

FOOD, FLUID AND NUTRITIONAL CARE UPDATE

Recommendation:-

- The Board is asked to recognise the importance of food, fluid and nutrition and to note the work on this issue being carried out in NHS Greater Glasgow and Clyde.

Purpose of Paper:-

The Food Fluid and Nutritional Care Report provides a regular update in relation to implementation of the Food, Fluid and Nutritional Care Policy across NHSGGC.

Key Issues to be considered:-

The Food, Fluid and Nutritional Care standards are now widely established across both acute and more recently community services in NHSGGC. The focus of effort remains on continuous improvement and assurance of consistent and appropriate delivery at operational level by all staff involved in nutritional assessment; care planning and the patient meal experience.

The new complex nutrition standards require increased focus to achieve an integrated approach and full compliance with criteria.

The recent menu review suggests potential for continued improvement in patient meal satisfaction and waste management.

Good progress has been made towards full implementation of NHSGGC Food Retail Policy by March 17.

Any Patient Safety /Patient Experience Issues:-

Patient safety / experience issues are detailed within paper and include: Nutritional assessment and care planning; Patient meal experience; Clinical Nutrition practice

Any Financial Implications from this Paper:-

N/A

Any Staffing Implications from this Paper:-

N/A

Any Equality Implications from this Paper:-

The FFN Policy contains a detailed Needs Assessment which considers the dietary needs; related clinical needs and demographics of the NHSGGC population.

Any Health Inequalities Implications from this Paper:-

The FFN Policy contains a detailed Needs Assessment which considers the dietary needs; related clinical needs and demographics of the NHSGGC population.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

The FFN PIG regularly review the FFN risk register which details specific risks identified by the Acute and Partnership Operational Groups; Clinical Nutrition Group and Catering services. This report highlights actions undertaken to address identified risks of:

- Swallowing assessment
- Documentation and care planning compliance
- Co-ordination of mealtimes
- Compliance with new Complex Nutrition standards

Highlight the Corporate Plan priorities to which your paper relates:-

- Improving quality, efficiency and effectiveness
- Shifting the balance of care
- Early intervention and preventing ill-health

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FOOD, FLUID AND NUTRITIONAL CARE UPDATE

1. Recommendation

The Board is asked to recognise the importance of food, fluid and nutrition and to note the work on this issue being carried out in NHS Greater Glasgow and Clyde.

2. Introduction

This report provides an update to the Board on the implementation of the NHSGGC Food, Fluid and Nutrition policy. The report demonstrates compliance with relevant standards as well as organisational learning and patient / public feedback in relation to:

- Compliance with Complex Nutritional Care Standards; (2015) Healthcare Improvement Scotland
- Compliance with Food, Fluid and Nutritional care standards; (2014) Healthcare Improvement Scotland
- Continuing implementation of Food in Hospitals: National Catering and Nutrition Specification for food and fluid in hospitals in Scotland (refreshed 2016)
- Learning from Older Peoples in Acute Hospital Inspection Programme (OPAH).
- Lessons from national improvement reports and incident reviews
- Associated areas of legislation: European Union Food Information for Consumers (Dec 2014).

The nutritional wellbeing of the patient population in hospitals remains a priority issue for NHS Scotland and a core element of the Older People in Acute Hospitals (OPAH) inspection programme. The 2014, Food Fluid and Nutritional care (FFN) standards incorporate community services and as such responsibility for compliance now extends to Health and Social Care Partnership, Integrated Joint Boards.

Last year Healthcare Improvement Scotland published Complex Nutrition Standards with implications for both acute and community services with a focus on integrated patient pathways.

3. Background

The implementation of the Board FFN Policy and associated standards is overseen by the Food, Fluid and Nutritional Care Planning and Implementation group, (FFN PIG) chaired by the Board Nurse Director. This group is supported by an Acute Operational group (incorporating Catering Strategy) and a Partnerships Operational Group (incorporating a mental health inpatient sub group). Following the publication of the Complex Nutrition standards the Acute Clinical Nutrition Groups and the Community Enteral Feeding group now report directly to the FFN PIG to provide a single point of Strategic planning and clinical oversight.

The FFN Policy was updated in November 2015 and reflects:

- The promotion of a healthy and safe diet for Greater Glasgow and Clyde population
- The achievement of a well nourished in-patients through nutritional screening, integrated care planning and appropriate nutritional provision to meet the varying needs of patients within Greater Glasgow and Clyde
- The availability of an acceptable and appropriate healthy diet for staff, visitors and outpatients within NHS Greater Glasgow and Clyde
- The development and design of FFN associated services to support optimum nutritional status within the population

In Sept 2014 a benchmarking exercise was undertaken in relation to the new FFN standards. This exercise highlighted a number of improvements to improve compliance described below in relation to patient outcomes.

PROGRESS REPORT

4. Nutritional Care: Acute Inpatients (Adult and Paediatrics)

The Acute in-patient Food, Fluid and Nutritional Group; chaired by the Chief Nurse (North Sector) includes representation from all sectors/ directorates, Practice Development, Dietetics, Nutrition Nurse Specialists, Speech and Language Therapies and Facilities Management. Links to Chiefs of Medicine and Oral Health Directorate colleagues are in place to ensure medical and dental input as required.

All bed-holding sectors/ directorates have established action plans linked to ongoing monitoring/ of Mealtime Experience Bundle; Facilities Improving Mealtimes Bundle; CQIs and the newly introduced Care Assurance System Standard 8 (CAS). A focus on organisational learning and the rollout of good practice is a core role of the group.

Over the last year the focus on improvement to achieve compliance with standards and deliver patient outcomes within Acute has included:

- consistent implementation of screening / re screening and documentation
- evidence of patient centred nutritional care planning
- evidence of patient centred mealtimes
- improved access to Dietetic services when discharged before 72 hrs
- improved use of swallowing assessment tool (STOPPS)
- Improved communication and engagement with public in relation to FFN issues

4.1 Outcome: Improved Food, Fluid and Nutritional Care for patients

A FFN Link Nurse has been appointed for every ward who, will in conjunction with the Senior Charge Nurse champion nutrition at an operational level. An extensive programme of nutrition and hydration training is currently being delivered with approx ¼ of the target number of nurses have been trained to date. Ongoing support and self directed learning resources will be provided on staffnet.

Implementation of the FFN improvement project change package is underway across sectors/directorates the content has been informed by previous OPAH inspections and local monitoring data and reflects areas where consistency of delivery is challenging. Two project Dietitians have been seconded to intensively support improvements in 40 priority wards by April 2017. Baseline data collection commenced in 20 wards at the beginning of August in relation to the promotion of hand hygiene before meals, improving the role of the mealtime coordinator, using the RAG system to identify which level of assistance patients require at mealtimes, and offering choice of drink. Accurate completion of FFN documentation is also a core element of the project.

4.2 Outcome: Improved Mealtime Experience for Patients

The Right Patient, Right Meal, Right Time policy is currently being revised to reflect the introduction of the Mealtime Bundle(s) which demonstrates consistent delivery of the policy at ward level through nursing and facilities ward based observational audits.

Over the course of first five months of this financial year a total of 1,242 mealtime observations have been carried out by Facilities. Results are shared with senior charge nurses and facilities managers to ensure that any improvements can be acted upon in a timely manner. Key issues identified within the audit process include:

- Warming plates for service of hot food
- Availability of ward mealtime coordinators
- Service of each course separately by ward teams
- Patients being offered a choice in advance of the mealtime

New bedside menus will be introduced for all patients by December 2016, providing patients with more information to support meal choice. Alternative formats (including pictorial) are also being explored.

4.3 Outcome: Improvements in Assessment; Documentation and Nutritional Care Planning

Documentation remains a challenge and an options appraisal has been undertaken to review, refine and improve current nursing documentation in relation to FFN. The revised documentation will be tested at the Vale of Leven from November. Feedback from this pilot will be fed into the corporate nursing documentation review group.

Documentation audits which incorporate elements of assessment, screening and care planning and completion of food and fluid charts are undertaken monthly by both Senior Charge Nurses and Lead Nurses and results are monitored and actions addressed locally.

A standardised Fluid Balance Chart and more recently a standardised Cumulative Fluid Balance have been implemented across NHSGGC.

The NHSGGC Screening Tool for OroPharyngeal Swallow Symptoms, (STOPSS) was developed and implemented as best practice for all patients with suspected swallowing problems to be screened prior to being given fluids or foods since 2010. STOPSS is used to identify oropharyngeal swallowing difficulties in high-risk patients and assists nursing staff to identify risk factors; offers a range of management strategies and facilitates formal documentation of the management of swallowing difficulties. STOPSS is supported by a package of self-directed learning tools available on the Food Fluid and Nutrition web-pages of Staffnet.

The recent change in the stroke national target to reduce the time for screening of swallowing from 24 to 4 hours post admission has presented challenges and training has been delivered by SLTs in Emergency Departments, Acute Admission Units and Hyper-acute Stroke Units to support nursing staff to routinely undertake swallowing assessment as part of the patient assessment process for all suspected patients with stroke. Weekly performance data for each unit is monitored and demonstrates an improving performance however work is ongoing to sustain improvements.

Increasing numbers of patients are identified with nutritional risk but are discharged prior to being seen by Dietetic services (within 72 hours). An SBAR has been completed and reviewed by the Acute Inpatient Operational group and proposals to support improved access to the Community MUST Pathway will be finalised for the new year.

The inclusion of FFN Standard criteria in relation to documentation and discharge paper work has been highlighted as an area for improvement and work is underway as part of the nursing documentation review; e-Health development programme and Dietetic transfer arrangements.

4.4 Outcome: Optimised Meal Production and Menu Provision

The Menu Review completed in April 2016, following several months of development and consultation with chefs, staff groups and our public partners a modernised two week menu cycle was launched. The menu which offers a lighter lunch and two course evening meal is fully compliant with Food in Hospital Standards and to date has been well received by patients.

As part of the development a series of dish/recipe tasting sessions took place across GGC with a number of our dishes and new recipes being offered to members of the public (and staff) for feedback. The feedback was very positive and resulted in several of the new recipes being used in the development of the new menu. New vegetarian dishes have been added to the menu following development work with a chef from Quorn.

In addition to the standard patient menu additional tailored options are available for specific patient groups including a longer stay/texture E menu which provides additional choices; the menu has been adapted in the Children's Hospital to include popular children's choices as well more traditional meals and bespoke choices are provided in areas such as the Beatson, West of Scotland Cancer Centre and for cystic fibrosis patients.

The catering service is working to reduce the amount of food waste. Food waste relates to both waste associated with ordering arrangements as well as patient determined waste. Waste associated with over or inappropriate ordering is closely monitored and local food waste audits have been introduced with ward teams to investigate hot spots. The Board is required to measure the level of untouched food waste and on average achieves better than the national target of 10%.

Patient plate waste is not routinely measured however a weighed food intake project will take place during October 2016 by dietetic students. The project will look at the food provided and the food left at the end of the mealtime. Patients who have left any food will be interviewed to ascertain their reasons for not finishing their meal such as having a poor appetite. It is hoped the information gained for the project can help with menu planning and food provision.

Electronic meal ordering has been introduced to the new Queen Elizabeth University Hospital. A member of the facilities team uses a tablet to collect patient meal orders as close to the mealtime as possible. This meal order is then used to ensure that only the meals ordered are provided. The tablet is then used at ward level during the mealtime by the mealtime coordinator making sure that the right patient gets the right meal. It is hoped to roll this technology out to other sites, helping to further streamline meal orders and food production accordingly.

4.5 Outcome: Patients are satisfied with their meals /happy with food and drink received

Although complaints about hospital food have previously made media headlines there are relatively few complaints about NHSGGC food. In 2015/16 and prior to the launch of the new menu there were 15 formal complaints of which only 7 directly related to the quality or choice provided. This is in the context of 3.6 million meals served.

In addition to complaints, the catering service routinely analyses information received via the board's official feedback channels; universal feedback; Patient Opinion and NHSGGC website themes emerging over the last quarter of 15/16 included: variety of texture modified diet meals / vegan meals/ wheat allergies; availability of porridge; poor meal management arrangements resulting in poor choice / cold food or patients not being aware of the full range of options.

Information from the patient questionnaires which are part of the mealtime observations/audits, of 1,116 questionnaires, 97% of patients are satisfied overall with their meal with an average score across the board was 8/10. Results from the National In-Patient Experience Survey (2016) however suggests lower levels of satisfaction:

- 59% of GGC patients were happy with food/meals they received (Scottish average 68%), this is in line with 2014 results
- 79% of GGC patients were happy with the drinks they received (Scottish average 84%), similar to 2014 results

Following the menu review comparable data for 16/17 will be analysed however, initial feedback from staff suggests the new service has been well received by patients.

A pilot project involving a number of volunteers from the Patients Panel auditing catering services at ward level has now been established as a permanent group. Public partners carry out the same mealtime observation as the facilities managers and ask patients for their feedback of the service. Over the last year every site has been visited at least once and feedback is given to the manager at the time of the audit. The public partners have visited the cook freeze production unit on several occasions and have observed how a “gold standard” meal service should be. The work of these public partners has been invaluable and their ideas such as branding our meal trolleys so that our patients know our food is made in house is being put into operation.

4.6 Outcome: Patients receive assistance with mealtimes as appropriate

Assistance with eating and drinking is routinely monitored through the Mealtime Experience Bundle observation tool and CAS allowing any issues to be addressed locally in a timely manner.

The In-Patient Experience Survey data identified:

- 84% of GGC patients got enough help with eating and drinking when they needed it (Scottish average 84%), similar to 2014 results

4.7 Outcome: Improved Patient Awareness of FFN.

In order to improve public awareness of FFN a series of new pages have been introduced to the NHSGGC website. The website includes detail on the local production of patient meals in our two cook freeze production units and distribution to all hospitals within the board. There is information about how food is cooked and frozen using locally procured ingredients with a video showing the process. The website also includes details on how patients can order their meals and what food is available for those requiring something different from the standard patient menu. There is also a link allowing patients and carers to give feedback on the catering service.

<http://www.nhsggc.org.uk/patients-and-visitors/information-for-patients/food-in-hospital/>

5. Nutritional Care: Health and Social Care Partnerships

All NHS GGC Community Health and Social Care Partnership areas are represented on the Community Fluid, Food and Nutrition (FFN) Operational Group. Chaired by Professional Nurse Advisor (East Dunbartonshire) the group provides a focus on prioritisation, co-ordination of action and sharing good practice. Each HSCP has a local multi-disciplinary FFN Group with responsibility for implementation of the FFN Policy and associated standards across local services.

Community Services

Following the benchmarking exercise in Sept 2014 the focus on improvement to achieve compliance with standards and deliver patient outcomes within Community Services has included:

- consistent implementation of screening / re screening across community services/ MDT teams
- adoption of a compliant documentation and care planning tool (CNIS)
- evidence of patient centred nutritional care planning
- enhanced opportunities to support nutrition within community and home care settings

5.1 Outcome: Routine FFN Assessment, Screening and Care Planning in Community

The Malnutrition Universal Screening Tool (MUST) has been fully implemented across all Community District Nursing teams and is recorded on the Community Nursing Index System (CNIS). Electronic compliance monitoring is currently unavailable however; local teams have adopted local audit arrangements in the interim.

Most community Rehabilitation and Enablement teams have established routine screening with MUST tool electronically now recorded via EMIS web. An audit of MUST compliance is underway and will inform further improvements in the nutritional assessments and care planning.

Developmental work to support the introduction of MUST in specialist service areas such as Learning Disabilities and Homelessness teams has also taken place. Expansion to Addiction services is planned.

Following a significant training /educational implementation programme MUST has been rolled out across all Community Older People's Mental Health teams (COPMHT) from November 2015. An audit of compliance of MUST has now been completed and programme of improvement work was presented to the FFN Operational Group in September 2016.

Additional work is now underway to determine how to improve the nutritional assessment as part of the assessment of physical health care needs of the adult mentally ill population within community teams.

Competency frameworks and training materials for MUST with Health care Support Workers and new community nursing or RES staff have been developed and are currently being adopted to support screening and care planning. Opportunities to extend materials and support to Social Care colleagues such as awareness of malnutrition are currently being explored in some HSCP teams.

The Standard Operating Procedure for weighing scales has recently been revised and improvements including revised procurement guidelines and a planned maintenance schedule for calibration and repair to ensure compliant and accurate scales are widely available.

The first line community dietary advice sheet "Eating to Feel Better" is now routinely embedded into nutritional practice of community teams providing 'self care' advice for patients at risk of malnutrition ahead of referral to Dietetics

Mental Health Inpatients

Again, following the benchmarking exercise in Sept 2014 the focus on improvement and compliance within Mental Health Inpatient services has included:

- consistent implementation of screening / re screening and documentation
- evidence of patient centred nutritional care planning
- evidence of patient centred mealtimes
- improved use of swallowing assessment tool (STOPPS)

**5.2 Outcome: Improvements in FFN Assessment, Documentation and Nutritional Care
Outcome: Improved Mealtime Experience patients**

The physical health needs of patients experiencing mental disorder is governed by the physical health care policy and is currently under review. The new policy will include the assessment and management of the nutritional needs of this patient population in line with FFN standards and will be completed in December 2016.

The use of MUST in the inpatient mental health setting is widely reported with routine monitoring as part of the Mental Health Core Audit Nursing Standards. Improvements identified through audit data will be incorporated into the revised core audit nursing standard (October 2016) and Physical HealthCare Policy implementation arrangements.

A revised fluid and dietary chart was developed in May 2015 and reviewed by the Mental Health FFN Group and has been implemented across all Mental Health wards. An audit of compliance was completed in May 2016.

A comprehensive review of the referral process for Speech and language therapy (SLT) and assessment of swallowing difficulties within Mental Health wards is currently underway and is being led by the professional lead for SLT and will be reported initially via the Mental Health FFN group in October.

Similar to the implementation of CAS in Acute, additional funding has been provided to support a focused and facilitated approach to service improvement in the areas of;

- Mealtime experience for patients
- FFN care planning/accurate record keeping
- Assessment of swallowing difficulties.

**5.3 Outcome: Optimised Meal Production and Menu Provision
Outcome: Improved Mealtime Experience**

Implementation arrangements for the revised Right Patient, Right Meal, Right Time policy are currently being developed with the role of the mealtime coordinator from the Facilities Improving Mealtime Bundle being adopted across Mental Health wards from August 2016.

A catering sub group has been established to consider catering arrangements in mental health and identify any further adaption's to the standard menu required to support this patient group. Long stay menu options are also available.

6. Clinical Nutrition

6.1 Outcome: Improving Complex Nutritional Care

Following the launch of the Complex Nutrition Standards a bench marking exercise has been completed across acute and community clinical nutrition services. Findings of this exercise will be considered by the Board Clinical Governance Forum in October 16 and an improvement plan will be finalised at the December FFNPIG.

Action is required to ensure all aspects of governance are fully established to cover Paediatrics; acute sector arrangements; specialist community enteral feeding services; community services and mental health in patient services.

The adoption of standardised protocols for complex nutrition is a priority in community and mental health. Improvements to discharge planning in relation to enteral feeding are required to fully comply with standards.

Additional improvements are required to evidence robust approaches to staff training and the provision of patient information are also required.

7. Promotion of Healthy Eating

7.1 Outcome: Improving the Availability of Healthier Choices

In 2014 NHSGGC adopted a Food Retail Policy; subsequently Scottish Government National Retail Standards were launched in October 2015. The criteria are essentially the same with additional requirements from NHSGGC on the proportions of healthy products available and more stringent restrictions on the sale of sugary drinks.

Collective efforts have been focused on achieving compliance initially with the national retail standards with retailers at the QEUH and whilst good progress has been made both WH Smith and Marks and Spencers failed to achieve the standards. Both retailers will provide a detailed action plan to the Board and Scottish Government mid October. The RVS has successfully secured the standard at West ACH.

NHSGGC has achieved full compliance (with one awaiting assessment at QEUH) with the Healthy Living Award /HLA Plus in all internally operated catering outlets; all meal vending and to date all externally operated outlets have now achieved the award with 3 exceptions all of whom are progressing applications.

Snack and drinks vending is routinely monitored and remains fully compliant with NHSGGC vending criteria of 50% healthier snack options and 100% sugar free drinks.

A promotional campaign to promote the availability healthier choices is being developed in conjunction with Corporate Communication Team for launch in January 2017.

8. Next Steps

Further development is required to improve discharge planning in relation to food, fluid and nutrition and address the opportunity to undertake nutritional assessment within outpatient services adopting a targeted approach.

9. Conclusion

The Food, Fluid and Nutritional Care standards are now widely established across both acute and more recently community services in NHSGGC. Whilst some areas of development are still required the focus of effort remains on continuous improvement and demonstrating assurance of consistent and appropriate delivery at operational level by all staff involved in nutritional assessment; care planning and the patient meal experience.

The new complex nutrition standards require increased focus to achieve an integrated approach and full compliance with criteria.

The recent menu review suggests potential for continued improvement in patient meal satisfaction and waste management.

Good progress has been made towards full implementation of NHSGGC Food Retail Policy by March 17.