meeting	**HEALTH SELECT COMMITTEE**	
date	**21 March 2006**	**agenda item number**

Report of the Chair of the Health Select Committee

Food in Hospitals

Purpose of the report

1. To provide the Health Select Committee with an opportunity to scope a Study considering food in hospitals in Nottinghamshire.

Background

2. At the Health Select Committee meeting on 7 February 2006, Members agreed to carry out a study into food in hospitals. The Select Committee suggested that this would include considering whether food was fit for purpose, including issues such as nutrition, appropriateness for patients and delivery.

3. The NHS Better Hospital Food programme states that "Hospital food is an essential part of patient care. Good food can encourage patients to eat well, giving them the nutrients they need to recover from surgery or illness."

Best Practice

4. The Better Hospital Food programme was launched by the Government in May 2001 and aimed to ensure the consistent delivery of high quality food and food services to patients. A team of experts were brought together chaired by food critic and broadcaster Loyd Grossman. The Better Hospital Food programme's initial aims were to:

   - produce a comprehensive range of tasty, nutritious and interesting recipes that every NHS hospital could use;
   - redesign hospital printed menus to make them more accessible and easier to understand;
   - introduce 24-hour catering services to ensure food is available night and day;

- ensure hot food is available in hospitals at both midday and early evening mealtimes.

5. On 12 November 2003 the Council of Europe published a major report to address the issue of malnourished hospital patients. The report contains 117 recommendations designed to support healthcare providers across Europe.

Issues

6. The National Institute for Clinical Excellence (NICE) issued guidance on Nutritional support in adults: oral supplements, enteral tube feeding and parenteral nutrition in February 2006.

7. The guidance sets out the following key clinical priorities:

- Screening for malnutrition or the risk of malnutrition should be carried out by healthcare professionals with appropriate skills and training.

- All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and when there is clinical concern for outpatients. People in care homes should be screened on admission and when there is clinical concern.

- Hospital departments who identify groups of patients with low risk of malnutrition may opt out of screening these groups. Opt-out decisions should follow an explicit process via the local clinical governance structure involving experts in nutrition support.

- Nutrition support should be considered in people who are malnourished, as defined by any of the following:
  - a body mass index (BMI) of less than 18.5 kg/m2
  - unintentional weight loss greater than 10% within the last 3–6 months
  - a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3–6 months.

- Nutrition support should be considered in people at risk of malnutrition who, as defined by any of the following:
  - have eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for the next 5 days or longer
  - have a poor absorptive capacity, and/or have high nutrient losses and/or have increased nutritional needs from causes such as catabolism.

- Healthcare professionals should consider using oral, enteral or parenteral nutrition support, alone or in combination, for people

who are either malnourished or at risk of malnutrition, as defined above. Potential swallowing problems should be taken into account.

8. The Guidance also sets out the following key organisational priorities:

- All healthcare professionals who are directly involved in patient care should receive education and training, relevant to their post, on the importance of providing adequate nutrition.

- Healthcare professionals should ensure that all people who need nutrition support receive coordinated care from a multidisciplinary team.

- All acute hospital trusts should employ at least one specialist nutrition support nurse.

- All hospital trusts should have a nutrition steering committee working within the clinical governance framework.

Nottinghamshire Acute Trusts

9. The four acute trusts in Nottinghamshire have been asked to provide the following information:

- a sample copy of the menus available in January 2006,

- details of how menus are planned and the relevance of nutritional balance in determining menus

- information as to the procedure used for determining whether a patient should/should not receive a meal.

- details as to whether a variety of meals are available to meet the needs of the patients, for example a patient who does not have the use of a limb, or a patient with a diet influenced by religious or personal beliefs.

- any information that it considers of relevance to these issues,

10. Doncaster and Bassetlaw Hospitals NHS Foundation Trust has provided sample menus which are attached at Appendix 2. In response to the request outlined above the Trust has supplied the following information:

- Menus are planned in conjunction with the dietetic and nutritional department. Computerised nutritional analysis is carried out on the proposed menus to ensure that minimum and maximum standards can be met for individual nutritional components for a range of patient groups. National guidance for the levels of

individual nutritional components is used as the basis for comparison.

- The procedure used to determine whether a patient should receive a meal or not is usually a clinical decision taken by the doctor or nurse at ward level.

- A variety of meals are available for patients with different needs, such as special, religious of cultural diets.

11. The Trust has also offered to provide further assistance if required and has indicated that they are working to implement new NICE guidance on Nutritional support which is outlined elsewhere in this report. Any information received from the other acute trusts will be provided at the Select Committee meeting.

Options

12. It is suggested that the Study could be led by a consultation exercise to identify concerns and experiences that the public have in relation to food in hospitals. This could be implemented by the Chair and Vice-Chair meeting with County Council consultation and publicity specialists to identify the most appropriate methods of communication and timing.

13. The Select Committee may wish to consider the information supplied by acute trusts and determine whether Members wish to look at particular areas in greater detail. This could include, amongst other options, analysis of the procedures used by the acute trusts and the menus provided. The Select Committee may wish to consult dieticians or a Trust's nutritional support staff.

14. The Select Committee may wish to consider the following in more depth:
    - European guidance
    - NICE guidance
    - Better Hospital Food programme

    and how they are being applied by the acute Trusts. The Select Committee may also wish to consider if any parts are applicable to care homes.

15. Additionally the Select Committee may wish to consider the food provided in care homes managed by the County Council and Highbury and Lings Bar Hospitals which are managed by Rushcliffe PCT.

Recommendations

16. It is recommended that

> The Health Select Committee develop a scope for the study and identify how it should be progressed.

Councillor James T Napier
Chair, Health Select Committee

Background papers: nil

Scoping Questions

Study Groups are asked to consider the following questions when scoping a Scrutiny study:

A. Scope The review will look at… Are any Definitions Required Which specific areas will the study examine	
B. Aims What are the aims of the review	
C. Timetable When will the study commence When will the Study conclude/report	
D. Information and consultees What information do Members require to enable them to start work on the Study Who would Members request information from (further information needs will be identified as the review progresses). **Visits** Does the Study require any visits Where and with whom	
E. How the Community will be consulted, informed, and involved How will the Study involve the public	
F. Resources Are there any additional resources required for this Study	
G. How the effectiveness of the review will be measured After the review, what will assist Members to look back and examine the lessons learned.	