

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

Date: **18 September 2014**

By: **Assistant Chief Executive**

Title of report: **East Sussex Healthcare Trust (ESHT): Dignity in Care**

Purpose of report: **To consider an update on the approach of East Sussex Healthcare NHS Trust to ensuring dignity in care, including specific progress on nutrition and hydration.**

RECOMMENDATIONS:

HOSC is recommended:

- 1. To consider and comment on the report from East Sussex Healthcare NHS Trust (appendix 1); and**
 - 2. To consider whether the Committee requires further reports on this issue.**
-

1. Background

1.1 In 2009 HOSC agreed to review nutrition and hydration in local 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. The scrutiny review, which reported to HOSC in September 2010, focused on Brighton and Sussex University Hospitals NHS Trust (BSUH) and East Sussex Healthcare NHS Trust (EHST) as the two main acute provider Trusts for East Sussex residents.

1.2 HOSC made 10 recommendations for improvement, which were accepted by both Trusts in their initial responses to the Committee in November 2010. HOSC received progress reports on the implementation of these recommendations in June 2011 and March 2012. The Committee noted that significant progress had been made by both Trusts in areas such as use of malnutrition screening and provision of assistance with eating and drinking to patients, but there remained a need for ongoing focus in this area to ensure consistent levels of care for all patients all of the time.

1.3 Discussion of the last progress reports in March 2012 broadened out into more general issues of nursing care for older people, in particular the use of regular nursing rounds to ensure a range of patient needs are met including, but not limited to, nutrition and hydration. For this reason, HOSC requested a further report from each Trust on their overall approach to ensuring Dignity in Care, to incorporate a general update on progress with regard to nutrition and hydration. These reports were considered by the Committee in March 2013. At that time the committee concluded that both Trusts were making significant progress but that some changes made by ESHT were relatively recent and required further review by the Committee.

1.4 The broader consideration of dignity issues fits with the approach taken by the national Dignity in Care campaign where the provision of appropriate nutrition and hydration are seen as part of the wider provision of dignified care for older people. Dignity in care factors include personal hygiene, privacy, choice and control, pain management and communication, as well as nutritional care. Further information is available at <http://www.dignityincare.org.uk> where individuals can also sign up as 'dignity champions'.

2. ESHT progress report

2.1 As requested, ESHT has supplied a further update on the Trust's work to ensure dignity in care for all patients, particularly older people. The report, attached at **Appendix 1**, includes specific updates on the areas highlighted by HOSC's original review on nutrition and hydration.

2.2 HOSC is recommended to consider the Trust's progress in this area and whether the committee requires further reports.

2.3 It may be helpful to await the outcome of the recent Care Quality Commission inspection visit to the Trust before deciding whether there are specific areas relating to dignity in care, or other aspects of care at the Trust, which HOSC wishes to follow up with further scrutiny.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Paul Dean, Members Services Manager
Tel No: 01273 481751

HOSC Report August 2014

Dignity In care: Scrutiny review of Nutrition, Hydration and Feeding in hospitals

1. Introduction

This report provides HOSC with a further update since March 2013 on progress made by East Sussex Healthcare NHS Trust against the key 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

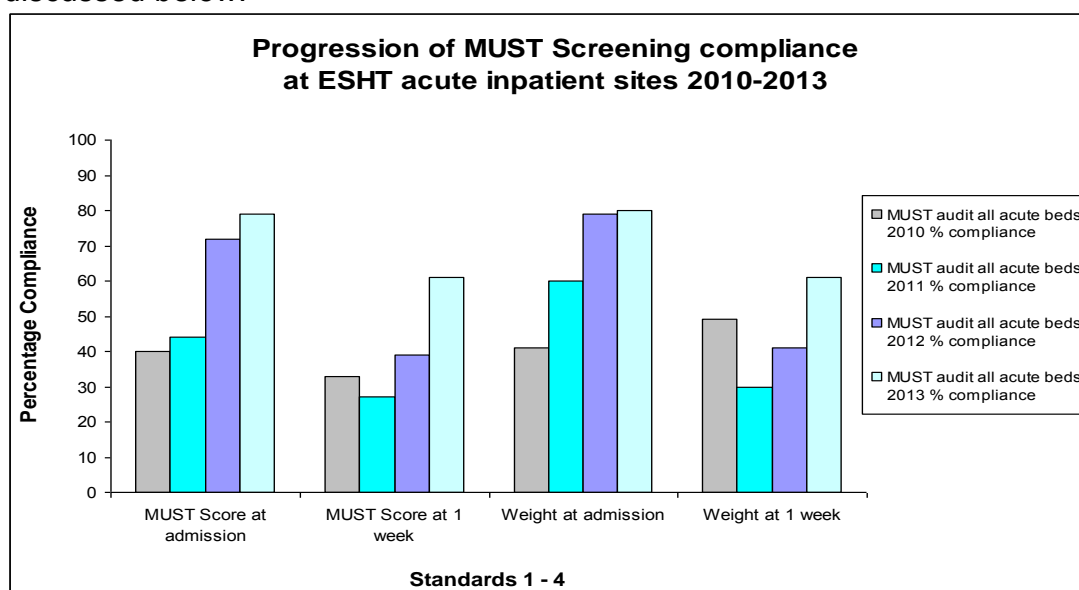
The organisation has made significant progress highlighted in this report but this is not the sum total of developments. Therefore this report provides a snapshot of some of the key work that East Sussex healthcare has completed in relation to Dignity in Care.

2. Screening

2.1 Recommendation 1

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

Use of the Malnutrition Universal Screening Tool (MUST) is fully audited across all in patient beds annually. This last audit took place in August 2014 and results are currently being collated and analysed. Monthly audits have also been undertaken throughout 2013/14 and the results from these are discussed below.



Changes in Compliance with standards 1- 4 on acute sites (June 2010 to July 2013)

The data from previous annual audits has shown ongoing improvement in compliance with Nutrition Screening standards and outcomes from MUST scores.

Standard 1 Hospital inpatients should have a MUST score calculated on the day of admission or the following day.

Standard 2 MUST score calculation should be repeated within 1 week of admission for patients remaining in hospital for more than 1 week

Standard 3 Patients should be weighed or have a surrogate used to measure their nutritional status (i.e. MUAC) on the day of admission or the following day.

Standard 4 Patients remaining in hospital for more than 1 week should be re-weighed or have another surrogate used to estimate their nutritional status (e.g. MUAC) weekly. (Only recorded for patients with an admission MUST score).

Compliance with all standards has increased again with the most dramatic increase in standard 2 and standard 4 involving re-assessing patients at 1 week.

Monthly online quality peer reviews including MUST continue to show improvement on 2013 audit results.

Inpatient MUST Scores

Quality performance Reviews	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
MUST	94	92	93	96	94	95	93
Must 7 Days	82	88	78	83	84	87	90

We attribute these improvements to a number of developments including

- the employment of two dietetic assistants whose role it is to train ward staff on how to use MUST and advise staff on the importance of good nutrition for their patients. Training sessions target out of hour's staff, and student nurses as well as day shift nursing staff.
- the recruitment of staff as 'Nutrition Ambassadors' who can spread the importance good nutrition widely across the Trust. The recruitment drive started in March 2014 as part of Nutrition and Hydration week. 46 Ambassadors have been recruited thus far and an educational programme is in place to support them
- The ongoing inclusion of MUST screening as part of the pre operative assessment programme that supports our Enhanced Recovery After Surgery programme.
- MUST being included within the new starter Health Care Assistant and Ward Housekeeper training as well as their annual updates.

- The MUST screening tool being a core module of the new electronic patient monitoring system called VitalPAC. Nurses are prompted to MUST screen via an electronic handheld device at the correct time during each patients admission. All acute in-patient wards have commenced use of VitalPac
- The Trust now has eMUST which is an online MUST training package available to all staff.

2.2 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 and this is recorded in the Integrated Patient Documentation (IPD) to ensure personalised care. The at a glance care plan, within the IPD is reviewed and updated at minimum weekly or when there is a change to the patients condition. Version 4 of the IPD was launched in April 2014.

In addition a number of actions have been taken to improve hydration including:

- The introduction of a new Fluid Monitoring Protocol that was developed collaboratively between the dietitians and nursing staff and launched in January 2014.
- The introduction of new Food Record Charts developed collaboratively between nursing and dietetics which include areas to record oral fluids such as water, tea, coffee as-well as soups and jellies. These were launched in January 2014.
- Participation in Nutrition and Hydration Week (17-21st March 2014). Hydration related activities including promoting the new food and fluid charts and interactive ward based sessions showing staff how to accurately measure fluid volumes.
- The ongoing provision of essential care rounds two hourly on all wards across the Trust. These care rounds include an individual check on nutrition and hydration: to check - do patients have a drink, is their drink accessible to them, are they hungry and are they comfortable. These are peer audited as part of the online quality review process monthly

All above initiatives have a planned audit timetabled for 2015.

2.3 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 discharge information / letter as appropriate for the GP's. The Integrated Patient Documentation Version 4 includes a checklist for discharge which includes MUST. Multi disciplinary team meetings held daily to discuss all aspects of patient's care and discharge planning. These meetings help to ensure that a comprehensive personalised care package is available for patients on discharge and arrangements regarding nutrition. Seamless transfer of nutritional care (including MUST details) continues from acute to community dietetic services.

2.4 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.

The Trust continues to undertake its own audit which is relevant to the Trust and includes all areas of the BAPEN audit. Whilst BAPEN have now discontinued their National audit, ESHT continues to monitor compliance. The Trust takes a multi-agency approach to identifying concerns and issues about patient care prior to admission and raises any issues through an appropriate safeguarding route. The MUST audit measures compliance with 10 standards and data is presented at ward / community hospital level and therefore we have been able to identify those clinical areas who did extremely well and those who needed more support. Of those who needed more support, dieticians have provided enhanced training and have re-audited to monitor the effectiveness - which has shown improvements in all cases.

3. Protected Meal times

3.1 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 mealtime arrangements have been reviewed as are part of the overarching Trust Nutrition Policy and continue to be in place across the Trust in all appropriate areas. The protected meal time has been standardised across the organisation which is between 12pm – 1.15pm daily and awareness posters are displayed at the entrance to each ward.

There are plans to audit compliance of the protected mealtime Arrangements in the 2014-15 audit forward plan.

4. Hospital Food

4.1 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 essential care rounds implemented on all ward areas support the pre meal preparations for patients. This includes hand washing where appropriate or the supply and use of hand wipes. Adaptive cutlery has been provided to every ward for patients who would find benefit from using it. 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. Alternative beakers for patients with dementia are available when required.

4.2 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.*

The Trust has recently implemented a new style meal service for patients on both acute sites. The catering services team have partnered with a company called Steamplicity who supply around 40 NHS Trusts across the country. Steamplicity is a unique cooking system that steams food to perfection at ward level. This allows us to bring more fresh vegetables, steam cooked to patients. Dishes are cooked at ward level and are required to reach a core temperature of 82°C before they can be served. They are then served to patients ensuring that each patient receives a meal at a good temperature regardless of whether they are first or last served.

Patients are able to order from an extensive menu for both lunch and supper which has a choice of over 17 hot main meal dishes, 6 hot light bite options and a range of salads and sandwiches and hot and cold desserts including fresh fruit options. The new style of catering service allows patients to have more independence, choice and control with regards to their meals. Patient menus have been diet coded so that patients are aware of what is suitable for them if they have particular dietary needs. Pictorial large print menus are also available on each ward. We still have a special diet chef on both acute sites that cater for individuals who have dietetic needs which cannot be met by this extensive menu. A specialist finger food menu has been devised for patients with dementia or those who are unable to feed themselves using cutlery but still want some independence whilst eating. There is a high energy, high protein snack list which has been produced collaboratively between dietetics and catering, which is available for all patients who require a high energy diet. This can be accessed directly from catering by the ward staff, without the involvement of the dietician.

There is an ongoing training programme in place for ward staff covering all aspects of nutrition and food awareness for patients e.g. thickening fluids, appropriate meal choices, food fortification etc. Training on food hygiene and food services is also provided for all new health care assistants at their induction. As part of the dementia strategy an acute pathway for people with a known history of living with dementia has been developed which includes guidance on safer eating and drinking.

5. Assisted Eating and Drinking

5.1 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.

Ward nursing and housekeeping teams are responsible for undertaking direct feeding assistance at mealtimes. Some patients may not need physical support, but may require assistance for example with opening of packaging or friendly encouragement. Volunteers may support this activity.

The 'Come Dine with Me' initiative takes place on appropriate wards where patients, who are fit and able, are invited to eat lunch around a dining table with fellow patients and the dietetic assistants. This is to encourage a more social mealtime experience. The dietitians have noticed a marked improvement in patients' nutritional intake when this occurs. This will be formally measured as part of the 2014-15 Audit plan.

The Trust continues to use a range of assisted cutlery, which includes high rimmed plates, non slip mats, angled spoons, thick handled cutlery and spouted cups 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. This enhances patients' dignity and means that patients who require direct assistance and more practical support from nursing staff receive it.

5.3 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).

Essential Care rounds and the daily multidisciplinary team reviews are in place specifically to identify patients who need additional support. There are also new above bed boards to signpost those patients who are nil by mouth and requiring additional support. In addition the new catering system means that patients can receive hot meals at any time of the day, so if a meal is missed due to an operation or scan, patients can be assured that they will be provided with a hot meal later in the day. Red jug lids and red trays are also in place across the Trust, to identify to staff patients who may need additional support with mealtimes. ESHT now have a Stroke care pathway, which includes specific detail regarding speech and language therapy assessment and decisions regarding the requirement for tube feeding.

6. Information

6.1 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 the Trust has recently implemented a new style meal service for patients on both acute sites which addresses this recommendation..
- This year the Trust actively took part in Nutrition & Hydration week (17-21 March 2014). Initiatives included:
 - Promotional stands in staff canteens of the 10 key characteristics of good nutrition.
 - Presentation of awards for those who showed most improvements in MUST 2013 audit.
 - Worldwide Afternoon Tea Party, where each patient in a hospital bed was offered a slice of cake (or suitable dietary alternative) with Their usual cup of tea. This is to promote the message of 3 meals plus 3 snacks per day for acutely unwell patients to enhance recovery.
- Each year the Trust hosts an annual Nutrition Study Day which is organised by the Dietetic department.
- ESHT have continued to implement the patient FFT in line with National Guidance. Trending heat maps are now showing an increasing satisfaction with the food since the introduction of Steamplicity in March 2014

2014	April	May	June
How would you rate the hospital food?	68.19	63.36	72.21

- Clinical Forums - the dietitians (and other interested colleagues) meet bi-monthly to discuss topical issues within their clinical speciality. This is an opportunity for keeping up to date; work on service improvements, provide clinical supervision and ensure that patient safety and governance within all aspects of nutrition throughout the integrated Trust is maintained.

7 Further actions to promote dignity and respect in care

7.1 Communication

Nursing staff introduce themselves to patients on shift change and patients are informed of roles and responsibilities of the team. When nursing interventions are carried out these are evaluated within the integrated patient documentation and ongoing plans of care agreed. There is an expectation that Nursing staff agree and document patients consent and or agreement prior to undertaking nursing interventions.

7.2 Equality and Diversity

Training is in place and records being maintained at ward level as we want our patients to feel that they matter – that their values, beliefs and personal relationships will be respected. This applies to all our patients, regardless of their age, gender, ethnicity, social or cultural backgrounds, or their psychological or physical requirements.

Monthly FFT Inpatient Scores 2014	1.14	2.14	3.14	4.14	5.14	6.14	7.14	8.14	Bench Mark
Privacy and Dignity KPI Scores	95	94	94	95	94	93	94	95	< 59 Red 60 - 79 Amber 80+ -Green

7.3 Essential Nursing Care

By definition essential nursing care sets out the standards that every one would expect to be provided at all times. The Trust has focused on ensuring that these essential standards of care are fully understood by all staff and patients and this is reinforced through essential care rounds as detailed below and in day to day care. This includes:

- Compliance with single sex accommodation is being achieved in accordance with the national guidance. This allows clinical exceptions, where the medical care required by the individual overrides the need for single sex accommodation i.e. in ITU. This is rare on general wards and any exception is reported.
- The trust has increased side room capacity Wellington Ward (Conquest) with an additional 4 ensuite side rooms and a bariatric room.
- All wards have well fitting curtains fit for purpose and large enough to provide complete privacy with either placing either pegs or do not disturb

signs on curtains when closed with Staff requesting entry prior to opening curtains.

- Patients are wheeled to toilets as much as possible and especially if required at meal times.
- Toilet facilities for male and females are separate and well labelled and toilets are well maintained and cleaned regularly. Toilet doors are closed when in use with the facility to open from both sides if required in an emergency.
- Patients and relatives are taken to the office / day room when possible for private conversations to be undertaken.
- Staff ensure patients are adequately dressed or covered prior to leaving a clinical area for any reason, so that their privacy is maintained and they are warm and comfortable.

7.4 Pain Management

Pain assessments are being undertaken on admission and as part of ongoing observations of vital signs with the use of Abbey pain score for patients with cognitive/communication impairments. Monitoring patients level of comfort on two hourly essential care rounds also occurs and the involvement of the 'pain team' when required

8.5 Essential Care Rounds

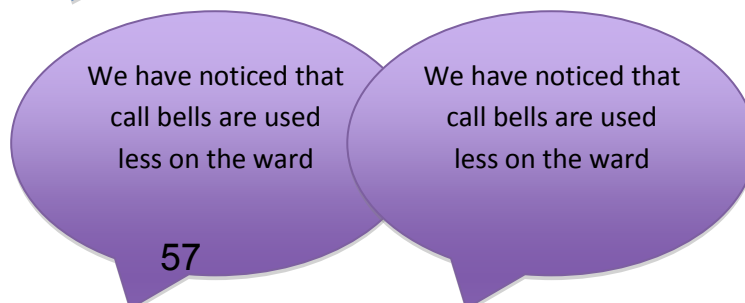
An outcome of the work undertaken early in 2012 was the introduction of care plans to ensure that patients are involved in all aspects of their care which is evidenced by "At a Glance" documentation, an individualised summary of patient care. A second area of development to improve patient care was the introduction of Essential Care Rounds (ECRs)

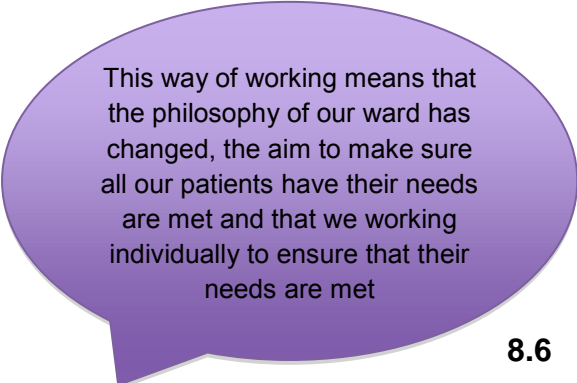
Every acute ward and community hospital now carry out Essential Care Rounds every one to two hours, this method has also been adopted in the majority of our outpatient areas. The ECRs are patient centred with a nurse checking in with a patient to find out if they are comfortable and if there is anything they need. Weekly quality review meetings and our standards of care ongoing audit monitors continuing activity and benefit of carrying out ECR's.

Patients report when questioned during internal audit:



Nursing staff reports





This way of working means that the philosophy of our ward has changed, the aim to make sure all our patients have their needs are met and that we working individually to ensure that their needs are met

Essential Care rounds have become part of ESHT culture; our staff have embraced this philosophy and rightfully own the realised benefits.

8.6 Dementia Care

'The Trust has focused on providing care that meets the needs of patients with dementia. One example of this is the use of the 'This is me' document. 'This is me' is a Life History document enables all staff, clinical and support, to understand the person with dementia. It is particularly useful for those patients who may have lost full verbal communication. It is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

The 'This is me' document enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia and their carer. It can also help to prevent issues with communication, or more serious conditions such as malnutrition and dehydration.

Results from the Carer survey, which is part of the dementia CQUIN, evidences a continual increase in the use of the 'This is me' document, since it was introduced in August 2013, with an overall satisfaction rate at 70.6%. The indicators show that the highest satisfaction score was for staff listening and acting on the information carers provided at 85.5% although only 43.3% Indicated that this was through a 'This is Me' (Life History) document. The results of the audit are communicated to all ward Matrons and Heads of Nursing and the use of this document continues to be promoted by our Dementia Care Champions.

9. Areas of development for the coming 12 months

The trust has refreshed its Quality Improvement Plan and has identified some the areas for priorities for the promoting dignity in care over the next 12 months. These are developed through Patient safety, patient experience and clinical effectiveness including:

- Dementia care
- End of Life Care
- Patient nutrition plan on admission using MUST tool
- Patient led improvements based on complaints, Serious Incidents, and the Friends and Family Test results

A Patient Experience Strategy is now in place, this strategy underpins how ESHT manage the structure of patient engagement and experience.

A paediatric nutrition workshop is also planned for 2015 is the first of an annual event to support the development of nutritional knowledge for our children's nurses and health visitors.

10. Conclusion

As outlined in this report significant progress has been made to ensure we are providing our patients with appropriate nutrition, hydration and feeding and ensuring their dignity and privacy is respected. This also supports compliance with regulatory requirements. We are not complacent and the Trust takes every opportunity to drive the required cultural change to ensure that first and foremost we ensure the delivery of high quality care to our patients as part of our everyday practice.

Brenda Lynes-O'Meara

Sarah Bushell

Michelle Clements

August 2014

