



Co-Production of Nutrition and Hydration



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1.0 Purpose/issue

The purpose of this report is to demonstrate the work which has been undertaken into how co-production can improve the food and drink experience of Hospital patients and their carers. The report sets out a proposal for how this will be monitored moving forwards to ensure this critically important issue for the health of patients, is given the priority it requires.

2.0 Background

Following a successful bid for funding from NHS England, a working group (see Appendix 1) was established to explore what co-production could contribute to aspects of nutrition and hydration for our patients. This was in response to evidence of the level of patient malnutrition. *

Working in partnership with them we used the *Governance International* classification for types of co-production.

1. *Co-commissioning*, where patients, carers and volunteers contribute to the priority setting and decisions in commissioning.
2. *Co-design*, where patients, carers and volunteers contribute into the design of services and support systems to ensure that these are more relevant and effective.
3. *Co-delivery*, where patients, carers and volunteers contribute to delivering services and support systems to ensure that they achieve better food and drink results.
4. *Co-assessment*, where patients, carers and volunteers contribute to assessment of decisions on what works well, work works badly and what changes are needed.

Through these four approaches, we explored how different aspects of co-production for better food and drinks experiences could help to improve quality of life for patients.

This generated six ideas which the group explored together:

Six Ideas

1. **Welcome to Hospital booklet** - To inform our patients of what food and drink is available and how they can access this, with reference to specific dietary needs.
2. **Patient Kitchens** - To ensure that patients on the wards have 24/7 access to a food/drink preparation area near their ward.
3. **Patient 'food and drink passport'** - To ensure that our staff can identify quickly and easily the requirements of all patients, especially those with eating disorders
4. **Access to food and drink in Emergency Department** - To ensure that all visitors to ED have 24/7 access to food somewhere in PAH.
5. **24/7 access to hot food** - To ensure that all hospital patients and carers have 24/7 access to hot food, e.g. vending machines somewhere in PAH.
6. **Education of staff about additional needs** - To involve patients and carers (including patients with dysphagia and marginalised groups) in the education and training of staff about patient food and drink requirements and access.

3.0 Achievements

- A patient experience video has been developed working in coproduction with our lived experience leaders and shared on social media.



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- Through this work, we have developed engagement links with our Patient Panel representatives to create an action plan to improve the experience of our patients.
- The working group has identified overlapping pieces of work, where the experience and understanding gained by this group will enhance plans (App. 2).

4.0 Risks to project

- The new Electronic Health Record system does not have the functionality for patient electronic meal ordering – being escalated via the EHR board.
- Housekeeper vacancy is currently at 20% - recruitment is ongoing but this makes some nutrition initiatives more challenging to embed.
- All proposals need to be undertaken fully in line with health and safety guidelines.

5.0 Proposal

It is proposed that the work undertaken by this group should be taken forward by the Nutrition Steering Group (NSG):

1. **Welcome to Hospital booklet** - We are currently working with the Clinical Nurse Specialist and Nutrition Steering Group to photograph all of the meals. There will be communications about the food and drink. The Head of Facilities will continue to support and track this work via NSG.
2. **Patient Kitchens** - Discussions are ongoing over installing toaster/ kettle facilities in or near wards. The Associate Medical Director as NSG Chair has taken this on and the Head of Facilities will continue to support it. It will be tracked through the minutes of the NSG.
3. **Patient 'food and drink passport'**- We recommend that this initiative should be explored further by NSG, ideally in conjunction with the rolling out of the 'Welcome to Hospital' booklet
4. **Access to food and drink in ED** - This will be implemented through the Inpatient experience improvement programme and the Task and Finish Group will be chaired by the Director of Nursing.
5. **24/7 access to hot food** - As a 24/7 hot food facility within the hospital is currently being explored for junior doctors, the potential for also making this available for patients should be explored by NSG
6. **Education for staff about additional needs** - We have developed a learning disability and nutrition video, which is already being used by two Dietitians. This could be used by Learning and Organisational Development or Communications as a starting point via NSG.

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Appendix 1:

Project Team Member	Role
Rosemary Phillips	Consultant Gastroenterologist (Retired)
Emma Bright	Quality Improvement Programme Manager
Bengeman White	Quality Improvement Project Coordinator
Shahid Sardar	Patient Experience Lead
Ann Nutt	Chair of the Patient Panel
Elke Loeffler	Director of Governance International
Deborah Davison	Nutrition Specialist Practitioner
Robbie Ayers	Deputy Director for Quality Improvement
Robert Fisher	General Manager for Children and Womens Services
Tony Bovaird	Professor and Chief Executive of Governance International
Sue McIntyre	Nutrition Specialist Practitioner
Katie Evans	Quality Improvement Administrator



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Appendix 2: Most recent update from Facilities Team

A number of actions from this group are being taken forward by or are reliant upon the Facilities Team. Below is their recent update on progress:

Kitchen:

- *Cook Fresh* in place since 03/10/23
- New freezer to be installed – supporting contingent stock/ batch cooked meals
- Full complement of chefs in place following 3 years of shortages – this will make it easier to provide a wider range of food options for patients.
- Recipes being uploaded onto Synbiotix system, which will break down nutrition content of each meal (macro nutrients) by December 2023 – this will help patients and their carers to choose more appropriate meals.
- Integration between Synbiotix system to our suppliers, enabling just in time stock ordering – this is aiming to be in place by January 2024. This will make it easier to ensure that a wide range of food options is always available for patients.

Housekeeping:

- A Housekeeper Manager is now in place and adverts are out for supervisors – this will widen the range of N&H options which will be practical in and near wards (e.g. Patient Kitchens).
- Menus are to be printed and laminated on the ward. This will make it easier for patients to know what food and drink options are available to them.

Restaurant:

- An upgrade to the Hospital restaurant is in the design phase, following approval for funding at Capital Working Group – this upgrade is to include access for disabled visitors. To ensure that the design of this upgrade results in better Nutrition and Hydration experiences for patients and cares, the findings of this Nutrition and Hydration project will need to be taken into account.
- There is currently a review of 24/7 vending options to be installed as part of the restaurant upgrade – this is to be completed prior to March 2024. The findings of this Nutrition and Hydration project should to be taken into account during this review.



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