Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 18 January 2023

TB2023.06

Title:	**Supporting nutritionally vulnerable patients whilst in hospital**

Status:	**For Discussion**
History:	**A patient story and perspective is presented at each Trust Board**

Board Lead:	**Chief Nursing Officer**
Author:	**Caroline Heason, Head of Patient Experience**
Confidential:	**No**
Key Purpose:	**Performance**.

Executive Summary

1. The purpose of the paper is to share a patient's story about their admission to hospital and the multidisciplinary team support to problem solve their complex nutritional needs before his discharge home and continuing dietetics support.
2. Following the review of food served hospitals in August 2019, NHSE published the National Standards for healthcare food and drink making hospital food a priority. Good nutrition is a multidisciplinary focus strengthened by the recently enhanced PFI contract management team. Responsible for overseeing the 'soft facilities' contract, including the provision of food and drinks, housekeeping and portering services.
3. Malnutrition is an imbalance of energy, protein and other nutrients which causes measurable adverse effects on the body with an associated impaired immune response and reduction in multiple physical health and psychological wellbeing.
4. Brian is admitted to hospital following significant weight loss. He is at nutritional risk requiring extensive multidisciplinary working in partnership with the catering teams in his recovery.
5. Food and mealtimes: Over 2200 meals are provided across the Trust each day catering for patients of all age groups, those with complex nutritional needs, patients with dementia and respecting patients religious practices. This is complex logistical and multidisciplinary partnership between the clinical team, the clinical hospitality team, the catering teams and patients and their families.
6. There have been 119 comments about food and mealtimes in the Friends and Family Test (FFT) data over the previous six months representing 0.2% of total comments FFT received. The majority of this feedback is positive, with concerns in general reflecting an opinion which the services can then look at to improve. Nutrition and hydration are identified as one of the key areas of Harm Free assurance. Quarterly reports are presented on nutrition related incidents and audits. The Trust has undertaken nine meal assessments as part of PLACE 2022. This involves an observation of the whole food service on the ward and assesses how patients are supported with mealtimes; with food being tested during the meal service. The food has been well received by the voluntary assessors.
7. Conclusion: This paper has shared the story of a patient at nutritional risk and the multidisciplinary and agency partnership to support him. Brian and Matt's reflections have highlighted the emphasis on food as part of a patient's recovery and the collaborative multidisciplinary problem solving with the catering teams to support patients with complex health problems**.**
8. **Recommendations:** The Trust Board is asked to note the contents of the report.

Contents

Supporting nutritionally vulnerable patients whilst in hospital

1. Purpose

1.1. The purpose of the paper is:

- Share the story of a patient using the dietetics services within OUH and the collaborative work with the PFI contract management team and the Trust's soft facilities provider to enable a patient centred menu to support them in their recovery.
- Explain how the Trust's soft facilities providers, PFI contract management team, dietetics services and the multidisciplinary team work to support patients who have specific nutritional needs.
- Provide assurance to Trust Board on food provided to patients throughout the Trust and the multiagency work to consistently deliver this.

2. Background

2.1. As good nutrition and hydration are essential for a speedier recovery and for better health, the recognition of and providing appropriate nutrition support to each patient is critical[1]. Importantly, this is a partnership between the patient, their family, the multidisciplinary team, the PFI contract management team and the catering team in partnership[2].

2.2. Food served and sold in hospitals was reviewed in August 2019[3] which led to NHSE publication of National Standards for healthcare food and drink[4] making hospital food a priority[5].

2.3. This story focuses on a patient who was severely malnourished and the multidisciplinary work to support him. Malnutrition is a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue/ body form (body shape, size, and composition) and function and clinical outcome[6]; and is associated with an impaired immune response, increased risk of pressure damage, poor wound healing, reduced muscle strength, negative impacts on heart/ lung function and psychological wellbeing.

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[1] http://ouh.oxnet.nhs.uk/SafetyQualityRisk/Policies%20Procedures%20%20Guidelines/Optimising%20Nutrition%20and%20Hydration/Optimising%20Nutrition%20and%20Hydration.pdf

[2] Organization of Nutritional Support Within Hospitals (bapen.org.uk)

[3] The scope of the review included the safety, nutrition, quality and production methods of food for patients, staff and visitors in NHS hospitals and was supported by the Food Standards Agency (FSA).

[4] NHS England » National standards for healthcare food and drink

[5] www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-hospital-food

[6] This can also occur in anyone.

2.4. It has been found that nutritionally vulnerable patients (identified using the Malnutrition Universal Screening Tool (MUST)[7] have lengths of stay 30% longer than low-risk patients and depending on age, between 15% to 33.6% of patients admitted to hospital are malnourished. Annually, malnutrition is estimated to cost the £19.6 billion in England and £15.2bn across the NHS.

2.5. Malnutrition should be managed in a timely and evidence-based way to improve health outcomes and reduce hospital stays with the following nutritional support,

- providing high calories meals/snacks
- appropriate prescription of oral nutritional supplements for those patients can be managed orally
- use of enteral tube feeding and/or parenteral nutrition where indicated.

2.6. Research, national NICE guidance[8] and clinical pathways highlight the importance of malnutrition screening with a validated tool to identify malnutrition and initiate a treatment plan, whilst identifying and managing the underlying cause.

2.7. To support this, current menus are reviewed and analysed by the OUH Dietitians against the British Dietetic Association's Nutrition and Hydration Digest[9]. Dietitians are regulated health professionals[10] that assess, diagnose, and treat dietary and nutritional problems; working as integral members of multi-disciplinary teams to treat complex clinical conditions.

2.8. The importance of clear clinical leadership and collaboration in relation to nutrition strengthened by the recent appointment of a senior nurse within the PFI contract management team, working within the Chief Nursing Officer's directorate. The team are responsible for overseeing the 'soft facilities' contract which includes provision of food and drinks, housekeeping and portering services. The clinical focus of this team has supported the patient centred focus on the importance of good nutrition in facilitating a patient's recovery.

[7] MUST Online Calculator - Malnutrition Universal Screening Tool (bapen.org.uk)
[8] NICE CG32
[9] NutritionHydrationDigest.pdf (bda.uk.com)
[10] Health & Care Professions Council (HCPC)

3. **Brian and Matt's story**

Brian's story: In October I was transferred to the John Radcliffe Hospital because I had necrotising pancreatitis and over the previous 6 weeks, I had lost about a quarter of my body weight. I needed to be treated quickly.

The ward Nutrition Assistant referred me to the Specialist Surgical Dietitian, and I was seen the next day. Initially I had food and supplements and Pancreatic Enzyme Replacement Therapy PERT (medication to support the absorption of nutrition in the gut) as my body wasn't absorbing much nourishment.

The whole team looked after me closely as it was so complicated. The Nurses and Nutrition Assistant completed food charts which the Dietitian checked. I didn't seem to be getting any better so they organised that I would also have food by a tube into my stomach, a nasogastric (NG) tube, the Dietician made a new food plan, and the nurses helped me to order the right food.

At one of the wards rounds, the doctors and dietician told me that I needed a different type of tube called a nasojejunal (NJ) feeding which goes into the small bowel.

I didn't seem to be getting any better and the tube feeding didn't seem to go very well. There was a big meeting and they said it was a good idea for me to be referred to a specialist team of a dietitian, pharmacist, nutrition nurse, and nutrition doctor to look after the intravenous feeding. They also decided that I should slowly stop the NJ feeding as it would be difficult for me at home, so I went back to the NG tube feeding. The Nutrition Assistant helped make sure I was eating the right food and amount and that I took the supplement. I am Jewish so I had a Kosher Menu.

The Nutrition and Dietetic assistants did this Hand Grip Strength assessment every week measuring my muscle strength. This is used as checking weight is not always reliable. Eventually my weight stabilised, and they found this out by the Hand Grip Strength assessment. I was starting to get better! I slowly stopped the tube feeding to help me get ready for going home as everyone including my family thought I would manage more food and drink at home.

I can be forgetful, so the dietitian helped us, so we knew what we were doing to make sure I was eating/ drinking properly to help me stay out of hospital. I needed to remember to take my PERT medication and the Pharmacist helped me. The nutrition assistant found a supplement that I could drink at home and my GP could prescribe.

I know they were all worried about me, so I am looked after by the dieticians as an outpatient.

Matt's story: As the Trust's Dietetic Service Manager I fully appreciated how important it was to carefully direct and monitor Brian's nutritional care. This was

a complex situation and needed excellent team working to work out how best to support Brian. The Hepatobiliary and Pancreatic (HPB) Cancer Multidisciplinary Team (MDT) and the Nutrition Support Team (multidisciplinary team made up of a dietitian, pharmacist, nutrition nurse, and nutrition doctor) for parental nutrition (intravenous feeding) were invaluable to provide specialist support to help problem solve. The MDT is especially important when supporting patients to wean off parenteral nutrition and the assistance from dietitians, nutrition assistant and ward nurses to encourage Brian and assist at his mealtimes was vital.

We can be much more patient centred in supporting patients with eating and drinking. If patients are struggling with appropriate menu choices or options, the catering manager speaks with the patient to discuss options and the entire menu range for patients and if needed they liaise with the Dietitian on Dietetic Assistant to support with nutrition. The Catering team can provide additional snack options for patient to supplement their food intake. These are ordered through the Dietitians / Dietetic Assistants / Nutrition Assistants to ensure patients who are at risk are offered the right choices which catering then deliver to the patients.

We were successful in the business case application for a 1.0WTE Band 7 Specialist Dietitian and a 1.0WTE Band 4 Nutrition Assistant. This dedicated dietetic time has led to

- earlier identification of patients at nutritional risk
- ward-based support via the Nutrition Assistant
- ability for the dietitian to attend ward rounds and work closely with the surgical team to agree nutritional interventions for patients (e.g., referrals for tube insertion, parenteral nutrition, etc)
- the specialist dietitians are able to work with the catering team to develop suitable specialist menus for patient for example a low fibre menu has been introduced and is regularly required on the unit

Historically the unit had no dedicated dietetic funding and the service was provided 0.5WTE Band 6 across the inpatient and ambulatory care. Audits showed patients were not identified early. A SIRI (serious incident requiring investigation) occurred where a patient lost over 25% body weight during admission which was not identified by the ward team, and the patient was not referred to the Dietitian.

This story highlights the value of the role of a specialist and dedicated dietitian, the role of the ward-based nutrition assistant, and the close working across many members of the MDT to safely manage Brian’s nutrition.

4. How does the Trust work together to support inpatients nutrition and mealtimes?

4.1. **Food and mealtimes:** Meals are brought to the ward via regen trolleys, served up on the ward by the ward hosts, supported by the ward housekeeper and brought to the patient's bedside. The Trust has protected mealtimes to ensure patients are able to eat and drink uninterrupted. The participation of family members is actively encouraged and if required the clinical support workers within the team or volunteers will support patients with their eating and drinking.

4.2. The contract for the provision of food is organised in the main by the PFI contract management team, the Horton General Hospital having a catering team embedded within the Trust estates team. At the John Radcliffe Hospital, patients are provided menus in advance and the Ward Hosts take patients choice via electronic tablet same day ordering prior to the meal service. At the Churchill, Nuffield Orthopaedic Centre and the Horton General Hospital, menu cards are delivered for the following days order. Patients who need assistance with choice are supported by the housekeeper or clinical team.

4.3. If patients miss a meal, 'Ad hoc' menus or 'Lite Bites' (ready portioned complete meals) are available to order throughout the day. Additionally, if patients are concerned their needs are not being met, a catering manager or supervisor will go and speak with the patient to resolve, and alternative menus are offered as needed.

4.4. The clinical team help patient get ready for mealtimes supported by the physios or OTs if their therapy session just prior to a mealtime.

4.5. Menus are available for patients where English is not their first language, the menus are a standard two-week range, with a variety of choices along with vegetarian and vegan options. There is a specific children's menu, reviewed by the Paediatric dietetic team to make sure it is suitable and tested by the Trusts children's and young people's forum (Yippee). A finger food menu is available for patients with dementia and patients who require adapted equipment can access this from the ward occupational therapists. Each ward having a small stock of specialist cutlery and drinking vessels for immediate use.

4.6. A range of special dietary menus are available, developed in close collaboration with the Trust dietetics team to ensure they are adapted to dietary needs, whilst remaining nutritionally appropriate. They include allergy awareness options, cultural, kosher and dysphasic staging menus; the latter ensuring the texture of the patient's food will not impact on their ability to swallow effectively.

4.7. As part of the commitment to supporting registered carers, within the carers policy provision has been made to assure any carers who remain with patients are offered free food drink throughout their stay. Offering care for those who care.

4.8. **Nutritional screening:** As part of nursing assessments, inpatients should be screened within 6 hours of admission and weekly thereafter and outpatients screened at their first clinic appointment and additionally where there is clinical concern.

4.9. **Nutritional risk:** Patients identified at nutritional risk may, if indicated, have their food served on red tray to identify they need support to eat and drink. The red tray being recognised Trust wide as a prompt that assistance is required, allowing the clinical and volunteer team to ensure they offer timely support with eating and drinking to those who require it.

The Optimising Nutrition and Hydration Policy for all supports patients at nutritional risk so that they are offered

- oral nutritional supplement
- use a 'Red Tray'
- offered mealtime assistance
- and if required (MUST score 2 or more) referred to the Dietitian for assessment and an individualised nutritional plan including supplements

4.10. **Complex nutritional needs**: Patients with complex nutritional needs can be supported by the Dietetic Assistants (part of the dietetic department) or by a ward-based Nutrition Assistant (on Surgical emergency Unit, Haematology and Oncology and the Hyper Acute Stroke Unit) with the volunteer services complimenting support at mealtimes in some areas. Dietetic Assistants will create special menu orders with the patient which are placed directly with the catering team and are delivered to the patient along with all the rest of the meal service. An example of this being the provision of a cooked breakfast for those in whom this would be nutritionally advantageous to them.

4.11. All patients who require NG tube or PEG feeding to optimise their nutritional status are referred to the dietitian who will assess and devise appropriate nutritional plan to meet their individualised nutritional needs. Trust nutritional protocols are available to ensure nutrition can commenced whilst waiting for a dietetic assessment which may not be immediately available.

4.12. There are a wide range of specialist menus available based on the patient groups for example renal, low fibre, texture modified and Cystic Fibrosis.

4.13. **Dietetics services:** Dietitians work across all areas in the trust, providing nutrition care and support to inpatients, ambulatory patients, and outpatients.

4.14. Referrals are generally made via the medical or nursing teams who identify patients at nutritional risk (primarily through nutrition screening e.g., MUST). Dietitians work closely with the MDT to ensure appropriate nutrition is delivery that meets the patient nutrition, care, and medical needs.

5. How do we know the food provided to our patients is good?

5.1. Contract monitoring: The contracts are constructed to ensure that any new national guidance or legislation is adhered to. Weekly site-specific catering meetings ensure a constructive and collaborative relationship is maintained with managerial oversight of catering service delivery. The PFI contract management team review service delivery taking into consideration any helpdesk requests and where required agreeing service failure points.

5.2. There have been 119 comments about food and mealtimes in the Friends and Family Test (FFT) data over the previous six months and represents 0.2% of the FFT total comments received. The PFI contract management team receive all comments relating to hospitality monthly, liaising closely with the site-specific catering teams and their dieticians to support improvements in both service delivery and menu choices.

Recent feedback has resulted in the further development of both vegetarian and vegan menu options available on the John Radcliffe site, with work currently underway at the NOC to extend the range of staged diet available to the patients within the Oxford Centre for Enablement. Additionally, the catering team at the JR are working closely with the gerontology team to procure additional dementure friendly crockery, cutlery and specialist equipment to support optimising nutrition for this patient group. Whilst a falls prevention strategy of reducing our patient's daily caffeine intake, which has a diuretic effect, for all patients across the Trust has been introduced Trust wide with all service providers actively engaging in this initiative.

5.3. Harm Free Assurance Forum. Nutrition and hydration are identified as one of the key areas of Harm Free assurance. Quarterly reports are presented on nutrition related incidents and audits and the most recent report to HFAF is presented in Appendix 1.

5.4. PLACE 2022 (Patient Led Assessments of Care Environments): The Trust has undertaken 9 meal assessments as part of PLACE 2022. This involves an observation of the whole food service on the ward and assesses how patients are supported with mealtimes; with food being tested during the meal service. The food has been well received by the voluntary assessors.

6. Conclusion

6.1. This paper has shared the story of a patient at nutritional risk and the multidisciplinary and agency partnership to support him. The Trust support for patients has been explained with the processes to assure of the quality of food and service provided.

6.2. Brian and Matt's reflections have highlighted the emphasis on food as part of a patient's recovery and the collaborative multidisciplinary problem solving with the catering teams to support patients with complex health problems.

7. Recommendations

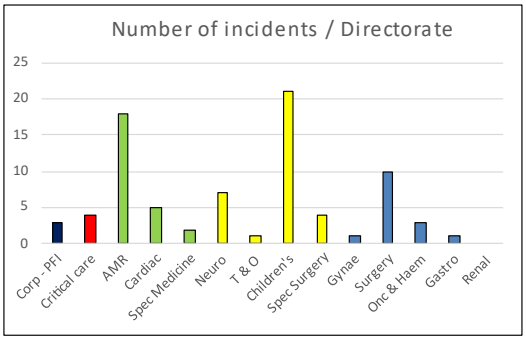
- The Trust Board is asked to note the contents of the report.

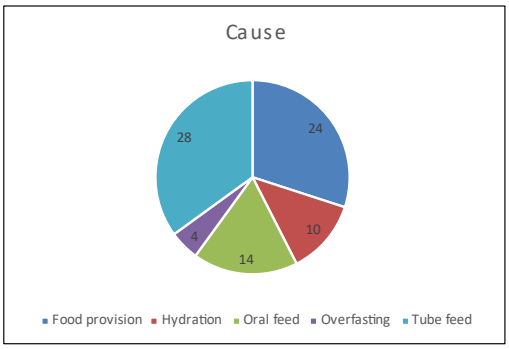
Appendix 1

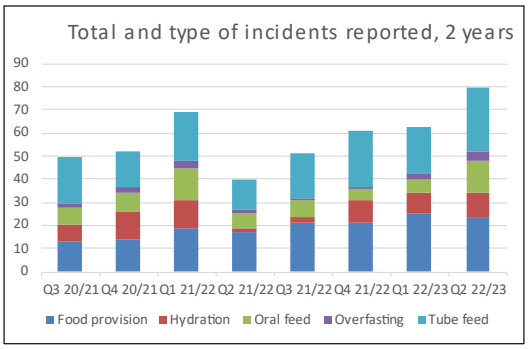
Nutrition and hydration incidents quarterly report: Q2 (22/23)

Total number of incidents reported on Ulysses Q2 = 80
(av over past 2 years is 58/quarter)

Actual impact (Q2)	
Minor	6
Near miss	5
No Harm	69







Nutrition and Hydration My Assure report: Q2 (22/23)

Trust wide average	Number Completed All wards	Average Per Audit
OUH - Malnutrition Universal Screening Tool (MUST) Audit	1353	94.73 %
Metric Name		**Average Per Question**
Patient has had a complete MUST screen.		93.50 %
Was the first full MUST screen completed within 6 hours of admission to the current ward?		76.20 %
If patient is at nutritional risk (MUST score of 1 or more) is a care plan is in place?		95.86 %
If a nutrition care plan is in place all appropriate actions have been taken?		96.75 %
Can patient reach a drink?		99.78 %
Is there plenty of drinking water available at bedside?		100.00 %
Patient received the help they required at meal time?		98.97 %
If the patient has a MUST of 2 or more or a Category 2 or higher Pressure Ulcer have they been referred to the Dietitian?		96.82 %