Improving Nutrition ... Improving Care

Final Report

March 2012
Foreword

Providing good nutritional care is key to people’s health and wellbeing, their recovery and to their experience of healthcare. It is central to all three quality ambitions of the Healthcare Quality Strategy relating to person-centered, safe and clinically effective care.

This report showcases the significant progress that has been made to improve nutritional care in Scotland to date and marks the end of the second phase of the national programme. However, this is clearly not the end. We are still on a continuing journey towards reliable systems and processes to ensure that we’re getting nutrition right for every person every time. Nutrition must therefore remain a national and local priority for Scotland with National Leadership continuing to drive this vital agenda.

There is much to celebrate and I would like to thank the Programme Board, Implementation Group, colleagues at Healthcare Improvement Scotland and local champions all of whom have worked so tirelessly to secure the achievements highlighted in this report. With Food, Fluid and Nutritional Care in Hospital Standards and the Leading Better Care, Clinical Quality Indicator for Food, Fluid and Nutrition, we now have systems in place to monitor the impact of those achievements.

Through this programme we have built capacity and capability for improvement with Nutrition Champions and healthcare staff. I would encourage you to continue to use and share these skills to make improvements in nutritional care. It is through embedding a culture of continuous improvement in nutritional care and through continued multidisciplinary focus that we can get significant improvements in outcomes, in terms of patient experience, re-admissions, length of stay and mortality.

I commend this report to everyone and I hope that it promotes best practice and improvement everywhere.

Ros Moore,
Chief Nursing Officer,
Scottish Government
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Introduction

This report celebrates the work of Healthcare Improvement Scotland's Improving Nutritional Care Programme, from June 2010–March 2012, and sets out the next steps for ensuring integration and alignment of nutritional care work.

The Improving Nutritional Care Programme builds on the work of the Food, Fluid and Nutritional Care in Hospital Standards and National Overviews and the subsequent Integrated Programme for Improving Nutritional Care (2007-2009).

The Improving Nutritional Care Programme aims to improve nutritional care for adults at risk of malnutrition within three priority areas.

Acknowledgements

We would like to thank the following people who have contributed to the success of this programme.

- Nutrition Champions from across Scotland who have been instrumental in supporting and delivering improvements in nutritional care at a local and national level.
- Healthcare staff who have supported and tested improvements in hospitals and care homes across Scotland.
- Our Programme Board, chaired by Ros Moore (Chief Nursing Officer, Scottish Government) and our Operational Steering Group (chaired by Fiona McQueen, Executive Nurse Director, NHS Ayrshire & Arran) who have supported the programme to achieve its objectives and ensure robust governance.
- Executive Nurse Directors and colleagues from other special health boards, in particular NHS Education for Scotland and Health Facilities Scotland, and Care Inspectorate who have been essential to the achievements of this work.
- Colleagues from other national programmes of work, including Leading Better Care and Releasing Time to Care, who have supported this work.
- Jane Murkin, Associate Director for Improvement at Healthcare Improvement Scotland, who has advised and supported the design and delivery of the programme and led on building capacity and capability for improvement.
- Karen Barrie, National Development Manager for Patient Experience, at Healthcare Improvement Scotland, who has supported the development of person-centred approaches in our work, developed tools and resources, and built capacity and capability in the use of these approaches in practice.
Malnutrition affects over 3 million people in the UK with associated health costs exceeding £13 billion annually. Malnutrition is associated with increased GP visits, increased frequency of hospital admissions, longer stays in hospital and increased infections. Individuals with malnutrition can even end up being admitted to long-term care or dying unnecessarily\(^{11}\). Providing good nutritional care also has a financial imperative. NICE predict malnutrition to be the fourth largest cost-saving area for the NHS\(^{11}\).

Nutritional care continues to attract media and political interest. Care and Compassion\(^{2}\), Care Quality Commission reports\(^3\), Vale of Leven\(^5\), Starved of Care\(^6\), all highlight nutritional care as an area for improvement.

Older people and people with long term conditions are particularly at risk of malnutrition. The nutritional needs of these groups and effective interventions to address their needs were highlighted in a recent literature review\(^{12}\).

The publication of National Care Standards\(^{13}\) and the work of the Care Commission (now the Care Inspectorate) to regulate care services has led to a growing focus on nutritional care in care homes. A nutrition advisor has been appointed to advise the Care Inspectorate and to liaise with care services and NHS colleagues. In addition to individual inspection reports, a national report, Eating Well in Care Homes for Older People\(^{14}\), was published in 2009. Whilst examples of good quality nutritional care were identified, there were still areas for improvement. Promoting Nutrition in Care Homes for Older People\(^{15}\) published in 2009, evaluated a Scottish Government funded education programme lead by the Care Commission Nurse Consultant for Care Homes for Older People that aimed to help staff improve nutritional care for residents. Since the publication of the report, collaboration with the Improving Nutritional Care Programme has helped to progress initiatives to improve nutritional care within care homes.

Health Facilities Scotland has supported the introduction of ‘Nutmeg’ to assist with nutritional analysis of menus. They also continue to monitor compliance in accordance with the National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland\(^{16}\) and support the National Catering Advisory Group for NHSScotland.

NHS Education for Scotland has developed education resources to support and develop NHS staff who provide nutritional care, including websites and training programmes. They have supported the development of a nutritional care and fluid module for foundation level doctors. This work will be included in the Doctors Online Training System (DOTS).

NHS Education for Scotland is also supporting the development of national learning outcomes in nutrition which will be mapped to appropriate elements on an existing SQA qualification.

An external peer review of the Food, Fluid and Nutritional Care in Hospital Standards in 2005-2006 showed progress in many areas of nutritional care but also highlighted areas for improvement. Local nutritional care groups were formed and the Scottish Government funded local Nutrition Champions within each NHS board in Scotland for a period of 3 years.

An integrated programme for nutritional care in NHSScotland led by NHS Quality Improvement Scotland from 2007–2009 helped to support ongoing implementation of the standards.
The Improving Nutritional Care Programme

The Improving Nutritional Care Programme (2010–2012) has built on the work of the integrated programme and the Food, Fluid and Nutritional Care in Hospital Standards, reflecting the Healthcare Improvement Scotland approach to improvement. This is based on an integrated cycle of improvement aiming to provide advice and guidance; to support reliable and sustainable implementation and improvement; and links to feedback from assessment and measurement of performance (Figure 1).

**Figure 1:** Integrated Cycle of Improvement for Nutrition

Programme Priorities

In order to identify the focus for the Improving Nutritional Care Programme, Healthcare Improvement Scotland carried out a 30-day critical analysis assimilation process (CAAP). The findings from this systematic high level review of evidence of nutritional care helped to inform a further prioritisation and segmentation process with Nutrition Champions and key stakeholders to identify the top three priorities for improvement for the programme. These priorities are:

- **Making Meals Matter**
  - Improving Meal Time Processes
  - Training and Introducing Volunteers at Meal Times

- **Self Management (long term conditions)**
  - Helping people with long term conditions to self-manage their nutritional care

- **Improving Transitions**
  - Improving communication of nutritional care in the transition between care home and hospital
Making Improvements in Nutritional Care: The Approach

Clinical engagement has been crucial to the success of this programme. Senior management support at Executive Nurse Director level, strong working relationships with Nutrition Champions and close collaboration with health care staff and other key stakeholders have helped to drive local improvement activities.

Healthcare Improvement Scotland’s Associate Director for Improvement has supported the design of the improvement programme and the development and delivery of learning sessions and spread events to build capacity and capability of nutrition champions and test site staff. Feedback from learning sessions and spread events has been extremely positive.

“Feel better equipped to carry on the progress already made.”

“This project has been invaluable to us.”

“Have implemented some of this initiative and these improvements will be ongoing.”
Each learning session provided an opportunity for test site representatives to feed back on their progress, discuss highlights and challenges and to have support to translate improvement theory into practice and share learning.

Initial subgroups led by nutrition champions, comprising healthcare staff from test site areas (hospitals and care homes) identified the improvements required within each of the three priority areas and developed tools and resources to test using improvement techniques.

Gathering experiences from patients, carers and staff has been key to informing this work. The National Development Manager - Patient Experience has developed a range of resources to assist healthcare teams to capture patient, carer and staff experience. These include:

- training session on Digital Story telling
- ‘Food for Thought’ - guidance on capturing experience including observation tools and techniques
- observation tool for observing interactions at meal times
- guidance and training materials to support the observation tool, and
- comment cards – for capturing and monitoring experience of meal times.

These resources are available for download from the improving nutritional care community website: http://www.knowledge.scot.nhs.uk/improvingnutritionalcare.aspx

Examples of Improvements in Nutritional Care

Local teams who attended learning sessions and spread events identified areas for improvement in their local context, in line with the nutritional care priorities. The following case studies provide examples of improvements which are under way.

**Making Meals Matter**

**What’s the problem?**

Interruptions to meal times occur for different reasons, including ward rounds, drug rounds, and tests and investigations that may involve taking the patient away from the ward. This can result in meals becoming cold, being missed, food being wasted, patients losing their appetite, and those requiring help and encouragement with eating not receiving the support they need. Protected meal times have been introduced in many clinical areas across NHSScotland’s hospitals, but implementation is varied. Some patients requiring help with eating and drinking have reported that they are still not getting the assistance they need.

**What we developed and tested**

We developed a Making Meals Matter pack, comprising:

- nationally agreed definition of protected meal times for NHSScotland
- Principles of Protected Meal Times
- observation tool to underpin the principles of protected meal times
- Principles of Good Nutritional Care
- monitoring tool to underpin the principles of good nutritional care, and
- guidance for observing interactions at meal times.
What we found

- Not all patients identified as requiring assistance were getting help with eating and drinking.
- Staff were not always available to assist at meal times.
- Invasive clinical procedures, for example urinary catheterisation and IV cannulation were being carried out during meal times.
- Individuals did not always have the opportunity to wash hands before meals.
- Bed tables were cluttered.
- Meal time trolleys were on the ward for a period of time before the meals were being delivered to patients, resulting in the temperature of food being too cold.
- Some patients said they were not getting food or drink when they wished.
- Some patients reported that the quality of the food was poor, not enough fruit and vegetables.

There were also examples of good practice and a generally positive experience from individuals was reported in some areas. This included patients having fresh water within their reach, the area for eating meal was clean and tidy, and patients being given sufficient time to eat their meal and drink.
**Improvements**

- Nutrition has been introduced as a key element of the safety brief
- Timing of medication rounds has been altered to avoid meal times
- Better compliance with completion of food charts
- Reduction in the time between the meal arriving on the ward and delivery to the patient (to maintain food temperature)
- Reduction in food wastage
- Meal time gate-keeper to co-ordinate mealtimes and reduce unnecessary interruptions
- Increased opportunity for hand-washing before meals
- Clinical champion identified to lead on nutritional care
- Basket system for patients’ belongings implemented to allow meals to be positioned on tray tables enabling ease of access
- Real time feedback to multidisciplinary team of good practice and areas for improvement to inform future improvement, and
- Improved multidisciplinary working.

**Volunteers at Meal Times**

**What’s the problem?**
Staff have a responsibility to ensure that patients on their wards receive the help they need at meal times. The Better Together Inpatient Experience Survey reported that of the 40% of respondents who said they required help with eating and drinking, 11% felt they did not get the help they needed. Key players in the area of patient care, such as Age UK, the National Patient Safety Agency and the Royal College of Nursing support the use of trained volunteers at meal times as one way to assist patients who require help with eating and drinking. Within the Scottish context, volunteers have not traditionally been trained to support patients to eat and drink.

**What we developed and tested**
NHS Ayrshire & Arran has trained and introduced volunteers to assist patients at meal times including providing help for patients who need assistance to eat.

**What we found**
- Qualitative feedback suggests that the use of volunteers has enriched patient experience.
- All staff, patients and volunteers who provided feedback felt this initiative was a useful addition to the wards and felt it would be worthwhile extending further throughout the organisation.
- The work has led to greater partnership working between volunteers and healthcare professionals.

Full results of this work have been published in the Ward Volunteers at Mealtimes Evaluation Report.

This report outlines the processes undertaken to recruit, train and support volunteers for this extended role and has sought a variety of qualitative feedback from patients, staff and volunteers to evaluate the success of the project.

Through dissemination of this report and facilitated spread events, other NHS boards and care homes in Scotland are now taking the findings from this work to test in their local areas.

For example, NHS Tayside trained and introduced volunteers at meal times with positive results.

NHS Western Isles has been awarded funding for a Companions at Meal Times programme from the Better Together Innovation Fund.

"One man always gives me the thumbs up when I leave . . . a wee nod"
Meal time volunteer

"Quite often people don't want to ask for help so by asking them that's making it a whole lot better for them"
Meal time volunteer
Helping People with Long Term Conditions to Self-Manage Their Nutritional Care

What's the problem?
People with long term conditions are particularly vulnerable to malnutrition. Chronic obstructive pulmonary disease (COPD) is one long term condition where poor nutritional status is associated with a number of adverse effects and may even contribute to increased mortality. Pulmonary rehabilitation programmes currently offer very limited opportunity for specific nutritional support or advice to meet the nutritional needs of individuals with COPD.

What we developed and tested
A ‘true false justify’ questionnaire to assess individuals’ level of understanding of their nutritional needs was developed and tested. The Malnutrition Universal Screening Tool (MUST) has been used to calculate individual risk of malnutrition. A number of techniques were tested to gather a range of patient experience.

What we found
• Using MUST, 2 out of 25 patients were identified as high risk of malnutrition.
• Individuals attending the pulmonary rehabilitation programme initially had a poor level of knowledge and understanding of nutritional care.
• Both knowledge and understanding increased by the end of the programme.
• The majority of COPD patients attending pulmonary rehabilitation programmes have nutritional issues, which can be addressed through the use of appropriate patient information - written and verbal.
• Nutritional risk can reduce during the course of a pulmonary rehabilitation programme.
• People with COPD can be supported to develop their own care plans.

Whilst this work focused on COPD, there are opportunities to spread this work to other long term condition self-management programmes.

Improving Transitions Between Care Home and Hospital Through Improved Communication of Nutritional Care

What's the problem?
Effective communication of individual needs is a vital part of transition between care home and hospital in order to ensure that individuals receive appropriate and safe nutritional care and assistance. The Food, Fluid and Nutritional Care in Hospitals National Overview highlighted discharge documentation as an area for improvement. This was reinforced by care home staff and Nutrition Champions.

What we developed and tested
A communication tool was developed to record nutritional information at the point of transfer between care home and hospital. The tool was initially tested in NHS Grampian for usability. It was then refined and re-tested in NHS Grampian, NHS Lothian, and NHS Greater Glasgow and Clyde, looking at both compliance and completeness. Amendments were then made to the tool and it was formatted to enable wider dissemination and testing.

A staff questionnaire was also developed and tested in NHS Grampian before being refined and retested in the other test sites.

What we found
Staff have responded positively to the tool. Compliance with, and accuracy in completion of sections of the tool have increased. The tool has been spread to other care homes and hospital wards for testing.

Engaging all those who will be affected by the intervention is key to driving continued improvements in this area and ensuring the tool is not seen as simply ‘more paperwork’.
Challenges have been:

- small number of patients discharged
- embedding the documentation as part of the discharge planning process
- a prompt required to remind staff to complete the tool, and
- getting feedback from receiving units on the benefits of the information provided by the form.

The tool has been adapted for use in mental health settings, has been shared with the Scottish Mental Health Dietitians Network and has been piloted on a small number of patients.

The communication tool can be downloaded from:

"Excellent to provide nutritional documentation allowing for continuous care and clear communication for care home." - Community hospital dietitian

"This is a new lady and the information that came with her allowed me to speak to our nurse that deals with nutrition screening and diets straight away. She was really pleased with it as normally we would just have information about why the person was in hospital and would have to find out ourselves through observation and asking the person if able, or family for more info. This can mean that it may be a week later or a few days at the very least. We were able to deal with her needs straight away and refer her to our dietitian asap." - Member of staff from a care home
Spreading Improvements in Nutritional Care

A variety of approaches to spreading our work has been adopted. A range of publications has been developed and widely disseminated to encourage spread.

- Improving Nutrition…..Improving Care Interim Report
- Improving Nutrition…..Improving Care Event Report
- Volunteers at Meal Times Report
- Residents’ and Carers’ Experiences of Food and Nutrition in Care Homes Report

Through presenting at national and international events and meetings, awareness has been raised among practitioners about the potential of this work to improve nutritional care.

The Improving Nutrition….Improving Care Event on 9 June 2011 (an event aimed at healthcare staff from NHS and care homes, patients and the public), provided a platform to share the work of the Improving Nutritional Care Programme and other national and local good practice and explore opportunities to spread this work.

We have actively disseminated our resources and targeted teams and individuals to engage in spreading our work, through Executive Nurse Directors, Nutrition Champions, care home providers and national facilitators.

We have adopted a collaborative approach by bringing test sites together to share opportunities, challenges and learning, to build capacity and capability for improvement. This has involved three spread events and two improvement clinic teleconferences with a particular focus on improving meal times and improving the transition between hospital and care home. Seventy delegates ranging from staff nurses, ward managers, care assistants, catering staff and executive level managers attended the sessions.

Each team shared their experiences, highlights and challenges of their local nutritional care improvements. Progress reports, case studies and story boards supported this process.

The biggest benefit has been…

A community website www.knowledge.scot.nhs.uk/improvingnutritionalcare/aspx has been established to facilitate the ongoing sharing of good practice resources and developments in nutritional care. This site has received over 4,000 visits in its first few months of being established.
The map of Scotland (Figure 2.1) shows the original pilot sites for this improvement work and Figure 2.2 shows the sites who have been involved in further testing and spreading improvements.

Figure 2.1

Where we started......

Figure 2.2

Where we are now!!
Evaluation and Stocktake Results

Evaluation has been integral to the Improving Nutritional Care Programme and the experience of staff, patients and carers has been key to informing our improvement work.

In order to support the Programme Board in identifying next steps, and clarify roles and responsibilities going forward, an external stocktake of progress to date was commissioned by Healthcare Improvement Scotland in December 2011. An external organisational development specialist conducted a series of one-to-one semi-structured interviews with a range of key stakeholders. Individuals with a designated executive responsibility for nutrition together with some Programme Board members, Nutrition Champions, spread event attendees, representatives from Catering Advisory Group and Health Facilities Scotland were included.

Key messages from the stocktake:

- Food, fluid and nutrition is a local and national priority. Ignore it at your peril.
- The Improving Nutritional Care Programme has been extremely positive. However, it is a journey.
- Food, fluid and nutrition must remain a priority both locally and nationally.
- Scrutiny plays a complex and fundamental role going forward.

Participants agreed that the achievements of the programme so far have been significant. Particular successes include the following.

- It has focused NHS boards to consider nutritional care from a strategic point of view, and has raised the profile of nutritional care to the forefront of local and national policy.
- It has established whole-system, multidisciplinary leadership at the highest level in the form of the Programme Board and in most NHS boards in the form of the Food, Fluid and Nutritional Care in Hospitals Standards Steering Groups and links into the executive level.

- The Nutrition Champions Network is a highly effective, visible investment in raising the profile of food, fluid and nutritional care and sharing good practice and getting the standards ‘off the page’ locally within NHS boards.
- The introduction of specific initiatives to support the care of patients, such as Making Meals Matter, the use of volunteers and the implementation of observation and screening tools such as MUST and Nutmeg.
- Assistance has been provided to NHS boards in terms of education, capacity building and driving innovative practice.
- The programme has facilitated changing relationships between staff in some areas. For example, ward based nurses, dietitians and caterers with increased understanding of roles and more joined-up working.

Feedback was consistent that, with time, sustained leadership, investment and scrutiny, embedding of processes and practices is likely to yield significant tangible and intangible improvements in outcomes, in terms of patient experience, re-admissions, length of stay and mortality.
Next Steps and Recommendations

In order to keep nutritional care in the spotlight at the end of the Improving Nutritional Care Programme (March 2012), the following next steps and recommendations have been identified at a national, local and individual level.

National

- In June 2011, The Scottish Government made a commitment that care for older people is a top priority and pledged that Healthcare Improvement Scotland would carry out a programme of inspections to ensure that hospitals are complying with the Older People in Acute Care Standards first published in 2002. This work is currently under way and nutritional care is integral to the inspections.
- Healthcare Improvement Scotland will lead on an Improvement Programme for Older People in Acute Care, commencing April 2012.
- Clinical Quality Indicators for Food, Fluid and Nutritional Care are being reviewed by the Leading Better Care Programme in conjunction with Nutrition Champions.
- Nutrition Champions will continue to meet to develop a Making Hydration Matter resource, to support good practice in hydration, which will be published on the nutritional care community website.
- An improving nutritional care community website http://www.knowledge.scot.nhs.uk/improvingnutritionalcare.aspx has been established to facilitate the ongoing sharing of good practice resources and developments in nutritional care.
- The nutritional care and fluid module for foundation level doctors will be included in the Doctors Online Training System (DOTS).
- NHS Education for Scotland is supporting the development of national learning outcomes in nutrition, which will be mapped to appropriate elements of an existing SQA qualification.
- Health Facilities Scotland will continue to monitor compliance in accordance with the National Catering and Nutritional Services Specification and support the National Catering Advisory Group for NHSScotland.

Local

At NHS board level, there is a need to:

- sustain multidisciplinary dialogue regarding nutritional care.
- engage clinical leaders in maintaining and reinforcing the standards, and
- have a local food, fluid and nutritional care steering group (or equivalent), which would report into the board via an Executive Lead (eg Nurse Director), thereby keeping food, fluid and nutritional care consistently on the NHS board’s agenda or reporting lines into public health or a managed clinical network.

Individual

- The community website will continue to be accessible for local healthcare staff to share resources, ideas and discussions about improving nutritional care.
- To continually make improvements in nutritional care which will lead to better outcomes.
- Improving nutritional care is everyone’s business and should be delivered in a person-centred way.

Providing good nutritional care is key to people’s experience of healthcare. Through the work we have undertaken and the feedback we have obtained from healthcare staff, patients and carers, it is clear that nutritional care must remain a national, local and individual priority.
References


# Key Groups Involved in the Programme

## Programme Board members

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<tr>
<td>Ros Moore (Chair)</td>
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<td>Christine Brown</td>
<td>NHS Lanarkshire and representing the British Dietetic Association</td>
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<td>Joy Farquharson</td>
<td>The State Hospital and representing Nutrition Champion Network</td>
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<td>Martin Henry</td>
<td>The State Hospital and representing the National Catering Advisory Group</td>
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<td>George Reid</td>
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<td>Nancy Robson</td>
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<td>Joyce Thompson</td>
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### Operational Steering Group members

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<td>Fiona McQueen (Chair)</td>
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<td>Christine Christie</td>
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<td>Jane Ewen</td>
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<td>Hospital Caterers Association</td>
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**Healthcare Improvement Scotland Programme Team**

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**Michelle Miller**, Programme Manager  
**Jennifer Graham**, Programme Co-ordinator  
**Lesley Roome**, Administrative Officer  
**Jane Murkin**, Associate Director for Improvement  
**Karen Barrie**, National Development Manager – Patient Experience  
**Eileen Moir**, Nurse Director and Programme Director

**Nutrition Champions/key contacts**

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<th>NHS Ayrshire &amp; Arran</th>
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<tr>
<td>NHS Borders</td>
<td>Norma Hunter (retired 2011)</td>
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<td>Sheila Murray and Kim Smith</td>
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<td>NHS Dumfries &amp; Galloway</td>
<td>Deborah Nelson (2009–2011)</td>
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<td>Lorna Harrison (2011–2012)</td>
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<td>NHS Greater Glasgow and Clyde</td>
<td>Elaine Gordon</td>
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<td>NHS Highland</td>
<td>Linda Burgin (retired 2011)</td>
</tr>
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<td></td>
<td>Jennifer Loban</td>
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<td>NHS Lanarkshire</td>
<td>Isabel Lindsay</td>
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<td>NHS Lothian</td>
<td>Tara Hargreaves</td>
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<td>NHS Shetland</td>
<td>Laura Whittall</td>
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<td>NHS Orkney</td>
<td>Lindsey Kolthammer</td>
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<td>NHS Tayside</td>
<td>Kerry Queen</td>
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<td>NHS Western Isles</td>
<td>Lillian Macaskill</td>
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<tr>
<td>The State Hospital</td>
<td>Joy Farquharson</td>
</tr>
<tr>
<td>National Waiting Times Centre</td>
<td>Helen Byrne (until 2011)</td>
</tr>
</tbody>
</table>
www.healthcareimprovementscotland.org

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are key components of our organisation.