

The Importance of the Nursing Role in Service of Food

Professor Fiona McQueen

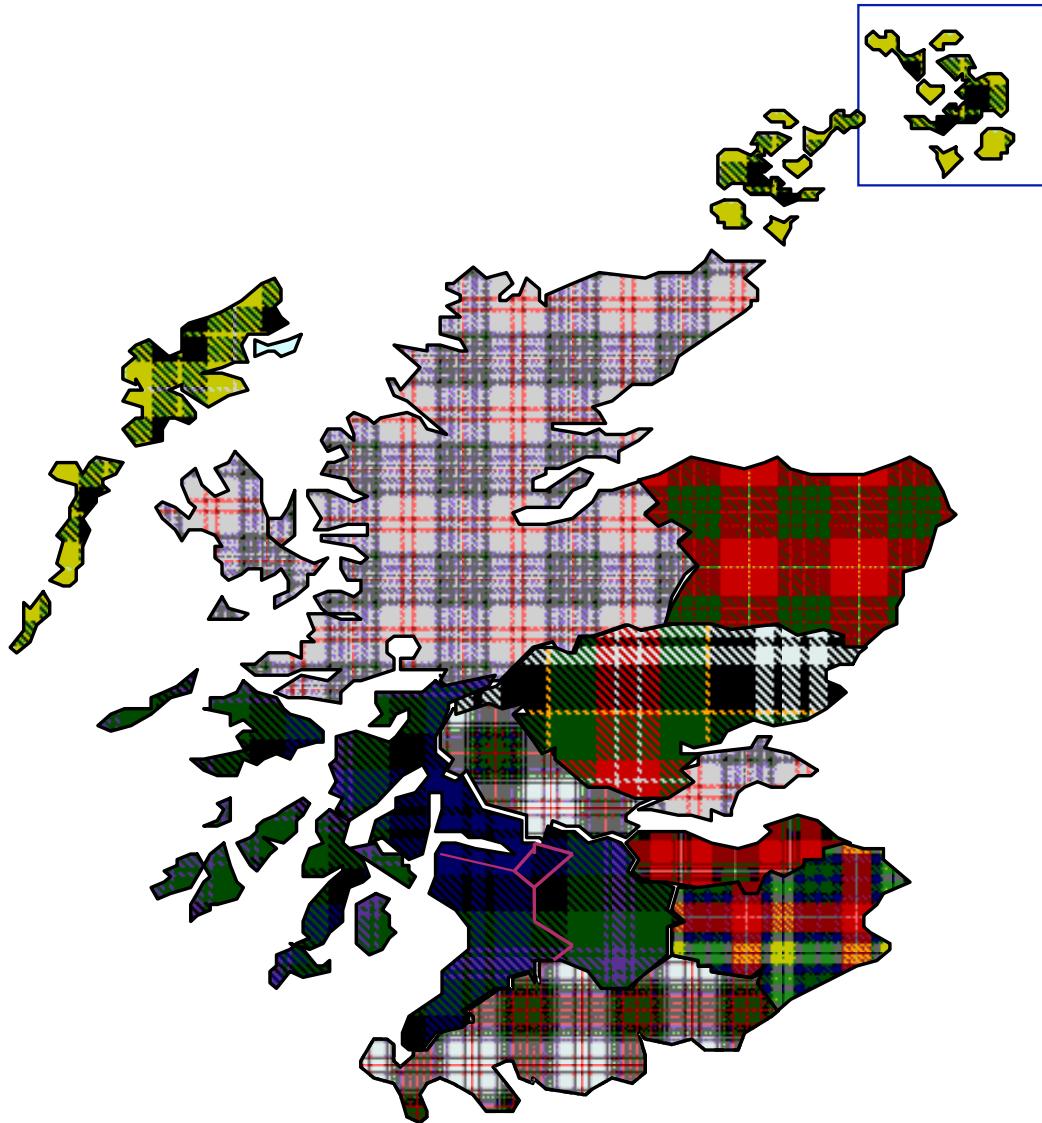
Chief Nursing Officer
Scottish Government



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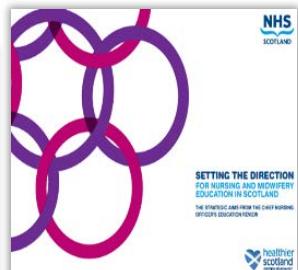
- 5 million people
- £12 billion
- 14 Health Boards
- 8 Support Boards
- Integrated delivery
- Moving towards social care integration



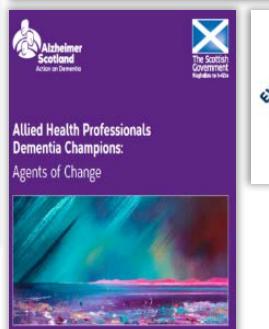
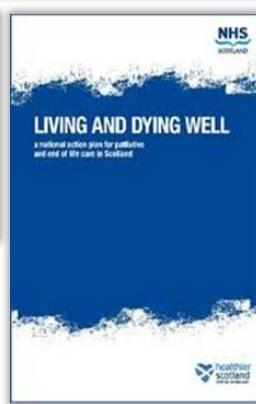
Healthcare Quality Strategy for NHS Scotland



1. To make NHS Scotland a world leader in healthcare quality improvement
2. To do so in a way that is meaningful to all



MENTAL
HEALTH



ACUTE
CARE

- 10 Dementia Care Actions in Hospital**
- 1 Identify a leadership structure within NHS Boards to drive and monitor improvements
 - 2 Develop the workforce in line with Promoting Excellence
 - 3 Plan and prepare for admission and discharge
 - 4 Develop and embed person-centred assessment and care planning
 - 5 Promote a rights-based and anti-discriminatory culture
 - 6 Develop a safe and therapeutic environment
 - 7 Use evidence-based screening and assessment tools for diagnosis
 - 8 Work as equal partners with families, friends and carers
 - 9 Minimise and respond appropriately to stress and distress
 - 10 Evidence the impact of changes against patient experience and outcomes

People at the
Centre of Health
and Care

Person-Centred Health
and Care Collaborative



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**“If you don't know
where you are going
any road can take
you there”**

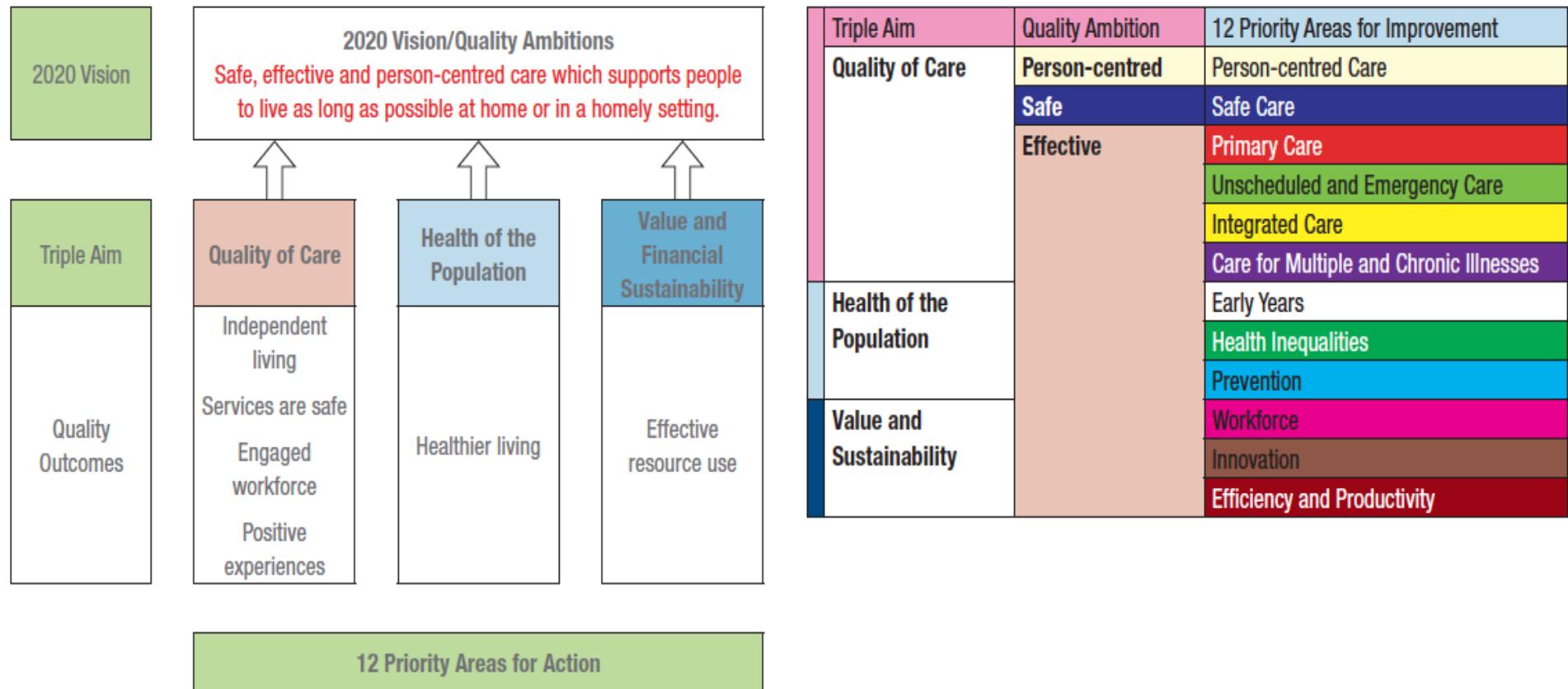
Lewis Carroll
Alice in Wonderland



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Route map to the 2020 vision





Policy and Priorities

**The 20:20 Healthcare Vision –
everyone is able to live longer healthier lives at home, or in a homely setting and, that
we will have a healthcare system where:**

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission





Responding to what patients want and need



NHS Scotland's Integrated approach to quality and value



- Reduce harm, error and re-work (Safe)
- Increase reliability and reduce variation (Effective)
- Mutuality and co-production (Person-Centred)



Health and Social Care Integration

**Health and Social Care
Integration**

Supporting people to live well and independently at home or in a homely setting in their community for as long as possible

■ www.scotland.gov.uk/HSCI
■ follow us on twitter: @scotgovIRC

There's no ward like home

The Scottish Government
Riaghaltas na h-Alba

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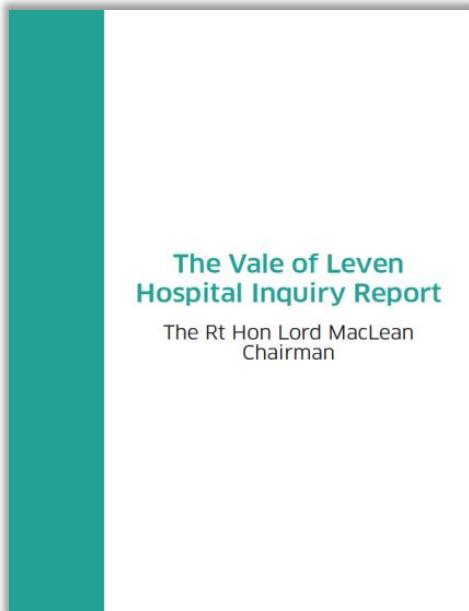
Professional leadership – Political Drivers



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Vale of Leven Hospital Inquiry



“NHS Scotland has moved on significantly in the intervening period, Lord MacLean’s report gives us the further insight to ensure that the NHS does not fail patients and families as it did at the Vale of Leven”

Cabinet Secretary for Health, Wellbeing and Sport

- Published November 2014
- Cabinet Secretary apologised to the patients and families affected by the Vale of Leven outbreak
- 75 recommendations
- The Government has accept all 75 recommendations in the report and establish an implementation group to take them forward, with strong input from the families affected
- All NHS Boards have had to review their services and respond to the Scottish Government on their findings



Post Vale of Leven Hospital Inquiry activity

- On 18 November 2014, the then Cabinet Secretary for Health & Well-being announced that Scotland's NHS is to roll out innovative ways for nurses to review patient care across hospital wards and community services including the use of virtual dashboards
- Following the publication of The Vale of Leven Hospital Inquiry Report, the Cabinet Secretary for Health, Wellbeing and Sport announced that she has asked the Chief Nursing Officer to work with Nurse Directors to roll out the care (quality) assurance programmes
- The care (quality) assurance programmes will cover nursing and midwifery within all hospitals and community services, from A&E to mental health, care of older people to children's services
- Following the Vale of Leven publication, the Cabinet Secretary has also requested that information from these care (quality) assurance programmes is publicly available and easily accessible to patients and the public, and that nurse directors and the CNO will roll out national standards for nursing documentation and care planning, which will be monitored as part of the care (quality) assurance programme



Exposed: Shocking neglect of the elderly on wards of shame

By SOPHIE BORLAND

Last updated at 8:15 AM on 15th February 2011

[Comments \(230\)](#) | [Add to My Stories](#)

Shocking neglect of the elderly is exposed again today in a damning report that claims the NHS is failing to meet even the most basic standards of care.

Complaints to health watchdogs include accounts of patients being left so dehydrated on wards they cannot even cry out for help.

Distraught relatives say loved ones have been completely ignored and their basic rights disregarded.

Frail patients are discharged from hospital when they are dangerously underweight while one elderly woman was sent home in another patient's soiled clothes, held up by paper clips.

The shocking stories are detailed in an



Negative



Food completely inedible. Patients gazing hopelessly at their plates and asking each other "What's it supposed to be? " then laying down their forks after two mouthfuls. Patients weren't offered menu choices and, as a vegetarian, I had a plate of mince and tatties placed in front of me. I settled for mash, carrots and sprouts. Carrots and sprouts were a textbook example of how NOT to cook vegetables. Carrots - marble-sized balls of orange jelly. Sprouts - little sorry piles of soggy leaves. And how can you ruin mashed potato, for goodness sake? ?

Strangest thing - everything smelled and tasted the same - sort of black and old, as though everything had been cooked together for a very, very long time. Blindfolded, it would have been impossible from either taste or texture to tell whether you were eating macaroni cheese or apple crumble - and I can verify this because I tried both.

My request for fresh fruit was met with a startled offer to see if some could be found in the kitchen.

The waste of food was unbelievable. One visitor hesitated to come into the ward because she thought food was about to be served. In fact, the trolleys laden with full plates were the rejected food being taken away.

Positive



In terms of attention to needs, treatment, information and **food** it was top class

The food was first class and always delivered hot

People often complain about the food but hey three meals a day which are healthy and nutritional does not warrant complaints

The food I was served was good - I emailed the Daily Mail to let them know that poor food wasn't a problem

I had a stay for a week in July 2014, and the following services were excellent:
staff friendliness and professionalism, treatment with dignity and respect, set **meal times, food quality, coffee facilities**, activities classes, daily walks, quality of care, cleanliness of the ward, music available, TV available, open to new ideas, willingness to listen, monitoring and sharing of key performance indicators

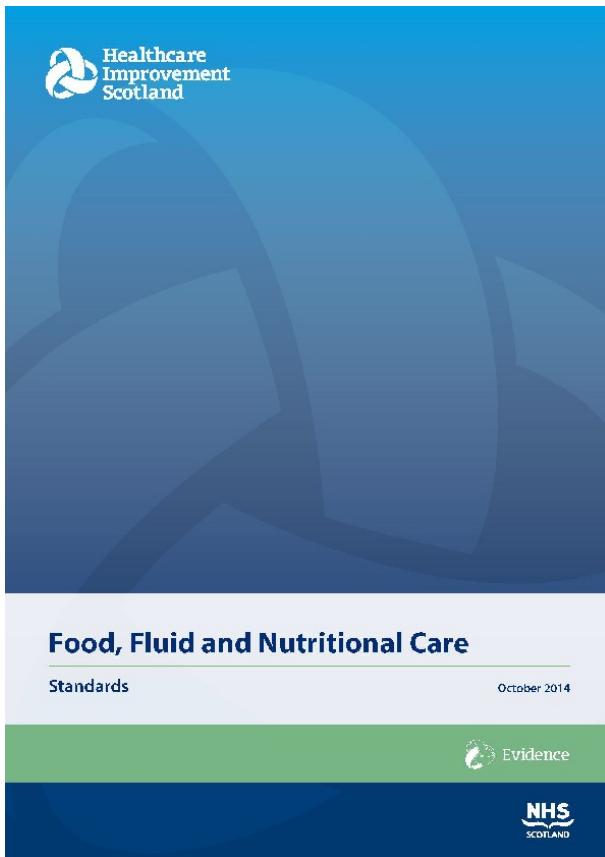


Why malnutrition matters

- Affects over 3 million people in the UK
- £13 billion annually
- Cause and consequence of disease
- Fourth largest cost saving area for the NHS
- Good nutritional care = reducing complications, preventing hospital admission, recovery



Clinical standards



- **Scotland only UK country to have clinical standards**
- Standards for Food Fluid and Nutritional Care in Hospitals, first published in 2003 updated 2014
- Specifies a minimum set of performance criteria for food, fluid and nutritional care
- The standards apply to the care of all patients, paediatric and adult, in both community health care and hospital care in Scotland, whether directly provided by an NHS board or secured on behalf of an NHS board
- These standards can be used to reinforce national consistency and drive improvement in food, fluid and nutritional care across Scotland



Improving Nutritional Care Programme 2010- 2012

The Improving Nutritional Care Programme aims were to improve nutritional care for adults at risk of malnutrition, particularly frail elderly and people with long term conditions.



3 priority areas

Making Meals Matter

- National Patient Safety Agency
- Better Together: 40% require assistance with eating and drinking: 11% do not get help required
- High food wastage

Improving Transitions (care home / hospital)

- 30% of people admitted to hospital from care home at risk of malnutrition
- 13,000 discharges from hospital to care home in Scotland (ISD)
- Variation in communication re: nutritional care

Self-Management (LTC/COPD)

- 3 million people in UK: COPD
- 5th Leading cause of death in the UK
- NHS Costs: 600 million / year
- Supporting self-management of nutritional care



has resulted in...

- Nutrition champions
- Protected mealtimes
- Volunteers at mealtimes
- Meals co-ordinators / ward housekeepers
- Identification of those needing support with meals
- Clinical Quality Indicator for Food, Fluid, and Nutrition
- Discharge documentation



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- Support for nutritional needs of patients with Long Term Conditions
 - Reduction in food wastage
 - Mandatory nutritional screening – MUST
 - NHS Education for Scotland – Education resources for nutrition – Nurses and Medical staff
 - Introduction of NUTMEG system (nutritional analysis of menus)
 - National Catering and Nutrition Specification for food and fluid provision for hospitals in Scotland

Examples in practice



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Principles of safe and effective nutritional care

Admission

- Admission information (needs, preferences, allergies, etc) documented, communicated and shared with staff as appropriate, including catering department
- Nutritional screening (eg MUST) completed accurately within 24 hours of admission
- Associated individualised care plan implemented
- Referrals made as appropriate, eg to dietitian or speech and language therapist
- Processes in place to ensure individuals requiring special diets and or assistance at meal times are identified as soon as possible

During stay

- Repeat nutritional screening, as appropriate to level of risk and care setting
- Care plans are reviewed and updated regularly and as determined by individual need
- Ensure good communication/handover about individual's nutritional progress
- Ensure protected meal times are embedded, implementing the 'Making Meals Matter' pack
- Those individuals identified as requiring special diets and or assistance at meal times are supported on an ongoing basis. Food and fluid charts are completed

- Provide sufficient fluids and document intake on fluid chart if required
- Process in place to ensure provision of, encouragement with and documentation of any oral nutritional supplements
- Support individuals to participate in local audit and feedback, to support service improvements

Discharge/Transfer

- Ensure nutritional screening (eg MUST) and care plan is up to date
- Discharge documentation to be completed including relevant nutritional information (see Communication Tool - part of 'Making Meals Matter' pack: see www.nutritioncare.scot.nhs.uk)
- Inform involved healthcare professionals and relevant others of discharge/transfer date

Staff

- Ensure staff attend relevant education and training sessions and are aware of best practice and local guidelines relating to nutritional care
- Have an identified member of staff in each area with a special interest in nutritional care
- Include processes and procedures associated with nutritional care as part of staff induction/orientation

Help us to make our meals matter

This document has been developed to support local quality improvement and monitoring. This is part of the 'Making Meals Matter' pack, developed by the Improving Nutritional Care Programme, Healthcare Improvement Scotland (2011).
Copies can be downloaded from www.nutritioncare.scot.nhs.uk and www.healthcareimprovementscotland.org



Patient experience

Dementia champions in a dedicated dementia environment in an acute hospital. Adaptations such as colour, signage and reminiscence area, more space for patients, dining table and chairs



The graphic features the NHS Scotland 'Eat Well Get Well Stay Well' slogan at the top. It includes the NHS Scotland logo and a circular green graphic on the left with the text 'MEALTIMES - PROTECTED MEALTIMES - PROTECTED MEALTIMES - PROTECTED MEALTIMES' repeated around it, with small icons of a fork and knife.

Making **MEALS** Matter

- M** Manage the environment to allow people to eat in a welcoming, clean and tidy area
- E** Ensure a relaxed atmosphere to enjoy the meal experience
- A** Assist people who require help with eating and drinking
- L** Limit non-essential interruptions to focus on providing support at meal times
- S** Staff and visitors recognise the importance of meal times as part of basic care

Help us to make our meals matter



Improving transitions

Improved documentation and communication between hospital and care homes allows for early access to nutritional supplements and development of nutritional care plans more rapidly

Healthcare Improvement Scotland		
Nutritional Care Communication Tool for people from care homes being admitted to and discharged from hospital		
Care home	Hospital	
Hospital admission date:	Discharge to care home date:	
Nutritional Screening		
Height: Weight: BMI: Date Screened:	MUST Score	
Height: Weight: BMI: Date Screened:	MUST Score	
Physical assistance required with eating and drinking including chewing and swallowing difficulties		
Requires assistance with eating or drinking? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify assistance required: Prompting <input type="checkbox"/> Cutting up food / opening packets <input type="checkbox"/> Modified eating equipment eg: cutlery, plates <input type="checkbox"/> Assistance with eating <input type="checkbox"/> Full assistance <input type="checkbox"/> Other (please state) <input type="checkbox"/>	Requires assistance with eating or drinking? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify assistance required: Prompting <input type="checkbox"/> Cutting up food / opening packets <input type="checkbox"/> Modified eating equipment eg: cutlery, plates <input type="checkbox"/> Assistance with eating <input type="checkbox"/> Full assistance <input type="checkbox"/> Other (please state) <input type="checkbox"/>	
Difficulties chewing certain foods/poor dental health (eg no dentures, ill-fitting dentures) Yes <input type="checkbox"/> No <input type="checkbox"/> Difficulties with swallowing? (dysphagia) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify reason / detail <input type="checkbox"/>		Difficulties chewing certain foods/poor dental health (eg no dentures, ill-fitting dentures) Yes <input type="checkbox"/> No <input type="checkbox"/> Difficulties with swallowing? (dysphagia) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify reason / detail <input type="checkbox"/>
Personal dietary needs		
Religious/ethnic/cultural dietary requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:	Religious/ethnic/cultural dietary requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:	
Food allergy/sensitivity: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:	Food allergy/sensitivity: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:	
Appetite: <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor Fluid intake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Appetite: <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor Fluid intake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Food/Fluid likes:	Food/Fluid likes:	
Food/Fluid dislikes:	Food/Fluid dislikes:	

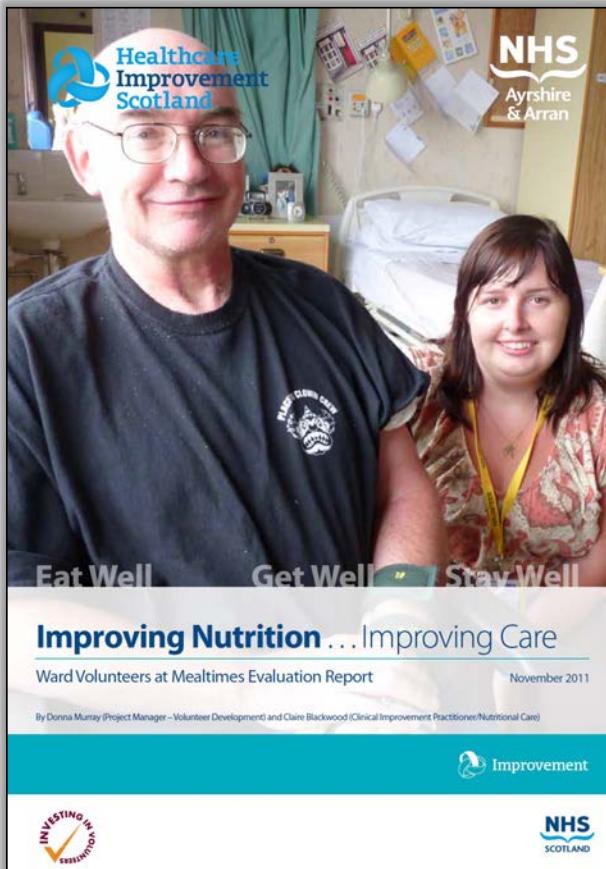


Making Hydration Matter





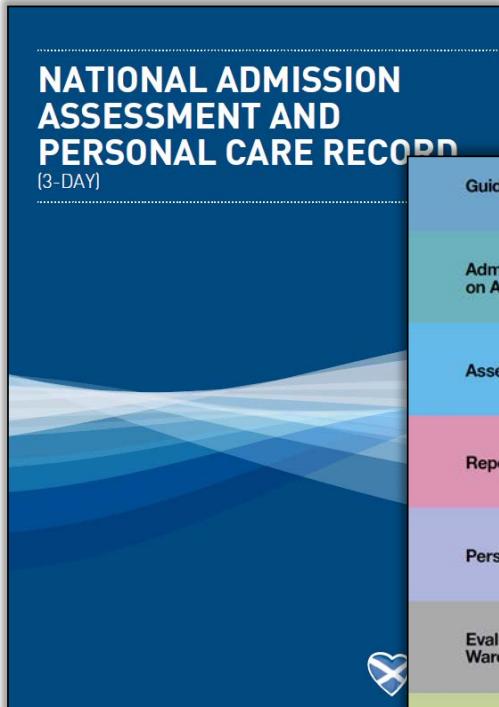
Volunteers at mealtimes



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Review of Nursing Documentation



NATIONAL ADMISSION ASSESSMENT AND PERSONAL CARE RECORD (3-DAY)

Guidance Notes/Signature Sheet

Admission/Initial Assessment on Admission or Transfer to Ward

Assessment Charts

Repeat and Ongoing Daily Assessments

Person-centred Care Planning

Evaluation of Care/Multidisciplinary Notes/ Ward Round

Record of Communication with Patient, Relatives and Carers

Discharge Planning

Malnutrition Universal Screening Tool (MUST)
Please complete for every patient within 24 hours of admission
Reassessment will take place weekly, as per risk score or using clinical judgement

Assessment Date:	/	/	Assessment Time:	:	(24-hour clock)	Score
WEIGHT: (kg)	HEIGHT: (m)	BMI =	Weight (kg) ²	Height (m) ²		
STEP 1: BMI score		BMI kg/m ²				
>20 (>30 obese)		0				
18.5 - 20		1				
<18.5		2				
STEP 2: Unplanned weight loss in past 3-6 months		Percentage (%)				
<5		5 - 10				
>10						
STEP 3: Acute disease effect score		If patient is acutely ill and there has been to be no nutritional intake for >5 days				
STEP 4: Overall risk of malnutrition		Add scores to calculate overall risk of malnutrition				TOTAL
STEP 5: Management Guidelines						
0 Low Risk Routine Clinical Care		1 Medium Risk Observe		Could be at risk, try the following actions		
<ul style="list-style-type: none">• Repeat screening Hospital – weekly Community – monthly		<ul style="list-style-type: none">• Minimize any potential causes of poor appetite, e.g. oral infection, missing dental check, constipation, dehydration.• Provide high energy source on food choices, eating and drinking• Initiate 3-day food record chart if intake has been poor for 2 or more days.• Encourage snacks• Follow poor appetite food fortification advice and guidance• Monitor and review care plan• Repeat screening weekly		<ul style="list-style-type: none">• Refer to Dietitian and nutritional support team if this is ongoing and this is causing concern• Communicate from medical team• Monitor and review care plan• Repeat screening weekly		
Person-centred Care Planning Complete the care plan in conjunction with the patient/family/carers as appropriate. Use the green area to identify for the patient as needing care/ action (amber and red areas) using the appropriate care based code number. Consider what care you need to provide and why.						
(One per page)						
Care-based code number:						
Date & Time	Patient Problem/Need	Initials	Review date			
Date & Time	Goal	Initials	Review date			
Date & Time	Planned Person-centred Interventions	Initials	Review date			



National Nutritional Care Advisory Board

The aim of the National Nutritional Care Advisory Board (NNCAB) is to support NHS boards to ensure that progress in nutritional care is maintained and continues to improve



Current activity (Standards)

- Publication of the Food, Fluid and Nutritional standards on the 30th October was the first phase of a programme of activity being led by the National Nutritional Care Advisory Board (NNCAB) and Healthcare Improvement Scotland (HIS)
- The programme is in three key parts and also includes
 - the development of additional complex care standards (publication mid-end of July 2015) and;
 - exploring out the potential of a care pathway for nutritional care
- In addition, NNCAB continues to work with HIS and are currently working on further standards which will provide guidance for oral hydration, this is based on work already well developed



**Work is being led by Health Facilities Scotland to
review and update Food in Hospitals**

The National Catering and Nutrition Specification
Completion mid 2015



Scottish Ministerial announcement - Nov 2014

The measures announced were:

- Improved nutrition and catering standards / specification introduced in the new year, supported by increased inspections of hospital meals
- A consultation to determine whether nutritional standards in hospitals should be placed on a statutory footing
- A further £300,000 will be invested to help boards to improve nutritional care



-
- As part of the new standards, there will be a move away from self reporting, whereby hospital boards submit evidence about how their meals meet nutritional guidelines
 - If agreed, Scotland would be the first country in the UK to place nutritional standards in hospital food on a statutory footing
 - The £300,000 of extra investment will be used to help implement the refreshed standards and the recently published updated HIS Food, Fluid and Nutritional Care Standards



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Foodmatters

HCA NATIONAL LEADERSHIP &
DEVELOPMENT FORUM 2015

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