

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

Date: **8th March 2012**

By: **Assistant Chief Executive**

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

Purpose of report: **To consider the progress of the local 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 1-3).**
 - 2. To consider whether the Committee requires further reports on this issue.**
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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 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.

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

1.4 The Review Board's final report was agreed by the Committee in September 2010. The report is available from the HOSC website www.eastsussexhealth.org or by contacting Claire Lee on 01273 481327. The report made ten recommendations for the Trusts to consider and respond to.

2. Trust responses

2.1 Both Brighton and Sussex University Hospitals NHS Trust and East Sussex Healthcare NHS Trust 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. HOSC received progress reports from both Trusts in June 2011.

2.2 The two Trusts have now provided further reports on their progress in implementing the HOSC recommendations and improving patients' nutrition and hydration in general. 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

2.3 Trust representatives Jane Hentley, Chief Nurse, Michelle Clements, Facilities Manager, and Lesley Houston, Head of Dietetics 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.

3. Care Quality Commission inspections

3.1 Both Trusts received inspections by the Care Quality Commission (CQC) in 2011 which checked compliance with the nationally specified *Outcome 5: Meeting nutritional needs*.

3.2 Eastbourne DGH and the Conquest Hospital were inspected as part of the CQC targeted inspection programme on dignity and nutrition. The CQC reports were published in August 2011 following CQC visits to two wards at each hospital in May 2011. CQC judged that improvements were needed to ensure compliance with the required standards and identified 'moderate concerns' in relation to outcome 5. The issue of inconsistent practice was highlighted, as instances of good practice were observed, alongside instances of poor practice.

3.3 The CQC judgement in relation to Eastbourne DGH in May 2011 was as follows:
"The quality and range of food provided was not of the standard expected for all meals. There was consistent feedback from patients who use the service that supper meals were inadequate. During the inspection of the two wards we found that there was a clear disparity in management, practices and the way that people's nutritional care, treatment and support were made available to them. On one ward not all of the patients who required assistance received the necessary level of support. The documentation in place to monitor and identify nutritional problems was not consistent and did not always promote the safety and well being of the patient's who use the service"

3.4 The CQC judgement in relation to the Conquest Hospital in May 2011 was:
"People who use the service are not assured that the food and hydration that is provided will meet all their nutritional needs. The hospital has appropriate nutritional risk assessments in place, however not all were completed and the corresponding care planning was limited. The support services of medical and dietician staff is in place, however not all patients had the necessary support required at meal times."

3.5 The Royal Sussex County Hospital received a general CQC inspection in July 2011, which included Outcome 5. CQC judged that the hospital was compliant with the required standards but had 'minor concerns' and suggested improvements in order to maintain compliance. The CQC judgement in relation to Outcome 5 in July 2011 was:

"Overall we found that the hospital was compliant with this outcome although we had minor concerns that there was a lack of evidence to support that robust arrangements are in place to demonstrate that people who need their fluid and food intake are monitored. Not all staff, particularly consultants, respect the provision of protected mealtimes."

3.6 The Princess Royal hospital has not recently been inspected by CQC. The full CQC reports mentioned above are available on the CQC website www.cqc.org.uk or from Claire Lee on 01273 481327.

3.7 Although the CQC reports are now several months old and represent a snapshot of experiences at that time, HOSC may wish to explore how the issues raised by CQC have been addressed, as well as how the HOSC recommendations have been progressed since June 2011.

SIMON HUGHES

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ESHT Feedback Report March 2012

Review of Nutrition, Hydration and Feeding in hospitals

1. Introduction

This report provides HOSC with a further update since May 2011 on 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 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 National Institute for Health and Clinical Excellence (NICE) guidelines

East Sussex Healthcare NHS Trust implemented the use of MUST (Malnutrition Universal Screening Tool) in March 2010. Following on from the initial audit in June 2010, a follow up audit was conducted in June 2011, with a resulting action plan being compiled from the results.

- As identified in the June 2010 Audit Action Plan, training has been focused in designated pre-admission clinics and Surgical Assessment Unit (SAU)/Medical Assessment Unit (MAU)/Department of Medicine for the Elderly (DME) wards where volumes of patients being admitted and those groups considered at greatest risk are to be found. A further targeted audit of these particular wards took place in December 2011 and highlighted an improvement in MUST screening and patients' weights being recorded within 24 hours of admission.

Standard	Percentage of beds audited on MAU and SAU with an admission weight/Mid Upper Arm Circumference (MUAC) (Target 100%)		Percentage of beds audited on MAU and SAU with an admission MUST (Target 100%)	
	June 2011	Dec 2011	June 2011	Dec 2011
Cross Site	39	71	28	61
Conquest	29	71	17	67
Eastbourne	47	70	37	53

- Ongoing training sessions have been organised for clinical staff and a database is available of staff who have been trained.
- As part of the Enhanced Recovery After Surgery (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 Dietitians, 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 package for acute hospitals has been obtained and is waiting a customised introduction prior to implementation. The designated package for community staff is ordered and the Trust is waiting delivery of this.
- The next stage of the plan is to extend MUST training to appropriate outpatient clinics including gastroenterology outpatient clinics and all other adult inpatient wards.
- The next audit planned for June 2012 will compare results data with those from 2011 and produce a new audit action plan based on the findings.

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 (IPD) which form part of the patient's clinical notes.
- This documentation is undergoing continuous review and IPD3 is due in the autumn of 2012. The Documentation User Group terms of reference and minutes are available if required.
- The Trust supported Nutrition and Hydration Week (23rd – 29th January 2012). This was a national initiative to raise awareness of the importance of Nutrition and Hydration. Poster presentations in both acute hospitals and the 7 community in patient sites were displayed. In addition a competition was held for staff to suggest practical ways to improve nutrition and hydration in hospital. Patients were asked to pick a winner from the entries received. The provision of smaller half litre water jugs was chosen as the most practical suggestion. The Trust is hoping to implement this once funding is sourced.
- In September 2011 red jug lids were implemented on all wards to help identify patients who require help with hydration or have additional hydration needs. Patient need for red jug lids is highlighted at ward level and included as part of nursing handover. The use of red jug lids is informally audited weekly by senior nurse managers. A Trust wide audit is scheduled for March 2012

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 GPs
- The dietetics team have been working closely with medical and nursing staff to ensure that nutrition and dietary 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.
- Following the Trust merger and reorganisation the dietitians, now one combined acute and community team, are streamlining the referral process from acute to community dietitians to enhance the timeliness of community dietetic intervention. Evidence for this can be obtained from the Nutrition Steering Group minutes.
- The discharge summary which includes the nutritional advice will be available for GPs, other health/social care professionals and carers where appropriate.

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 (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.

- A decision was made to participate in a Trust nutritional screening audit in June 2010 and again in June 2011 where potentially all adult inpatients are included; the data collected will be Trust specific and more relevant than the BAPEN audit data.
- A dietetic representative attends the annual BAPEN conference reporting back to Trust staff the relevant and updated information.
- 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
- Following the integration of acute and community a new Nutrition Steering Group has been formed. Terms of Reference and initial minutes are available. The strategic group will have 2 main operational sub groups; one focusing on oral nutrition support and the other on enteral and parenteral nutrition. The oral nutrition Support Group will

have 9 locality sub groups encompassing the main community areas of East Sussex where in patients beds are situated. These groups will have a local focus, encouraging development of local action plans to ensure local needs area addressed whilst maintaining a standard approach to nutrition and hydration throughout the organisation. They will involve a wide variety of professionals including dietetics, nursing, catering, and housekeeping staff.

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 mealtimes 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
- An 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 Assistant Director of Nursing for Professional Practice and Standards has circulated additional information to the Trust's Clinical Matrons regarding the need to raise awareness and compliance at inpatient ward level
- The previous acute and separate community Protected Mealtime Guidance has been revised and awaits formal approval and ratification from Nutritional Steering Group recently established. Patient information leaflets are available on the Trust's intranet page and further information is available in the patients' bed side booklets.

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. Housekeepers ensure a hand wipe is placed on every individual tray however each ward currently has its own method in preparing patients for their meal. 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 the toilet before mealtimes.

- Implementation of Hourly Rounds in April 2012 will formalise these procedures.
- Adaptive cutlery is available on every ward for patients who would find benefit from using. The need for this is identified on admission to the ward and is encouraged to promote independence. This cutlery is washed and stored on the ward to ensure it is always available for patients.

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.*

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- We are constantly raising awareness with ward teams and patients of all options available. This is an ongoing process and regular training is available for ward coordinators. A pilot of a Nutrition Ward Folder to provide information about specialist diets, food provision and dish coding is planned with the folder documentation currently in the final draft stage. This will hopefully be ready to go to print at the end of February 2012.
 - Training is also made available to all new Health Care Assistants at their induction on Food Hygiene and Food services
 - Fruit bowls are still being 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. We have completed some regeneration trials of fresh vegetables and are introducing fresh cooked cabbage and carrots onto our patient menus.
 - Menus are regularly reviewed and have been nutritionally assessed following guidelines from the British Dietetic Association. All of the dishes produced and served by the trust have now been nutritionally analysed and coded according to their suitability for special diet including: High Energy, High Protein, Healthy Heart, Vegetarian, soft and Gluten Free. The coding symbols are as follows:

♥ **HH** (Healthy Heart), **HP** (High Protein), **HE** (High Energy), **V** (Vegetarian), **S** (Soft), **GF** (Gluten Free)
 - This dish coding will be provided to staff in the Nutrition Ward folder to enable them to support patient choice and we hope to include them in new patient bedside booklets to promote independent, informed patient choice. Patients bed side booklets are still in place and are currently under review.
 - We are continuing with extended choice menu pilot study across a number of wards in the Trust. The latest version of phase of the extended menu project will greatly enhance patient choice at lunchtimes, extending this to 15 a la carte hot options and 2 rotating daily hot options. Following some amendments on the menu we are now in the process of implementing this on one of our Maternity wards in the Trust. To support patient choice for patients with diverse learning, language or cognitive needs

we will be producing a pictorial menu of the new extended menu project which we will hope to pilot alongside it.

- A trial was undertaken on the use of insulated bowls for soups and deserts. This initiative is now at the costing stage.
- A “Dine with patients” initiative is in place where Facilities Management staff dine with patients affording the opportunity for discussing the meal service with patients directly whilst also assessing the food provided.

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.*
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- 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 maintain as much autonomy as possible at mealtimes by controlling their own food and drink consumption 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 Nutrition and Dietetics department continues to work with the wards, occupational therapists and speech and language therapists to highlight appropriate patients who can be offered these aids.
- The Trust already has a limited Volunteer Assisted Eating Scheme in place and is 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 is an area the Nutrition Steering Group will be focusing a task and finish group on.

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).*

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- We have recently undertaken the implementation of dedicated dietetic support on both acute stroke wards. Review of this dietetic input has illustrated more timely feeding interventions as a result of this support.
 - The Eastbourne site has recently experienced increasing delays in placing PEGs (percutaneous endoscopic gastrostomy) when required. This is being addressed by enhanced training of 2 endoscopy nurses to enable them to place a PEG. This will increase the number of available PEG slots each week thereby reducing the delay in PEG placement. On Conquest site PEG placement has not been identified as an issue.

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

- We are constantly raising awareness with ward teams and patients of all the menu options available. This is an ongoing process and regular training is available for ward coordinators.
- Training is also made available to all new Health Care Assistants at their induction on Food Hygiene and Food services
- Patients bed side booklets remain in place and are currently under review. We are also currently working towards the production of a Nutrition Ward Folder to provide further accessible information to ward staff. This is planned to be in print by the end of February 2012.
- Information is available on the Hospedia bed side entertainments units.

Additional Supporting Information

This year the catering department supported British Food Fortnight (Monday 19th September 2011 to Friday 30th September 2011) with promotional displays in the hospital restaurants.

The catering teams are working closely with suppliers in the procurement of ingredients and where possible and practicable we purchase local produce. We are working closely with a local farm based in Hailsham, and have recently taken them on board as our main supplier of fresh fruit and vegetables many of which are grown on the farm itself.

Over 85% of the fresh meat purchased by the Trust is British with supplies coming from Suffolk and Kent Farms. Most of our fish comes from Newhaven Fisheries and where practical will use local fish supplies.

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


N.B Copies of embedded documents are available on request from Claire Lee 01273 481327 or claire.lee@eastsussex.gov.uk

Recommendation	Comment	Action	Date	Lead	RAG
<p>Recommendation 1</p> <p>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>Screening using the MUST tool was introduced across the Trust in March 2010.</p>	<p>Annual audit completed in June 2011 and summary compiled. Report embedded.</p>  <p>H:\OldMyDocs_2011 acute dietetic service</p> <p>Weekly audit of assessments including MUST by ward sisters. Evidence held by Clinical Unit shows 80-100% MUST audits completed within designated time frame. Weekly audit information available via the Clinical practice division if requested.</p> <p>Ongoing training sessions organised for clinical staff by the Dietetic Department.</p>	<p>June 2011 - complete</p> <p>ongoing</p> <p>ongoing</p>	<p>Lucinda Silva Lead Dietitian in Nutrition Support / Bryony Campion Lead Stroke Dietitian</p>	<p>G</p>

		<p>Training to be undertaken in key target areas such as surgical preadmission clinic and, SAU/MAU/DME wards.</p> <p>Focussed MUST re audit in December 2011 on MAU and SAU across site showed a vast improvement in the percentage of beds audited with an admission weight / mid arm muscle circumference and with an admission MUST completed. See table embedded for detailed figures.</p>  <p>H:\OldMyDocs_2012 HOSC\Dietetic audits\</p> <p>To extend training to appropriate outpatient clinics such as gastro clinics and all other adult inpatient wards.</p> <p>MUST Re – Audit</p>	<p>December 2011</p> <p>April 2012</p> <p>June 2012</p>	<p>Lucinda Silva- Lead Dietitian in Nutrition Support</p> <p>Bryony Campion Lead stroke dietitian</p>	
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<p>Recommendation 2</p> <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 patient's hydration status is already made on admission as part of the clinical history and examination process for individual patients.</p> <p>This is documented on an ongoing basis in the Integrated patient documentation which forms part of the individual patient's clinical notes</p>	<p>A further review of the fluid balance chart which is in combination with new drug charts.</p> <p>Integrated patient documentation (IPD) version 2 is now implemented and used across in patient areas. IPD 3 is in progress. These documents clearly record information regarding a patient's nutrition and hydration status.</p> <p>Hourly Rounds (hourly essential care checks by nurses which includes a check on nutrition and hydration ; do they have a drink, is their drink accessible, are they hungry, are they comfortable, launched February 2012.</p> <p> </p> <p>\\5P7FS003\UHFS\ Houston\OldMyDocs \\5P7FS003\UHFS\ Houston\OldMyDocs</p>	<p>End March 2012</p> <p>Complete</p> <p>April 2012</p>	<p>Critical Care Outreach</p> <p>Brenda Lynes O'Meara, Assistant Director of Nursing Professional Practice.</p>	
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	<p>Decisions in respect to need for fluid balance monitoring and chart are on based upon these assessment and subsequent reassessments</p> <p>Increase awareness of staff of the importance of Nutrition and Hydration in hospital</p>	<p>Twice yearly fluid balance audit completed by Critical outreach team for patients requiring careful fluid monitoring. Latest audit report attached with recommendations.</p>  <p>\\5p7fs003\uhfs\ HoustonL\OldMyDocs</p> <p>Trust participation in National Nutrition and Hydration week 23rd – 29th January 2012. Event highlighted with press release, communications to all staff, poster presentations around the 10 key characteristics of good nutritional care at both acute sites and all 7 community in patient sites. In addition a staff competition to suggest a practical way that nutrition and hydration could be improved in hospital. There were 10 entries which patients were involved in deciding the best idea. The idea chosen as the most practical and innovative by patients was the use of smaller ½ litre water jugs for those who required a lighter jug or a more realistic volume of fluid.</p>	<p>Audit complete Sept 2011</p> <p>January 2012</p>	<p>Critical Care Outreach Team</p> <p>Lucinda Silva, Sarah Tisdall, Tim Hoe, Lead Dietitians</p>	
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<p>Recommendation 3</p> <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. Area on documentation where doctors can add in nutrition related information.</p> <p>Transfer letters regarding patients in Care Homes now includes nutritional information.</p> <p>See MUST audit embedded earlier for evidence of screening.</p> <p>A review of the referral process from acute to community dietitians to enhance the timeliness of community dietetic intervention and increase efficiency is in progress.</p>	<p>April 2011-ongoing</p>	<p>Lucinda Silva Lead Dietitian in Nutrition Support</p>	<p>G</p>


<p>Recommendation 5</p> <p>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>The protected meal times initiative was first launched in the Trust in 2004.</p> <p>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</p>	<p>Audit complete</p> <p>Patient Information Leaflet Available</p> <p>Communication from Assistant Director of Nursing to Ward Managers regarding Protected Mealtimes. This is updated annually.</p> <p>Continue to network with other stakeholders including BSUH</p> <p>Protected mealtimes guidance has been revised. Standardisation of all processes in progress across all in patient areas. All door signs have been updated at entrances to each ward. All wards operate a 12-1pm protected meal time. Protected meal times initiative was re-launched in June 2011. Annual awareness campaigns planned as part of 2012 Nutrition Study Week.</p>	<p>May 2011 - complete</p>	<p>Brenda Lynes O'Meara, Assistant Director of Nursing Professional Practice.</p>	
			<p>May 2011 - complete</p>		A
			<p>July 2012</p>		A
			<p>June 2011</p> <p>June 2012 - onwards</p>		

<p>Recommendation 6</p> <p>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.</p>	<p>Each ward currently has its own method in preparing patients for their meal.</p>	<p>Hourly Rounds, launched in 2012, coincides with pre mealtime preparation.</p> <p>Purchase of Supported Meal Equipment (adapted cutlery) for use in those wards requesting them for use with identified patients.</p>	<p>February 2012</p> <p>Complete</p>	<p>Brenda Lynes O'Meara, Assistant Director of Nursing Professional Practice.</p>	<p>G</p>
<p>Recommendation 7</p> <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>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> <p>a) To develop a ward poster for patient ward areas informing them of the bedside booklet and information on catering services</p>	<p>Complete</p> <p>In progress</p>	<p>Michelle Clements Facilities Manager</p> <p>In progress</p>	<p>G</p> <p>A</p>

<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>Ward beverage trolleys are available on all wards.</p> <p>Patients should be offered a minimum of 7 drinks per day.</p>	<p>A pilot study of an extended choice menu on 6 wards across the Trust is currently being undertaken.</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>Meal service audits completed on all ward areas to establish areas of best practise and areas where improvements are required.</p> <p>Trial of insulated bowls for soups / desserts currently being costed.</p> <p>Dine with patients initiative with Facilities Management and staff</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>In progress Feb 2012</p> <p>April 2011 - complete</p> <p>May / June 2011 ongoing</p> <p>In progress – Still on going</p>	<p>G</p> <p>G</p>
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		A Pilot study of an extended choice menu on 4 wards across the Trust is currently being undertaken			
<p>Recommendation 8</p> <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>	The Trust already has a Volunteer Assisted Eating Scheme in place	<p>To further develop the Volunteers Assisted Eating Scheme. Task and Finish group established to develop this initiative further across all in patient units. Stakeholders identified and involved including Age UK who are working with the Trust to develop this initiative.</p> <p>Introduction of the red trays and red jug lids to identify patients who have additional nutritional requirements or need assistance with eating and drinking. Information leaflets for staff available and information recorded in the patient's bedside booklet.</p>	<p>February 2012</p> <p>August 2011 - complete</p>	Brenda Lynes O'Meara, Assistant Director of Nursing Professional Practice.	G

<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>   \\5P7FS003\UHFS\ HoustonL\OldMyDocs </p> <p>  \\5P7FS003\UHFS\ HoustonL\OldMyDocs </p> <p>Personalised care plans available for patients who lack capacity.</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>More work is needed to fully harness the support volunteers can give patients and staff at mealtimes and this is an area the Nutrition Steering Group will be focusing a task and finish group on.</p>	<p>February 2012</p> <p>Already Completed and in Place</p> <p>Spring 2012</p>		
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<p>Recommendation 9</p> <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>Specialist stroke dietitians have been in post since August 2011. Report embedded addressing the delay in alternative feeding. Endoscopy nurses to be trained to place PEGs in Eastbourne which will improve the time delay for PEG placement.</p>  <p>\\5P7FS003\UHFS\HoustonL\OldMyDocs</p>	<p>December 2011</p>	<p>Bryony Campion / Heather Brown Lead stroke dietitians</p>	<p style="background-color: #00FF00; text-align: center;">A</p>
<p>Recommendation 10</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</p>		<p>Raise awareness of patient bedside booklets which include information on catering services and all menu options available for patients.</p> <p>a). Hospedia – Introductory video</p>	<p>Complete</p>	<p>Michelle Clements Facilities Manager</p>	<p style="background-color: #00FF00; text-align: center;">G</p>

<p>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>is now live on system and refers to bed side booklets and catering services available to patients</p>	<p>In progress</p>		<p>A</p>
		<p>b) To develop a ward poster for patient ward areas informing them of the bedside booklet and information on catering services</p>			<p>G</p>
		<p>c). 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>		<p>G</p>
		<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>		

Appendix 3

East Sussex Health Overview and Scrutiny Committee – Review of Nutrition and Feeding in hospitals (September 2010) – progress report February 2012.

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 describe the work undertaken following the publication of the HOSC recommendations in 2010 and the update in June 2011. 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 these improvements are ongoing.

Key Achievements since publication (2010):

Continued improvement of MUST scores across the hospital sites- above 85% on both sites.

Implementation of new menus for RSCH (2012) following consultation.

Nutrition week – 21st November 2011- focus on the appropriate use of supplements on elderly care wards

Development and distribution of picture menus

‘Nutrition is the mission’ initiative on Vallance ward

Implementation of Comfort Rounds April 2011

Participated in national BAPEN audit April 2011

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

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 (feedback to Chief nurse for the NHS regarding the Spot it and Stop it initiatives)

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

Progress on Recommendations:

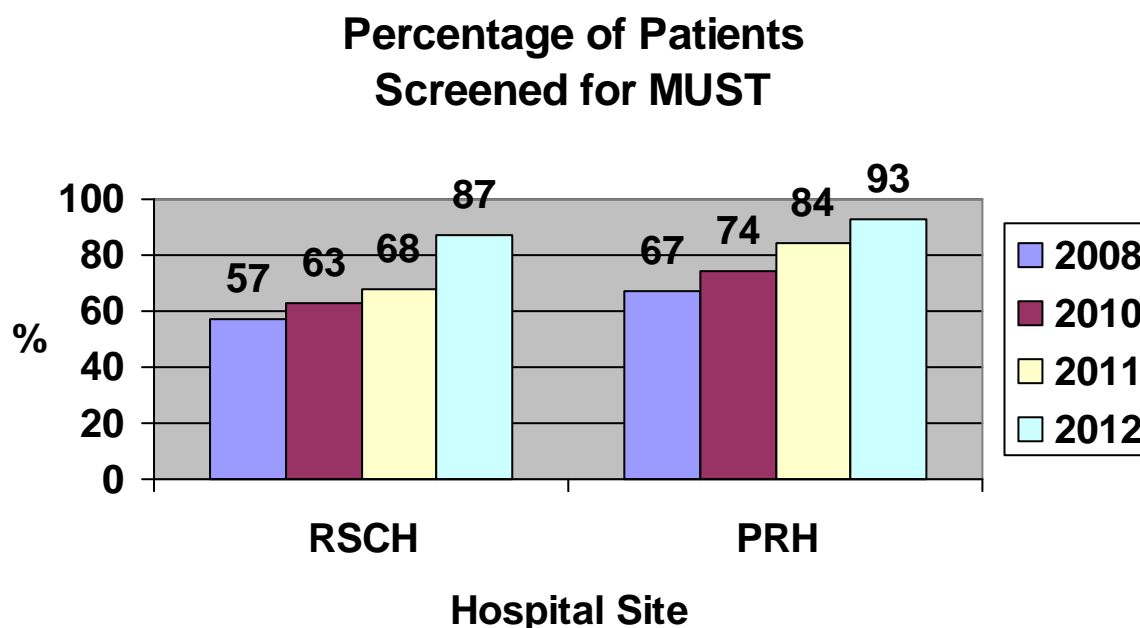
- 1) The Trusts should continue to work towards MUST (Malnutrition Universal Screening Tool) screening in all inpatients and appropriate outpatients as per NICE (National Institute for Health and Clinical Excellence) guidelines**

There are regular MUST audits carried out across the Trust. As part of the governments QIPP (Quality, Innovation, Productivity and Prevention) 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. Following the success of this initiative the dietetic department have trained 896 staff over the last 12 months (2011) on various aspects of nutrition. Nutrition week was initiated during November 2011 with a focus on the appropriate nutrition supplements and ward based training was delivered.

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 audits are undertaken twice per year (including the national BAPEN (British Association for Parenteral and Enteral Nutrition) audit) with more localised ward based audits completed more frequently in areas (as part of the nursing metrics) 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.

There has been a significant improvement in MUST levels following the training and implementation of Comfort rounds with the latest audit (January 2012) showing 87% MUST completion rate at RSCH (Royal Sussex County Hospital) and 93% at PRH (Princess Royal Hospital).



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. The audit in May 2011 had 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 had been organised to reach the target of 100% and ensure that the screening tool is fully embedded in practice. A further piece of audit and training in this area is ongoing with the medical staff and includes inpatients and outpatient however a single ward spot check audit in February 2012 showed the screening levels to now be at 57%.

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 this has now been added to the online packages of training available. Continued ward based training and formal teaching sessions on MUST will continue to be delivered.

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 UTIs (urinary tract infections), IV (intravenous) 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 and implemented. This is a 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 is included as an example 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 (Nil by Mouth), 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".

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 in 2011 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. 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 have continued to try to identify if there are any patterns however based on the previous 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. 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: 25 out of 30 ward areas observing PMT at RSCH (83%) and 10 out of 12 ward areas at PRH (83%).

Promotion of PMT on both sites has been delivered as part of the Nutrition Link Nurse study days in June 2011 and September 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 1) 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 has recently been a review of the menu on Royal Sussex County Hospital (RSCH) site which includes 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. There is a PEAT inspection planned for the week commencing 27th February 2012.

Work is currently being undertaken to review the paediatric menus which should be completed by June 2012.

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.

- 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.

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

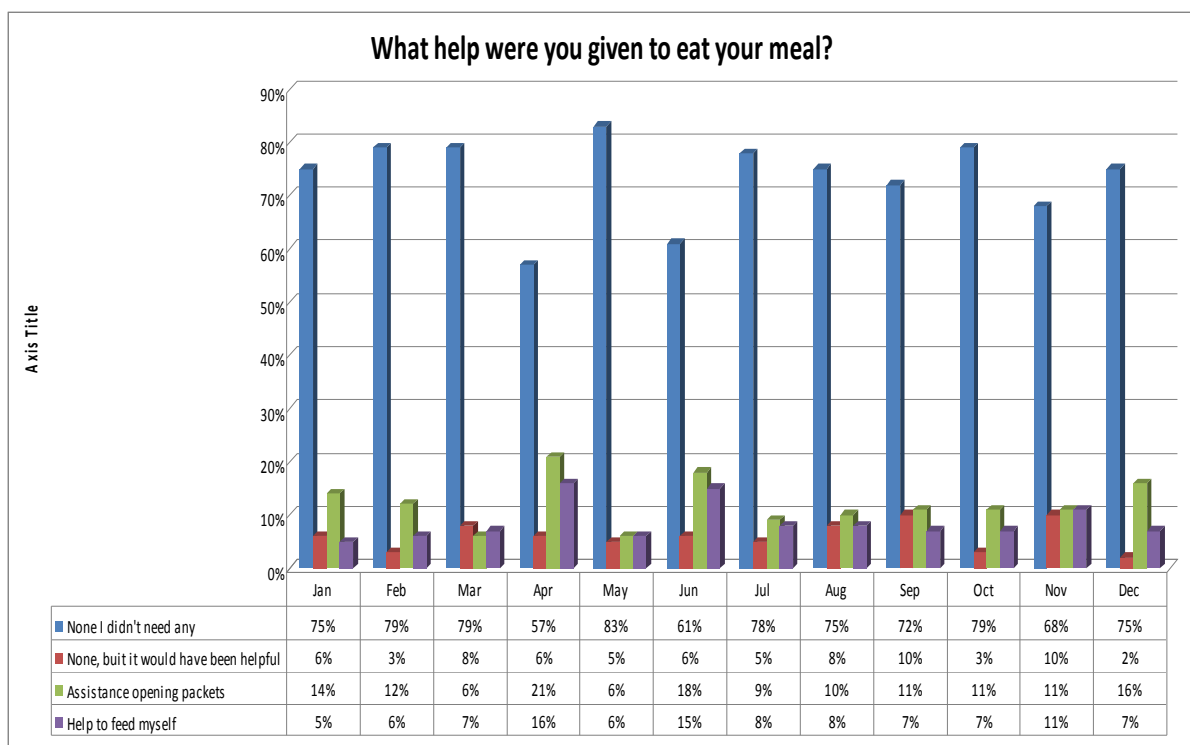
9) Trusts should introduce more effective auditing of assisted eating and drinking procedures, including:

- 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 an innovation by BSUH in partnership with the SHA (Strategic Health Authority). In addition as discussed above the implementation of the Comfort rounds also addresses some of these issues.

Through the monthly catering patient satisfaction audits people are asked what help were they given to eat their meal as shown in the table below for RSCH. The audit results are reviewed as part of the Nutrition Steering Group and where key themes can be identified corrective action is taken to address this. For example the table overleaf shows the audit results (RSCH) from patients with regards to provision of assistance with eating:



- 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.

Following the implementation of the nursing metrics data is collected with regards to patients who are nil by mouth (NBM) and as shown in the information in section 2, NBM status is regularly reviewed and artificial nutrition support considered where appropriate.

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 has been reviewed and the availability of additional fruit and other snacks included as part of the new menus. 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 and the ward host/hostesses also advise patients of additional snacks/foods available.

Conclusion

The significant improvement in MUST screening results and the Comfort Rounds implementation has had a positive effect on the way in which malnutrition is identified and managed within BSUH. 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

Matthew Hutchinson

Associate Chief Nurse



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