



**Who Cares**

*The voice of the people of North  
Lincolnshire in Health & Social Care*



Northern Lincolnshire and Goole Hospitals  
NHS Foundation Trust

Enter and View Report - 3 December 2012

**Nutrition** - Scunthorpe General Hospital



*Voluntary Action*  
North Lincolnshire

*Advancing Local Voluntary Action*



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*Who Cares* is hosted by Voluntary Action North Lincolnshire.

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# 1. CONTEXT & AIMS OF THE VISITS

As a number of concerns have been raised over the past few months in relation to hospital nutrition, and a number of changes have recently been implemented, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) wished to obtain independent scrutiny of the current situation within Scunthorpe General Hospital, Goole Hospital, and Diana Princess of Wales Hospital, Grimsby. This process will provide either assurance to the Trust Board and external stakeholders that patients are being appropriately fed, or if shortfalls in practice are

identified, that NLAG are aware of where further improvements need to be made and can focus their efforts on these areas to remedy the situation.

NLAG commissioned the Local Involvement Networks (LINKs) to carry out this work, and *Who Cares* (the LINK for North Lincolnshire) Enter and View Team visited Scunthorpe General Hospital on 3rd December 2012. This report details the conduct and findings of the visits and makes certain recommendations arising from the conclusions of the Enter and View team.

## 2. WHAT ARE LINKS?

LINKs (Local Involvement Networks) have been established under the provisions of the Local Government and Public Involvement in Health Act 2007. Each local authority area has its own LINK and they have a mandate to provide a body through which local people can influence improvements in local health care and adult social care services. LINK activity is steered by volunteer members and these are supported by independent host organisations that employ staff. LINKs are free to operate in the manner decided on by their members. LINK members have chosen to adopt a systematic model to

influence positive change in health and adult social care services, namely Identifying local concerns, investigation of existing services, and making recommendations to service providers and commissioners.

In order to function effectively, LINKs have several legal rights including the right for authorised LINK members to Enter and View premises where publicly funded health or social care services are being delivered to observe the standard and suitability of that care.

## 3. ENTER & VIEW

Enter and View is an essential tool that enables LINKs to review the quality of care services and the suitability of the premises used for the delivery of care.

To conduct Enter and View visits LINK members must be authorised and trained. There is no national framework for the authorisation process and the training. The only legal requirement is for Enter and View representatives to have satisfactorily undergone a Criminal Records Bureau (CRB) check. *Who Cares* have implemented a rigorous selection process which requires all members who wish to carry out Enter and View duties to complete the relevant training which covers the legislation and the code of conduct behind enter and view, personal conduct and communication skills, evidence gathering and reporting, diversity awareness and safeguarding responsibilities. At the conclusion of this training, the candidate will then attend an interview, with an appropriate interview

panel deciding if the candidate has sufficient understanding of the role of the LINK and of the functions of Enter and View to be appointed. If successful, and the candidate obtains a satisfactory CRB certificate, the candidate becomes an authorised Enter and View representative.

Enter and View representatives can enter any premises in connection with health and adult social care service delivery where that care is wholly or partially funded through public money. There are exceptions which exclude a right of entry to people's homes and to make visits where the visit may compromise privacy, dignity and the standard of care. The code of conduct governing Enter and View powers can be accessed by the following hyperlink:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_087285](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285)



## 4. METHDODOLOGY

Enter and View representatives drafted a questionnaire booklet which included a range of questions applicable to either patients or staff on the ward. These were backed up with a series of pre-agreed observations. The visit was unannounced, as agreed with NLAG, to ensure that realistic evidence was gathered by the authorised representatives.

## 5. WHO CARES ENTER & VIEW VISIT TO SCUNTHORPE GENERAL HOSPITAL

### 5.1 Date of visit

3 December 2012 over lunchtime

### 5.2 Enter and View authorised representatives

Susan Marrison (Lead) and Susan Pridmore

### 5.3 Ward visited

Ward 28 (General Surgery)

### 5.4 Purpose of visit

To find out if patients are provided with appropriate meals in Scunthorpe General Hospital

### 5.5 Visit

The general impression of the authorised Enter and View representatives was that the food looked and smelt acceptable and that most, but not all patients were able to reach their meals. As Ward 28 is a general surgical ward, it does have a large number of immobile patients who require a significant level of nursing and personal care. The general impression was that there was not sufficient help available for those who needed assistance to eat, and that possibly because of this lack of help, some did not or were not able to eat their lunch. There was a staff member off sick that day which may have had a negative impact.

Prior to the visit, NLAG had informed *Who Cares* that a volunteer feeding programme was being implemented in September 2012 at Scunthorpe General Hospital, but there appeared to be no evidence of this. A hostess is employed to wash up but they are not involved with giving meals to patients or helping them to eat; this is the responsibility of the nursing staff.

In relation to the meals themselves, the main

complaint from a number of patients was that the food was not hot enough. NLAG have subsequently informed *Who Cares* that the food is heated up in ovens located in the main kitchen. Once the food items have reached the correct temperature, they are loaded into heated bulk trolleys stored in the kitchen and then transported to individual wards by hospital general porters. On arriving at the wards they are plugged in to keep the food at the correct temperature and then served by the staff. Clearly there is breakdown somewhere in this process that is resulting in the food not being served at the correct temperature. The Enter and View representatives themselves found that the food is not hot enough. They purchased a meal on a previous visit on 30th October 2012 from the hospital restaurant, and the food was lukewarm warm and dried up. One patient would have preferred fresh vegetables, one did not like the meals, but most stated that the food was “adequate”. All the patients spoken to were on a normal diet, and it was confirmed that patients are asked if they have any special dietary requirements on admission. Patients’ visitors are allowed to bring in food for patients and staff label and store this in the fridge. The meal menu’s show that a reasonable choice is available for patients, and the menu allows choices for healthier, diabetic and fortified options, a choice of meals made with local ingredients, and different sizes of portions.

Patients weight is monitored by weighing them on admission and then on a weekly basis. If a patient is not eating enough they are given liquid food supplements or pureed food to help maintain weight and nutritional intake. However, it did not appear that they were given assistance and encouragement to eat the meals which possibly should be seen as the first course of action. Provision of liquid and pureed



food could be seen as a “quick fix” and is not taking into account the dignity and respect of the patient.

Although wards have protected meal times, the reality is that this is not feasible given that when a large proportion of patients on the ward are very ill, care is constantly needed and is obviously a priority,

## 6. SUMMARY

Although in general the standard of food was acceptable, a number of patients commented that the meals are not hot enough. The overwhelming impression from the representatives was that although

whether meal time or not. An example was of one patient who needed cleaning and her bed changed during lunchtime which needed two staff members to attend to, resulting in them not being available to assist with cutting up or feeding meals to patients who needed it.

this was a very busy ward, with a large percentage of very ill people, there was not enough staff to provide assistance to patients who needed it at meal times.





## 7. RECOMMENDATIONS

The following are some points that Enter and View representatives wish Scunthorpe General Hospital to consider implementing to ensure that the meal service provided to patients is improved:

- A. That the food is always served at the correct temperature, i.e. that food meant to be hot is served hot
- B. That care is taken to ensure that all patients can reach their meals if they are able to feed themselves
- C. That a member of staff, or volunteers if appropriate, is dedicated to assist patients who need it at meal times
- D. That C above is implemented to retain a patient's dignity and respect if a patient is not eating their meals, prior to being given liquid food supplements and pureed food
- E. For NLAG to inform *Who Cares* on whether the volunteer feeding programme is intended to be implemented, and if so, when and how
- F. That a follow up Enter and View visit is undertaken by HealthWatch North Lincolnshire within 6 to 12 months to check progress made

## 8. ACKNOWLEDGEMENTS

The request to carry out these enter and view visits by Northern Lincolnshire and Goole Hospitals NHS Foundation Trust was welcomed by *Who Cares* and it indicates that NLAG is keen to improve the patient's experience by undertaking independent scrutiny of the hospitals service provision. Grateful thanks are

extended to the Enter and View authorised representatives, the wards and the hospital staff that welcomed the representatives into their premises, and most importantly, all the patients and staff who took the time and effort to participate in this valuable piece of work.

## 9. NORTHERN LINCOLNSHIRE & GOOLE HOSPITALS NHS FOUNDATION TRUST RESPONSE

Northern Lincolnshire & Goole Hospitals NHS Foundation Trust response to Enter and View Report, Theme of Nutrition. Undertaken on 3 December 2012

The Enter and View visit undertaken to Ward 28 on 3 December 2012 has been valuable in highlighting where we can improve the patients experience with regards to meals. The recommendations within this report will be acted upon within the ward visited by the team and also considered across the organisation. The Trusts Patient Experience Group will oversee the implementation of the recommendations. The Quality and Patient Experience Committee will provide assurance to the Trust Board that patients are provided with appropriate nutritional support at mealtimes.

We recognise that there may be instances when there is not sufficient help available for those who need assistance to eat. That is why we have commenced a pilot in a small number of wards in the hospital to evaluate the impact of a volunteer mealtime assistant. The results of this pilot will be available towards the end of January 2013. If the outcomes are positive then we intend to roll this out across all the wards.

Quality matrons support each ward in the hospital to proactively involve patients and staff to enhance their experience of care received and delivered. We

are currently working with the ward to review the process of delivering food to patients to ensure the temperature remains acceptable when food is served; the temperature of food is constantly monitored.

On admission to the hospital all patients have their nutritional status accessed. This assessment results in a nutritional score which may trigger the need for a dietetic assessment. Nursing staff proactively involve the dieticians with patients who they feel may need nutritional support and they ensure that the patient receives the correct level of nutrition and hydration.

Protected meal times are a policy that the nursing staff value. Although in reality it can be challenging to provide. On the whole protected meal times have reduced and in some areas stopped the need for patients to have investigations performed during this time which led to instances where meals may have been missed. We recognise that bedside care still needs to be given during meal times and this is another reason why a volunteer mealtime assistant would be advantageous to the patient and nursing staff.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust welcome this report and would like to thank the Enter and View team for their recommendations.

## 10. COMMISSIONERS RESPONSE

The North Lincolnshire Clinical Commissioning Group welcomes the opportunity to comment on this report and notes it was commissioned by Northern Lincolnshire and Goole Hospital NHS Foundation Trust.

It is unclear how the decision was made to focus on ward 28 - whether this was requested by NLAG or identified by *Who Cares*. Nutrition and hydration are vitally important aspects of care and the CCG supports the recommendations identified within the report.



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**NAVCA  
Quality  
Award**

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