healthwatch Havering

Enter & View

Queen's Hospital, Romford

Rom Valley Way, Romford RM7 0AG

In-patient meals: fourth visit

March 2024

Including the formal response from the Hospital Trust

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that the team can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation, and the team would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, the team also visit services by invitation rather than by exercising our statutory powers. Where that is the case, the team indicate accordingly but our report will be presented in the same style as for statutory visits.

Once the team have carried out a visit (statutory or otherwise), the team publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

Visiting after the Covid pandemic

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is largely over, the team have been able to resume the programme but with safeguards to ensure the safety of the users and staff of the facilities the team visit and of our members who are conducting the visit.

For that reason, visits will generally be carried out by a small team, who will wear personal protective equipment (PPE) appropriate to the facility they are visiting and take sensible precautions such as the use of hand sanitiser.

We have also changed our approach to conversations with the management, staff and users of the facility. Previously, this would have been done face-to-face on the day of the visit but, after Covid, that is no longer practicable. So the team will hold such conversations, where possible in advance of the visit, using an online video meeting.

The visit that is the subject of this report was carried out in accordance with this new approach.

Note: there may be some repetition of information between the sections of the report relating to the interview with the service manager and the report of the actual visit, reflecting discussion as it took place and the observations made during the visit.

Although the visit now reported was carried out at the end of March, the publication of this report was delayed as a result of the London Mayoral Election in May and the General Election in July, both of which led to restrictions on the ability of Healthwatch to publish reports during the respective "purdah" periods.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

In October 2016, following reports from patients and others alleging inadequate dietary arrangements at hospitals in general (not necessarily at Queen's Hospital, Romford), Healthwatch Havering members visited Queen's Hospital to observe the serving of lunchtime food to patients in several wards. That visit was followed by further visits in October 2017 and October 2018. Plans for a further visit were frustrated by the COVID pandemic in 2020 and it was not until March 2024 that it was practicable to carry out a fourth visit.

In the intervening period, there had inevitably been changes in the arrangements for preparing and serving food to patients – not least because the original supplier of food had ceased trading and a new contractor had taken over.

Food served to patients at Queen's Hospital is procured on behalf of the Barking, Havering and Redbridge University Hospitals Trust (BHRUT) by their contractor Sodexo Limited from Apetito[1], a specialist catering organisation based in Trowbridge, Wiltshire. It is delivered to the hospital frozen and ready to be reheated. A range of foods is available through a variety of menus. Food for patients who do not have special dietary requirements is varied by rotation of menus over a two-week period; food for patients who have special dietary requirements is also available – should a patient require a specialised menu not generally catered for, a diet chef is available to discuss their specific needs with that patient.

The reports of the earlier visits were shared with BHRUT (and other statutory bodies). BHRUT prepared action plans in response to it, which were published alongside the reports on the Healthwatch Havering website [2].

[1] See https://en.wikipedia.org/wiki/Apetito

[2] See https://www.healthwatchhavering.co.uk/report/2018-10-03/queens-hospital-mealtimes

Nutritional standards

NHS England (NHSE) has identified 10 key characteristics of good nutrition and hydration care [3]. These are:

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
6. All health care professionals and volunteers receive regular raining to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.

[3] NHS England (NHSE) website: https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics

8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance-managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

The team that carried out this visit saw nothing that would have led them to question the conformity of the meals that they saw being served with the required nutritional standards.

Response and Action Plan from BHRUT

The formal response from BHRUT, and the Action Plan produced in response to this report, is set out at the end of the report.

Pre-visit Meeting with Managers re Meal Service, Queens Hospital

As a preliminary to the actual visit, members of the team met the Soft Facilities Manager and Catering Manager to find out the general background to the meals service. The discussion was very open and amicable, they were very pleased to be able to share their knowledge.

Hydration

The importance of ensuring that patients are properly hydrated is well-known. In response to a question about how the Trust ensures, as far as possible, that patients do not become dehydrated, the team were advised that beverages are offered 7 times a day and water is always available.

Mealtimes and available facilities

Following the failure of the previous supplier of food, the contract was placed with Apetito, which was already the supplier for Queen's sister hospital King George Hospital. Although the original meals arrangement for the hospital was a cook/chill service, due to space constraints, it would not be possible to provide the service in that way now. The supplier is based in Trowbridge, Wiltshire and does not have a local depot. Most of the food is delivered in containers, which are distributed to wards for serving. Food is usually delivered two days in advance so that,

with the current day's delivery, there is three days' supply of food available at any given time. It would not be possible to increase availability owing to restrictions on fridge and freezer capacity. There is a separate service, named Carte Choix, for departments and wards (including the Emergency Department) that have a high turnover of patients.

Meal choices are gathered from patients by staff known as "Hosts" and entered an IT system called Saffron system using tablet computers, with lunch menus being collected by 9.30am and evening meals by 1.30pm. This timescale presents some pressure, given that wards are busy during these times. To accommodate those patients who miss their meal because they are not on the ward at the time of delivery, meals are kept in the ward kitchens for up to four hours. There are arrangements for replacing these where necessary, as there are for new patients and for any extra food requirements, through the 24-hour service.

Hosts (who are employed by Sodexo rather than the Hospital Trust, BHRUT) undertake two days of training, which includes food safety and Health & Safety, as well as statutory training required by the Trust e.g. infection control. New hosts are 'buddied up' with experienced hosts to ensure that they are able to carry out their duties before being allowed to work solo. Shift patterns cover from 7am – 3pm and 3pm – 7.30pm.

The host gave the team a short demonstration of the Saffron system, showing the current menus, which were extensive. She explained there was also an option on portion size. The current menu is a two-week system. Dry goods are supplied in bulk with a two-week turnaround. There is a minimum stock re-order system in place. In addition to the items in the menu book, there is also a variety of sandwiches available. Snacks such as crisps, fruit bags and cake are also available and these may be ordered with menu choices. Supplies of these items are also available on a 24-hour basis, as is a limited choice of main meals which are held in stock in the kitchens. The service caters for approximately 22,000 meals per month.

In response to a question about the availability of volunteers/assistants to help at mealtimes, the team were advised that this is an unknown quantity and varies from ward to ward.

It was confirmed that desserts are served separately, except for Jubilee Ward (see page 14 following).

There appeared to be no specific arrangements for deaf or hard of hearing, blind or partially sighted patients as it was assumed that clinical staff and others would help them if necessary. Hosts get to know the patients' likes and dislikes, and boards above beds denote allergens, impairment issues, and dietary needs etc. There is, however, a risk that this familiarity with patients'

preferences could lead to assumptions about what they want for a particular meal and lead to mistakes.

The SALT Team, in conjunction with dieticians, is currently working on revised menus to reduce the number, to make things easier for everyone.

Hosts themselves are not expected to ensure that food is eaten but are expected to report to the nursing staff where patients eat little or none of the food ordered and offered to them. There are occasions when patients change their minds and every effort is made to deal with this. Food and fluid charts are the responsibility of nursing staff.

The team were advised that all white goods in pantries are in working order and that every effort is made to ensure that faults are rectified as soon as possible. The contract for catering equipment is with Agora. Sodexo carry a minimum of 3 toasters and 3 microwaves in stock. The replacement of fridges and freezers can be more problematic, with long lead times.

Waste food is collected in bins for disposal and is weighed to reduce wastage. The team understand that a hospital in Devon is currently trialling a new system for waste disposal, but there was no information on how this might work. If it proves a workable trial, it is hoped this can be rolled out at Queen's.

Hosts are required to check pantry fridges daily to ensure that all food is in date and stock is rotated. Supervisory staff check this on an ad hoc basis. Hosts are fully aware of the importance of good food handling hygiene, and it is Sodexo policy not to use gloves for serving, only for handling food waste. Management visit wards continually to make sure everything is being adhered too on the wards.

The team were advised that there are no problems with recruitment of staff and potential hosts are vetted thoroughly, to ensure that their knowledge of English and Maths (arithmetic) is sufficient to carry out their duties. Sodexo have five members of staff who carry out relief duties as required, to cover sickness and holidays. In general, retention of staff is good, but some apply to become HCAs with the Trust, when they feel that they are qualified to do so.

The team were told that the red tray/jug system, which indicates patients who need assistance in eating/drinking, is still in operation. Specialised cutlery is also available. Every effort is made to ensure that water jugs are within easy reach of patients. The team asked whether hand wipes were available for patients and were advised that hosts report lacks to nursing staff but it is the responsibility of the ward to make sure they are available and that patients' hands are washed.

Following a recent report to Healthwatch about non-availability of some food items, the team were advised that every effort is made to ensure that all food items are available, but that appropriate substitutes are provided wherever necessary and possible. A recent shortage of apple juice had been due to problems with the quality of the product supplied and alternative products were being sought. Orange juice is available for breakfast. Where rolls are unavailable, bread is offered (rolls do not have a long shelf life, and bread is an easier and a cheaper option, e.g. to have with soup). Gluten free options are available now. The team were advised that there is a toaster dedicated to gluten-free products to avoid cross-contamination.

Various salads are prepared daily on site and every effort is made to ensure that these suit patients' requirements. A query about tomatoes being quartered rather than sliced was explained: sliced tomatoes fall apart more readily than those that are quartered!

It was noted earlier that desserts are served along with the main course on Jubilee ward and this has arisen due to apparent changes in procedure. Originally, very few patients on this ward took meals because of their medical conditions. For this reason, the host on an adjacent ward covers this duty. However, the number of patients taking meal service on Jubilee had recently increased sufficiently to present considerable pressure on the

host who covers this ward because of which provision of a separate, dedicated host is being explored.

The wards that have a quick turnover of patients, such as Frailty and the Medical Receiving Unit (MRU), are especially difficult to cater for in a non-rushed atmosphere and avoiding pressure can be challenging.

In response to a wish list, it was suggested that a different system of food service might be beneficial to elderly patients; as many appeared not to be able consume large amounts of food at one time, it was thought that it might be preferable if they were served meals on a "little and often" basis.

Summing up, the team felt this was a very productive meeting, and were pleased to have had the opportunity to speak with the two managers.

The visits to wards and facilities

The team that carried out this visit split into smaller groups to visit the individual wards and facilities referred to in the following descriptions, and this report reflects the different arrangements and approaches that each group observed.

Post-Natal Ward

The team had originally intended to visit the Maternity area but were told on arrival that Maternity was not fully supporting the mealtime arrangements at the hospital. It is understandable that a maternity ward would find some of the arrangements challenging, given the nature of maternity work, with constant arrivals throughout any twenty-four period, but the team were disappointed not be able to explore this aspect more. There were sixteen beds in this area of maternity.

The team were instead taken up to the Post Natal ward, and spoke to the ward manager, who told the team about staffing arrangements but then went elsewhere.

Without interrupting them too much, the team were able to speak to patients about how mealtimes had been supported by the staff on the ward.

Patients in the Post Natal Ward are provided with plated meals. This can appear to be very disjointed, as some patients had just given birth and had been given toast and tea while on the labour ward, before being transferred to Post Natal, and so had no immediate need of a meal. Those patients who had been on the ward for some time seemed happy with some of the food, but many were having food

brought in by their families, to supplement the food provided. No cereals were available.

A member of the team returned to the nursing station to write some notes down and was surprised to find that no staff were available, although several staff had been on hand earlier. A patient seeking assistance at the same time was equally surprised by the lack of staff.

Patients told the team that there had been a problem with obtaining toast as the toaster had been damaged.

In the absence of clinical staff, the team spoke to the host in the ward pantry but got the impression their doing was an inconvenience for her; she was obviously doing her best in the circumstances, without ward staff to help.

One patient was very critical of mealtimes and was keen to be discharged. The quantity of food brought in by families, evident on the bedside tables, raised issues about how much hospital food is being eaten or is even needed for the short-stay patients. Those with a longer recovery time seemed to fare better.

The team noted that protection for mealtimes might not be practicable on this ward, given the nature of maternity care.

The team noted that curtains were in place around many – if not all – beds, thus preventing those patients who wished to converse with the patients in neighbouring beds, from being able to do so. Whilst appreciating that there will always be issues of privacy and/or patient confidentiality that require curtains to be closed, having all curtains closed at all times is very disconcerting for those patients who are not receiving immediate attention.

Coral Ward

The visit to Coral Ward was a much better experience, the mealtimes situation was observed in a more controlled manner. Although discharges here are very frequent, things seemed much more stable. Patients were much more positive about their mealtimes experience.

Mandarin B Ward

The team met Sodexo staff and the Ward Sister on duty. All were very pleasant and happy to help. The ward sister was happy to show the team around, although inevitably was called away from time to time during the visit..

Mandarin B has 4 Bays with an extra bed tucked in to cope with bed pressures - 30 +3 altogether.

Mealtime was protected - a bell was rung at 12.10am to indicate its start. The team were shown the pantry, which was tidy and the food in the fridge was in date. There was not much there, but enough for snacks and the next meal time if necessary. All equipment appeared to be working.

As the heated trolleys arrived in the corridor supervised by the host, the team went into the ward so as not to be the way.

Some patients had family visitors who were ready to assist them. Hand wipes were made available for patients' (and visitors') use. was a bit worrying as several patients said they were there because of infections. The host was wearing gloves.

There were two patients with the red trays and jug system. Nurses were standing by ready to help. There was nobody with a white tray and jug (fluid restriction).

Every patient had access to water jugs, all of which had water in them.

Each bay had a dining table and patients were encouraged to sit there (a recommendation made following one of our previous visits) but most patients preferred to sit by their bed - and a few were bedbound.

The food was individually labelled and arrived promptly and hot, it smelt and looked appetising. Condiments and serviettes were provided. Meals were served onto plates by the host with metal covers. A wide choice of meal was evident, and a smart, colourful printed menu was available for snacks and other options. The team saw no evidence of cartons and sandwich packaging - everyone was having a hot meal.

The team spoke to patients, whose feedback included remarks that:

- There was too much food
- Fish and chips was tricky for someone who has gall stones
- Marmite toast was not available
- The food was lovely
- The food was monotonous and too salty but there was not enough tea to drink!

The team also received good feedback from family members who were on the ward, apart from one person who said her relative needed Caribbean food, which was not available in sufficient quantities. Some patients had food by their beds that had been brought in by their family. One patient had one paralysed hand and the other could not grip; a family member pointed out that he could not

cope with the drinking beakers, especially as they had no handles to grip, so a member of staff brought him some straws. which solved the problem immediately.

Two patients felt strongly that the gap from 6 pm to 8 am was too long without tea and biscuits. When the team enquired this, they were told that the hosts finish work at 7pm and snacks are available but it is left to the clinical staff to deal with that.

The team saw no leftover food. Patients had plenty of time to eat their meals, which they all seemed to enjoy. The team left before the plates and dishes were cleared away.

There were symbols over the beds covering dietary requirements. The team were assured by the nurses that the observation charts are completed but the team saw no evidence of that. MUST takes place on admission but charts are not effective due to patient turnover. The area is deep-cleaned on a 3 monthly basis.

Clementine A (Frailty Unit)

The team moved on to Clementine Ward A which mirrored Mandarin B, with similar outcomes.

The team met two ladies wearing "Volunteer" bibs who said their role was befriending, particularly for patients with no visitors. They were not particularly engaging in the mealtime activities.

The team were taken to a room off Clementine and offered samples of many of the dishes which had just been served, which they found satisfactory. They did, however, feel that the choice for patients could be almost overwhelming.

The team were told that picture menus are being developed and need to think about adding menus in braille. No problems were experienced in dealing with patients who are deaf.

The team had the chance to chat with the staff about these issues, which are work in progress. The staff would welcome more volunteers, for whom recruitment sessions are held monthly.

Apetito have had this contract since last September and seem very keen to get it right.

The atmosphere in both wards was good, with a calm efficiency, given the strong impression that all was under control; patients and families were content with the care they were receiving.

Medical Receiving Unit (MRU)

The visit to MRU was arranged on the recommendation of the Soft Facilities Manager at the Hospital, as the unit is an extension of the Emergency Department with a relatively quick turnaround of patients.

The team were introduced to the Unit Manager, with whom a good conversation was had. She showed the team the Unit pantry; the lunch time food was in the ovens. A technician was in the process of checking one of the two ovens, which was suspected of being faulty but was found to be in good working order. All food in the refrigerator was in date when checked. Dry goods stored in the pantry are checked and re-ordered by porters. All equipment is checked for faults twice a year, to ensure food is cooked correctly. All white goods were working.

The hospital has protected mealtimes, from 12-1pm. This means staff can concentrate fully on a relaxed meal time.

The unit manager told the team that a lot of agency staff are used, but that on the day of the visit, staffing was manageable. While the visit was taking place, an operative came down the unit with a cleaning machine but was promptly told by the Soft Facility Manager to go away. This suggested that not all staff are aware of what protected mealtimes mean.

When the team arrived at the Unit, having waited for a good while for the food to be served up, the team felt the process was extremely disjointed and appeared very slapdash. There was a doctors' conference going on behind screens, which meant the Unit interior was blocked off. This should have finished by 12.15pm but over-ran considerably. The team were disappointed to note that there were no visible signs of preparing patients for their lunch, for example by hand washing, toileting, making sure they were sitting up to eat properly, or offering hand wipes (of which only a few were seen on bedside tables). No one had been encouraged to prepare. This, and other consequences, meant the food was not served to patients until 12.50pm. The sweet course was served separately and consisted of yoghurt or ice cream. The team got the impression that the menus were not being adhered to, but this could have been due to the type of meal being served here on this Unit.

The team had a good time talking with patients and families. They had all been on trolleys in the ED for a considerable period, in some cases for up to three days. All seemed happy with their situation, although some patients were very poorly.

One patient did not like the food and having spoken to the unit manager about this, the team were disappointed to see no one was helping him to sit up and try food or to offer

alternative food. Staff did not appear to be concerned at this. A family member of another patient found her relative had received no meal, dealing with which proved difficult and confusing. Overall, this did not provide a good impression of the management of mealtimes.

The nature of the meals on this Unit is that they have been plated up and sealed by a see through covering to be peeled off, whereas other units have their meals served from containers, depending on what patients have chosen from the menus. Orders for lunchtime are taken by the host and sent to the main kitchen by 9.30am. Evening meals must be ordered by 1.30pm. Salads are prepared on site. There was, however, no evident that specific dietary requirements were being met.

The food served appeared reasonably appetising, although vegetables were generally acceptable, others were lacking in colour. Patients spoken to were happy with their food, describing it quite tasty. One patient, who said he was a retired GP, said that he was surprised how good it was. There did not seem to be much choice of food and all patients had similar meals.

All patients had jugs of water on their tables, one with a red lid (indicating extra help needed). Seven drinks' rounds

were served during the day, and the team were told that it was left to nurses to record individual patients.

Overall, however, the team did not feel that the mealtime arrangements on this Unit were working well, possibly as a result of the fast turnover of patients – the MRU is a "holding area" between the Emergency Department and the mainstream wards, so patients rarely remain on it for long.

The team gave some feedback to a member of the Patient Experience Team, which she asked for to start working on improving things. The hospital's management are obviously aware of the shortcomings in feeding patients in this Unit.

Main Kitchen Visit

The team then had visited the main kitchen in the basement of the Hospital. This was arranged appropriately and turned out to be very informative and showed what is involved in feeding patients in a hospital of this size. The team had to put on white coats and hairnets.

There had been a delivery of food that morning and space was at a premium. The supplier, Apetito, appears to be the only company in the UK providing food for hospitals. If there are breakdowns of any freezers etc., Agora (the maintenance contractor) come in quickly to service them.

Storage space is at a premium, because other units in the hospital must share space here, for preparation etc. Huge, labelled freezers are very apparent, including separate freezers for special diet and halal food etc. Large cold storage freezers are installed and the team were shown a cold room where food is placed on trollies for delivery to the wards.

Considering the amount of food stored and the lack of space, particularly for dry goods, the whole area was impressively clean, well established and managed.

Meal Tasting

The team were invited to taste the food served up to the patients across the hospital. This food was hot, was very colourful and it tasted very good. The catering team told the team about the different types of food and menus available to choose from (diabetic, low salt, gluten free, puréed halal etc). The team noted that puddings are now all served after the main meal (in previous visits, it had been noted that both the main and sweet courses were delivered together, with the inevitable result that sweets rarely retained their warmth).

Conclusion

Overall, the team felt that the visits to individual wards and the MRU had gone well and that the arrangements for feeding patients were working reasonably well. The team also felt that their interactions with hospital and the food services management, both during the pre-meeting as well as the visit itself, had been helpful and positive.

The team wish to offer a few recommendations for improving further the arrangements that they observed.

Recommendations

1. **That clinical staff be reminded that meal times are protected and that routine clinical practices, such as ward rounds or conferences, should be avoided on wards during meal times. Not only does carrying out such practices disturb the patient directly concerned but can disrupt others nearby, as well as interrupting the distribution of meals.**

2. **That ward staff – nurses and care assistants, and in maternity, midwives – be reminded that they should offer assistance to patients who require assistance with feeding or drinking.**

3. **That, whilst protecting privacy and patient confidentiality, staff ensure that it is possible for those patients who wish to speak to each other are able to, by ensuring that beds are curtained off only where necessary.**

4. **That menus be made available to all patients in advance of the arrival of the host, so that they can consider their choice of food in advance of being asked to state their preferences.**

5. **That hosts be reminded that they should not make assumptions about patients' meal choices but check with them every time.**

6. **Further to recommendation 4, that details of menus and times of service be made available on the BHRUT website so that patients entering hospital for elective or planned procedures can be aware of what is available in advance of their admission.**

7. **That, where there is a fast turnover of patients, all staff be reminded of the importance of ensuring that patients are fed and hydrated adequately at all times.**

8. **That all patients be offered opportunity to clean their hands before eating.**

9. **That host staff be familiarised with the working arrangements of all wards and units that they might be asked to work on so that they can go about their work in a knowledgeable and efficient manner.**

10. **Given that it appears that Apetito are almost a monopoly supplier, steps be taken to ensure that alternative suppliers can be called on without avoidable delay in the event of their facing adverse supply or business issues, to ensure continuity of service.**

Acknowledgements

The team wish to record their thanks to all staff and patients who were spoken to during the visit for their openness and honesty in responding to the team's questions.

Response from BHRUT, and Action Plan

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18 September 2024

Dear Ian,

Enter and View Visit – Inpatient Meals, 18 and 25 March 2024.

I am writing to thank you for your recent report on our inpatient meals at Queen's Hospital, following your visit on 18 and 25 March 2024.

We appreciate the comments and support from our local Healthwatch community and therefore welcome both the findings and recommendations detailed in your report. Please see enclosed our action plan and comments based on your report.

Please do not hesitate to contact the Patient Experience Team via email at bhrut.patientexperience@nhs.net who will be happy to assist you should you require any additional information

Yours sincerely,

Matthew Trainer
Chief Executive

cc: Gary Etheridge, Director of Nursing, Patient Experience

PRIDE

Acting Chair: Mehboob Khan Chief Executive: Matthew Trainer

Barking, Havering and Redbridge NHS University Hospitals NHS Trust

ENTER AND VIEW VSIT – HEALTHWATCH HAVERING

Inpatient Meals – QUEEN'S HOSPITAL

18th March & 25th March 2024

RAG COLOUR	DEFINITION
BLUE	Completed
GREEN	On track to complete by target date
AMBER	Minor issues that may slow progress
RED	Unlikely to meet target closure date

ACTION PLAN

Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
1	Adult Inpatient wards & Maternity	That clinical staff be reminded that mealtimes are protected and that routine clinical practices, such as ward rounds or conferences, should be avoided on wards during mealtimes.	DoNs	Ongoing	The importance of having protected mealtimes will be discussed at the morning ward huddles and the ward managers forum to remind all nursing staff. All healthcare professionals will be made aware to avoid clinical activities during mealtimes. There will be a senior nurse presence during mealtimes.	
2	Adult Inpatient wards & Maternity	That ward staff – nurses and care assistants, and in maternity, midwives – be reminded that they should offer assistance to patients who require assistance with feeding or drinking.	DoNs	Ongoing	Nursing staff, all health care assistants, and volunteers to engage and provide support in feeding patients who require assistance. A red tray system will be implemented for patients who require assistance with feeding. A white tray system will be implemented for patients who require assistance with drinking and fluid intake.	
3	Adult Inpatient wards & Maternity	That, whilst protecting privacy and patient confidentiality, staff ensure that it is possible for those patients who wish to speak to each other are able to, by ensuring that beds are curtained off only where necessary.	DoNs	Ongoing	Nursing staff to be reminded that curtains should only be closed when necessary or requested by patients, should they wish for privacy. When this is not the case, curtains should be open to allow patients to converse if they wish to.	
4	Estates & Facilities/ Sodexo	That menus be made available to all patients in advance of the arrival of the host, so that they can consider their choice of food in advance of being asked to state their preferences.	Soft FM Contracts Manager	31st October 2024	This is a Sodexo responsibility, and we will make sure we highlight the concerns – there should be a menu by every patient bed side.	
5	Estates & Facilities/ Sodexo	That hosts be reminded that they should not make assumptions about patients' meal choices but check with them every time.	Soft FM Contracts Manager	Ongoing	This is a Sodexo responsibility, and we will make sure we highlight the concerns	
6	Estates & Facilities/ Comms	Further to recommendation 4, that details of menus and times of service be made available on the BHRUT website so that patients entering hospital for elective or planned procedures can be aware of what is available in advance of their admission.	Soft FM Contracts Manager	31st October 2024	Estates & Facilities to liaise with Comms to ensure menus are available to be uploaded to the Internet.	
7	Adult Inpatient wards & Maternity	That, where there is a fast turnover of patients, all staff be reminded of the importance of ensuring that patients are fed and hydrated adequately at all times.	DoNs	Ongoing	The Unit Lead's for the Frailty Units to remind all nursing staff of the importance of ensuring that patients receive their meals and beverages in a timely manner before transferring to other ward areas.	
8	Adult Inpatient wards & Maternity	That all patients be offered opportunity to clean their hands before eating.	DoNs	Ongoing	All nursing staff to provide patients with hand hygiene before mealtimes i.e. offering hand wipes.	
9	Estates & Facilities/ Sodexo	That host staff be familiarised with the working arrangements of all wards and units that they might be asked to work on so that they can go about their work in a knowledgeable and efficient manner.	Soft FM Contracts Manager	31st October 2024	This is a Sodexo responsibility, and we will make sure we highlight the concerns	
10	Estates & Facilities/ Sodexo	Given that it appears that Apetito are almost a monopoly supplier, steps be taken to ensure that alternative suppliers can be called on without avoidable delay in the event of their facing adverse supply or business issues, to ensure continuity of service.	Soft FM Contracts Manager	30th September 2024	This is a project responsibility with a robust BCP in place. As described, we have 3 days food storage and also, we have been in a challenging situation with our previous supplier where we invoked the BCP and all was ok with all patients fed. We worked with our partners until the challenges were resolved. I do not think we carry a risk here.	

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. the team need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive

Healthwatch Havering is the operating name of
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