Hospital food at
North Tyneside General Hospital

Report by Healthwatch North Tyneside:

- Enter and View Report, July 2016
- Response by Northumbria Healthcare NHS Foundation Trust, October 2016
- Update on Healthwatch recommendations, January 2017

January 2017

Hospital food at North Tyneside General Hospital
Report by Healthwatch North Tyneside

This document brings together the following:

- Healthwatch North Tyneside enter and view report on hospital food at North Tyneside General Hospital, July 2016
- Response to the report by Northumbria Healthcare NHS Foundation Trust, October 2016
- Update on action in response to report recommendations, January 201**7**

For the background to our work on hospital food please go to:

www.healthwatchnorthtyneside.co.uk/your-issues/hospitalfood

Enter and view report on hospital food at North Tyneside General Hospital, July 2016

Acknowledgements and thanks

Enter and view team: Tina Fry, Joan Hancock, Molly Herridge, Colin Thomson and Joyce Greely.

Thanks to the staff and patients on wards 12 and 23 and the catering staff of North Tyneside General Hospital for participating in the visits.

Healthwatch North Tyneside staff and board.

Healthwatch North Tyneside (HWNT)

We are here to make sure people's views on health and social care services in North Tyneside are heard.

We work with users of local NHS and social care services to hear people's experiences, identify any issues or problems and help bring improvements.

We gather and represent the views of adults, young people and children living or using services in North Tyneside. We want to know what's working well and what needs to be changed. Together we can make a difference:

- We tell services about people's experiences of care and hold them to account
- We investigate problems and seek solutions
- We have a say in how local services are delivered and designed.

We want excellent health and care services in North Tyneside that have been shaped by local needs and experiences. We want to involve people of all ages and from all sections of the community.

Local Healthwatch have been set up in each local authority area in England, creating a national network to make sure the voices of people who use health and social care services are heard at the highest level.

Enter and view

Local Healthwatch have the power to 'enter and view' services in their area. Enter and view visits are conducted by teams of trained volunteers to find out how services are being run and identify areas for improvements.

Background

Why look at hospital food at North Tyneside General Hospital?

Healthwatch North Tyneside's board reflected on the evidence available to them and gave priority to hospital food at North Tyneside General Hospital (NTGH) as a focus for enter and view.

The aim of the enter and view visits was to 'find out about patient's experiences of food in North Tyneside General Hospital, including how patients with additional needs are assisted at mealtimes'.

Hospital food or patient nutrition and hydration is an essential part of care with diet significantly affecting our health. Standards and guidance on hospital food cover safety, efficiency, sourcing, nutrition, contribution to the local economy and public health. (Jeffrey, D et al, The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals. DoH 2014)

HWNT focus is on the patient experience of food in hospital and findings which can be evidenced through a layperson's observations and view. This report compares these findings primarily against CQC Outcome 5, regulation 14 and associated guidance, and in addition considers elements from Ten Key Characteristics of Good Nutritional Care (Nutrition Alliance) and the NICE Quality Standard 15 on Patient experience.

How we gathered our information:

1. The enter and view volunteer team visited North Tyneside General Hospital in September 2015 to meet with catering staff and understand the food journey within the hospital from delivery, preparation and serving.
2. The enter and view volunteers visited wards 12 (Cardiology and coronary care) and 23 (Rehabilitation) in July 2015 and interviewed 11 patients and 3 Staff. Unfortunately on this visit the Patient Experience Team had carried out a visit on the same ward in the morning which limited the number of people who wanted to speak with volunteers.
3. The enter and view volunteers re-visited wards 12 and 23 in November 2015 and spoke to 18 patients, 16 staff, 1 visitor. This was carried out during a mealtime to observe how people were supported.

HWNT carried out public engagement events at five public venues plus visits to groups for people who are hard of hearing and groups for people who are visually impaired to ask about hospital food. Engagement events for the public were held in Tynemouth, Shiremoor, Whitley Bay, Wallsend and special meetings arranged with a hard of hearing group and a group for people who were blind or had significant sight problems

- 16 pieces of feedback were received through HWNT website, email and phone calls to the office.

Questions we asked

We asked people questions to ascertain how North Tyneside General Hospital patients experienced food and how those with additional needs were supported at mealtimes:

1. What are your views on the menu?
2. What are your views on the quality of the food?
3. What are you views on the ordering of the food?
4. What is your experience of the support available during mealtimes?

What we found

The context of the hospital food served

To help us understand more about food at North Tyneside General Hospital the hospital catering team invited our enter and view team to spend a morning learning about what happens to the food from when it arrives in the hospital kitchen to when it is served to the patient on the ward. The Catering Manager explained that 500 meals are provided per day. There is a two week rolling menu, with the winter menu from October to March and the summer menu.

Sandwiches and salads are prepared on site while all other meals are supplied cooked and blast frozen by a company called Apetito. This method of preparation preserves both nutritional content and visual appearance. It also ensures a reliable and consistent quality of meals across all days of the week and easy traceability of food in case of problems. Kosher, halal, vegan, gluten and nut free meals are also available, these are provided by a different supplier, allowing NTGH to comply with the national standard below.

Standards

"any reasonable requirements arising from a service user's religious or cultural background." Regulation 14 (1)b of the Health and Social Care Act 2008

Orders are gathered from patients by ward staff from printed menus one day ahead to minimise waste.

There is a choice of four main meals and a choice of puddings or sandwiches with various fillings. Kitchen staff assemble orders for each ward on heated trollies with timers to ensure correct safety and serving temperatures.

These trollies are taken to wards by hosts and hostesses who then serve the plated food on the ward. It is taken to the patient's bedside by Nutritional Assistants and Nursing Assistants. Domestic staff also assist on occasion.

At lunchtime other ward activities are curtailed providing protected mealtimes which is one of the 10 key characteristics of good nutritional care in hospitals. (Nutrition Alliance, 2003).

Morning and afternoon shifts overlap to ensure maximum numbers of staff are available to assist patients with the main meal of the day providing support where needed. (CQC (2010) Regulation 14, 1, c).

Staff meals are cooked fresh in the kitchen though many staff did not realise this.

Issues which were mentioned included:

- People forgetting what they ordered or inheriting an order from a discharged patient.
- If a patient does not wish to eat the hot meal provided they are offered sandwiches with choices of fillings.
- Most breakfasts are continental, with only cooked meals if requested for dietary needs.
- No hot meals are available when kitchens are closed between 7pm and 7am, so snack bags of cold food are available during that time.

Patients' experience of hospital food

The menu and ordering of food

Standards

"(a) a choice of suitable and nutritious food and hydration, in sufficient quantities.. (b)that meet(s) any reasonable requirements arising from a service user's religious or cultural background" (CQC, Regulation 14 (1) a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010)

Standards

"vii. Facilities and services are designed to be flexible and centred on the needs of the people using them." (Ten key characteristics of good nutritional care, The Nutrition Alliance, 2003)

The enter and view volunteers found that most patients were positive about the choice of food available on the menu.

However, one person wished for more variety at breakfast time – describing this menu as not very imaginative. Others made general comments about the food on the menu:

> "Too much mince and chicken" (Ward 12 patient)
>
> "Some things you won't like but that's just to be expected" (Ward 12 patient)
>
> "Sandwiches are not very varied - cheese everyday" (member of the public)

Meeting specific nutritional needs appeared to be well catered for. For example on ward 12 there are food charts made for particular nutritional needs.

On both wards, it was reported that dieticians decide if cooked breakfasts are required and a Healthcare Assistant collect these from the kitchen as needed.

Volunteers noted that on ward 23 patients have a much longer stay on average so are much better known by staff who treated patients with great dignity and were very patient in addressing problems. In addition there is a malnourishment risk assessment made on admission to guide nutritional input and patients are weighed weekly to ensure safety. Gluten and nut free diets are available if necessary. Fortified drinks and 'soft' food are also easily available.

However, one member of the public raised concerns about the meeting of specific dietary requirements during her stay at the hospital:

> "One ex-patient had Coeliac Disease but this was either not noted or responded to on the ward and as a consequence she was fed food with wheat based ingredients which caused discomfort" (member of the public).
>
> "People are not routinely asked about dietary needs, allergies or intolerance on admission" (member of the public).

Staff assisted people to order if necessary. Staff help to order food is welcomed and seems to work efficiently.

There seemed to be some lack of consistency in the approach to portion size. One patient on ward 12 reported that she felt overwhelmed by the full plate and said she would like a system where she could indicate she wanted a small serving when she ordered her meal.

However, on ward 23 volunteers found that where small portions are requested a smaller plate is used to help with presentation. There was also reported to be some choice of timing for main hot meals and light meals on weekdays but not at weekends.

Quality of the food

The majority of patients who spoke with the enter and view volunteers were positive about food quality and temperature of the food.

> "Puddings are lovely - just the right size - everyone loves the sponge pudding and the trifles are lovely" (Ward 12 patient)
>
> "Today I had a beautifully presented salad and it makes you feel like eating". (Ward 23 patient)
>
> "Absolutely fine" (Ward 23 patient)
>
> "Ten out of ten" (Ward 12 patient)
>
> "Sandwiches are lovely and fresh" (Ward 12 patient)
>
> "Beef on Sunday – lovely" (Ward 23 patient)

Volunteers noted that the food which was served looked and smelled good and the staff were helpful, pleasant and careful to check food was as ordered. All food was temperature checked before serving.

They also observed that food wastage was minimal indicating that people were not leaving lots of food on their plates.

However, a small number of patients and some members of the public commented that the quality could be improved:

> "Food not hot enough - was better at Cramlington and with more choice". (Ward 12 patient)
>
> "More cheese in the Macaroni cheese please" (Ward 12 patient)
>
> "Rissoles – ugh" (Ward 23 patient)
>
> "Food less good at weekends" (member of the public)
>
> "Rice pudding at NTGH very poor" (member of the public)
>
> "Food seems to vary from ward to ward" (member of the public)

Support given during meal times

Standards

"Confident that staff will support them to meet their eating and drinking needs with sensitivity and respect for their dignity and ability." (CQC (2010), p 78)

(c) Support, where necessary, to eat and drink sufficient amounts for their needs." (CQC, Regulation 14 (1)b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010)

In general, positive comments were made to volunteers during the visit about the assistance provided by staff at mealtimes and they observed appropriate assistance being offered to patients who needed help. The Nutrition Assistant role was very popular with both patients and staff. It was reported that there is also appropriate crockery and cutlery to assist patients with disabilities.

On Ward 12 there is a Nutritional Assistant on the ward from 4 to 7pm on weekdays to assist patients with snacks and meals and she arranges a Friday afternoon tea party in the dayroom for patients and visitors. It was noted that the current post holder works extra time unpaid to give the best service she can during the week.

However, Ward 23 has two Nutrition Assistants who work weekdays, 8am to 4pm and 4 to 7pm, to help patients at mealtimes and liaise with relatives.

Potentially the lower number of staff at the weekend could impact on the support available to patients at mealtimes.

Other methods of ensuring support was available included: a volunteer on Ward 23 who assists patients if necessary on the days she visits; ward staff shifts overlapping at lunchtime to allow maximum help; and Ward 12 posting times for meals and invites relatives to assist at mealtimes on their website.

One member of the public however reported to HWNT that in their experience help is not given unless requested:

> "People have to ask for help with reading menus and cutting up food even when it is clear they have significant sight problems" (member of the public)

Availability of food and drink outside of mealtimes

Standards

"**Have access to snacks and drinks throughout the day and night."**

"Have mealtimes that are reasonably spaced and at appropriate times," (CQC, 2010, Regulation 14(4)a)

The enter and view team also look at the availability of food and drink outside of mealtimes.

They found that snack trollies with cakes, biscuits, fruit and drinks are available mid-morning and afternoon on weekdays but not weekends. Both wards mentioned that special toasters were being ordered for each ward to assist with toast at times when this was needed.

A patients' fridge is available to store food and is used regularly although staff cannot reheat this food because of safety issues.

The volunteers noted that staff requested meals from the kitchen post-operation if the patient had missed a meal. Tea is also available between meals if staff have time to make it, which they usually do.

The main concern raised by patients and members of the public was in relation to food availability after tea and before breakfast with some suggesting introduction of 'supper-time' to overcome this:

> "She didn't like the long gap between tea-time and breakfast" (enter and view report).

"People with Diabetes have problems with the very long gap between tea-time and breakfast" (member of the public).

Conclusions

> "NTGH had improved over the last 2 years and one person said the food at North Tyneside General Hospital during her eight day stay was excellent - well organized served hot, on time, healthy and tasty from Monday to Friday". (enter and view report)

Most patient views about the food given to volunteers during the ward visits were very positive, patients are pleased with the quality and quantity of food and the mealtime experience generally.

The basic process appears safe and efficient and caters for a range of needs and preferences. Catering and ward staff work very hard to make mealtimes a success.

Nutrition Assistants are very popular with patients and staff and play a key role. Protected mealtimes are routinely implemented with good results.

However at weekends, when the Nutrition Assistants do not work patients reported less satisfaction both with the availability of snacks, which were less likely to be provided, and also with the quality of food at mealtimes.

Views from the general public collected outside the hospital were more variable. Comments from people with visual impairment suggest that ward staff could do more to ensure patients with visual impairment are assisted appropriately.

There is provision within the system to meet a wide variety of dietary needs and preferences. However we heard one example that a dietary intolerance had not been catered for and feedback from the general public that they hadn't been asked about any dietary preferences or requirements.

While practice relating to nutrition and hydration varied depending on ward function, it was not clear whether all patients receive a nutritional screening as referred to in CQC guidance (p78, 2010).

The length of the gap between teatime and breakfast was highlighted by people we heard from on the wards and in the community. While for some people this is a matter of personal preference for others this is a significant health issue and inconvenience. HWNT would expect this to be picked up by routine screening and arrangements to be in place to meet these needs.

Recommendations

Overall, the experience of hospital food at North Tyneside General Hospital on the wards visited appeared to be positive.

Healthwatch North Tyneside propose the following recommendations to Northumbria Healthcare NHS Foundation Trust. HWNT believe the implementation of these recommendations would improve the consistency of experience across the week and across wards:

1. To consider the need to introduce supper or increase snack trolley provision during the evening to better meet the needs of some patients for access to food in the gap between tea-time and breakfast.
2. Take steps to give the same mealtime experience at the weekend as during the week, for example - expand the provision of nutrition assistants at weekends.
3. Improve the application of nutritional risk assessments for every patient on admission to make the system safer for those most at risk of problems.
4. Provide picture menus which would help some patients.
5. Introduce a visual cue on the bed or file to alert staff that someone requires support at mealtimes, for example for visually impaired patients, so they don't have to keep asking for help.

References:

Bapen, **Malnutrition Universal Screening Tool** [Online] Available from: http://www.bapen.org.uk/screening-and-must [accessed on 15/5/16]

CQC (2010) **Registration standards, Outcome 5 Meeting nutritional needs**

DoH (2014) **Hospital Food Standards Panel Report**

NICE (2012) QS24 **Nutrition support in adults** [Online] Available from: https://www.nice.org.uk/guidance/qs24 [accessed on 15/5/16]

NICE (2015) QS98 **Maternal and child nutrition** [Online] Available from: https://www.nice.org.uk/guidance/qs98 [accessed on 15/5/16]

NICE (2012) QS15 **Patient experience in adult NHS services** [Online] Available from: https://www.nice.org.uk/guidance/qs15 [accessed on 15/5/16]

Nutrition Alliance, 2003, **10 characteristics of good nutritional care**

The British Dietetic Association, (2012), **Nutrition and Hydration Digest**

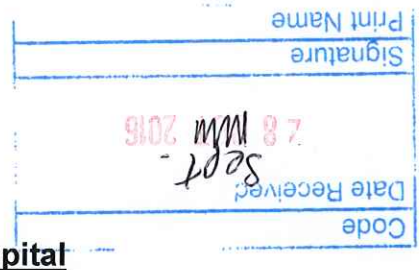
Northumbria Healthcare NHS
NHS Foundation Trust

Our Ref: SB

Date: 26th September 2016

Estates Department
Northumbria House
Unit 7&8, Silver Fox Way
Cobalt Business Park
North Shields
Newcastle Upon Tyne
NE27 0QJ
Direct Tel: (191) 203 1376
Email: steven.bannister@NHFML.co.uk

Healthwatch North Tyneside
Parkside House
Elton Street East
Wallsend
Tyne and Wear
NE28 9QU



Dear Sir,

RE: Hospital food at North Tyneside General Hospital

Thank you for your letter of the 2nd September 2016 and the appended report relating to the above subject matter.

I have been passed your report by the Chief Executive to respond to the content; particularly as I am the Executive with responsibility for the delivery of hospital food on our premises.

Having read your report, which I believe is a well-balanced and fair reflection of the current service, I have created a small group from within my facilities team along with a senior nursing component to review it thoroughly and prepare an action plan to see how best we can resolve some of the issues you highlight.

Please find below some points of clarity, on specific topics contained in your report, which I hope you find useful.

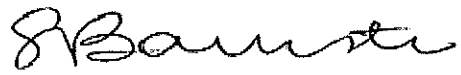
- All wards do have a range of snack in the ward beverage/kitchen as well as a microwave if there is a requirement to heat a snack. Wards do contact the night porter at North Tyneside General Hospital to request a snack box. The porter will retrieve the snack box from the central kitchen and take directly to the ward.

- All patients do receive a nutrition assessment; the Trust uses the MUST assessment tool, where a patient is identified at risk or requires special diet one of the Trust Dietician will inform the ward and catering department to ensure the appropriate meal, snacks and any other food provisions are sent to the ward.

- The Trust implemented picture menus four years ago, however, as some of the menu items have changed the picture menus have not been updated – this is now in hand.
- All of the wards do have a number of visual aids including magnetic signs which are place on the white board above each patient's bed indicating if a patient is nil by mouth, needs assistant eating or drinking. The Trust also operates a red tray system which is a visual sign to all staff that a patient needs assistance at meal times and water jugs that also have red lids which again indicates where a patient need help when drinking.

When we are in a position to give you a thorough response (with actions) I would be delighted to meet with yourself and your Director Wendy Hodgson to present these plans.

Yours Sincerely,



Steven Bannister
Director of Estates & Facilities

Cc - David Evans – CEO
Debbie Reape – Interim Executive Director of Nursing

Update on hospital food

At a meeting with representatives of North Tyneside Hospital in January 2017 the following progress was reported on each of the Healthwatch recommendations

1. **Snacks**
   Snack boxes are available during the evening and night for those in need of extra sustenance between teatime and breakfast - requests can be made anytime and patients are advised of this service when the evening tea and biscuits are being served.
   There is a microwave in each ward kitchen to heat snacks if necessary. Toasters are available in some ward kitchens. The trust is investigating ways to provide toast on other wards and is looking at good practice elsewhere. The availability of evening snacks will also be mentioned in leaflets for those entering the hospital.

2. **Staff time**
   More staff hours have been assigned to each ward to give more assistance at weekend mealtimes. Each ward may decide the best time for them to use those hours over the weekend.

3. **Screening and recording patient needs**
   All incoming patients are screened on admission or transfer using the MUST assessment tool to identify nutritional risks. Patients are then referred to the Dietician for full assessment and monitoring if necessary. Data is formally reported to ensure the system is working well.

4. **Picture menus**
   Picture menus are currently available, and are being updated to reflect changes to the fortnightly winter and summer rolling menus.

5. **Support for patients**
   Support at mealtimes for those needing extra assistance is being given in a number of ways - extra staff at weekend mealtimes has already been mentioned. In addition there is specially adapted cutlery and plates for those who need them, visual signals to alert staff to those who need help such as red trays and magnetic signs on headboards.
   Northumbria NHS Trust is also considering the use of nutritionally balanced finger food for those with dementia symptoms and in the future are looking for further ways to make everyday menus more flexible to meet the needs of different patient groups.

20 January 2017

0191 263 5321

info@healthwatchnorthtyneside.co.uk

www.healthwatchnorthtyneside.co.uk

HealthwatchNT

HWNTyneside

Parkside House
Elton Street East
Wallsend
NE28 8QU

Registered charity no: 1160753