

Food, Fluid and Nutritional Care in Hospitals

10 August 2006

Nutritional care: a co-ordinated approach to the delivery of food and fluid, which views the patient as an individual with needs and preferences.

Philippa Grant

**Chair of Food, Fluid and Nutritional
Care in Hospitals Project Group**

Food, Fluid and Nutritional Care in Hospitals Launch of the National Overview and Local Reports

Alastair McKinlay

Thursday 10 August 2006

Food, Fluid and Nutritional Care: the Standards in Context

1996

- Eating for Health – a Diet Action Plan for Scotland (SODH)

2000

- The Nutrition of Elderly People and Nutritional Aspects of Their Care in Long-Term Care Settings. Final Audit Report 1997–2000 (CRAG, now NHS QIS)
- Our National Health: A Plan for Action, A Plan for Change (SEHD)

2003

- Food, fluid and nutritional care in hospitals standards (NHS QIS)
- Catering for patients (Audit Scotland)

2004

- SEHD guidance on implementation of the NHS QIS standards

2006

- SEHD appoint an NHSScotland Food and Nutrition Advisor

2006

- National Facilities Management System (FMS) with dedicated catering section
- Agreement to standardise the calculation of waste from unserved meals
- Follow-up report on key recommendations made in the Catering for Patients report (Audit Scotland)

Food, Fluid and Nutritional Care in Hospitals: the standards

- 1 Policy and Strategy
- 2 Assessment, Screening and Care Planning
- 3 Planning and Delivery of Food and Fluid
- 4 Provision of Food and Fluid to Patients
- 5 Patient Information and Communication
- 6 Education and Training for Staff

Primary purpose of standards:

- To address the risk of undernutrition in hospitals

17 NHS Boards visited
(June 2005–February 2006)

Standard 1: Policy and Strategy



Evidence shows:

- Good nutritional care is part of clinical care and improves recovery outcomes and quality of life. A strategic and co-ordinated approach ensures this is provided Board-wide

We found:

- All NHS Boards have started the process of developing and implementing a nutritional care policy and strategic plan
- Budgeting is a challenge for every NHS Board
- All NHS Boards have nutritional care groups

Standard 1: Policy and Strategy

Evidence shows:

- Complex nutritional care is delivered best by a multidisciplinary support team

We found:

- Only a few NHS Boards have a formal clinical nutritional support team with the required membership in place
- A lack of specialist nutrition nurses
- Clinical nutritional support teams are not routinely accessible to all patients who need this service

Standard 2: Assessment, Screening and Care Planning



Evidence shows:

- Assessment and screening identifies undernutrition. Without this, undernutrition goes untreated

We found:

- Limited recording of nutritional information within 1 day
- Progress made on screening and the use of validated tools
- Evidence of thoughtful and careful nutritional care

Standard 2: Assessment, Screening and Care Planning



Evidence shows:

- Care and discharge planning for patients with undernutrition improves when there is early referral to specialist services

We found:

- Most Boards have assessment processes that ensure the need for referral to specialist services is identified and patients have access within agreed timescales, 7 days a week
- Discharge planning does not routinely highlight patients nutritionally at risk or ensure follow-up in the community

Standard 6: Education and Training for Staff



Evidence shows:

- Without education and training, staff will not have the skills and competencies needed to provide good nutritional care

We found:

- Staff confirmed that NHS Boards are meeting statutory requirements in H&S and food hygiene
- A variety of courses, in- and out-house, have been developed
- Most Boards do not have a co-ordinated and structured approach to nutrition education and training

Recommendations (Standard 1):



NHS Boards should:

- develop, finalise, implement and monitor nutritional care policies/strategic plans, including budgeting
- assess the policy and strategic plan in line with the Board risk management strategy
- ensure nutritional care groups are in place and that the Board is aware of progress and constraints
- urgently address the lack of formal clinical nutritional support teams and specialist nutrition nurses

All healthcare professionals should continue to share good practice and learning

Recommendations (Standard 2):



NHS Boards should:

- make sure patients are assessed, screened and have a comprehensive multidisciplinary care and discharge plan that is acted on
- implement validated screening tools across the NHS Board to streamline staff training and track progress through the patient's stay
- establish, through the Knowledge and Skills Framework (KSF), core nutrition knowledge and skills for assessment, screening and care planning

Recommendations (Standard 6):

NHS Boards should:

- develop and implement a Board education and training programme
- consider Standards 3, 4, 5 when assessing training needs and developing education and training programmes
- share knowledge, experience and good practice in developing and implementing nutrition courses through the existing national networks

Recommendations (Standard 6):

NHS Education for Scotland should:

- Develop core nutritional competencies
- Review the nutritional care component of postgraduate training with emphasis on recognising the serious consequences of both over and undernutrition

In Summary



- Nutritional care is part of clinical care
- Good nutritional care results in faster recovery, can reduce complications and improve quality of life
- Complex nutritional care has to be delivered by a skilled team
- Staff need to know what they should do and how and when to refer to specialist services

Thank you



Elizabeth McDade

NHS Grampian Nutritional Care Group

NHS Quality Improvement Scotland

10 August 2006

**Food, Fluid and Nutritional Care
in Hospitals**



NHS Tayside Primary Care Division

Nutrition Standards Project
2003 - 2006

'On the Road to Implementation'

Anne Woodcock
Joyce Thompson

Aim

- To describe the key elements of the Nutrition Standards Project

From Rudyard Kipling

*'I keep six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who.'*

FROM THE ELEPHANT'S CHILD

SOURCE: <http://www.poetryloverspage.com>

.....What and Why and When?

What?

- To implement nutrition standards

Why?

- To address clinical, financial & corporate risks

When?

- 2003 -2006

....How, and Where and Who?

How?

- Project management team - frontline staff - patients

Where?

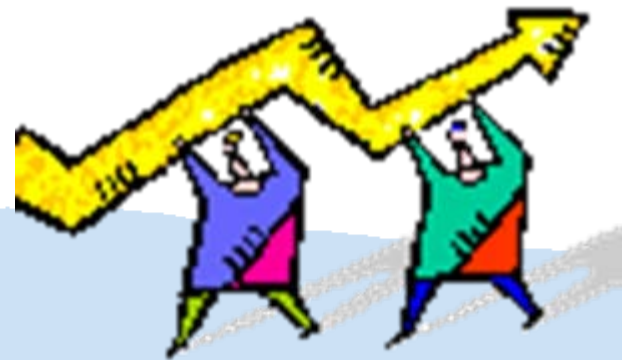
- 64 wards (became 46) in 18 hospitals

Who?

- Care of the elderly
 - 2/3 of total inpatient population
 - Tend to be long stay & most vulnerable

Key elements of success

- Project planning
- Communication
- Outcomes



Project planning



- Began 2000
- Multi-disciplinary
- Critical path analysis
- PERT analysis
- Full costing
- Risk assessment

Communication links

- Nutrition link staff
- E-communication
- Monthly newsletter
- Web site
- Meetings
- Reports
- Patient & staff surveys
- Visits to wards & key managers
- Champion



Communication values

- Buy-in
- Ownership
- Openness
- Support
- Trust
- Empowerment
- Reward

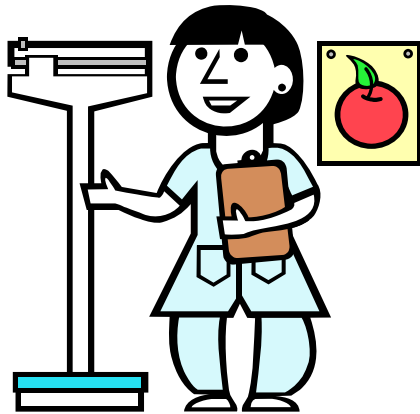


Outcomes



1. Other catering staff have just taken part in a pilot running of the new REHIS Elementary course in “Food & Health”. The course was well-received and we are looking for money to roll the course out to all grades of catering staff who do not attend the “Diet Cooks Course”
2. The project team held a number of information sessions for medical staff in 2004 and 2005 to introduce them to the QIS Standards and the work of the project
3. Over 600 standard recipes were developed and nutritionally analysed, based on the current menus across NHS Tayside. One attempt to test the recipes was not very successful, but we are shortly to start a new phase of testing
4. The catering service has now provided all production kitchens with a computer and access to the Menumark software system. It will take some time to integrate this into practice but it should help to manage the service better including the use of standardised recipes
5. A review of therapeutic dietary needs including ethnic minority requirements on each of the project wards was completed In November 2005
6. A draft manual of therapeutic diets has been written and we plan to host this on the intranet for cooks and ward staff to access
7. NHS Tayside has agreed to adopt the “National Descriptors for Food & Fluid” (2002) which will help us to provide a more targeted texture modified food service and make it easier to train caterers and diet cooks to deal with this
8. A draft protected meal times policy is in place in the Phase 1 project wards, and we hope to roll this out to the rest of NHS Tayside
9. A project to provide a selected set of feeding aids to the wards with the approval of the Occupational Therapists is in process
10. We have invited public patient representatives to join our working groups
11. Project wards have each appointed a lead Nutrition Link Nurse. Some wards have appointed two, one from trained grades and one from the support staff
12. Most wards have trained enough staff to start using MUST and the supporting materials developed to nutritionally assess patients on admission
13. **All wards can weigh and height the majority of their patients. Exceptions such as bariatric patients are covered by an equipment loan scheme**
14. **We now have an effective weighing & measuring equipment service and repair system led and monitored by Medical Physics, although funding is still an issue**
15. Criteria for referral of patients by the wards to AHPs have been developed across NHS Tayside
16. Trading Standards in Angus and Perth & Kinross have carried out some dummy runs to test our weighing equipment to ensure it is up to standard. All equipment requiring repair has been dealt with, and a few machines were condemned as a result of these visits
17. The Standard 2 audit was carried out in 2005, and will be repeated in October 2006, to monitor progress towards implementation
18. Nursing and AHP staffs on the project wards have all been offered the opportunity to undertake their PACE packs. These are distance learning packages about nutrition offered at two levels – Foundation and Advanced. The administration, support and delivery of face-to-face support has been standardised in NHS Tayside, and the Project wards are well-advanced in completing this training
19. Further workshops are offered on a variety of topics to the Nutrition Link Nurses
20. An optional training day has also been developed on Dysphagia by the Project Dietitian and the Chief Speech & Language Therapist at Ninewells. This day is run three times a year, and includes a session on the care of the elderly patient’s mouth by a Senior Dental Officer
21. **The Project Dietitian has developed a Professional Certificate in Therapeutic Dietary Needs for Caterers and Diet Cooks. Evaluation shows this to be very successful and the course has generated a lot of interest in other NHS areas and in the private sector**

Outcomes - equipment



- Purchase & replacement of equipment
- Annual servicing
- Calibration
- Repairs
- Staff training

Outcomes - diet cooks course

- 1-day per week for 8 weeks
- Partnership with local college
- Theory & practical
- Positive evaluation
- Three programmes
- Delegates from NHS & partners
- Certificated



Outcomes - phase 2

- Single system approach
- Includes secondary care beds
- Includes mental health etc
- Builds on phase 1
- Integrates with Safer Patient Initiative
- 3-year funding



The end.... or is it only the beginning?

- National standards need local ownership
- Innovation needs to work alongside best practice
- Invest to save
- Find a senior champion
- Blow your own trumpet
- Reward staff





Thank you

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&

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Diet Bay Manual

Janice Gillan, Catering Manager

Diet Bay Manual – the Ayrshire way

Patient menu's reviewed 2001

- Changes in Dietary Coding
- Introduction of Modified Consistency Staged Diets
- Nutritionally Analysed
- Patient Involvement
- Education and Training

Diet Bay Manual – the Ayrshire way

2001 Diet Bay Manual group launched

- Multidisciplinary team including Catering, Dietetics, Speech and Language Therapy
- Aim: to compile an easy-to understand manual to standardise and simplify the adaptation of meals for therapeutic diets

Diet Bay Manual – the Ayrshire way

Challenges

1st – agree on list of headings

2nd– agreement between disciplines

Agreed list of Diet Headings

- Energy Dense
- Healthy Eating
- Modified Stage 1
- Modified Stage 2
- Modified Stage 3
- Modified Stage 4
- Gluten Free
- Low Residue

Diet Headings cont

- No Added Salt
- Low Phosphate
- Low Potassium
- Clean Diet
- Milk Free
- Nut Free
- Egg Free

Diet Bay Manual

- 3 week cycle of Care of the Older Person and Standard Menu Cards
- Children's Menu
- Special Theme Day Menus

- Each dish on the menu
- The suitability or changes required for the various therapeutic diets
- Standard recipes and portions

ADULT / CARE OF THE ELDERLY – WEEK 1 Monday Lunch

	CODED	ENERGY DENSE	HEALTHY EATING	STAGE 1	STAGE 2	STAGE 3	STAGE 4	GLUTEN FREE	LOW RESIDUE
Lentil Soup	HE 1234	Add 4 scoops Polycal per portion	✓	Liquidise and sieve	Liquidise and sieve	Liquidise and sieve	Liquidise and sieve	✓	Heinz Chicken or Tomato
Orange Juice	HE 1234	Add 20ml Polycal liquid per portion	Unsweetened	✓	✓	✓	✓	✓	✓
Cranberry Juice	COE - HE 1234	Add 20ml Polycal liquid per portion	Sugar free Juice	✓	✓	✓	✓	✓	✓
Minced Beef	HE 234	✓	✓	X	Liquidise with gravy, 15g milk powder & thicken until soft scoop	✓	✓	Cornflour gravy	No veg
Chicken Casserole	HE 234	✓	✓	X	Liquidise with gravy, 15g milk powder and thicken until soft scoop	Minced serve with gravy	✓ No bones	Cornflour gravy	No veg
Paella, Nuts, chickpeas (V)		✓	X	X	X	X	X	✓	X
Corned Beef	COE - HE 34	✓	✓	X	X	✓	✓	✓	✓
Corned Beef Salad	HE 34	✓	✓	X	X	Remove salad	Remove salad	✓	No Salad
Egg & Cress Sandwich	HE 34	✓	✓	X	X	No cress and remove crusts	✓	GF Bread	White Bread No Cress
Mashed Potatoes	HE 234	✓	✓	X	Reconstitute Potato powder with marg & FC milk to a Soft Scoop	✓	✓	✓	✓
Jacket Potatoes	HE	✓	✓	X	X	X	X	✓	X
Cabbage	HE 4	✓	✓	X	X	X	✓	✓	X
Mixed Vegetables	HE 234	✓	✓	X	Liquidise with hot water, 5g milk powder & thicken until soft scoop		✓	✓	X
Pear Crumble		✓	X	X	X	X	X	Gluten Free Crumble	White flour crumble
Custard	HE 1234	Add 4 scoops Polycal per portion	Sweeten with Canderel	✓	Thick Custard	✓	✓	✓	✓
Sliced Pears	HE 1234	Add 20ml Polycal liquid per portion	Natural juice	Liquidise in juice	Liquidise and thicken until soft scoop	Minced/ Mashed	✓	✓	✓
Yogurt	HE 1234	Thick & Creamy	Dalight (staged allowed T/ C)	Thick & creamy thinned with full cream milk	Thick & Creamy	Thick & Creamy	✓	✓	Thick & Creamy
Plain Biscuit	COE - HE	✓	✓	X	X	X	X	GF Biscuit	X

1 Scoop Polycal = 5g = 20 kcal

20ml Polycal Liquid = 50 kcal

✓ = allowed no alteration

Diet Bay Manual

- ‘Our’ way of coping with all the special diets
- Located in each Main Kitchen – Diet Area
- Live document – updated if any agreed changes
- Regular meetings, ongoing monitoring and review
- audit of in-patient satisfaction with meals every quarter



Thank You

John Simmons

Independent Evaluator

Aim & Approach

- To assess the processes and tools used
- To aid continuous improvement
- Interviews with NHS staff, peer reviewers, and NHS QIS staff
- Attendance at 3 reviews and review of self assessments, documentation, reports etc.

Findings

- Recommendations on:
 - Recruitment and training
 - Self assessment evidence
 - Peer review processes
 - The scope of the peer review process
 - The timing & impact of the peer review process
 - Reporting

Main Findings

Peer Review

- General approach taken (peer review) considered most appropriate
- Standards and peer review catalysts for change
- Peer review team composition appropriate
- New processes - performance assessment statements, core information, increased communication with team leaders, timing of the NHS Board presentations all welcomed.

Main Findings

- Peer review process is taken very seriously & interviewees keen to improve the process
- Size & complexity of NHS Boards should be considered when determining the length of peer review visits.

Main Findings

Reporting

- More could be gained, i.e. by providing more comment on the variation within each NHS Board's operating divisions

Main Findings

- NHS QIS should consider how to improve the identifying and sharing of good practice.
 - More specific requests for good practice to be submitted
 - Consideration of additional methods (such as the web) of sharing good practice identified as part of the peer review process

Thank you

Hospital Catering Follow-up

2006

Hospital Catering Follow-up

Follow-up to what?

- 2003 Baseline study of Hospital Catering
 - Quality of catering services was satisfactory
 - High levels of patient satisfaction (92% average)
 - Some hospitals with high levels of wastage
 - Unclear levels of subsidisation of staff meals
- 31 recommendations

Hospital Catering Follow-up

OBJECTIVES

- The study will examine whether:
 - processes are in place to provide quality nutritional care to patients
 - patients are receiving a good quality catering service
 - catering services have improved their control of costs and wastage
 - boards have strategies for catering services and are monitoring progress against these strategies.

Hospital Catering Follow-up

OBJECTIVE 1: Are processes in place to provide quality nutritional care to patients?

- Are NHS menus providing a balanced nutritional diet?
- Are patients being screened for risk of undernutrition?

Hospital Catering Follow-up

OBJECTIVE 2: Are patients receiving a good quality catering service?

- Is the menu planning process patient centred?
- Are catering services responsive and flexible to patients needs?
- Do boards regularly monitor patient satisfaction?

Hospital Catering Follow-up

OBJECTIVE 3: Have catering services improved their control of costs and wastage?

- Do boards have appropriate financial information on catering services to allow informed decision making?
- Is the level of ward wastage being reduced?

Hospital Catering Follow-up

OBJECTIVE 4: Do boards have strategies for catering services and do they monitor progress against these?

- Is there strategic direction for catering services?
- Do boards manage staff levels to ensure the production of good quality patient meals?
- Are food safety control systems in place?
- What improvements have there been in procurement practice?

Hospital Catering Follow-up

METHODOLOGY

- Survey all NHS Boards and hospitals
- Interviews (validation and good practice)
- Review supporting evidence supplied by NHS Boards and hospitals
- Observe mealtime practice at a small sample of wards
- Use existing documents and findings from other sources (NHS QIS and Health Facilities Scotland Catering Group)

Hospital Catering Follow-up

REPORTING

- Field work due for completion August 2006
- Analysis underway
- Publication due at the end of November 2006

Full project brief and baseline report are available from our website: www.audit-scotland.gov.uk

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NHS Scotland Food & Nutrition
Adviser

Development of a National
Nutritional Specification for Hospital
Catering

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History

- Multidisciplinary group working on specification for in patients
- Pre QIS Food Fluid and Nutritional care standards

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Task

- To develop a nutrition specification for hospital in patients
- Inclusion of therapeutic diets and modified texture food provision
- Accompanying guidance to facilitate use
- Evidence based
- Recipe database recommendations

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Task

- Develop a nutritional specification for staff and visitor feeding in line with other SEHD/Partnership work
- By April 07

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Method

- Reference group – multidisciplinary
- Work within NHS dietetic service (NHS GGC)
- NHS GGC catering review
- QIS
- Food Standards Agency Scotland
- Audit Scotland

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Outcome

- Useable document for caterers, dietitians and others to plan menus to meet patients, visitors and staff needs
- “How to” style
- Underpinning QIS standards 3,4 and 5
- Addressing recommendations from Audit Scotland “Catering For Patients” review

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Thank you

NHS Quality Improvement Scotland

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