

Nutrition

Patient survey at South Tyneside District Hospital **February 2024**

healthwatch

Background

Across South Tyneside and Sunderland NHS Foundation Trust, feedback and findings gained from Adult Inpatient Surveys and the Friends and Family feedback tool have indicated patient experience of mealtimes could be better.

In response to this feedback, the Head of Quality Improvement based within the Trust, has set up a quality improvement project group aimed at improving patients' experience at mealtimes.

The Trust asked Healthwatch South Tyneside and Healthwatch Sunderland to support the work, by obtaining patient feedback from patients on several wards across the two sites to provide valuable information that could aid the development of improvements of both nutrition and hydration and overall mealtime experiences for patients.

Methodology

A survey was devised to understand the 'food experience' for patients on from ordering to preparation for food arriving at the bedside to their actual meal.

Questions in the survey focused on several areas including:

- Choice
- Quality and quantity
- Availability
- Support available/received

Open and closed questions were used to gather quantitative and qualitative data.

The visit to Ward 5 at South Tyneside Hospital was unannounced by the Patient Experience Team and the Trust. Healthwatch staff were escorted, taken to the ward and introduced to lead clinical staff by the Patient Experience Team on the day.

At the time of the November visit Ward 5 was temporarily decanting on Ward 8, while some essential works were undertaken on Ward 5. The second visit in January was to Ward 5.

Patient responses were gathered at patient bedsides by Healthwatch South Tyneside staff and volunteers; senior ward staff determined which patients were well enough to be invited to participate.

Participants were made aware that their responses would be recorded on paper and comments may be included in a report but fully anonymised to protect their identity. Participants verbally consented to this and were given the option to withdraw/stop the survey at any time.

No personal or demographic information was collected.

Healthwatch South Tyneside staff and volunteers were present on Ward 5 on November 29, 2023 from 1pm to 3pm and spoke with eight patients. One of these patients was being peg fed and had not experienced mealtimes as such on the ward. For this reason their responses were excluded from the data.

A follow up visit was scheduled and carried out January 31, 2024 from 1pm to 3pm, when a further 14 responses were gathered. Two patients answered a limited number of questions due to care taking place whilst on the ward; these incomplete responses were also excluded from overall data.

Date	Total number of patients spoken to	Responses excluded due to limited responses	Total in survey
November 29, 2023	8	1	7
January 31, 2024	14	2	12
TOTAL	22	3	19

Findings

Q1. We asked patients approximately how long they had been on the ward.



Q2. We then asked patients to rate the meals they had on the ward.

	Very good		Fairly good		Neither good nor poor		Fairly poor		Very poor		No answer	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Breakfast	7	36.8	9	47.4	2	10.5	0	0	1	5.3	0	0
Lunch	7	36.8	10	52.6	2	10.5	0	0	0	0	0	0
Main meal	8	42.1	9	47.4	2	10.5	0	0	0	0	0	0

Q3. Patients were asked if there was enough food and drink for them.

All agreed that their portion sizes were good but often too large, mentioning they were experiencing smaller appetites as a result of their current ill health:

"Sometimes too much food."

"More than enough food. Very impressed."

Q4. We then asked patients if they thought there was enough choice.

18 out of 19 participants agreed that there was plenty of choice relating to food and drinks.

One person did not think the question was applicable to them due to their limited diet, and commented:

"I'm quite limited but they (kitchen) make what I request – I try to fit around meals that are already on offer."

Other comments included:

"Variety good, but always cold so it gets wasted - an awful lot gets wasted."

"I'm a picky eater but there is more than plenty to eat."

Some people commented on differences between the brown and purple menus. The purple menu is for those with specific dietary needs and includes items such as full English breakfast, bacon sandwiches. Many items on this menu are not available on the standard brown menu.

Some people voiced their dissatisfaction that they could not order items from the purple menu:

"Purple menu is better - you can order a bacon sandwich or more Weetabix. I only got one Weetabix - I wanted more. Bacon or sausage sandwich would be nice."

One person mentioned how what they ordered sometimes doesn't arrive and they get something different.

Q5. We asked patients if the food on offer met their dietary needs.

16 out of the 19 people surveyed agreed meals met their dietary needs. Three people stated they had no dietary needs or requirements.

"Yes, they cater for all diets - plenty of vegetarian food."

One person commented very positively:

"I'm quite limited, I have a special diet (gluten free and high protein). Kitchen are very accommodating. They try to make things nice. I get good meals and can't fault it. I request what I would like, but try to fit around meals on offer."

We asked for further comments relating to questions 1-5 and patients told us:

"I love the grub in here - great menu."

"The menus have changed, need to have special diet and to tick from purple side. I asked for bread/toast, but it was stale when it came."

"Jacket potato - lovely."

"I'm diabetic. I've lost a stone. Menus are coloured to make it easy to choose. Rice crispies for breakfast - thoroughly enjoyed them. Leek & potato soup for lunch lovely."

"Lunch and dinner fluctuate - if it's on the menu I can choose it."

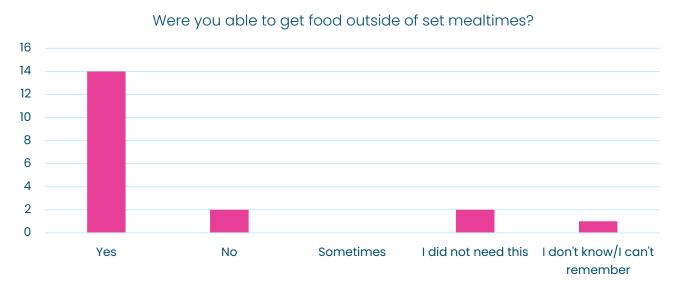
"If food is hot, it's fairly good."

Presentation of some softer foods was also mentioned:

"Good presentation other than some types of food like mince."

"Like to look at food that looks nice. This is a bit sloppy (shepherd's pie)."

Q6. Most patients said they were able to get hospital food outside of set mealtimes.



Most patients told us they could order items from the menu which could be kept for snacks between meals.

To find out if patients received what they might need to stay nourished and hydrated whilst in hospital we asked the following questions:

Q7. Do you need help to eat and drink?

All patients spoken to stated they were able to independently eat and drink (19).

Q8. Are staff there to help when needed?

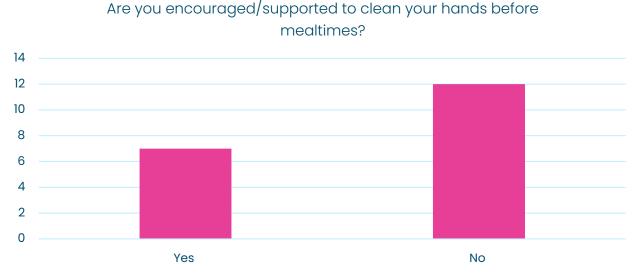
All patients responded 'not applicable'.

Q9. Is help offered to eat and drink at times other than mealtimes?

All patients responded 'not applicable'.

Patients were then asked about cleaning their hands before mealtimes.

Q10. Are you encouraged/supported to clean your hands before mealtimes?



A high proportion of patients mentioned they were not prompted/supported with this task.

To aid understanding, we asked patients if handwashing took place how it happened. Two people suggested that patients completed this task independently, one commenting:

"People go to the toilet to wash hands or bring their own hand wipes."

Four people mentioned using the washbasin in the bay, one person mentioned staff supported them to do this and we heard mixed responses about the availability of handwipes.

"Sink in the bay is available. Handwipes are usually somewhere near the sink too."

"Some wards have wipes - here I use the sink."

"I go to the sink with staff. I use hand gel and paper towels sometimes."

"Some people mentioned wipes were available either in bathroom or next to sink."

One person who said they were not reminded/helped to wash hands told us:

"I'm not helped all of the time."

Q11. To give insight into mealtime routines, patients were asked to indicate which of the following took place in preparation for meals.

Table cleared	17
Sat appropriately	18
Food within reach	19
Appropriate cutlery	19
Clothes protector	3
Napkin	19

All of the patients we spoke to said they were able to eat without support, therefore low numbers of those requiring and being given clothing protection is reasonable.

Q12. We asked: 'During your time in hospital, do you get enough to drink?'

18 out of 19 people agreed they got enough to drink.

The one person who answered "No for another reason" did not go on to explain this response.

During the visit several patients mentioned the good things about drinks on the ward. One person liked that they were able to bring their own juice and four patients mentioned regular changes/refreshing of water jugs was something they appreciated.

Tea and coffee between meals and the tea trolley was mentioned positively by several people.

Two people explained they were able to get hot drinks on the ward if needed:

"Sometimes staff bring me a cup of tea to help bring my sugar levels back up."

Staffing issues which related to drinks on the ward were also observed:

"When there is no Healthcare Assistant on there are no hot drinks."

"Patients are woken at 6am, but there is no Healthcare Assistant till 8am. Some people will want a cuppa when they wake."

Q13. Patients were invited to comment freely about what was good about the food and drink.

Some patients mentioned staff:

"Good attention from staff - if they have time."

"I like the porridge and most of the stuff on the menu - staff are great."

Patients talked about the choices on the menu:

"I like the choice given - It suits me."

"There's lots of variety. A three-course meal."

One patient who had a particularly limited diet commented very positively when she told us that writing what she wanted on the menu enabled her to get the food she wanted:

"Never thought about writing on menu what I want - I've been in hospital 17 times - I did write what I wanted this time...and I got it."

Favourite dishes were mentioned by some:

"Shepherd's pie canny nice, steak pie good too."

"Soup is very good, and puddings are always lovely."

Other comments included:

"Food all piping hot."

"Hear bad things about food in hospital. Very surprised by the food." (in a good way)

"Get salt and pepper with meal. Good choice."

"I don't have to cook it! Very punctual."

"Alright - sometimes better than a café - can have a large or small meal."

"If it's hot and presentation is nice."

Q14. We asked if food and drink on the ward could be improved.

Many patients stated there was nothing they would improve but some mentioned the temperature of foods:

"Warmer - they come around with the trolley - by the time you get it its cold."

"If main meal was hot it would be better."

One person felt cooler food was due to delays in it being served from the trolley:

"Timings are wrong. It's important for the nurses to do their jobs but there should be a gap between doing meals and other jobs like meds and blood pressure. Food always cold."

The menu itself received some suggestions:

"Boxes (on menu) are small, writing could be bigger."

"Menu should be the same across the board."

"If you get the brown menu you don't get the option of bacon sandwiches etc. It depends on the dietary needs of the person."

Additions to the choice of foods included:

"Bacon sandwiches please!"

"Could do with tomato sauce sometimes. Puddings really nice but could be a bit better; don't get apple crumble very often - that's nice."

"I think there should be more fruit available. I like a little after a meal. As far as I'm concerned everything is great."

"A bacon sandwich would go down well. Scrambled egg."



"If main meal was hot it would be better."



Q15. We lastly invited any other comments re food and drink.

Most responses were that nothing needed to change:

"Everything is ok."

"Never want for anything, suits me fine thank you. No complaints."

This person mentioned they had had some problems but went on to explain that they were being resolved:

"I had a few issues but dietician is sorting it out. I had some meals which should have been gluten free but weren't - they had a GF label on."

Staffing was commented on by some of the patients we spoke to. Comments can also be found in Q12 about drinks on the ward:

"Staff are very helpful If I can't read the menu staff help - they will read it out."

One person suggested:

"More staff to help."

One patient told us that although she did not require support, she had seen others being supported to eat and drink. She mentioned staff were very patient and maintained the person's dignity by ensuring their clothes were covered.

This person also mentioned that despite this, too few staff meant that the three patients who all required support to eat in the bay she was in had to "wait their turn" if there was only one Healthcare Assistant on duty.

Other comments included:

"Sometimes get interrupted when eating, like getting dressed in the morning. Mealtimes are at different times than I'd have at home."

"Lunch is too close to breakfast. Timing is not great."

"I'm diabetic. I find it a short time distance between dinner and tea. I choose less for tea as I'm still full."

"They don't always check I'm sat comfortably."

Themes/observations

The majority of people were happy with the quality, quantity and choice of food and drink whilst on the ward.

Some dissatisfaction was observed around the different menus and foods being available on one menu that were not available on the other. Patients were also helpful in suggesting additions to menus.

All stated they either had no dietary needs or that the food met their requirements.

We heard varying reports around food temperature. Interestingly on our second visit the further away from the entrance to Ward 5 we were, the more complaints we received around food being cold.

As we did not observe meal distribution, we cannot comment on whether the order in which meals are distributed impacted on food temperature.

High numbers of patients reported not being encouraged to wash hands prior to eating. Some mentioned using ward sinks to complete this.

We observed wipes in several places on our first visit (when Ward 5 had decanted to Ward 8) but on our second visit we did not observe any handwipes other than those which patients had brought in themselves.

Full cups and jugs of water were observed on tables and within reach consistently on both visits and several patients mentioned regular refreshing of this water took place.

Staffing levels were mentioned by several people as impacting on eating and drinking on the ward.

There were two mentions of meals being disturbed by routine care being carried out.

When clearing trays, we observed a member of staff taking food which looked untouched from a patient; the patient was not asked if they had finished.

During our second visit we observed large plastic bowls (resembling large fruit bowls) being used by patients to place items in and keep on bedside tables.

Some people commented positively about this feeling they kept things tidy. We observed several people had snacks in these bowls.

Recommendations

Whilst it is understood that some care given to patients during mealtimes will be essential, considering protected mealtimes may reduce the number of times patients are disturbed whilst eating meals for routine care.

Encouragement to wash hands and the provision of hand wipes for all patients would promote personal hygiene at mealtimes, especially for those who are unable for whatever reason to access the sinks.

Staffing levels appear to impact on patient experience. Exploring how staff coverage at this time may be increased may lead to improve patient experience in the following ways:

- Increased frequency that handwashing is encouraged and completed
- Possible impact on temperature of food when it arrives at the patient's bedside
- Those who require support to eat and drink may receive this help in a timely manner
- Increased opportunities to access drinks on the ward (particularly tea and coffee for those waking early)

Suggested additions to the menu of available foods may not be possible but perhaps fruit could be made more freely available for snacks, possibly with the tea trolley rounds on the ward.

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