

IMPROVING PATIENTS' EXPERIENCE SHARING GOOD PRACTICE

FOOD FOR THOUGHT: BRINGING ABOUT IMPROVEMENTS IN CATERING SERVICES

Hospital food has long been the butt of jokes and historically has been seen as a low priority by many Trusts. However, catering services are now increasingly viewed as an essential part of effective healthcare and it is widely recognised that patients need nutritious, tasty food to aid their recovery. With almost half (45%) of patients who responded to the National Inpatient Survey rating the food they received as fair or poor there is still plenty of room for improvement.

Malnourished

As many as 40% of patients may be suffering from malnourishment when admitted to hospital and this could worsen during their stay in hospital. It is estimated that poor nutrition in hospital costs the NHS almost £300m a year. Patients' nutritional needs are not always identified or fulfilled due to limited menu choice, poor timeliness of meals or lack of assistance. Setting up a specialist nutrition team in your trust could help to overcome this problem. On admission to a ward a patient's nutritional status, needs and preferences should be taken into account. Using nutritional screening tools could identify patients at risk and help to prevent deterioration of their nutritional status whilst in hospital. Examples of such tools include the Malnutrition Advisory Group (MAG) screening tool and the Burton score.

Wasted food

Often the food provided for patients is of good quality but many meals are left uneaten. Main reasons for this wastage are because the food is received cold, at the wrong time or when there is no one available to help the patient eat it. As a

result it is estimated that £45m a year is spent in the NHS on hospital food which is not eaten — a waste of money, time and effort, not to mention the detrimental effect that a lack of food can have on a patient's recovery. Not only do patients need decent meals in hospital they may also require some help when eating them. In a recent survey of inpatients, 43% of patients who needed help from staff to eat their meals reported that they were not given it. Patients may require assistance for a number of reasons, some cannot eat their meals unaided while others may not have the right cutlery or need help removing awkward wrappers or lids.

Another problem may be that patients are not particularly hungry at set meal times.

Providing access to refreshments throughout the day is a good way of filling the long gaps between main meals. Regular snacks will also help those patients who don't have regular feeding patterns.

Problem Areas

Ask yourself these questions when looking at ways of improving catering services:

- Do some patients have problems ordering food due to language difficulties, disabilities or illiteracy?
- Does menu choice take into account cultural differences or special dietary needs?
- How is the food presented, transported and served? The food needs to look appetising.
- Do patients miss out on food because meal times are disrupted by ward rounds?

- How are patients who need help with eating identified and do staff have time to assist them?
- Are patients used to eating little and often and not at set meal times?
- Do patients have to order meals too far in advance?

It is important that food is recognised as part of a patient's treatment — providing good quality food can enhance clinical outcomes as well as improving the patient's experience.

* All figures quoted are based on 80 patient surveys carried out by Picker Institute Europe as part of the NHS Inpatient Survey programme 2001/2. The total number of patients who responded was 44,383.

SUGGESTION BOX

- Set up a specialist nutrition team
- Provide access to snacks and refreshments round the clock
- Create a 'tasty food group' to carry out regular checks on the quantity, quality and presentation of meals
- Establish protected meal times that are not disrupted by ward rounds or visiting
- Produce meals that cater for patients with special dietary needs
- Provide clear menus that are accessible and easy to understand
- Ensure food is transported to patients quickly and efficiently
- Avoid serving too much stodgy food and provide plenty of fresh fruit and vegetables
- Value catering staff for their contribution to patient care

READING LIST

- Nutrition and Patients - a doctor's responsibility (2002) Royal College of Physicians, London
- Maryon Davis, A., Bristow A., (1999) Managing Nutrition In Hospital:A Recipe for Quality, The Nuffield Trust Series No 8
- Acute Hospital Portfolio-A Review of Findings: Catering (September 2001), The Audit Commission
- Department of Health (2001) Health Service Recipe Book: Implementation Support Pack. The Stationery Office London
- Deemings,C., (2002) Hospital Catering. Hard to Swallow, *Health Services Journal*, **112** (5819):28-9
- McWhirter, J.P., Pennington, C.R. (1994) Incidence and recognition of malnutrition in hospital, *British Medical Journal*, **308**, 945-948.
- Holmes, S. (1999) Nutrition: a necessary adjunct to hospital care? *The Journal of the Royal Society for the Promotion of Health*, **119** 30, 175-179.
- Kowano, I., Simon, S., Wood, J., (1999) Nutritional care of the Patient: nurses' knowledge and attitudes in an acute care setting, *Journal of Clinical Nursing*, **8** (2), 217-224.

USEFUL WEBSITES

- NHS Estates, Improving the Patient Environment: Better Hospital Food**
www.nhsestates.gov.uk/patient_environment/index.asp
- The Hospital Caterers Association**
www.hospitalscaterers.org
- Health Facilities Management Association**
www.hefma.org.uk
- The British Dietetic Association**
www.bda.uk.com
- Advisory Body for Social Services Catering** www.abssc.org.uk
- The British Association for Parenteral and Enteral Nutrition** www.bapen.org.uk

SHARING GOOD PRACTICE

Please send any examples of good practice within your Trust to:
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WHERE IT'S WORKING

Hot toast at the bedside

South Tees Hospitals NHS Trust

For almost 10 years, South Tees Hospital NHS Trust has offered patients the opportunity to have hot toast served at their bedside for breakfast. This was made possible by working with a local manufacturer to produce a trolley which incorporates a toaster. Patients are not asked to decide their breakfast menu the night before but instead can choose food from the trolley which includes a selection of cereals, hot milk, yoghurt and of course hot toast. The trolley is taken to each patient by the ward hostesses and the trolleys are used across the 750 bedded hospital. Patients say that the quality and service provided is excellent.

Contact: Paul Birch, Assistant Director of Facilities, 01642 850850

Ward Hostess Service

George Eliot Hospital NHS Trust

For many years the George Elliott Hospital has employed ward hostesses. For the last two years the role has been a dual role, incorporating cleaning duties. Predominantly the ward hostess role is to assist patients in choosing their meals as well as serving food and beverages. The ward hostesses are on the ward from 7.30am-1.00pm and 3.30pm-7.00pm. Since their introduction, the quality of service offered has much improved, with patients being able to choose how much food they want and see from the trolley what they like the look of. This new approach is appreciated by both patients and staff and the catering department have received many letters complimenting the service.

Contact: Mrs Ann Pickard, Deputy Hotel Services Manager, 0247 635 1351

Diverse menus

Leeds Teaching Hospitals NHS Trust

At Leeds General Infirmary, menus are available in Braille allowing blind and partially sighted patients to select their own meals. The menus were produced by a local Braille Centre and are available on every ward. Feedback about this service from the hospital's blind and partially sighted patient group is very positive. The hospital also offers a Kosher and Halal menu on each ward to help both Jewish and Muslim patients select appropriate meals.

Contact: Andrea Hildred, Head of Catering, Leeds General Infirmary, 0113 2063351

Meeting diverse dietary needs

Brighton & Sussex University Hospitals NHS Trust

More and more hospitals are meeting the needs of their diverse population. Brighton & Sussex University Hospitals Trust provide three specialist menus which offer Kosher, Halal and Asian meals. They also provide a 'snack box' and a 'light bite' selection as alternatives to the meals on offer via the mealtime service. Contents of the 'snack box' include sandwiches, yoghurt, fruit, crisps, a chocolate bar and a cold drink. The 'light bite' is a more substantial hot alternative. Both of these services are available for patients who have missed a meal or for patients who would just prefer a lighter option. Ward hostesses are present on all wards to serve food and drinks and to assist patients in choosing their meal.

Contact: Bill Ormond, Customer Services Manager, Brighton and Sussex University Hospitals NHS Trust, Eastern Road, Brighton, East Sussex, BN2 5BE, 01273 696955 (Switchboard)

WHAT ARE YOU DOING WITH YOUR SURVEY RESULTS?

In response to their Inpatient Survey results the Royal Wolverhampton Hospitals NHS Trust is now providing toast and squash throughout the day for patients. This means that patients can have refreshments when they need it rather than getting hungry between meals.

Please distribute this newsletter throughout your organisation.