the patients association

Supporting patients with meals and snack times while in hospital

Report on a patient, service user and family carer focus group for NHS England on proposed written resources for staff and patients about meal and snack times

February 2024

Acknowledgments

The Patients Association would like to thank:

- All the focus group participants for their openness and willingness to share their views, experiences and expertise (as well as those who expressed an interest in taking part but were not selected to attend the event).
- NHS England for inviting and commissioning the Patients Association to undertake the work.
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Contents

Executive summary

This report describes the findings from an online focus group that discussed written resources designed and developed by NHS England (NHSE) for patients and staff to promote good practice at meal and snack times in hospital.

The focus group was held on the 14th February 2024 with ten participants. Participants had been selected to be a diverse but fairly representative group of people with experience of being in hospital as patients, service users[1] and family carers.

Key findings from the group were as follows:

- The written resources were considered to be clear and very helpful, and during the discussion many references were made to the importance of a number of items described in the resources. No-one in the group indicated that the resources were unhelpful or not needed.

- There were several areas where the group felt that the resources could be strengthened or improved. This could be done by making small amendments to the resources or including information on the online portal where the resources are to be accessed. The group also gave examples of good practice which could be included on the portal. The areas where they could be strengthened or improved were as follows (see also the recommendations):

    - Being more explicit in describing the particular reasons why people may need assistance at meal and snack times. Staff assistance with ordering meals and snacks should be referred to on the resource for staff so it aligns with the patient resource

    - The mealtime coordinator role was considered to be very important and should be mentioned on the resource for patients, so it aligns with the staff resource

    - There was a lack of clarity on the issue of whether food prepared or bought from outside the hospital could be given to patients. Examples of where this had helped a patient or service user were given but this could run contrary to hospital policy. It would be very helpful if the written resources gave some guidance on this issue

    - For many people mealtimes are special occasions and this could apply even more in hospital. Participants felt that the resources should emphasise this

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[1] The terms 'patients' and 'service users' are both used in this report. Both of them refer to people in hospital but in some areas of healthcare, especially mental health services, some people prefer the latter term.

more, particularly on celebratory days, and this could aid the speed of people's recovery

- It would be helpful if the resources provided guidance regarding the availability of snacks and meals for family and friends who are spending long periods of time in hospital supporting a family member

- A number of concerns were raised about how the resources would be used and how staff and patients would be made aware of the resources. A number of suggestions were made regarding this, including the role of mealtime coordinators, volunteers, the use of posters and visual images, staff attentiveness regarding patients eating and drinking, and the use of patient feedback.

Introduction and background

In 2020 NHS England (NHSE) an independent review of NHS hospital food recommended that an expert group of hospital caterers, dietitians and nurses should be established to oversee hospital performance and progress in improving the quality of food, meal and snack times in NHS hospitals. A dietetic subgroup was formed which collected evidence of good practice in nutrition and hydration. Using this research, the subgroup was responsible for designing and developing some simple written resources for patients and staff to promote good practice at meal and snack times in hospital.

The draft written resources are in the form of two single sides of A4, one for patients and family members, the other for ward staff. The intention is that the resources will be made available to NHS trusts via an online portal. The information contained on the resources are fairly generic in nature but NHS trusts could add or amend depending on local demographic profiles, particular patient / ward needs, etc. as well as providing them in a variety of accessible formats.

In 2023, having already done some work with the Patients Association in this area, NHSE asked the Patients Association to organise and facilitate a focus group made up of patients and family carers with recent hospital experience to support with the development of the resources.

Aims and objectives

The aim was for the Patients Association to support NHSE to enhance patient resources for hospital food, ensuring they are accessible and effective in meeting patients' needs.

The objectives for the Patients Association in carrying out the work were as follows:

- To set up and facilitate a focus group with a diverse range of people with recent hospital experience as patients, service users, and family carers, to discuss and give feedback on the written resources and provide examples of positive practice of people being supported in hospital at meal and snack times.
- To produce a report highlighting the key findings and recommendations based on an analysis of the focus group.

Methodology

Recruitment to the focus group was done by the Patients Association with a call for expressions of interest placed in its weekly e-newsletter, Weekly News, which gets sent to more than 3,000 subscribers. People who were interested in participating were asked to provide some information about themselves, including recent hospital experiences, dietary needs, culture and demographic information in order that the Patients Association could ensure the group was as diverse as possible. Family carers and parents of children with hospital experience were also included.

Over 80 people expressed interest in participating in the focus group. Ten people were selected and invited to participate. From the information they shared about themselves in advance of the group or during the group, the ten people included:

- Three males and seven females
- Four people aged 65 and over
- Two people from minority ethnic communities
- One person from the LGBTQ+ community
- Five people with recent patient / service user experience, including psychiatric hospital experience
- Four people with particular dietary needs or caring for someone with these needs
- Six people with experience as family carers, including three parents of children with hospital experience
- Geographical spread of participants included London, West Midlands, and the North-East and an indication of experience involving at least 10 different hospitals

Background information about the focus group (including information about consent, confidentiality, and an outline of the questions to be discussed) was drafted by the Patients Association, in consultation with colleagues at NHSE, and sent to the people invited to attend the group. This included the two draft written resources for patients and staff about meal and snack times, though participants were asked to focus on the former.

The focus group took place on the 14 February 2024. The group was carried out via Zoom and scheduled for a maximum of 2¼ hours with a brief comfort break in the middle. At the start of the group Toby ensured that all participants understood its purpose and structure and that they were giving their consent to take part.

The focus group began with a brief presentation from Jane Owen, who is Head of Catering Services at Sandwell & West Birmingham NHS Trust and co-chair of the NHSE Dietetic Subgroup who explained the context and purpose of the written resources and responded to a number of questions or comments. Jane then left the meeting to help ensure participants would not be inhibited in expressing their views in the discussion to follow.

Using questions from a semi-structured topic schedule, agreed in advance with NHSE (see Appendix A), Toby facilitated a discussion to obtain participants' views about the written resources and to collect examples of positive practice.

The discussion was transcribed and analysed to identify key themes and views (especially on points of agreement among participants). Participants were also encouraged to post comments via the chat function and these were included in the analysis, as well as some aggregated and anonymised comments from people who expressed interest in participating in the group but it was not possible to include.

Findings

Positive approval for the resources and their implementation

All the focus group participants said what an important issue meal and snack times were from their own experience and some were also aware that the issue of malnutrition in hospital had quite a history. They were all pleased therefore to be able to contribute their views on this topic.

Five participants were explicit in expressing their broad approval for the resources and no participants expressed any negative views about the general usefulness of the resources. There were no negative comments about the resources being unclear or difficult to understand.

> "I think [the resources] looked really clear like, I think like they look great. There's obviously a lot of work and effort gone into them." (Participant A)
>
> "I think the resource is generally good and I think it does work." (Participant B)

A number of participants identified key aspects of good practice around meal and snack times which were referred to in the resources, indicating further endorsement, although it was felt that some could be reinforced more in the resources (as indicated by an asterisk below). These were as follows (see Appendix B for illustrative quotes):

- The role of mealtime coordinators*
- The importance of identifying individual dietary requirements, allergies, the need for assistance while eating, etc*
- Finding out the reasons why meals were not eaten or refused and being flexible in offering alternatives, and meals and snacks at different times when required or, where possible, in response to patient choice*
- A clear indication (e.g. bell ringing) to staff, patients and family carers when mealtimes were about to start
- Ensuring people are in a position physically where they can eat*
- Staff being attentive and aware of the needs of patients and family carers at meal and snack times*
- Good communication between staff about particular dietary needs (especially where dietitians have created specialist nutritional plans and patients are moving between wards)
- Use of red trays, adapted cutlery, etc. for people who need assistance with eating
- Being shown where dining areas are and being supported to get there if possible
- Checking and recording what patients eat and drink (not just what they have been given), and if they don't eat or drink, recording the reasons for this, and addressing these if possible*.

Furthermore, Jane Owen from NHSE made several comments at the beginning of the focus group to emphasise that the resources were templates and the portal could contain guidance about how they could be adapted, promoted and used, and participants endorsed these comments. These included:

- The patient resource being produced in accessible formats e.g. posters, using pictures, Braille and audio versions, different languages, etc

- The resources being adapted where there were high concentrations of patients with particular conditions or communication needs e.g. A&E, paediatrics, dementia, etc
- Ensuring the resources were readily accessible at ward level; patients and family carers being made aware of it through being given a leaflet at the point of admission, use of posters, etc. and staff being made aware of the information via their induction, annual appraisals etc.

Suggestions for improving the resources

The next section describes the areas where participants thought the resources could be improved. It includes recommendations for amendments / additions to the resources. If it is not possible to include all of these in the actual resources then it is recommended that they should be included on the online portal for accessing the resources.

Specific patient needs

Recommendation 1 – Both sets of resources should refer more explicitly to specific needs patients may have regarding meal and snack times.

A theme which was consistently mentioned by seven of the ten participants (as well as being referred to a lot in the original expressions of interest from people wanting to participate who were not selected for the focus group) was the importance of the resources referring to patients who had specific meal and snack time requirements. There were a wide range of reasons and examples given for this including:

- Health conditions, swallowing and mouthcare issues, special health-related dietary needs and feeding arrangements e.g. tube fed
- Other dietary needs e.g. gluten / dairy intolerant, vegan, Halal, Kosher, etc
- Physical, cognitive and sensory impairments which make communicating and / or eating difficult, including opening packets, cartons, etc
- Mental health problems causing someone to refuse food, withdraw, not ask for food, or not give reasons for not eating
- Children and young people requiring support from parents
- People needing information in different languages or people are unable to read
- Not understanding what ward staff are saying because of strong accents
- A combination of the above.

Participants acknowledged that there were references to this in the resources. However, there was a broad consensus that given how common these issues were, they should be flagged up more explicitly in the resource to remind staff, reassure patients and family carers, and act as a (non-exhaustive) checklist. It was pointed out that meals and snacks, and information about them, needed to be inclusive and not be based on a notion of a 'typical' patient with no dietary needs.

> "Most hospitals meals are often designed to meet the needs of the average patient, rather than the specific dietary requirements of individual patients and

> this can lead to patients not getting the nutrients they need or to food allergies and other sensitivities not being properly addressed.” (Participant A)

Participants were aware that being more explicit in the resources about particular needs would increase the length of the resources. However, there was a strong feeling that being giving more emphasis to raising awareness of the different reasons for assistance at meal and snack times was more important than the size of the document.

> “I feel it's good to put it there otherwise how are those people remembered?...I think if [NHSE] really want to make a difference, they've gotta be firm about stuff like that, and putting in the extra lines about needs. Even if you don't fully cover it, just put a line about it to get people thinking about it or remind them. It needs, like, you know, elderly, psychiatric, paediatric, nonverbal, someone with dementia...who's just lost their ability to talk...because if you're a carer as well, you'll want to see that in the resource.” (Participant B)

> “But what I think is possibly needs elaborating a little bit more is the allergy side. I think it maybe just needs a little bit tweaking or adding.” (Participant C)

One participant also thought the resources should refer to mouth care after eating, which also needed to take into account some of the patient needs referred to above.

> “I think mouth care is important because outside of mealtimes, I don't know when people brush their teeth before bed in a hospital. I don't know if they come round with toothbrushes at a certain time or not, but for my Dad at that point, he couldn't talk anymore. And he, you know, his teeth decayed a lot because no one was doing mouth care.” (Participant B)

Good practice example

“My husband was diagnosed with stroke, and as a caregiver, I found that mealtime could be a stressful and difficult time for my husband and myself. However, creating a calm and quiet environment, made a big difference. Additionally, having patience and not rushing the patient was important. This allowed my husband to feel more comfortable and less stressed during mealtime. I also found that asking my husband to assist with mealtime tasks, such as opening packages helped him feel more involved and less helpless.” (Participant D)

Mealtime coordinators

Recommendation 2 – The resource for patients should include a reference to mealtime coordinators, e.g. "Some wards have a person called a 'mealtime co-ordinator' who can help you with issues about meals and snacks".

Several participants felt that the role of mealtime co-ordinators, or 'champion' as one participant described them, was crucial in awareness about patients' dietary and mealtime needs, communicating this to other staff, and ensuring the resources were properly implemented. Although this role was referred to in the staff resource it was not mentioned on the patient resource. Participants understood that this role was not mandatory and didn't exist in all wards and hospitals (though there was a broad consensus that it should be mandatory) but felt that the patient resource could still refer to it.

> "Because if you really want to make a difference, you need a mealtime coordinator…When [patients] have other needs, you know, It really looks so good on paper because on paper you've got a mealtime coordinator in every ward, but if you take that line out, you know it's a bit more, well, when the ward's under pressure and there's not enough staff, is that actually going to happen…? Because I think the resource is great if you've got that person…if the ward is fully staffed, I think it will happen. But if it's not, I think they'll still struggle."
> (Participant B)

Good practice suggestion

"I think they should be more mealtime champions…This information would definitely be of use if it was personally delivered by someone… because it's no use just handing a leaflet to a patient and saying 'oh, they may or may not read this', that that's not the way to go about it. You need personal contact. You need someone going around the ward, even if it's a volunteer, it doesn't matter who it is, but someone promoting and championing mealtimes as a focus."
(Participant E)

Food prepared or bought from outside the hospital

Recommendation 3 – Both resources should include an appropriate guidance or reference to the issues regarding externally cooked or purchased food brought in for patients.

Another issue that several participants mentioned concerned family and friends bringing food from home and non-hospital food into the hospital for patients and service users. Some participants described how they had to bring in homemade food otherwise the family member in hospital wouldn't eat.

> "Because my son is like, having multiple food allergies, he can't actually eat anything…And he's also autistic, so when we bring homemade food, is that there

> is no information about that at all in the mealtime [resource]…I've never actually seen a menu in the in the ward, because we always like, you know, answer people when they come around and they just quickly ask, 'what do you want for lunch' and we say, 'no, we can't have anything here. We have to have homemade foods'. That's it. So we don't even have a chance to look at what are the choices available, whether it's something we can actually order something, so, but the thing is next, they always ask us to, you know, use the pantry that's there to heat up the food." (Participant F)
>
> "There are a lot of different nationalities in patients, they've got different ideas of what they like to eat and therefore lots of families were bringing in food for them, which they couldn't get in the hospital…there's nothing wrong with that, I mean, they were eating something at least which they enjoyed, and we saw quite a lot of this and I thought it was good." (Participant G)

Participants gave examples of snacks being brought in by or for patients, staff allowing homemade food to be reheated in the hospital, and an example was given of where a member of staff brought in a homemade curry for patients (which the participant felt really aided their recovery).

Jane Owen from NHSE was asked about this issue at the beginning of the focus group and she made the point that there were issues regarding food hygiene, food safety and suitability that could make homemade food being brought in to be problematic. However, she acknowledged that some food items that were brought in were much lower risk (e.g. snack packets, fresh fruit, etc.) than pre-prepared meals, etc.

Clearly this is a complicated area but the absence of any reference to it in the written resources means that there is no guidance for patients, family carers or staff should the issue arise. Even if policies vary from trust to trust the resources could indicate to patients and family carers what they should do if they want to bring food onto the ward, and how staff should respond if these requests are made.

Good practice example

In three hospitals I had no problems with people bringing me blueberries, dates and figs, although there were little packets of fresh fruit available on the menu which I had. But I had regularly dates and figs and blueberries, because I have diverticulitis and nobody minded, they just put them in the ward fridge and brought them out to me when I asked them." (Participant J)

Making mealtimes special

Recommendation 4 – Both sets of resources should give greater acknowledgement to the positive aspects of meal and snack times and making them special occasions.

Recommendation 5 – The portal should include suggestions about how to make meals special occasions especially on celebratory days for different cultures.

Several participants pointed out the importance of food and mealtimes as an event and something positive to look forward to for patients and service users. Examples were given of relevant meals for Pancake Day and Chinese New Year, as well as providing snacks like ice lollies in the summer. Acknowledging that meals were often special occasions could be referred to in the resources.

> "I think that mealtimes could be more of a focus, more of an event by the staff." (Participant E)

> "My child for example is enterally tube fed, so he gets his feed from that. But any food he has is a real bonus or a positive. So actually mealtimes are really important, that it's a really good experience for him that you get something you might like." (Participant C)

Meal and snack times could also have a therapeutic value, not just in terms of nutrition and hydration but also in terms of the psychological benefits, speeding recovery and even reducing length of hospital stay. Adding to the resource for staff a reminder of the positive aspects of mealtimes was felt to be important.

> "When I'm in hospital and at my lowest ebb, something nice to eat or even something like, something half decent to eat, really would lift my day. But because I was secluding myself in my room and not really being able to verbalise why I wouldn't eat, I didn't get that that experience, which really could have helped me recovery time, you know…I was just out of reach, just slightly out of reach of what I needed, just that little bit of extra ward care." (Participant H)

> "The ultimate goal isn't it, is to keep patients off artificial feeding?…I'm just trying to observe the situation of it, of how to save resources long term, as well as support patients preference…we want to help the NHS don't we. That's our ultimate goal as well." (Participant C)

> "Good food in, equals patients out faster, equals saving money, because sometimes that is what helps. If a patient has good food in, they will be out of hospital faster for some people." (Participant J)

It was also pointed out that an emphasis on the importance of mealtimes could potentially empower staff if they could play a bigger role in the provision of food and snacks.

> "Because one of the problems in the wards, particularly around mealtimes is no one really has the power to make a difference, and [staff] see it as a very low priority, yet to the patient it's a very high priority. And because it's a high priority the patients think they are being ignored and the staff don't think that's happening because they gave it so little credence. So, more empowerment for

> the staff to make a difference in the suggestions that come from the patients, I think that's important.” (Participant D)

Good practice example

“Ice lolly sticks when it's very hot weather - this was a nice touch that I saw - cools down the patients but also makes them feel happy I expect! Things to look forward to when recovering. It doesn't have to be big gestures but little things to mix it up - especially for those with longer recovery times.” (Participant B)

Good practice example

“A couple of examples, just quite recently Pancake Day and Chinese New Year, the staff will facilitate making the pancakes, they would do their own fruits, their own conserves. This, that and the other to go on them. Chinese New Year, they all made a big banquet, and it gets the patients involved as well.” (Participant H)

Support for families and friends

Recommendation 6 – Both sets of resources could refer to what family and friends of a patient might expect regarding meals and snack times if they were spending long periods of time in the hospital.

Several participants who were family carers of someone who had been in hospital referred to the stress they experienced especially if they were spending long periods of time at someone’s bedside in hospital. This could be exacerbated by mealtimes if the patient had particular needs. Being provided with a meal, or even a simple snack was greatly appreciated and it was suggested that the resource could mention this.

> “We parent / carers were given food sometimes...during the stressful times ward staff showed concerns [for] me as well. I am not sure if we are eligible for a meal or is it just our hospital's good gesture of giving us a meal too? I think it is not the norm. May be information about this can be mentioned in a line in the leaflet would be helpful.” (Participant F)

Good practice example

“Getting a bottle of water from a staff member when you've been by a bedside for hours can mean a lot.” (Participant B)

Implementation issues

Recommendation 7 – The staff resource should be amended to include reference to staff helping patients to order meals, so it aligns with the patient resource.

Recommendation 8 – The staff resource should include more emphasis on interacting and talking with patients and family carers about their needs at meal and snack times.

Recommendation 9 – The portal should include guidance about how the resources can be produced in different formats and disseminated so patients, service users, family carers and staff are made fully aware of it. The portal could also include information about how to get patient and family carer feedback about meal and snack times.

Several participants expressed concern about the promotion and use of the resources. There was the concern that staff shortages, the use of agency staff and catering staff employed by external contractors might mean that there would not be the necessary staff training and awareness of the resources and good practice at meal and snack times.

> "I think the resources are good. I think it's an awful lot of work to take on and to make it work, given staffing shortages, the use of agency staff and changes over off shift, so good, but I think quite difficult to implement." (Participant K)

A couple of participants made the point that it was particularly important to ensure that staff such as healthcare assistants (HCAs) and junior staff from external catering companies were made aware and trained in applying the resources, as they were often the staff who patients had most contact with.

> "This goes back to staff training and who are the patient seeing most; healthcare assistants...I don't know how much induction they get, how much training they get. If there's any formal training for healthcare assistants, I really don't know, but they are the ones that often serve the food." (Participant J)

There were mixed views about the most useful formats for the resources, especially for patients, service users and family carers. Some participants liked paper leaflets and pamphlets that was automatically given out when people were admitted, via hospital magazines or newsletters, or in advance if people were going in for elective surgery.

> "Give you a piece of paper, something with it written down that you can put in your pocket and read later. Not all this downloadable stuff." (Participant J)

Providing the information in audio and visual formats was also felt to be important and an example was given of where meal and snack time information had been prominently and clearly displayed via posters on the wall.

> "They put up information on the walls in the...surgical ward I was on this time with my little one...the information on the walls which was really nice to see and something I hadn't seen before.[It] said like, while you're in hospital, you know, these snacks might be available. It was a bit more kind of informative, friendly...It was great for the patient, if they could read which mine could, but also for adults, it would be great. Also [staff with] carers or parents or visitors who will come in just to check in, 'oh, did you manage to, I see you've got some information on the wall, did you have you had a read of it? Do you want us to explain any of it to

> you?' Just so it's a method of communication that could be given and shared, so yeah, that was really helpful for me." (Participant C)

Participants also thought it important to provide the mealtime information (and menus) in pictorial form.

> "Pictures on the menu, whatever your state of ill health...if there's a picture, it attracts attention. The layout of anything with the picture helps typographically, even if you're writing a book, pictures help, whatever. So pictures on the menu, yes. And it aids people who are nonverbal and don't speak English and so on." (Participant J)

However some participants felt the nature of a health condition, the circumstances of a person's hospital admission, or feeling stressed as a family carer would mean that they wouldn't pick up or read a leaflet, or look at a poster.

> "If you get admitted to hospital and you're psychotic, you don't know where you are, you're delusional, you haven't got a clue what's going on, reading the resource pack is gonna be the last thing on your on your mind." (Participant H)

> "If I'm with my son in the hospital, I'll be so under, so much stress and the worry...So I don't think I will read, or I will have enough time to read whatever is in there because...my emotions will be overflowing." (Participant F)

For these reasons several participants felt the most important way of make patients and family carers aware was via interaction with staff, including mealtime coordinators, and this should be emphasised in the resources. One participant suggested an approach using "repetitive reminders" by staff. Although this would clearly need to be done in sensitive and person-centred ways it flagged up broader issue of the need for staff attentiveness to people's needs around food, drink, meals and snacks.

> "Repetitive reminders from staff, like in terms of 'Do you know it's lunch time' or 'you've missed lunch time, would you like something?'" (Participant H)

Two other suggestions are also worth mentioning. One participant pointed out the usefulness of getting patient and family carer feedback on meals and using this to improve the service.

> "The ultimate test at the end was to have a questionnaire for the patients, normally fourteen questions covering everything about their meal, before the meal, how the meal was, how the staff were, very, very thorough, which we would then discuss with the matron and appropriate measures would be taken." (Participant G)

A couple of participants were keen on the idea of hospitals building links with local catering colleges. This could be of mutual benefit to the college and the hospital; students could potentially provide a source of additional support at mealtimes, as well as enhancing their learning about catering in hospital environments. However, it is recognised that this is not directly relevant to the written resources.

Good practice examples and suggestions

- Posters (with pictures) on the wards walls
- Repetitive reminders from staff
- Encouraging and supporting all staff to have conversations with patients and family about meal and snack times
- Getting patient and family carer feedback

The use of volunteers, where available, was also seen as an important way of promoting the resources and supporting patients at mealtimes.

Good practice example

"Well, out in [hospital name] they had at mealtimes they had a line of volunteers at the ward and while [meals] were being served, there was about six volunteers all lined up, and if you wanted help you can say 'I wanted help' or the nurse has suggested it and the actual volunteers were there on hand to give the help directly, so you didn't have to request it all. They went round the beds and said, 'you know we've got this resource, how to...use it'. So that was really good practice because a lot of people weren't very aware that the resource was available and the volunteers promoted themselves, saying, 'look, I'm here, use me'. That was, I think, a very good practice." (Participant E)

In addition to recording what patients had (or didn't have) at meal and snack times, as recommended on the resources, an example was given of where staff paid particular attention to patients who didn't finish their meals, finding out the reasons why and recording this. Patients were weighed if necessary, and another participant suggested that monitoring bowel movements could also be useful.

Participants also pointed out, as is referred to in the resource, that communication between staff, patients and family carers was key, especially where patients require special diets or assistance with eating. Adding "nutritional, oral plans etc" to the staff resource regarding what staff should be aware of could help with this.

> "I think communication is the key with the professionals, and taking the parent, in my situation, and his [patient] opinion into consideration, because it's got to be a teamwork, doesn't it? Communication seems to be key in all of it." (Participant C)

One participant mentioned patients being able to order their meals and express their preferences. It was noted that while the patient resource refers to staff supporting patients with ordering meals there is no reference to this on the staff resource.

Conclusion

There was broad agreement in the focus group that the written resources were needed and could make a valuable contribution in helping to improve patients' experience of meal and snack times in hospital. Many of the issues referred to in the resources were things that were considered to be important by participants in the focus group.

However, participants were strongly of the view that several issues referred to in the resources could be made more explicit such as specific patient needs, or given greater emphasis such as the role of mealtime coordinators. There were issues referred to in the patient resource which were not mentioned in the staff resource and vice versa, so more consistency would be helpful. Participants also raised issues that were not referred to in the resources, such as bringing homemade food into the hospital, and it would be helpful if the resources included guidance regarding these. A number of suggestions were made about implementing the resources which could be included on the access portal.

Overall, the focus group was successful in collecting feedback from all ten participants about the written resources and some examples of positive practice regarding meal and snack times in hospital.

Recommendations

1. Both sets of resources should refer more explicitly to specific needs patients may have regarding meal and snack times

2. The resource for patients should include a reference to mealtime coordinators, so it aligns with the staff resource e.g. “Some wards have a person called a ‘mealtime co-ordinator’ who can help you with issues about meals and snacks”

3. Both resources should include an appropriate guidance or reference to the issues regarding externally cooked or purchased food brought in for patients

4. Both sets of resources should give greater acknowledgement to the positive aspects of meal and snack times and making them special occasions

5. The portal should include suggestions about how to make meals special occasions especially on celebratory days for different cultures

6. Both sets of resources could refer to what family and friends of a patient might expect regarding meals and snack times if they were spending long periods of time in the hospital

7. The staff resource should be amended to include reference to staff helping patients to order meals, so it aligns with the patient resource

8. The staff resource should include more emphasis on interacting and talking with patients and family carers about their needs at meal and snack times

9. The portal should include guidance about how the resources can be produced in different formats and disseminated so patients, service users, family carers and staff are made fully aware of it. The portal could also include information about how to get patient and family carer feedback about meal and snack times.

Appendix A

Focus group topic schedule (questions)

1. Are these resources useful for patients and staff? ***Prompts:***
    a. If they are useful, in what ways e.g. more control / say over decisions about meals and snacks?
    b. If they are not useful, why not?

2. Do you understand the resources, especially *What to expect at meal and snack times*? ***Prompts:***
    a. What could be clearer?

3. What, if anything, is missing from the resources or should be changed?

4. In what ways should patients be made aware of the resources, especially *What to expect…,* and what they can expect at meal and snack times? *Prompts:*
    a. How and when should they be offered to patients
    b. Different formats?
    c. Patients who are too unwell to understand or be aware of the resources?

5. What else might prevent patients from benefitting from these resources? ***Follow-on question:***
    a. How could these barriers be overcome?

6. [*If not already covered by Q1, and time permitting*] In what ways could the resources contribute to patients and carers feeling they have more control / say over decisions about meals and snacks?

7. Please can you describe examples from your own experience where you or someone you know has been <u>successfully</u> supported with meals and snacks in hospital, including where they have needed assistance to eat or drink or to understand information about meal and snack times.

8. Do you have any other comments?

Appendix B

Illustrative quotes supporting specific elements contained in the resources

- The role of mealtime coordinators

> "I think, you know this idea of like a dedicated one person...the mealtime coordinator or anyone, I think that is a very good thing because I think you know, if we have any issues on anything we can actually approach them or we know, that one person will be there to address our thing so I think that is a very good point." (Participant F)

- The importance of identifying individual dietary requirements, allergies, the need for assistance while eating, etc;

> "In my experience, my son's experience, there's a list. If you've got to be gluten free, you can take that. There's a list if you have to perhaps be dairy free, but if you're eliminating multiple allergens so he has to eliminate, for example, wheat gluten, soya, dairy, nuts, Kiwi, fruit, shellfish, tomatoes, because, like what you're left it with, is a jacket potato and chips every day or wet broccoli, and actually whilst that is pretty poor, you need to look at this, the whole situation of this." (Participant C)

- Finding out the reasons why meals were not eaten or refused and being flexible in offering alternatives, and meals and snacks at different times when required or, where possible, in response to patient choice;

> "I went into hospital the last time and I was extremely paranoid around mealtimes of people wanting to harm us, so I would stay in my room and nobody really came, they would say it's dinner time or it's teatime. But no, I lost like 3 stones and while I was in there and I was getting weird, but nobody came to sort of say, 'well, why are you not eating' and I was starving hungry. Now I have seen good practice since, with my partner where anybody who hasn't had a main meal and for whatever reason, would be offered a sandwich or a, you know, a cup of tea and a piece of cake or something like that." (Participant H)

- A clear indication (e.g. bell ringing) to staff, patients and family carers when mealtimes were about to start;

> "So five minutes to twelve, a little bell would tinkle outside the kitchen. Everyone had to stop, staff had to form an orderly queue outside the

> kitchen… they had to be careful to make sure the food was hot to the end cause the red trays get served last because they need helping with their feeding. We would put a thermometer in to make sure there's still the correct temperature range, and some hospitals also have a blue tray and a blue tray is for those patients who they know, unfortunately are very slow, so they are at the other end, they're get served first and very efficient system, very well organised.” (Participant G)

- Ensuring people are in a position physically where they can eat*;

> “I think one of the things that is really important to realize is when you're lying in bed, and most patients are in pain, they're definitely finding it difficult to mobilize, to move…the trays are not within reach, or the table bed is not at the right height and so forth.” (Participant E)

- Staff being attentive and aware of the needs of patients and family carers at meal and snack times*;

> “When I was in hospital I found all these things, that I didn't want the meals or at set times, they weren't in reach and nobody seemed to actually to pay attention to my needs.” (Participant E)

- Good communication between staff about particular dietary needs (especially where dietitians have created specialist nutritional plans and patients are moving between wards);

> “[The dietitian] would perhaps write like an enteral plan of what he was going to have. But alongside that, his oral plan would also be written. So it needs a nursing team and it needs the dieticians to come together to make that work.” (Participant C)

- Use of red trays, adapted cutlery, etc. for people who need assistance with eating;

> “A dementia patient reacts very well to different colours…so a separate little tray, possibly painted bright red, and the plates and associated items like that, should be in either bright blue or bright yellow. And similarly the cutlery should have fairly bulky grip, so bearing all that in mind, I think that's a very special thing.” (Participant G)

- Being shown where dining areas are and being supported to get there if possible;

> “As I was leaving one of these hospitals I turned the corner and there was a room with the door open and it was the patients lounge and dining room, it said. And there in it were settees and dining tables, just like a big lounge in a house, but nobody had been invited to use it...So I hope that where these facilities exist for patients, ambulant patients to go, that they will be used.” (Participant J)

- Checking and recording what patients eat and drink (not just what they have been given), and if they don’t eat or drink, recording the reasons for this, and addressing these if possible.

> “After meal and snack times, in our investigations we would ask if somebody had left, say, half their meal or even a third of their meal, they haven’t finished it, we'd want to know why, and then we would ask them if they'd like an alternative. And that was quite often the case. They found they had half eaten something which they didn't really like. And the other thing is, of course, they make a note, the staff to have what you eat and drink.” (Participant G)

The Patients Association

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