

**Board Nurse Director**

**Food, Fluid and Nutritional Care: Update**

**1. Recommendation**

The Board are asked to consider progress on Food, Fluid and Nutrition within NHSGGC and to note continued action to achieve further improvement.

**2. Introduction**

This report responds to the Boards request for further information following the Food in Hospitals National Catering Specification Compliance report in April 11. The report outlines information on the following:

- Board investment in catering provision / catering strategy delivery and Food, Fluid and Nutrition (FFN) associated improvements in line with the Food in Hospitals Standards such as texture modified diets
- Board investment in expanding nutritional care arrangements and progress associated
- An update on key initiatives e.g. roll out of red mats / protected meal time policy across the systems and key ways in which they are monitored – mention challenges in relation to consistent delivery across all areas
- Patient involvement and patient feedback

**3. Background**

The nutritional wellbeing of the patient population in hospitals remains a priority issue for NHSScotland.

The 'Food in Hospitals National Catering and Nutrition Specification for food and fluid in hospitals in Scotland 2008' is the major national driver for catering provision and Quality Improvement Scotland Food, Fluid and Nutritional Care Standards direct wider aspects of nutritional care. The Achievement of a Well Nourished Patient remains a priority objective of the Board's Food, Fluid and Nutrition Policy.

#### 4. 4.1 Board Investment

In recent years NHSGGC has increased investment to improve the delivery of FFN across the Board. This investment has largely been in relation 3 principle areas:

		<b>Non Recurring / Capital Investment (£'000)</b>	<b>Recurring Investment (£'000)</b>
Catering Review	CPU development	£9.4M	<u>Patients Catering</u> Total - £18482K
	Hospital End Unit Investment to facilitate catering delivery	£841K	Pays - £10664K Non Pays - £7818K (inc provisions / equipment / catering supplies / cleaning services)
	Texture Modified Diets	-	407
	Ward Provisions and nutritional snacks	-	51
Nutritional Care for In Patients	Clinical Nutrition (Pharmacy, Dietetic and nutrition nursing)	-	461
	Practice Development and training	-	110
	SLT support (Mental Health)	-	42
Equipment	Clinical Physics and Scales	12	60
	Red Mats / drinking aids etc	19,500	
	Patient Information Leaflets	3,253	
		10.3M	19.6M

#### 4.2 Catering Review Implementation

NHSGGC carried out a review of the existing production and service delivery models for patient food services throughout the Board area.

The key objectives were as follows:

- Identification of a single meals production and service model which could be developed as a Board solution.
- Development of a service that can provide consistently high quality and comply with Food in Hospitals standards
- Development of a service model that maximises resource efficiency from both a supplies and staff resource perspective
- Development of a service with the flexibility to support the Board's changing clinical requirements

The outcome of the non financial appraisal and subsequent financial review was that a model of production based on cook-freeze supported by local central/ward regeneration had the greatest potential to meet the Boards key objectives.

The development of this model would be based on the redevelopment of two existing Cook-Chill Central Production Units (CPUs) one based at the Royal Alexandra Hospital in Paisley and the other at Inverclyde Royal Hospital in Greenock. It was agreed that following the redevelopment of each Central Production Units that Board production would be split between each on a 50/50 basis, representing in the region of 6000 meals per service.

Estimated number of meals (three per day) provided annually, Inpatients, Day Cases and Day Patients = 5 million

### **4.3 Nutritional Care**

The Clinical Nutrition Service was established across Acute Services in April 2010 with sector based multi-disciplinary clinical nutrition teams now established in North, South, West, Clyde. This continues to be overseen by a Board wide working group and the service is now hosted within the Surgical and Anesthetics Directorate. An annual programme of Clinical Nutrition education has been established.

We have committed to produce a Nutrition Resource Manual to support staff in all aspects of nutrition for in-patient areas with a view to addressing ongoing challenges in the consistent delivery of all aspects of nutritional care across all sites. The resource manual will shortly be distributed across GGC and an associated 'roadshow' targeting ward staff is planned.

Nutritional Care Practice Development continues to develop with notable achievements in relation to staff training. The target of one member of staff /shift and 5 staff / ward has been achieved across Acute Services with 6663 staff completing MUST training and 4776 staff completing nutritional care modules. NHSGGC modules have been adopted by British Association of Parenteral and Enteral Nutrition (BAPEN) and are available for use across the UK.

The Right Patient Right Meal Right Time policy has been implemented across all inpatient areas and audit, Clinical Quality Indicators (CQI) monitoring and Releasing Time To Care programmes suggest high levels of compliance in most ward areas in relation to protected meal times, correct meal choice and assistance with eating. A number of intensive improvement cycles have generated improved local practice in relation to meal experience and nutritional care. The use of 'Red Mats' to identify patients requiring assistance continues to be a cornerstone in our approach to nutritional care and regular management monitoring visits and routine ordering imply continued use.

A patient information leaflet on food in hospitals has been rolled out on ward admission to acute adult and mental health services. Materials for Children's Services will be distributed early 2012.

An NHSGGC Hydration policy has been developed, highlighting the need to ensure all patients (where clinically appropriate) have access to palatable water that is refreshed regularly and that catering or ward services provide a minimum level of beverages throughout the day. It provides guidance on assistance with drinks, monitoring fluid balance and when to instigated medical management of fluids.

#### **4.4 Equipment**

The Safety Action Notice (2008) required the completion of the following actions to achieve compliance; audit, classification and calibration of all weighing equipment in Adult, Paediatric and Mental Health services in line with Class III specifications (suitable for monitoring, diagnosis and medical treatment) and the subsequent procurement and maintenance contracts for appropriate equipment. This has required substantial investment and liaison with local trading standards agencies.

Audit and the establishment of local equipment registers has been completed across all inpatient facilities and work is currently underway to complete this within community services including advisory guidance to all GP practices. The maintenance of equipment and the associated registers requires ongoing resourcing.

### **5. Patient Engagement**

The FFN Planning and Implementation group have supported a multi-faceted approach to patient engagement including patient representation on various working groups and a focused programme of engagement through existing patient focus public involvement (PFPI) arrangements such as the Acute Patient Panel / Mental Health Users Group and Public Partnership Forums. A number of specific work streams are detailed below:

#### **Better Together / Patient Satisfaction Questionnaire**

Feedback on patient meals has been achieved historically through patient satisfaction surveys and the Food in Hospital programme provided the impetus to develop a consistent approach with the requirement to monitor completion of surveys. The content of and response rates to Health Facilities Scotland bench mark questions have provided an ongoing challenge in relation to interpretation and performance and require further refinement. However, patient satisfaction remains a major concern and driver for improvement.

Recent Satisfaction Survey data and Better Together data have been analysed at a site level and demonstrate consistency in relation to a number of sites where low levels of satisfaction require improvement. Based on the questions I would rate the catering services positively / happy with food and drink received 4 sites are of particular focus.

- Glasgow Royal Infirmary
- Southern General Hospital
- Victoria Infirmary
- Inverclyde Royal Hospital

A series of intensive activities are planned over the next 6 months for the above sites starting with the GRI in Jan 12 which will support the transition to the new catering service. Local improvement targets are currently being developed to drive this work.

#### **Improving Food In Hospitals Engagement Event**

Previously a patient engagement event identified patient driven priorities for the FFN work programme. Progress against a number of these priorities is described below:

Priority Areas	Progress	Next Step
1) Provision of out of hours / missed meals	Protocols reviewed on all sites and provision of meals in place.	Continued communication through Nutrition Resource Manual
2) Improvement in quality of temperature and presentation of meals	Temperature control issues minimised through introduction of local Regeneration service.	<ul style="list-style-type: none"> <li>• Ongoing regeneration training address presentation.</li> <li>• Quality assurance signed off by ward staff on receipt of meals and feedback to Catering.</li> </ul>
3) Staff communication with patients and relatives at a ward level regarding FFN issues	<ul style="list-style-type: none"> <li>• Patient Information leaflets now rolled out across all adult / mental health sites.</li> <li>• Snr. Charge Nurse Better Together programme monitors ward level patient feedback weekly.</li> </ul>	Patient Information leaflets in development for Children's
4) Monitoring and follow up of uneaten food	Catering monitoring wasted meals.	Waste at ward / patient level tbc
5) Improvement in staff attitude associated with meals	<ul style="list-style-type: none"> <li>• Staff training on texture modified diet meals included staff tasting sessions.</li> <li>• GRI pilot including staff tasting of new regeneration service.</li> </ul>	Rollout of staff tasting post GRI pilot.
6) Ensuring the patient receives the right meal	Routinely monitored by CQIs and Patient Better Together survey.	Quality assurance signed off by ward staff on receipt of meals and feedback to Catering
7) Flexibility in portion sizes	Flexibility provided by introduction of local Regeneration service.	Promotion of varied portion sizes to ward staff through nutrition manual.
8) Ensuring mealtimes are protected and adequately staffed	<ul style="list-style-type: none"> <li>• RPRMRT policy in place however ongoing challenges identified within Clinical Quality Indicators monitoring.</li> <li>• National audit tool developed and piloted in Regional Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Rollout Meals Module of Releasing Time to Care.</li> <li>• Rollout national audit tool post pilot to all non compliant wards.</li> </ul>
9) Providing the same level of service for patient who enter via emergency admissions	Ward provisions / late and Missed Meals secured for A&E departments.	

## **5.2 Patients Panel Engagement**

Food Fluid and Nutrition has been agreed as a priority area for the Patients Panel and is routinely discussed. The Panel receives regular updates on the above priority areas and has recently undertaken a Central Production Unit visit to review the 'live' production of patient meals. The visit on the 17<sup>th</sup> November included the monitoring of quality assurance measures across the cook/freeze process and the subsequent regeneration of meals. All members tasted the meals produced during the visit. The session generated positive feedback on all aspects of the process and are summarised by the contribution of one participant in follow up correspondence.

*"Thursday's visit to Inverclyde Central Production Unit was one of the most positive experiences I have been involved in through Community Engagement - Patient panel. Having heard constant criticism through my volunteering over the last 16 years regarding the standard of food in NHSGGC, whether it is from Yorkhill or longer term units like Spinal and Physical Disabilities Resources Unit. I would challenge anyone to complain when the Central Production Unit provides food throughout NHSGGC. I was singing their praises at a meeting later that day!"*

Following the success of this event it has been agreed to complete the 'food journey' and to review process at ward level. This event is planned in March 2012.

## **6. Next Steps**

A continued focus on Food, Fluid and Nutritional Care is required within all inpatient areas. National guidance and quality inspections driving further improvements in aspects of care such as assessment, reducing swallowing risk, assistance with eating and the protection of meal times. Following implementation of the final elements of the catering strategy the improvement in patient meal experience will be a priority objective.

The next challenge for NHSGGC relates to the extension of the Nutritional Care programme into primary care and community care settings. This work will initially see:

- the roll-out and standardisation of nutritional screening and assessment (MUST) through Discharge planning, within Chronic Disease Management Local Enhanced Services and Community Nursing Services and subsequently within care homes
- the standardisation of linked Allied Health Professionals pathways
- implementation of nutritional supplementation prescribing guidance
- compliance with Safety Action Notice directive for patient weighing equipment

## **7. Conclusion**

Work to improve Food, Fluid and Nutrition across NHSGGC continues to progress, however, it is recognised that this requires further commitment and consistent implementation to embed best practice if acceptable levels of patient satisfaction and care are to be routinely achieved.

**APPENDIX 1**  
**SUMMARY OF FOOD IN HOSPITALS STANDARDS**

**NUTRIENT NEEDS OF THE HOSPITAL POPULATION**

- The provision of nutritionally balanced diet that meets the requirements of 'nutritionally vulnerable' hospital patients and 'Nutritionally well' hospital patients

**MENU PLANNING AND FOOD-BASED STANDARDS**

- The provision of menu cycles that achieve menu planning standards and food based standards such as frequency of foods, salt target and range of menu choices

**MENU PLANNING GUIDANCE**

- The provision of standard, analysed recipes, flexible portion sizes as well as between-meal snacks, out-of-hours provision and ward supplies.

**THERAPEUTIC DIET PROVISION**

- The provision of specialist diets to achieve higher energy and nutrient-dense diet, healthy eating diets and allergen-free diets as well as condition specific diets (renal / gluten free) and the provision of texture modified diets.

**SPECIAL AND PERSONAL DIETS**

- The provision of diets to meet the needs of various cultural / religious groups such as vegetarianism and kosher diet.