi-disciplinary team. Alternative methods of feeding such as enteral or parenteral should be considered where appropriate, particularly in patients with MUST scores of 2 or above.

6. All hands on deck

Protected mealtimes aims to improve nutritional care by ensuring that the eating environment maximises the probability that food will be eaten and protecting ward staff time for all the activities needed to make mealtimes a success.

Best practice

Ensure Protected mealtimes for your ward areas are adhered to. If other staff are on the ward they can assist with feeding. Let patients know when there is 10 minutes before meal service so that they can wash their hands and prepare for their meal in a calm environment. Also ensure patient has access to drinks at mealtimes.

7. Three meals plus snacks per day keeps malnutrition at bay

A menu should be kept on the patient locker. This allows the patient time to look at the choices available for their day and plan their own meals.

Best practice

Help the patient to choose appropriate meals from the menu (which is coded for high energy, healthy eating, vegetarian and soft.) Encourage them to ensure they have 3 meals per day plus additional snacks in between meals if required.

8. Every little extra helps

Review any specialist dietary requirements as part of the admission process. Take into consideration cultural or religious requirements such as Halal or Kosher. There are also snack boxes and light bites available 24 hours a day and cakes, biscuits or fruit available as snacks.

Best practice

On admission identify any specialist nutritional requirements. If a patient misses a meal offer them a light bite or snack box.



9. It's about taste not waste

Often patients keep some food for later on their table or locker. Please encourage them to store food in re sealable containers. If your patient requires supplement drinks they are usually better tolerated if chilled.

Best practice

Keep an eye on the use by date of any food brought in to the hospital. If any milk products, such as yoghurt or supplements, are left at the patient bedside and opened for longer than 1 hour please throw them away and ask the patient if they would like another.

10. SOS

Does the patient have problems chewing or swallowing? Do they need help with eating and drinking or assistance with opening the packets? Is the tray within reach and have they prepared for the mealtime e.g. correct dentures in mouth, hands washed and are they sitting up?

Best practice

If a patient has problems chewing check their dentition. For problems with swallowing discuss this with the medical team and refer to the Speech and Language therapist. If they require assistance with eating then ensure that someone is available to help as part of the Protected Mealtimes process. For general help at mealtimes the volunteers are a valuable part of the team. Discuss with your ward OT if specialised cutlery is required.

11. Read all about it

Good documentation helps the team understand what your patient has eaten and drunk.

Best practice

Write down all your good work so that we know how high your standards are. Use all the tools available to you including the food chart, fluid charts, MUST and nutritional care plans. Reassess regularly especially if your patients condition is changing and be prepared to change the plan.

12. Spot it and Stop it - Malnutrition

Identify those patients at risk of malnutrition with the aid of the MUST tool. Check on their hydration status.

Best practice

Repeat screening weekly. If concerned about a patient please discuss with your ward dietitian.



Comfort Rounds

We have introduced Comfort Rounds to enhance your sense of well being and improve your stay in hospital.

We aim to achieve:

Choice, clean, comfort, cared for, conversation

Oral care, observation of bed area

Meal time preparation

Falls prevention

Offer drinks

Repositioning and pressure damage prevention

Toileting assistance and bathroom checks

The times of the rounds are:
7.30am, 11.30am, 1.30pm, 5.30pm and 8pm



Our Ward has Protected Mealtimes



At lunch 1pm - 2pm
At Supper 5pm - 6pm

**If you would like to help your friend
or relative with their meal please speak
to the Nurse in Charge**

Brighton and Sussex **University Hospitals**
NHS Trust

Protected Mealtimes

Protected mealtimes are a fantastic way to:

- Help patients eat their meals without interruptions
- Allow nursing staff to focus on providing support, assistance and observation of all patients
- However it does not stop emergency medical care

You can help support protected mealtimes on your ward by:

- Getting the environment right
- Clear tabletops
- Provide fresh water
- Minimise interruptions

Make sure patients are ready to eat:

- Help with positioning and hand washing
- Ensure all equipment is available such as adapted cutlery

Assistance:

- Help with meal choice
- Opening packets
- Ensure the meal can be reached
- Offering assistance with feeding
- Provide nutritional supplements as prescribed
- Friends and family are welcome to help with meals

Observation:

- Monitor how much your patients are eating
- Recording this on food and fluid charts
- Ensuring nutritional care plans and the MUST assessments are completed

Referring on:

- For additional support to dietetics, speech therapy, occupational therapy and physio for specialist advice



East Sussex HOSC Nutrition Review Recommendations

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|
| <p>1. The Trusts should continue to work towards MUST (Malnutrition Universal Screening Tool) screening all inpatients and appropriate outpatients as per the NICE guidelines.</p> | <p>Audit of MUST has been undertaken Jan - Mar 2011</p> <p>There has been improvement in the overall levels of MUST screening across the Trust (68% RSCH and 84% PRH) and we are aiming for the target of 100% across all ward areas</p> | <p>Audit completed.</p> <p>Dietetics – implemented rolling programme of monthly updates for training of nursing staff. <i>(implemented and ongoing)</i></p> <p>Those areas identified with less than 70% screening rates have been offered further MUST training</p> | <p>Head of Dietetics/ Dietetic Department</p> | <p>Mar 2011 (Completed)</p> <p>May 2011 - ongoing</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p data-bbox="633 874 1037 946">STAMP screening tool implemented for paediatrics.</p> <p data-bbox="633 1046 1059 1118">(April 2011 audit showed 41% compliance)</p> | <p data-bbox="1088 352 1494 459">MUST is included as part of HCA training and included in risk assessment pack</p> <p data-bbox="1088 496 1480 603">Nursing - monthly audits of MUST – <i>(implemented and ongoing)</i></p> <p data-bbox="1088 900 1469 1007">Training programme continues within paediatric hospital</p> | <p data-bbox="1520 352 1724 376">NDU/ Dietetics</p> <p data-bbox="1520 679 1585 703">NDU</p> <p data-bbox="1520 879 1711 943">Paediatric Dietetic Team</p> | <p data-bbox="1751 879 1890 943">Sept 2010 launched</p> <p data-bbox="1751 1046 1919 1233">April 2011 (audit completed)- training ongoing</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
| <p>2. Trusts should work towards screening for dehydration on admission. Indications for a fluid balance chart should be documented by the admitting nurse or healthcare assistant, along with an audit trail of assessment and action.</p> | <p>As part of the medical review and clinical examination process a comprehensive review of a patient's hydration status is undertaken.</p> <p>Hydration documentation has been included as part of the care plan and risk assessment documentation.</p> | <p>Monthly nursing audits</p> | <p>NDU</p> | <p>May 2011</p> |
| <p>3. The Trusts should include reference to MUST screening within discharge checklists as an additional check to ensure that screening has taken place within the 7 days prior to discharge and any malnutrition or risk identified. Nutritional advice should be included in discharge information for GPs, other health/social care professionals and carers where appropriate.</p> | <p>Nursing discharge information includes MUST score (currently being trialled on a number of wards)</p> | <p>Nursing documentation currently being reviewed.</p> <p>Discharge documentation being led by Dr Barden. NDU will contact to ensure that it is included</p> | <p>NDU</p> <p>NDU</p> | <p>Ongoing</p> <p>Review August 2011</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------|
| <p>4. The Trusts should consider whether additional information on malnutrition patterns (e.g. trends in patients admitted from certain facilities) could be obtained from further analysis of data collected through MUST screening and BAPEN (British Association for Parenteral and Enteral Nutrition) audits. Additional information could be used to inform the Trusts' own nutrition strategies and those of other local healthcare providers and commissioners</p> | <p>Undertake the BAPEN MUST survey – link with audit to look at data patterns.</p> | <p>Audit completed and results included as per progress report (attached in progress report)</p> | <p>Head of Dietetics</p> | <p>May 2011 Completed</p> |
| <p>5. Learning and best practice with regard to embedding protected mealtimes should be more actively shared within and between local Trusts, including strategies to avoid unnecessary doctors' visits during these times.</p> | <p>Audit completed. 80% of wards at RSCH compliant and 83% at PRH (from May 2011 audit)</p> | <p>Protected Mealtimes has been relaunched. Monthly audits to determine effectiveness to be undertaken.</p> <p>Action plan to further promote PMT and ensure it is embedded into practice.</p> | <p>NDU/Dietetics</p> | <p>May 11 - ongoing</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------|
| | | This is also promoted through the 'Comfort rounds'. | | |
| 6. Trusts should adapt pre-mealtime routines, including encouraging patients to make use of hand gels or wipes prior to consuming meals and snacks, as part of infection control strategy. | Hand wipes included on trays and/or patients encouraged to use hand gels | <p>Audit undertaken on Grant ward and presented at Matrons meeting</p> <p>All wards now ordering hand wipes and hand hygiene part of 'Comfort rounds'</p> | Matrons | Oct 10 |
| <p>7. Trusts should consider action to:</p> <p>a) raise awareness of the full range of options, including vegetarian, gluten- free and diabetic menus, as well as snack boxes;</p> | A leaflet has been drawn up highlighting the different options. From Oct 10 the menus at RSCH are being reviewed to the same format as PRH (which was a format the HOSC approved of). | Leaflet distributed to all patients prior to admission. For emergency admissions the ward hostess will inform patients of these options as well as it being available as part of the bedside pack. | Head of Dietetics / Catering managers / Facilities | August 2011 |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
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| <p>b) increase consumption of fresh fruit and vegetables, including a visible fruit bowl at meals and refreshment breaks;</p> <p>c) take measures to ensure that food is hot for the last patient to be served;</p> <p>d) ensure that drinks are available with meals as well as afterwards.</p> | <p>In certain areas it is not appropriate to increase fruit & veg intake (e.g. renal). This issue will be discussed with catering as to how best display fruit without increasing any food safety risks.</p> <p>Regular temperature checks are undertaken of the trolleys</p> <p>Drinks should be available at mealtimes</p> | <p>Fruit is offered alongside biscuit or cake and dependant on patient preference and clinical condition they can make a choice. The ward host/hostess will hand out the preferred item to reduce the risk of cross contamination.</p> <p>Monthly catering audits completed – latest audit results RSCH 7% too hot, 79% just right, 14% warm and 0% said the food was cold).Continue food audits with last meal temperature being recorded.</p> <p>Advice to nursing and catering staff re provision of drinks at mealtimes. Highlight areas of good practice. Comfort rounds</p> | <p>NDU</p> | <p>Ongoing</p> <p>Monthly – ongoing</p> <p>Ongoing</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|-------------------------|
| | | implemented. | | |
| <p>8. Trusts should have a clear policy on assisted eating and drinking arrangements, including:</p> <p>a) agreeing and implementing a Trust-wide approach to the identification of patients requiring assistance with eating or drinking – a suitable approach should be discussed with patient representatives before agreement.</p> <p>b) clarifying who provides assistance with eating in various circumstances and what training or advice should be made available to non-professionals assisting.</p> | <p>This is highlighted in the Nutrition and Hydration policy</p> | <p>Review of Nutrition and Hydration policy to add relevant nursing documentation.</p> | <p>Head of Dietetics</p> | <p>June 2011</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
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| <p>9. Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:</p> <p>a) the proportion of patients identified as requiring assistance with eating or drinking who are receiving it.</p> <p>b) the time between initiation of a nil by mouth order to the time of feeding being initiated (including the wait for a Speech and Language Therapy assessment, the wait for alternative tube feeding to be put in place, and the effect of delayed surgery).</p> | <p>There are a number of different ways of identifying those patients requiring assistance including red tray etc. Different systems will be trialled to identify the most appropriate which can then be audited.</p> <p>Information from Speech and Language therapy required</p> <p>Audit of Stroke and Care of the Elderly wards undertaken</p> <p>Audit of surgical wards</p> | <p>Requested information from Speech and Language Therapy employing organisation.</p> <p>Audit completed – see progress report.</p> <p>Audit tool to be designed</p> | <p>Head of Speech and Language Therapy.</p> <p>Head of Dietetics</p> | <p>May 11 –audit completed</p> <p>Sept 2011</p> |

| Recommendation | Response | Action | Responsible Person /Team | Deadline |
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| <p>10. The Trusts should continue to develop actions to raise awareness and encourage take up of items such as fruit, snack boxes and vegetarian options. A brief reminder about the availability of additional food such as fruit and snack boxes should be included on menu cards or videos to raise awareness of these options.</p> | <p>Menu cards at RSCH are in the process of review</p> | <p>Review of menus</p> | <p>Head of Dietetics/ Dietetic dept.</p> | <p>Aug 2011 - ongoing</p> |