


NHS FORTH VALLEY

Nutritional Care in Hospital Policy



Approved	29 / 04 / 2009	
Version	2.00	
Date of First Issue	01 / 07 / 2005	
Review Date	01 / 04 / 2011	
Date of Issue	01 / 06 / 2009	
EQIA	Yes	09 / 04 / 2009
Author / Contact	Morag MacKellar	
Group / Committee	Food, Fluid and Nutritional Care Steering Group	
– Final Approval		

**NHS Forth Valley
 Consultation and Change Record – Nutritional Care In Hospital Policy**

Contributing Authors:	Ann Myles, Nutrition Champion Morag MacKellar, Head of Nutrition & Dietetics
Consultation Process:	Food, Fluid and Nutritional Care Steering Group - Appendix 3 Nutritional Care Group - Appendix 4
Distribution:	On NHS Forth Valley website – internal and external.

Change Record

Date	Author	Change	Version
01/04/2009	AM, MMack	Policy revised and updated following review process	V2.00

CONTENTS

	Page
1. POLICY STATEMENT	4
2. BACKGROUND	4
3. EQUALITY AND DIVERSITY.....	6
4. AIMS AND OBJECTIVES	6
5. IMPLEMENTATION	7
6. TRAINING.....	9
7. RESOURCE IMPLICATIONS	9
8. HEALTH POPULATION NEEDS ASSESSMENT	9
9. PATIENT AND PUBLIC INVOLVEMENT.....	14
10. HEALTHY EATING FOR STAFF AND VISITORS.....	15

Appendices

Appendix 1 Core Nutritional Pathway	16
Appendix 2 Reporting & Governance Structure – Organisation Flowchart	17
Appendix 3 Steering Group Membership.....	18
Appendix 4 Nutritional Care Group Membership	19
Appendix 5 Catering Forum Membership	20
Appendix 6 Technical Support Group Membership	21

1. **POLICY STATEMENT**

NHS Forth Valley recognises the provision of high quality nutritional care is essential for the well-being of patients in hospital. The therapeutic role of food within the healing process, and systems to support its consumption, cannot be underestimated. The NHS Board will therefore promote a climate and environment that supports optimum nutrition for all in-patients. This will be achieved through the implementation of national guidelines, particularly the [NHS Quality Improvement Standards on Food, Fluid and Nutritional Care in Hospitals \(2003\)](#) and the [Food in Hospitals document \(2008\)](#).

2. **BACKGROUND**

2.1 The Scottish Government has outlined its commitment to both improving health through dietary choice and the quality of nutritional care provided in hospitals and care settings.

The recognition of the importance of good nutrition in healthcare has influenced the development of the NHS QIS Standards addressing the provision of food, fluid and nutritional care in Scotland. At the same time the Scottish Government Health Department has established a Programme Implementation Group and Steering Group to co-ordinate the programme of work to deliver their commitments on food, fluid and nutrition. The primary purpose of these standards is to address the risk of undernutrition in hospitals.

The standards build on on-going work done in this area including:

- [Clinical Resource and Audit Group: The Nutrition of Elderly People and Nutritional Aspects of their Care in Long-Term Settings. \(2000\)](#)
- Nursing, Midwifery and Practice Development Unit: Best Practice Statements on: [Nutrition Assessment and Referral in the Care of Adults in Hospital and Nutrition for Physically Frail Older People.\(2002\)](#)
- [The Scottish Health Plan Our National Health: A Plan for Change, Scottish Executive \(2001\)](#)
- [Nutrition Support for Adults- Oral Nutrition Support, Enteral tube Feeding and Parenteral Nutrition- Methods, Evidence and Guidance \(2006\)](#)

The national catering specification, Food in Hospitals (2008), supports the implementation of the QIS standards.

2.2 It is currently estimated that between 15-40% of patients who are admitted to UK hospitals annually (total approximately 10 million) are at risk of malnutrition (body mass index less than 20kg/m²). To exacerbate this problem, both the increasing proportion of older people and the complexity of care required for those admitted to hospital (due to the trend to reduce hospital stays for minor and improved surgical

procedures) has created a more dependent hospital population who frequently lose weight. This is especially true for those who are already malnourished on admission.

- 2.3 Studies have found that malnutrition is associated with a poorer clinical outcome in surgical and medical hospital patients. Reasons for the increased prevalence of undernutrition in hospital compared to home are complex and multi-factorial, but importantly undernutrition is not solely related to the disease process. In addition, malnutrition has a high patient cost as well as being associated with significantly higher healthcare costs. Implementation and monitoring of the NHS QIS Standards on Food Fluid and Nutritional Care will ensure that a cohesive and effective approach to the potential risk becomes part of standard practice.
- 2.4 Other studies have indicated that frequently the dietary intake of hospital patients does not meet their nutritional and metabolic needs. Reasons why this is the case include problems with quality, quantity, nutritional content, and the temperature of the food that is provided, as well as the social and physical environment in which they eat. Other factors which may influence nutritional status include culture, belief and race. Frequently malnourished patients are not identified on wards and so poor nutritional states remain untreated. In order to effectively address these issues local commitment and ownership of all relevant staff to the importance of nutritional care is essential. Additionally over recent years the profile of hospital catering has been reduced which has also had an impact on the services provided.
- 2.5 Recognition of the poor long term health outcomes in obese patients is well documented, but the risk of poor oral intake and its concomitant effects whilst acutely unwell can often go undetected in these patients. Screening and training on appropriate care models to effectively treat those patients are essential.

In appropriate cases, secondary care staff need to ensure that primary care teams are made aware of this clinical problem before discharge from hospital so they are aware of the need to provide appropriate weight management support.

In the non-acute hospital setting staff working with obese patients need to assist them to make appropriate meal and snack choices and may therefore require training in weight management as well as in general nutritional care.

- 2.6 This policy is focused on addressing the nutritional needs of patients in Hospital particularly in respect to undernutrition. Other aspects of improving health through positive promotion of nutrition are being addressed through a range of other mechanisms as detailed below.

- 2.7 NHS Forth Valley has a long history of commitment to public health nutrition, being one of the first Health Boards in Scotland to develop and implement a Food and Health Policy in the mid eighties. More recently “Food For Life – Forth Valley Nutrition Action Plan” was a five year plan implemented in 2000 to improve the nutritional well being of the general public within the area and to support local implementation of the recommendations set out in the Scottish Diet Action Plan. The on-going focus for delivery and monitoring of public health nutrition activities is now via the Joint Health Improvement Planning and Single Outcome Agreement processes. In addition work to address the prevention and management of overweight and obesity is through the Forth Valley Healthy Weight Strategy. A sub group is supporting the delivery of HEAT 3 (Health Improvement, Efficiency and Access Target relating to completion rates for child healthy weight intervention programmes) in relation to childhood obesity.
- 2.8 Ensuring staff needs for positive nutrition are met is being delivered through the work of the Health promoting Health Service Steering Group and achievement of the Healthy Working Lives award – see section 10.
- 2.9 Delivery of “CEL 36, Nutrition of Women of Childbearing Age, pregnant Women and Children Under Five in Disadvantaged Areas”, is being taken forward by the Infant feeding Strategy Group.

3. EQUALITY AND DIVERSITY

This policy has been assessed to ensure fair care to all without any discrimination between persons on grounds of gender, marital status, disability, age, sexual orientation, including beliefs or opinions, such as religious belief or political opinion.

4. AIMS AND OBJECTIVES

Aim

To ensure that

- i. a strategic and co-ordinated approach to provision of food and fluid is taken across NHS Forth Valley
- ii. food and fluid are delivered effectively in hospitals
- iii. a high standard of care is delivered through implementation of NHS QIS Standards on Food, Fluid and Nutritional Care in Hospitals.

Objectives

- To ensure that all patients in hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.
- To ensure that when a person is admitted to hospital, an assessment is carried out which will identify likes and dislikes, the need for a therapeutic, cultural or religious diet, food allergies and any physical difficulties with

eating and drinking. Screening for risk of undernutrition is undertaken, both on admission and on an ongoing basis. A care plan is developed, implemented and evaluated.

- There are formalised structures and processes in place to plan the provision and delivery of food and fluid. This includes having in place a protocol which ensures that the correct meal is delivered to the correct patients at the correct temperature; there is adequate time for patients to eat and drink; staff assist and support patients as required; patients' intake of food and fluid is monitored and that **non-essential clinical and non-clinical activity is stopped during patient mealtimes**.
- Food and fluid are provided in a way that is acceptable to patients and the Core Nutritional Pathway is followed. (Appendix 1)
- Patient views are sought and inform decisions made about the nutritional care, food and fluid provided. Patients have the opportunity to discuss, and are given information about their nutritional care, food and fluid.
- Staff are given appropriate education and training about nutritional care, food and fluid. All staff should be aware of the importance of nutritional care for the patients' health and quality of life.

5. **IMPLEMENTATION**

A Forth Valley wide multi-disciplinary **Steering Group** will ensure that all aspects of the policy are coordinated, implemented and evaluated within a patient and public involvement culture. The Steering Group will be responsible for approving nutrition related policies and procedures.

The Steering Group will report to the Board through the clinical governance structure – see [Appendix 2](#). This will be delivered through the quarterly monitoring process to the Board's Clinical Governance Group and through updates/reports provided to both the Acute and CHP Clinical Governance Working Groups.

In addition the Steering Group will monitor progress against the Food, Fluid and Nutritional Care Strategic Action Plan and ensure appropriate action is taken to address any issues. The Strategic Action Plan will be reviewed and updated at least every 2 years or sooner if required.

The **Nutritional Care Group** and **Technical Group** will report directly to the Steering Group. The Catering Forums will report to the Nutritional Care Group. Minutes for meetings will be circulated and update reports provided to each of the Steering Group meetings.

5.1 Steering Group See [Appendix 3](#) for membership

Remit:

- To support and oversee the implementation of the NHS QIS Standards on Food Fluid and Nutritional Care in Hospitals, through the monitoring of reports and action plans of the operational and working groups.

- Assess local requirements and set achievable targets.
- Consider previous self-assessments and incorporate existing areas of good practice.
- Involve all key stakeholders and ensure consideration in all future developments.
- Facilitate and guide the development of project plans and groups to progress standards.
- Monitor and evaluate progress, making adjustments when necessary.
- Produce an annual report on the previous year's activities and report on outcomes against priorities.
- Undertake quality assurance role.
- Delegate responsibility for implementation and training to appropriate staff groups.
- Advise NHS Forth Valley on any financial or other resource implications.
- Co-ordinate all aspects of, and act as point of contact, for nutritional care policies.
- Ensure that all activities are communicated both internally and externally.

5.2 Nutritional Care Group

See [Appendix 4](#) for membership

Remit:

- To act as a forum to assess, prioritise and implement new patient nutrition guidelines.
- To ensure NHS QIS standards relating to nutritional assessment, screening, care planning and patient's nutritional care at ward level are implemented throughout NHS Forth Valley hospitals.
- To report and liaise with other groups as appropriate.
- To audit practice.
- Identify training needs of staff.
- Produce an annual report for the Steering Group which summarises the progress of the previous year's activities and outcomes against priorities.

5.3 Catering Forum

See [Appendix 5](#) for membership

Remit:

- To act as a forum to assess, prioritise and implement new catering guidelines and standards.
- To promote health to staff and patients by ensuring the provision of healthy eating choices throughout NHS Forth Valley.
- To ensure the food and fluid offered by the catering department meets the various nutritional requirements for the patient.
- To ensure choices for all patients including those with special needs e.g. therapeutic diets, the elderly, ethnic minorities, religious requirements, vegetarians, children and breast feeding mothers.
- To report and liaise with other groups as appropriate.

- To continue to audit customer satisfaction with food provision.
- To identify training needs and promote suitable information and training to all staff involved in food production.
- Provide annual action plans and ensure implementation of these actions.
- Produce an annual report for the Steering Group, which summarises progress of previous year's activities and outcomes against priorities.

5.4 Technical Support Group
See [Appendix 6](#) for membership

Remit

- To ensure food service provision in the new Acute hospital and the community hospital developments operationally and technically meets both the relevant QIS Standards and Food in Hospitals
- To report to the Food Fluid and Nutritional Care Steering Group
- To make recommendations to the Steering Group for agreement and sign off or to address issues that are outside the Group's responsibility.

5.5 Other short life working groups will be convened as required to address specific nutritional needs.

6. TRAINING

Nutrition training is critical to ensure that all staff with specific responsibilities at any point in the food chain has the appropriate knowledge to respond successfully to patients' needs for food, fluid and nutritional care. A co-ordinated training plan to support the implementation of the policy has been developed through a small working group. The Training Plan has an organisation wide approach to ensure that all staff have appropriate nutrition education commensurate with their duties. This Plan has built on the previous individual programmes of training delivered across Forth Valley.

7. RESOURCE IMPLICATIONS

Any resultant financial costs of service improvement will be taken to the Health Strategic Planning group for resourcing.

8. HEALTH POPULATION NEEDS ASSESSMENT

8.1 Age and Gender Profiles

The 2007 mid year population estimate for Forth Valley was 288,473 people. The age and gender distribution of the NHS Forth Valley population for 2004 is shown at figure 1 below. Approximately 1 in 15 (6.8%) of the population is over 75 years of age. Figure 2 shows that proportion of older people, in particular those over 85 years of age, is

projected to increase and as a group they are a particular risk of malnutrition. Almost 19% of the population is under the age of sixteen and although undernutrition is a major problem this is likely to be overtaken by the national challenge of obesity.

Figure 1

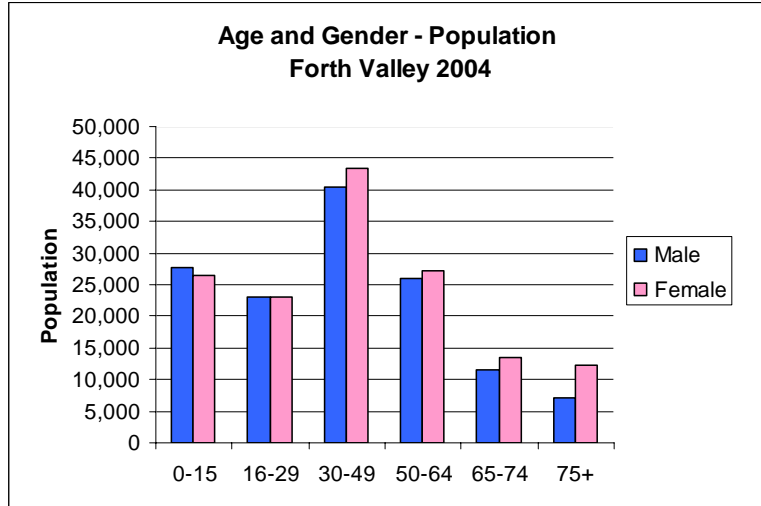
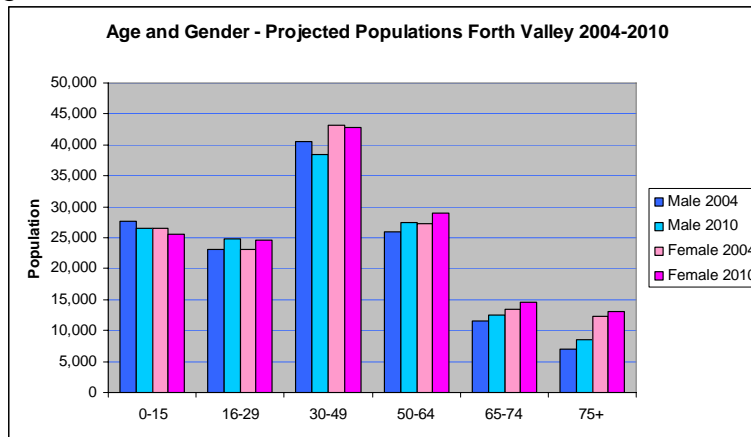


Figure 2



8.2 Deprivation

There continues to be inequalities in both health and social circumstances between communities and individuals across Forth Valley. Stirling Council area has the highest life expectancy in Forth Valley, similar to the UK average. However, across the area levels of deprivation vary considerably by local area. There are still pockets of deprivation in all 3 council areas, particularly in the Clackmannanshire and Falkirk areas, and within Forth Valley some of the most affluent areas are very close to those of high deprivation.

Poor nutrition is recognised as a global disease of poverty. However, it applies equally to the relative levels of poverty found across Scotland and when combined with other risk factors such as age, is a strong predictor for malnutrition.

For more information on how NHS Forth Valley is tackling health inequalities see NHS Forth Valley website and the Director of Public Health Annual Reports for 2008 and for 2007 at:-
http://www.nhsforthvalley.com/home/About/PublicHealth/PH_Publications/PH_AnnualReports.html

8.3 Ethnicity

The 2001 census reported that about 1.14% of the Forth Valley population (approximately 276,200) was non white which is lower than the Scottish figure of 2.01%. The main groups were Pakistani (1125), Chinese (455), Indian (344), African (142), other South Asian (126) and other Ethnic Group (323). Figure 3 shows the ethnicity of the local population and is broadly similar to that of Scotland as a whole shown at figure 4. These figures are unlikely to reflect recent East European additions to the population figures.

Figure 3

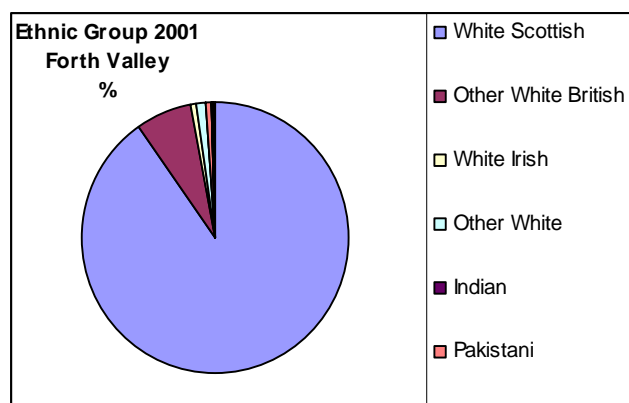
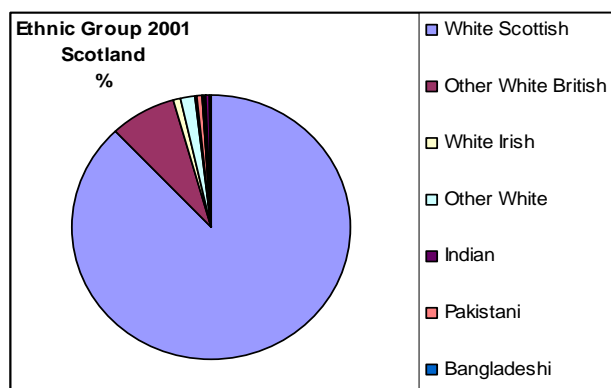


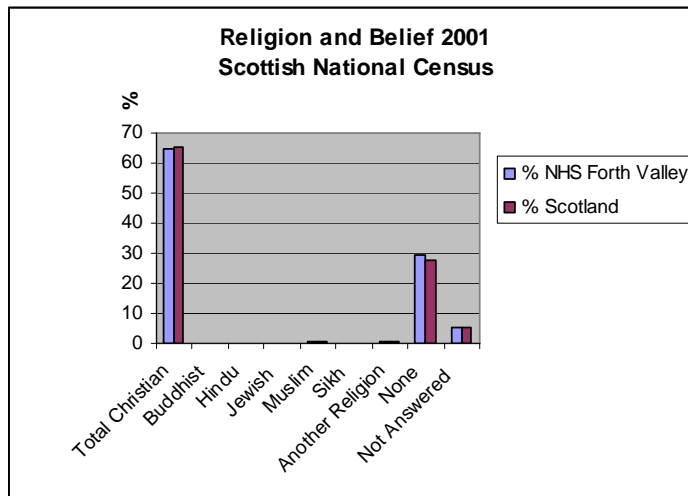
Figure 4



8.4 Religion and Belief

Data from the 2001 census shows that the religion and beliefs of the people of Forth Valley are very similar to that of the Scottish population as shown in figure 5 with 64.53% Christian, 34.25% none/not answered and 1.22 others. This is broken down as 1320 Muslim, 246 Buddhist, 158 Sikh, 130 Jewish 122 Hindu and 1431 another religion (not specified).

Figure 5



8.5 In-patient Population

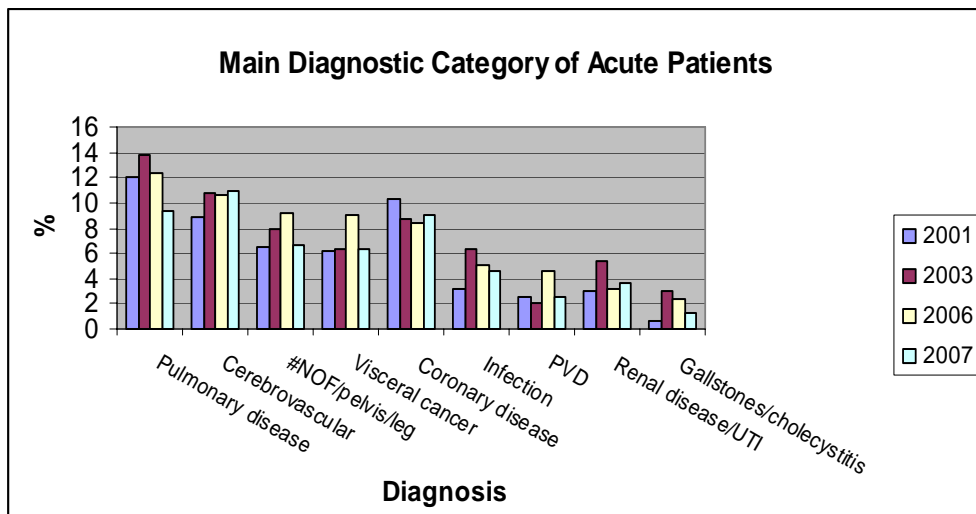
Table 1 below shows the range of hospitals providing in-patient care within Forth Valley as at April 2009.

Acute	Acute Services	684
Falkirk Royal Infirmary (FRI)	Rehabilitation	(208)
	Out patients	
	Minor injury	
Stirling Royal Infirmary (SRI)	Acute Central Services including paediatrics, obstetrics & intensive care	(476)
Community Hospitals		244
Bannockburn Hospital	Services for older people with ageing and health issues	
Bo'ness Hospital		
Bonnybridge Hospital		
Clackmannan County Hospital		
Adult Mental Health	Acute admissions Longer Term Care Services	148
Bellsdyke Hospital		
Clackmannan County Hospital		
Falkirk Royal Infirmary		
Learning Disability	Specialist assessment and treatments	26
Lochview		

- Bed occupancy was high in the acute setting (almost 100% in SRI, 91% in FRI) and 73% in primary care beds.
- Over 80% of acute admissions were emergencies.
- The overall mean age was 72 years (median 76), this was higher in primary care beds (mean age 79 years) than the acute trust (mean 69 years). The male/female ratio was 45/55 in acute and 42.6/57.4 in primary care wards.
- The current prime reason for patients remaining in hospital was:
 - In the acute sector hospitals:
 - 8.9% were said to be requiring acute specialist medical/surgical care.

- 23.6% were said to be primarily awaiting investigation or results of same.
- 12.3% required post-acute rehabilitation.
- 8.9% were receiving acute specialist nursing care.
- 56 people or 10% received slow stream rehabilitation
- 3.4% were perceived as awaiting care home placement
- 13.4% were awaiting routine discharge.
- 5.2% were receiving acute rehabilitation.
- 3% awaited major surgery.
- 2% awaited minor surgery.
- 2.4% required palliative care.
- o In the primary care wards including psychogeriatric assessment:
 - 35% were awaiting care home placement.
 - 36% were receiving continuing complex nursing care.
 - 7.4% required specialist mental health care.
 - 9.8% required palliative care.
 - 7% required rehabilitation.
 - In acute psychogeriatric assessment wards 17 and 30, a total of 16 patients in the two 30 bed wards were said to be receiving specialist mental health needs (53.3% of occupied beds).
- Main Diagnostic Category

Figure 6



- Cognitive impairment was noted in 32% of all patients of which 97 were in the acute sector and 183 in primary care wards. An increase of 2% over the past 5 years.

Summary

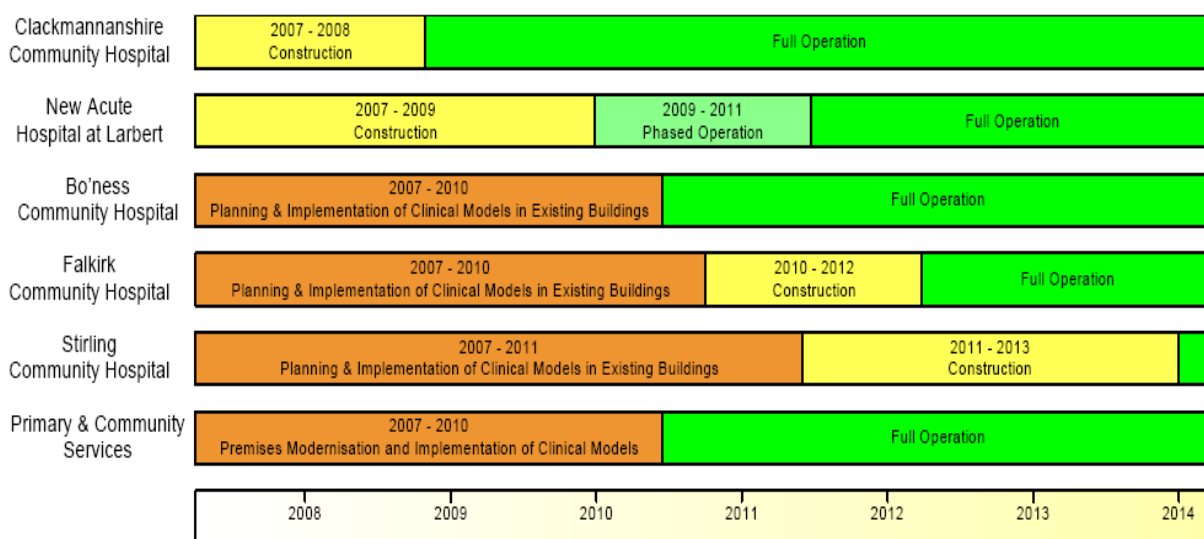
Malnutrition can affect anyone, however, the most vulnerable groups include those with chronic diseases, the elderly and those recently discharged from hospital. Given the average mean age of the population the significant level of those with cognitive impairment it is essential that the hospital food provision is tailored to meet these

needs. In addition, it will be essential to take account of the diversity of the in-patient population including those with normal nutritional needs for a healthy diet including maternity patients and some of the long term residents within the mental health and learning disability provision.

8.6 NHS Forth Valley is in the process of significant change around its in-patient provision. All acute in-patient services will be provided in a single centralised location at Larbert with the (re)development of 4 Community Hospitals across the geography of the Health Board area. These Community Hospitals will include rehabilitation and intermediate care beds. See figure 7 for time frame. The CHPs – Stirling, Falkirk and Clackmannanshire will have responsibility for the community hospitals located within the geography of their CHP.

Food service provision will become the responsibility of an external company, Serco, with all meals being cooked on site at Larbert and delivered by bulk trolley to all wards both on the acute site and Clackmannan, Falkirk Stirling and Bo'ness Community Hospitals.

Figure 7



9. PATIENT AND PUBLIC INVOLVEMENT

Members of the public have representation on the Strategic Steering Group and Operational Groups. They are able to contribute directly to and influence the development of this strategy and its implementation by attending regular meetings and sharing patients' experiences. This public representation is through NHS Forth Valley's Patient/Public Involvement Group which recruits and trains members of the public to work alongside NHS Forth Valley staff in delivering health care and health improvement.

Patients' and carers' views are considered through a range of mechanisms including:

- i. membership of the Steering Group, Nutritional Care Group, Catering Forum and other sub groups as appropriate.
- ii. regular questionnaires .
- iii. audit.
- iv. consultation on specific matters for example patient menus.
- v. feedback from the catering forums.

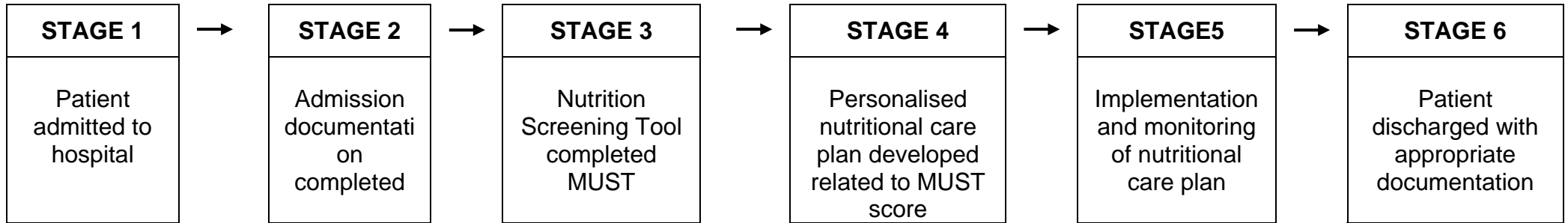
10. HEALTHY EATING FOR STAFF AND VISITORS

The NHS is well placed to have an impact on the promotion of good health through good nutrition. It is one of the major employers in the area and an integral part of the culture in Forth Valley. Therefore there is an opportunity to influence the future health of staff, patients and their families. This will be achieved through:

- Making healthy food available to patients and accessible in staff dining areas.
- Encouraging and promoting the accessibility of healthy food to staff that do not have direct access to staff dining.
- Encouraging the selection of healthy choices by promoting these foods.
- Making healthy food available for all aspects of hospitality across NHS Forth Valley Services.
- Building capacity and providing appropriate training support for staff on raising awareness of food and healthy food and healthy food choices and menu planning.

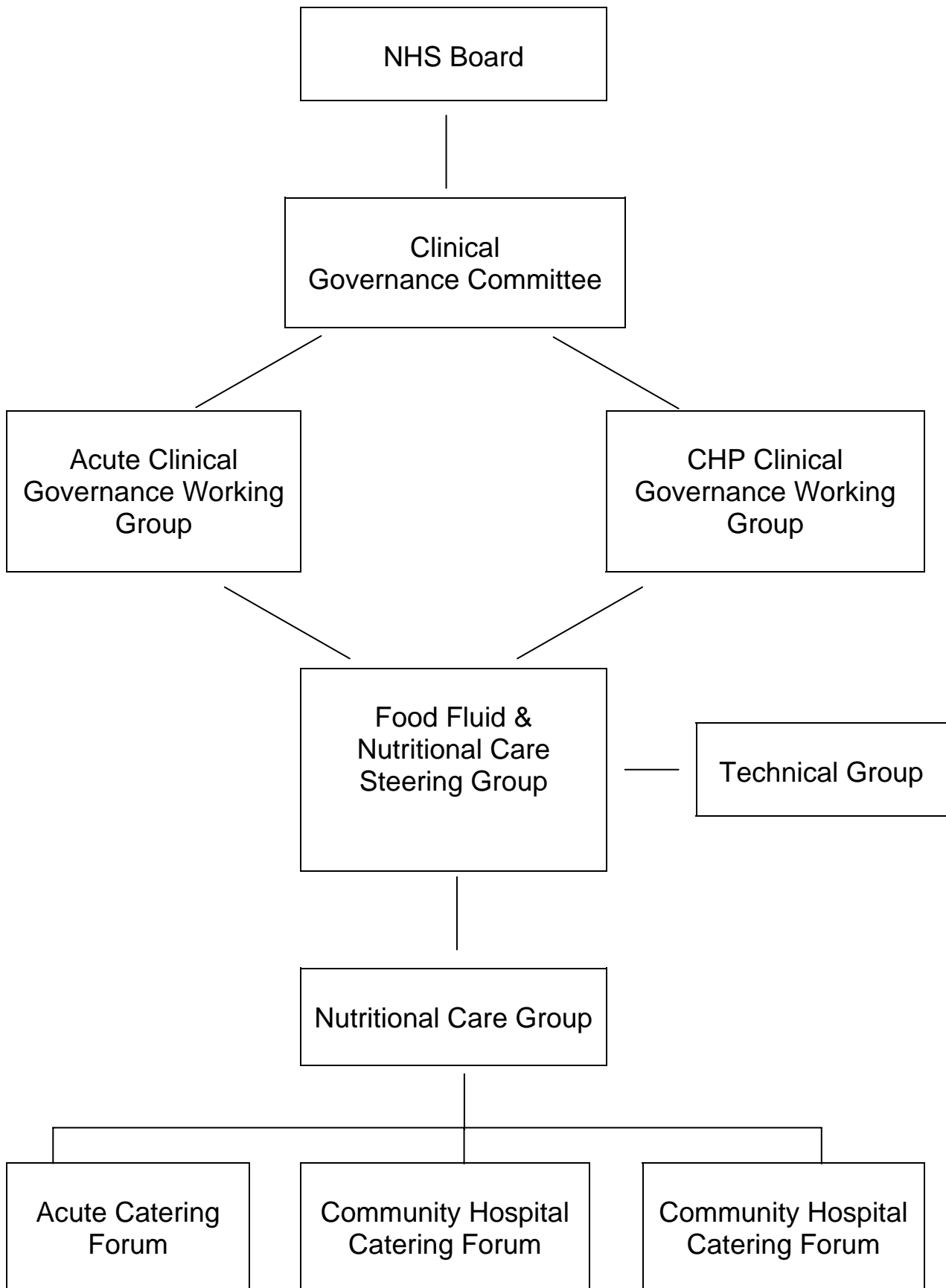
Appendix 1

Core Nutritional Pathway



Appendix 2

Reporting & Governance Structure – Organisation Flowchart



Appendix 3

Steering Group Membership

Head of Clinical Governance
Clinical Effectiveness Officer
Head of Nutrition and Dietetics
Senior Dietitian
Chief Dietitian
General Manger, Facilities
Patient representative
Assistant Director of Nursing
Nutrition Champion
Nurse Consultant, Older People Services
Senior Nurse Manger, Older People Services
Senior Nurse, Practice Development Unit
Senior Nurse, Mental Health Services
General Manger, Facilities
Senior Facilities Manger
Consultant Gastroenterologist
Chief Speech and Language Therapist
Clinical Director, Dental Services
Senior Pharmacist

Appendix 4

Nutritional Care Group Membership

Senior Facilities Manager
Nutrition Champion
Catering Manager Falkirk Royal Infirmary
Catering Manager Stirling Royal Infirmary
Soft Facilities Services Manager
Dietitian from Acute Services
Dietitian from Community Services
Nursing Representative from Acute Services
Nursing Representative from Community Hospitals

Appendix 5

Catering Forum Membership

Catering Manager(s)
Senior Dietitian
Nursing Staff
Patients

Appendix 6

Technical Support Group Membership

Dietetic Manager
Senior Dietitians
Nutrition Champion
Senior Facilities Management Advisor
Catering Manager
Serco Soft Facilities Manager
Serco Executive Chef

You can obtain the service of an interpreter or have this document translated in your own language by contacting the interpreting services on 0845 130 1170. These services are available free of charge.

ਤੁਸੀਂ, 0845 130 1170 ਤੇ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ (interpreting services) ਨੂੰ ਸੰਪਰਕ ਕਰਕੇ ਇਕ ਦੁਬਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਅਨੁਵਾਦ ਲੈ ਸਕਦੇ ਹੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

آپ 0845 130 1170 پر انٹریپرٹنگ سروس سے رابطہ کر کے کسی مترجم کی خدمات حاصل کر سکتے ہیں یا اس دستاویز کا ترجمہ اپنی زبان میں کرا سکتے ہیں۔ یہ خدمات مفت دستیاب ہے۔

您可以通過撥打翻譯服務熱綫 0845 130 1170 取得翻譯員服務或得到此文件的翻譯版本。 這些服務都是免費的。

Galite prasyti vertejo paslaugu arba gauti sita dokumenta isversta I jusu kalba kreipdamiesi I musu vertimo paslaugu biura skambindami 0845 130 1170. Sitos paslaugos yra nemokamos.

يمكنك الحصول على خدمة الترجمة الفورية أو القيام بترجمة هذه الوثيقة إلى لغتك الأصلية عن طريق الإتصال بخدمات الترجمة الفورية على رقم 0845 130 1170. هذه الخدمات متاحة مجاناً بدون أى مقابل مادي.

Dzwoniąc do biura tłumaczeń pod numer 0845 130 1170 możecie Państwo prosić o tłumacza albo otrzymać ten dokument przetłumaczony na wasz język ojczysty. Powyżej wymienione usługi są darmowe.