

Enter & View

inBrent

A Report on Meal Times at Northwick Park Hospital



April 2017

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MEAL TIME ENTER & VIEW WARD REPORT

INTRODUCTION

Healthwatch Brent initiated a project to ascertain the views of patients in Northwick Park Hospital on the standard of food and service.

In November 2016 Healthwatch Brent visited 2 different wards at Northwick Park Hospital each on two separate occasions (i.e. 4 separate visits) to investigate the food and mealtime support that was offered to patients. This analysis was undertaken by a group of Healthwatch Enter and View volunteers who visited the wards to observe a mealtime and to talk to patients, staff, relatives and carers. On different visits both lunch and evening meal time was observed. We did not do a Breakfast visit but did receive feedback from staff and patients on this mealtime.

In preparation for these visits the Healthwatch team had several fact-finding meetings with managers from the Facilities and Catering and Nursing Operations departments to get agreement for observational visits and to understand what the process is supposed to be.

Once the discussions had been concluded it was agreed that the Enter & View volunteers would visit and observe mealtimes and ask patients for their views on the food that had been served. After each visit a short report was compiled and at the end of all the visits a consolidated report will be produced and published.

It has long been acknowledged that the quality of food served in hospital plays an important part in promoting wellbeing. In this situation, quality also refers to quantity and presentation.

The findings of these visits and recommendations are to be shared with the Director of Nursing at Northwick Park Hospital, CQC and published on the Healthwatch Brent website.

METHODOLOGY

The team of Healthwatch Brent Enter and View volunteers worked in pairs to visit a ward at the hospital. Each team visited two wards on two different occasions, at different times of the day to compare any changes.

The Director of Nursing (Operational) Manager was informed of the dates of the visits and the names of the volunteers involved. On each visit the team were given a list of 4 wards to choose from; Jenner, Hardy, Eliot and Grey. However specific wards were not chosen until arrival on the day this was to minimise ward managers being aware of Healthwatch Brent coming to the hospital and the purpose of the visit.

(However, giving a list of 4 still probably meant that Ward managers would be aware to expect a visit)

The first part of the visit involved the team observing the preparation, serving and support for eating offered during a mealtime, from start to finish. The team observed the hospital's protocols on infection control and tried to minimise their impact on the functioning of the ward by being as discreet as possible.

The second part of the visit took place once the meals were finished and cleared away, when the volunteers spoke to patients and any relatives and carers. A set of standardised questions were used to ask about their experience and opinions of the food and support to eat that they received during their stay. This information has been collated and reported in a summary for each ward and all of the information is summarised in one report. Where appropriate some recommendations have been made.

The report has been sent to the Director of Nursing (Operations Manager) to check for factual accuracy. The final report will be sent to the Care Quality Commission and Brent Clinical Commissioning Group. It will also be available to the public on the Healthwatch Brent website.

This report relates only to the service on the date of the visits, and is representative of the views of the staff, visitors and patients who the Enter and View team met with on that date.

Details of Jenner Ward:

Ward title and description: Jenner - Cardiac

Number of beds and bays: 5 large bays with between 4 to 8 beds. 7 side rooms. All single sex with the exception of Coronary Care Unit (CCU)

Healthwatch Authorised Representatives: Derrick Edgerton
Colin Hurst
Meena Thakur

Dates of Visits:

Wednesday 2nd November - Lunchtime

Wednesday 16th November - Evening Meal

Patients Spoken to:

Number of patients observed:

Visit 1: 4 Bays observed - 2 female, 2 male - 4 - 8 beds in each, 18 patients, 0 with visitors

Visit 2: Bays observed - 2 female, 3 male - 4 - 8 beds in each - 4 side rooms 10 patients, 4 with visitors

FINDINGS OF JENNER WARD

Phase 1: Our Observations

Report on visit to Northwick Park Hospital to observe meals being served

This is a summary report of the visit that occurred at lunchtime Wednesday 2nd November carried out by Derrick Edgerton and Meena Thakur and the evening visit on 16th November to the same ward carried out by the same two representatives and Colin Hurst.

From a selection of 4 wards given by the Trust, it was decided to visit Jenner ward and observe the serving of the lunch and report from a user perspective. Jenner ward specialises in Cardiac conditions and includes the Coronary Care Unit.

On arrival at Northwick Park, the team were met in Reception by Marion O'Connor and taken to the ward, where an introduction was made to the ward manager Vikash Ramgoolan.

We were given an explanation of the ward layout and we in turn explained the reason for the visit. The ward consists of 5 large rooms of between 4 - 8 beds

(all single sex), 7 single side rooms and the CCU. We were asked not to go into the CCU area and one of the single rooms where special nursing measures were in place (a total of 30 beds).

Preparation and assistance with eating and drinking

The team at lunchtime observed the two hostesses making up the trays for the patients using a computer-generated list that gave details of the choice each patient had made earlier in the morning. (The menu for the meal was a choice of two soups (mushroom or minestrone), with a choice of various sandwiches and a desert of fruit (only appeared to be banana) or yoghurt. Tea, coffee or fruit juice was then served.) Once made up, the trays were distributed to the patients by the nursing staff in each area.

For the evening meal the food arrives on the ward frozen and is plated out according to patients orders and then placed in the oven for 60minutes. These plates are then taken out of the oven and placed on trays (in a movable rack) that have cutlery, hand wipe, paper napkin, pepper sachet and any cold component of the order.

We did not observe the host taking the temperature of the food to ensure that it had reached the appropriate temperature for complete cooking. We did ask about food temperature and were then shown a food probe /thermometer that was placed randomly into one meal then cleaned with wipes.

The trays were then taken by the hosts to the entrances of the single rooms or patient bays and then informed the nurses that the meals are ready to be served.

Available HCAs and nurses come to the trolley, put on plastic aprons and take the trays handed to them by the hosts to the patients.

The time between the plates coming out of the ovens to being served to the patients varied significantly depending where in the ward area one was located and the availability of nursing staff, thus giving time for the food to cool off and get cold.

Hand hygiene

Hand wipes are placed on the trays, but only one patient was seen to have made use of this. It was not clear if all the trays given out had a hand wipe on. Some commented that if they did have one, they could not open the packet. It was observed that a Healthcare Assistant (HCA) was also having difficulty opening the sachet of wipes.

In the evening meal observation it was noted that of the approximately 12 male patients eating, not one was seen to use the hand wipe before or after the meal.

Protected meal time

We were advised that a system of protected meal times was in place, but we did not see any evidence of this when we visited the wards. There was no indication given as to when the mealtime had started, there was no sign indicating that it was in place. It was noticed that several patients were interrupted during their mealtime for various medical reasons (blood taking, blood pressure monitoring).

Trays were placed on tables for patients to access.

We didn't see a system in place for monitoring/ recording how much the individual patients had eaten. Some did not like sandwiches, so just had soup only. It therefore appeared that no record was made of when patients did not eat well.

Red Tray

There is a "red tray" system in use to indicate that the individual needs assistance in eating, but there were none in Jenner at the lunchtime when we observed.

At the evening visit it was observed that one person had a red tray. On questioning this patient, he said he was satisfied with the assistance given to him and happy with the quality of the food.

The HCA /Nurse was then asked about when a Red tray was assigned to a patient and she said the reason was to monitor the patient's diet and not about assistance to sit etc.

Phase 2: Feedback from Patients

Length of stay

The length of stay in Jenner ward varied between just admitted and up to 7 weeks, with the exception of one person who had been a patient since February 2016.

Support with eating

Some individuals stated that they had trouble opening the sandwich packs and had to ask for assistance. Three people had difficulty in open the pepper sachets.

Some patients said that they were not given help even if it was needed to get into a comfortable position. None of the patients interviewed in the Jenner ward needed help to eat.

All patients had their meals/drinks left within reach. One patient seemed not to have the plastic film removed from the plastic container and they were observed to struggle to remove this plastic film.

All of the other patients seemed to have plastic plate covers on their food which was ready for eating.

One patient said the staff always make sure that their table was in the right position.

Menu Choice

No food menus were observed on the ward and many patients commented that they had not seen the written menu choices. A number of patients told us that the Hosts usually read out the options to them in the morning.

The patients who had had sight of the menus found the ordering system easy to use and to understand, though 3 patients needed staff assistance to order food due to difficulty in understanding the English language menus.

Feedback from Patients

Quality and Choice of food and Drink

After the patients had finished eating, we asked questions about the food. This was very varied, some patients enjoyed the meal, and others did not like the food.

At lunch time on the Jenner Ward, 10 male patients and 12 female patients were able to talk to us. Of particular interest was that all the males questioned at lunchtime said that the food was “acceptable” (“one is in hospital, so what do you expect. It is Ok”, “one is in hospital, not a 5-star hotel”, “it’s brilliant”, “it will do”, “probably will lose weight in here, but it’s OK”), whilst all the females stated

their dislike (“too greasy”, “no taste”). Other comments included, ‘I had spaghetti bolognaise and it was served like slop, ‘The food is very good and easy to order.’, ‘all good food.’ We do not know how to explain the differences of opinion.

We were told that with salad, a container of dressing is only given out at lunch time and not when served in the evening. So some patients used to save the salad dressing from lunchtime to have with their evening meal.

Complaints about incorrect food orders

A few people stated that there were times when they did not get what they had ordered. How this was resolved appeared variable.

One patient stated that on one day, both the lunch and evening meal delivered were not what they had ordered. The lunch order was corrected by the ward sister, but the evening meal was not replaced, and in fact the meal assistant attempted to resolve this by showing the patient the order ‘print-out.’ However, due to the patient’s medical condition, they detailed that they would not have ordered that meal. Unfortunately there were no other meal options given and the patient asked their family to bring in food for them to consume.

Dietary/cultural requirements

Those that had particular dietary requirements for religious reasons appeared to be the least satisfied, with comments about lack of choice, unsuitability, poor presentation, too spicy and poor quality. This was particularly the case where individuals had been a patient for more than 7 days.

There were many comments that the Asian Vegetarian and Halal food was too spicy and greasy, hence those individuals had gone for vegetarian options. The general view from the Asian patients was that when people are unwell in Indian and Muslim cultures it’s traditional to eat plainer, nutritious food and that spicy food is simply not palatable or eaten.

The Jain menu was well liked by those who had tried it, but many had commented that it was difficult to find out about. When we looked at the Menu’s we noted that the Jain choice of food was on a separate ‘special diets menu’.

All the patients whom ate from the Jain menu were very complimentary of the choice and quality. One patient said that if the food on the main menu was not to her liking they chose from the Jain menu.

Need for Friends and family to bring in food /available elsewhere

Some patients had asked relatives to bring in food for them, although we were told that there was an unwillingness for this to be stored on the ward in the

refrigerator in the kitchen. Many patients had packets on biscuits, fruit and other snacks.

All patients seemed unaware about the 24 hour availability of snack boxes and hot drinks. The majority of patients had snacks bought in by relatives.

Portion size

There were very few comments from some about finding the portions too small/large, but most said they were adequate.

Fluid intake - Hot & cold drinks

There was a mixed response in relation to being offered 6 hot drinks a day. Most patients were unaware of the frequency and that it was so many times in the day. It seemed that none of the patients had ever been offered the 6am hot drink from the nurse and that the first hot drink offered was served with breakfast between 8am to 9am.

A few patients said that they think they are asleep when the early morning drinks are offered. One patient said that when they were in the Critical Care Unit they were offered late evening drinks, but when they were moved into the bays this did not happen. One patient said they don't like the tea so they drink their own juice.

It was noted that all beds had a water jug and we did observe these being refilled as required.

Breakfast issues

We didn't observe a Breakfast mealtime, but received some feedback from staff and patients.

The ward toaster was broken and was away being repaired. There did seem to be confusion as to who was supposed to/allowed to/willing to prepare toast.

All patients spoken to mentioned that they had never been served toast, normally just plain bread with butter and jam.

There seemed to be confusion as to whether there was a requirement for those doing so to hold a food handling/hygiene qualification. This needs clarification.

When we visited the Jenner Ward two weeks later for the evening visit the toaster was still not working, some also mentioned that toast was not always available (even when the toaster was working).

Any Occasions when meals have been missed

Any patients who had missed meals due to any medical intervention were given either the appropriate meal if they returned during the mealtime service or a sandwich if it was sometime in between.

General comments

All the patients spoken to expressed their contentment and gratitude at the level of care given to them by the ward staff.

When we arrived at the lunchtime visit we were greeted by the Ward manager who had obviously been expecting us and staff were very much in evidence when we were on the ward.

RECOMMENDATIONS

- To ensure the correct procedure is followed when the hosts use the food probe to check temperature especially observing mixing vegetarian /kosher /Halal with other food and to ensure food is served at the correct temperature.
- To review and enforce the protected mealtime policy, with signs etc. to ensure patients are not disturbed unnecessarily.
- To review the Red tray policy in terms of when it offered and how is it catered towards individual patient needs. There is a need for a consistent approach.
- To ensure that all patients are ready to eat when their food is served and aided into the appropriate position. (It was noted that the patients who were being fed by HCAs were almost lying down)
- To address the question of handwashing before meals are eaten, maybe two wipes need to be provided for each tray and patients be reminded by staff that the wipes are there to be used before they eat, as well as afterwards.
- To investigate the range of Asian & Halal food choices available to ensure that this meets requirements.
- To look at the choice of options for breakfast particularly if toast should be offered and isn't being due to a faulty toaster and to clarify which department (catering, HCA or nursing) should carry out the function.
- To ensure that the 6am morning drink is served to patients as within the menu.

CONCLUSIONS

On the whole people seemed happy with the care they were receiving but not as satisfied with the food. There were varying replies from patients in terms of the menu choice, portion size, quality and variety. During the first lunchtime

observation, it was noted that the host staff were faster at organising, heating and delivering the food which allowed the staff to provide support to patients where needed. Possibly as the lunch menu is simpler than the evening meal.

Details of Hardy Ward:

Ward title and description: Hardy Ward - Elderly Care (Dementia friendly)

Number of beds and bays: 5 large bays with between 4 to 8 beds.

Healthwatch Authorised Representatives: Helga Gladbaum
Meena Thakur

Dates of Visits:

14th November 2016 - Lunch

21st November 2016 - Dinner

Patients spoken to:

Visit 1: 3 Bays observed - 2 female, 1 male - 6 beds in each - 2/3 side rooms 14 patients, 4 with visitors

Visit 2: 3 Bays observed - 2 female, 1 male - 6 beds in each - 2/3 side rooms 10 patients, 6 with visitors

FINDINGS OF HARDY WARD

Phase 1: Our Observations

Report on visit to Northwick Park Hospital to observe lunch being served

This is a summary report of the visit that occurred on Monday 14th November and Wednesday 21st November carried out by Helga Gladbaum and Meena Thakur.

From a selection of 4 wards given by the Trust, it was decided to visit the Hardy Ward and observe the serving of the lunch. Hardy Ward is described as Elderly Care (Dementia friendly).

We were given an explanation of the ward layout and we in turn explained the reason for the visit. The ward consists of 5 large rooms of between 4 - 8 beds (all single sex) and 5 single side rooms.

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

When we arrived at the Lunchtime visit the service had already started and had commenced at 11.30am, 30 minutes earlier than stated in the menu. The ward host was not visible to converse with.

However at the second visit to the same ward in the evening, we spoke to the ward host, who told us about the procedure of heating up the ready cooked frozen meals in an industrial oven. There were 34 meal servings for that evening. The food is in the oven for an hour and towards the end a thermometer probe is inserted into 2 or 3 trays at varying heights in the oven. If a minimum reading of 75c is obtained then the food is deemed as sufficiently hot and ready to serve. If not then the oven is put onto boost to heat up for slighter longer.

After each testing the probe is wiped clean in order not to break any religious or medical rules. The Host assured us that the probe is not inserted into meals that are halal, kosher or vegetarian to ensure observing patients religious and dietary preferences.

Once heated all meals were then plated up and placed on a large trolley with several tiers according to the number of bays on the ward. All the food containers had been marked previously so that each patient's meal could be identified and the bay to where it had to be served.

In the Hardy Ward all patients had a Red Tray which meant all patients would either need assistance to get into position to eat and some might need help in eating.

Most patients were in a suitable position for eating when we visited at lunchtime, however this was not the case when we went for the evening meal. There seemed less staff available.

It should be noted that there is a significant difference with the two mealtimes in that the lunchtime meal is simpler with a choice of soup, sandwich and fruit/yoghurt whilst the evening meal is a hot meal with a number of components.

In both cases the meal times started earlier than stated with it being 11:30 and had finished by 12:30 at the lunchtime and at dinner time session from 17:00 to 18:30.

Those unable to get into position themselves were assisted by nursing staff. Meal trays were placed on tables and food was uncovered, drinks were poured and placed within reach. At both lunch and dinner time each tray contained a sachet with a wet wipe to clean hands, though these were not used by the majority of patients.

Protected Meal Time

There was no evidence of the hospitals protected meal time policy during either the lunch or evening mealtime. On both occasions the ward doors remained open and relatives and medical staff were present on the ward. On both visits medication was being dispensed at the same time as meals being served.

Red Tray Policy

Everyone in the Hardy Ward had a Red tray but seemed to need different levels of assistance. Some patients could sit up and didn't need any help to get into position at all. Some with Red trays were being fed by HCAs and one or two were struggling to reach their tray table's food. Meanwhile the HCAs were busy with those who needed more assistance and didn't notice. Therefore they weren't being assisted as required.

There was an assumption made that with a Red Tray there was a blanket level of support being offered and we wondered if there were differences in the policy, plus how the staff knew which patients needed what type of support.

Clearing Up after Meals

There was not a clear system indicating that a patient had finished eating and that the tray could be cleared.

Many of the patients did not eat all of their lunch. Some ate just one thing mostly the sandwich or yoghurt. Therefore trays were being left for a while, with hosts later taking component parts of the lunch or asking the patient what they wanted to still consume.

Phase 2: Feedback from Patients

Length of Stay

The patients interviewed had been on the ward from between 5 days and 8 weeks.

Support with Eating

Those we spoke to felt that the support was good and had no complaints in this regard (even the two patients with Red Trays who were not assisted though it was observed were both struggling to reach the table.

It was observed that in one of the bays 2 female patients were placed in an upright position in their beds and being given food by Health care assistants. It was noted that although the patients were being fed there was very little engagement /contact with the patient.

Quality and Choice of food & drink

One patient thought the food ordering was confusing. She mentioned that the food is tepid when it arrives and has in the past asked staff to heat up porridge in the microwave. She continued to give an example of receiving an omelette to eat, 'It was hard, cold and thick" and unfortunately she couldn't eat it.

Another patient who had been there for 3 days mentioned he was once served a cold omelette and potatoes. It was said that sometimes the plates could be hot but not the food.

Another gentleman who had been there 7 days said sometimes he would not get the food he had asked for but generally found all the food quite edible. He also did not know why the wipe was on the tray. He also mentioned that there was a long time gap between dinner at 17:00 and breakfast at 8:45 the following morning.

Another patient who was a Diabetic was getting frequent sugar highs and lows due to the long break between dinner and breakfast. The staff had realised this and were addressing it by giving the patient a snack of biscuits at 9pm.

Dietary /cultural requirements

Some patients in this ward were on special soft diets and their meals were adapted accordingly.

Two relatives we spoke to mentioned that their relatives were strict vegetarians and complained at the choice of vegetarian food available. One commented that the Indian dishes were very spicy and greasy and not appealing for a patient with a poor appetite. The family brought most meals in for the patient.

Portion Size

The majority of patients felt the portion size was appropriate but a couple of the older patients felt it was too large. No mention was made on the menus of the smaller /half size portions being available.

Hand Hygiene

No attempt was made for patients to clean their hands before their meal and they were not encouraged to do so by staff either.

Need for Friends and family to bring in food/ food available elsewhere

Some patients admitted that family members did bring in hot food for lunch as they preferred that over a cold sandwich. We mentioned there was a soup available too but many preferred not to choose it - we are unsure of the reasons.

None of the patients interviewed were aware of the availability of snacks and hot drinks outside the scheduled times.

Any Occasions when meals have been missed

A few patients had to miss meals because of tests or procedures but they were all given food when they returned to the ward.

General Comments

A few bays were observed in detail, particularly the support given to the patients who were all eligible for assistance due to everyone having a red tray. It was noted that there were not enough HCA's available to assist everyone.

Some patients had mentioned that some servers are more caring and engaging than others.

Although many of the ward hosts are engaging and helpful some patients mentioned that they sometimes had difficulties understanding the meal options offered by some hosts due to some having varying levels of English.

Throughout mealtime a nurse was dispensing medication, hence no protected mealtime in place.

Water jugs are available for all but not within easy reach for everyone.

RECOMMENDATIONS

- To ensure protected mealtimes are observed, by having a notice clearly displayed indicating the times and details. Other hospitals have been

known to have a sound (e.g.: ring a bell) at the start of mealtime and informing everyone the protected meal times has started.

- To ensure the red tray chart is kept up to date and consistency of policy is applied.
- The nurse in charge should be actively supervising and managing the mealtime process to ensure errors do not occur with general service and support given to patients.
- To ensure that staff are available to support patients who need assistance in sitting and eating when the food is delivered.
- A procedure of documenting food has been consumed to an adequate level for each patient and to flag up any patients who are not eating and drinking enough.
- Patients need to be encouraged to clean their hands before their meal by staff.
- To ensure trolley tables are properly accessible for all patients when needing reach for water or eating.
- To ensure that all staff and contract staff are able to communicate clearly in English, enabling easy communication with hosts, ward staff and patients.
- To encourage Servers to be continually more engaging with patients.
- A method of knowing that mealtime is over in each bay – so the host know when to clear up. Occasionally represented as a ‘Green tick’ card system on the notice board – which indicates a patient has finished eating and that the trays can now be cleared.
- For Menu’s to be accessible to all patients and easy to read.
- To consider half portion sizes for those who consume less or state a preference.
- To consider using trained volunteers to assist at Mealtimes.

CONCLUSIONS

The overall impression was of patients receiving tremendous medical care and with compassion. We felt more direct supervision of the mealtime would be beneficial to ensure errors do not occur.

RESPONSE RECEIVED FROM CHIEF NURSE

Response received from Chief Nurse, London North West Hospitals NHS Trusts
on 21st March 2017:

Amanda Pye

Chief Nurse

London North West Hospitals NHS Trust

Watford Road

Harrow

Middlesex HA1 3UJ

amandapye@nhs.net

Tel: 020 8869 5285

Date: 21/03/2017

Meena Thakur

Brent Healthwatch

3b Rutherford Way

Wembley

HA9 0BP

Re: Brent Healthwatch Enter & View Mealtimes Report.

Dear Meena

Thank you for sending the summary and full report of the Enter & View Mealtimes visits of Hardy and Jenner Ward which I received on the 14th of February 2017. I have reviewed your report findings and had time to consider the content. I have also had the opportunity to share the report with relevant staff members.

As an organisation we welcome feedback from our service users and local partners, we have looked closely at your observations and we have worked to ensure that they are embedded into the work that we have commenced on nutrition and hydration across the Trust. As the Chief Nurse I have pulled together a task and finish group to specifically look at improvements for nutrition and hydration for all of our patients. The task and finish group consists of nurses, therapists and corporate staff.

A number of work streams will be overseen by the group:

- **Protected Meal times**

We will focus on ensuring that protected mealtimes are better embedded across the organisation. In particular we will investigate different ways to assist patients with their meals. We are considering support from a wider variety of staff including corporate staff, therapists, volunteers and of course relatives and carers. New Protected Mealtime Posters have been ordered for each ward in order to raise awareness and ensure that the standard is maintained.

- **MUST Pilot with ward based training by the Dieticians**

The Trust uses the Malnutrition Universal Screening Tool (MUST) a five-step screening tool used to identify adults who are at risk of malnutrition. Our dieticians are currently running a pilot to re-launch MUST and ensure that it is being used correctly. The pilot will be completed by the end of March and if the results show a significant improvement we will look to roll out the new tool and training across the Trust.

- **New Catering Provider**

As of Saturday the 25th of March 2017, Medirest will provide the patient catering service across the Trust. The new contract includes a number of improvements, firstly the introduction of a full hot meal choice at lunchtime, this replaces the current provision of a soup and a sandwich. Additionally the meal service will be staggered, this will better enable ward staff to assist patients with the food service as starter, main course and desert will be delivered to the patient separately.

- **Back to the floors – monitoring our quality standards**

I have launched a new quality assessment on a Friday called back to the floor. The senior nurses will spend protected time in wards and clinical areas, each week looking at a different quality theme. In week one, we conducted a nutrition assessment, this involved creating an audit tool predominantly based on the findings of your report. Although we plan to alternate the aspects of quality that we audit on the back to floor sessions, nutrition and hydration will remain a key focus.

I hope that this letter addresses the issues that you highlighted following your visit. I would welcome a future visit from your team in order to look again at this important aspect of care. This would be an opportunity for you to seek assurance that we have addressed the issues raised as part of our patient experience improvements.

Yours sincerely



Amanda Pye

Chief Nurse

London North West Hospitals NHS Trust