



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**



Get your 10 a day!

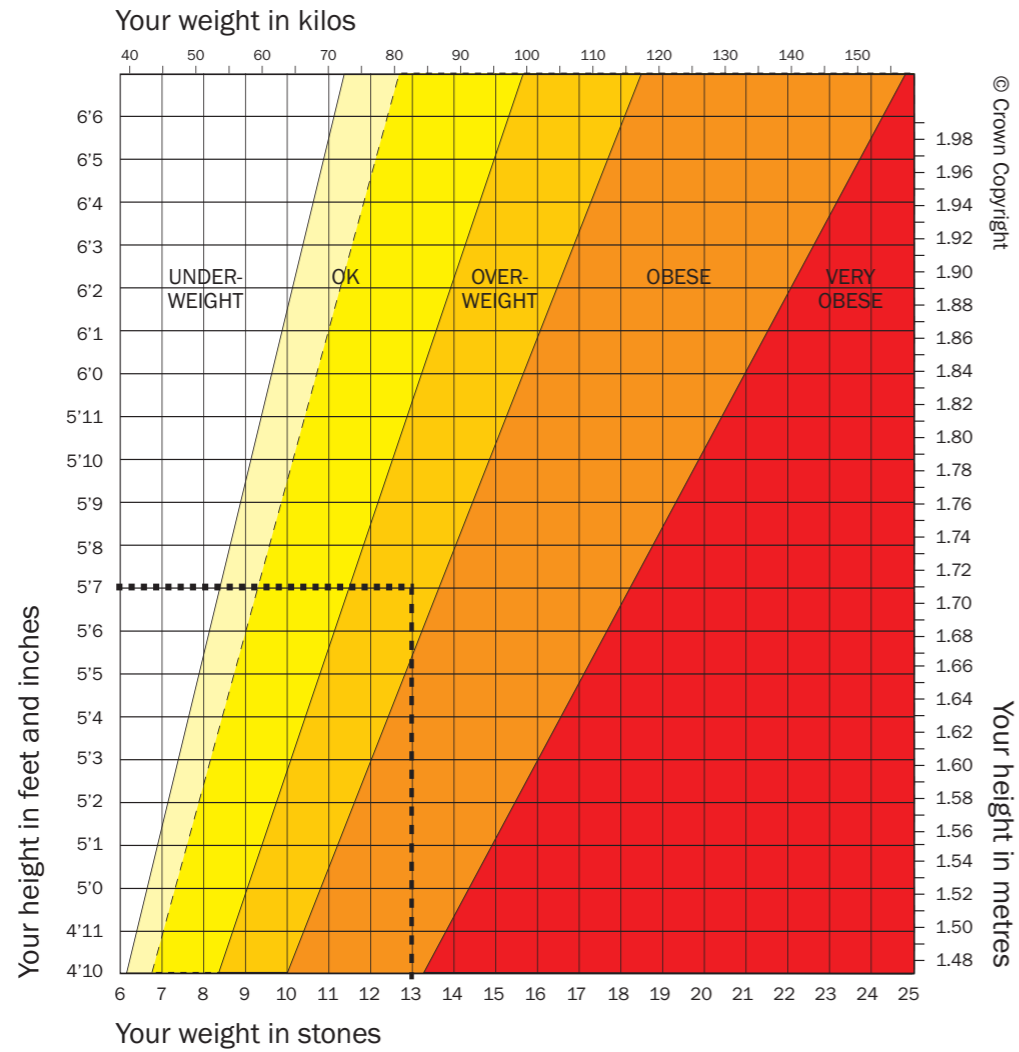
**THE NURSING CARE STANDARDS
FOR PATIENT FOOD IN HOSPITAL**



Royal College
of Nursing
Northern Ireland

**nutrition
NOW**

Body Mass Index (BMI)



Underweight – you may need to put on weight by eating more.

OK – you are a healthy weight and should aim to stay that way.

Overweight – you need to make sure that your weight does not continue to rise and try to lose some weight if you can.

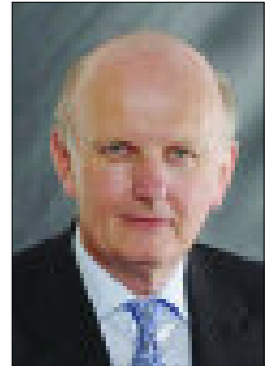
Obese or very obese – your health is at risk and you need to lose weight.

Get your 10 a day!
**THE NURSING CARE STANDARDS
 FOR PATIENT FOOD IN HOSPITAL**

Acknowledgements

Many people have contributed to **Get your 10 a day! The Nursing Care Standards For The Patient Food In Hospital**. These include patient representatives, all members of the multidisciplinary team as well as colleagues from Estates Services and catering. Thanks also to all of those who contributed to both the initial workshop (annex 1) and those who provided critical feedback during the consultation phase. A particular word of thanks to Pauline Mulholland, Nutrition and Diet Therapy Manager at the South Eastern Trust for her ongoing commitment and support, to Margaret O'Hagan, Nursing Officer, DHSSPS, for leading on this important piece of work and Dr Carolyn Mason, Head of Professional Development at the RCN for coordinating the entire effort.

Foreword



Adequate food and fluids are as essential to good care in hospital as the medicines patients are prescribed and the treatment they receive. Simply put, meeting patients' nutritional requirements will help them return to health more quickly and prevent a whole range of complications which can delay recovery.

Patients rightly expect that during their stay in hospital they will be provided with food that is both nutritious and appetising. As a result the quality of food and beverages are often cited as a benchmark by which patients and relatives judge the quality of care.

When patients are ill, there is more risk of them not eating the right balance of nutrients which will help their recovery. The challenge for all healthcare workers is to encourage and support patients in meeting their nutritional needs. Responsibility for the delivery and presentation of meals and fluids should be clearly defined, and those patients who require help with eating or drinking clearly identified.

In ***Get your 10 a day! The Nursing Care Standards for Patient Food in Hospital*** nurses and midwives have set out ways in which they can improve the nutritional care and food experience of patients in hospital. They have an important role to play in this fundamental area of treatment and care. This initiative is an important part of an overall strategic framework we are developing that will ensure that we can provide nutritional hospital food that supports the delivery of high quality health and social care. I am delighted that nurses and midwives have put food in hospital high on their agenda and are leading the way in improving patient care and the patient experience.

A handwritten signature in blue ink, appearing to read 'Michael McGimpsey', with a stylized flourish at the end.

MICHAEL MCGIMPSEY

Minister for Health, Social Services and Public Safety

Introduction



Nutrition and the meal experience are of vital importance to the patient in hospital. Not only is food necessary for life and represents a basic human right, but it is also a source of great pleasure, with important social, cultural, and religious functions all of which need consideration within a hospital setting. However as recently highlighted by Age Concern in the *Hungry to be Heard* campaign we do not always get it right.

Nurses and midwives in Northern Ireland are dedicated to providing the best possible treatment and care to their patients. As the health workers who have most direct contact with patients in hospital¹, nurses and midwives have huge potential to improve the patient experience in relation to eating and drinking and nutritional care. This potential can be realised by focusing our efforts on improving all aspects of food, fluid and nutritional care and giving nurses² the practical tools and support they require to make nutrition a priority in the area where they work.

Get your 10 a day! The Nursing Care Standards for Patient Food in Hospital has been developed as a collaboration between the DHSSPS Directorate of Nursing and Midwifery and the Royal College of Nursing (RCN) as a Northern Ireland response to the RCN's national *Nutrition Now* campaign.

The nursing care standards outlined in ***Get your 10 a day!*** represent the views and experiences of a broad range of stakeholders and were informed by an extensive evidence-base of knowledge and best practice from throughout the United Kingdom. They are designed to provide a framework within which patients, relatives and carers can participate in shaping the way that food and drink is offered and taken, and to promote

¹ The term hospital refers to all in-patient facilities in Health and Social Care Trusts across NI

² Throughout this document the term *Nurses* refers both nurses and midwives within the hospital setting.

multidisciplinary working with nurses, healthcare assistants, dieticians, catering staff and speech and language therapists and others working towards the common goal of improving the patient experience of food and mealtimes in hospitals.



MARTIN BRADLEY
Chief Nursing Officer

Contents

Background	3
The 10 Nursing Care Standards	7
Standard 1	9
Standard 2	13
Standard 3	17
Standard 4	21
Standard 5	25
Standard 6	29
Standard 7	33
Standard 8	37
Standard 9	41
Standard 10	45
What Now?	48
Annex	49
Annex 1	51

Background

The provision of food, fluids and nutritional care in hospital is a multifaceted area of service and is the responsibility of many members of the hospital team. This is a diverse team and includes clinical staff: doctors, nurses, midwives, dieticians, speech and language therapists, occupational therapists and those in support roles: catering, domestic, healthcare assistants and therapy assistants. For patients to get the best possible service and derive maximum benefit from food, all members of the team must work together and “do their bit” in partnership with the patient and their relatives/carers.

The nursing service in hospital is 24/7 and as such nurses are the only group staff who have direct contact with the patient at every mealtime and at all times in between. Therefore, nurses play a pivotal role in nutritional care and the meal experience of patients. The nursing responsibility is broad ranging and includes screening, assessment, planning, monitoring, serving, practical help with eating and drinking and on occasion, preparation of food in the ward area. Nurses are accountable for their practice in all aspects of the provision of food, fluid and nutritional care and need to be able to demonstrate that service and care are delivered to the highest standard possible. It is for this reason that **Get your 10 a day! The Nursing Care Standards for Patient Food in Hospital** have been developed for use across all in-patient facilities in the health and social care Trusts across Northern Ireland.

What is a standard?

A standard is a level of quality against which performance can be measured. These standards have been written in simple language. They are concise, clear and measurable. Each standard has a **standard statement**, which explains the level of performance to be achieved. The **rationale** section provides the reasons why the standard is considered to be important and in the section headed **criteria** the context of the

standard is explained. Finally all the standards contain examples of how the standard can be **demonstrated and monitored**.

The evidence base for **Get your 10 a day! The Nursing Care Standards for Patient Food in Hospital** was principally drawn from the following source documents:

Age Concern (2006) *Hungry to be Heard*. The scandal of malnourished older people in hospital. Age Concern, London
www.ageconcern.org.uk/AgeConcern/Documents/Hungry_to_be_Heard_August_2006.pdf

Allison S. (1999). *Hospital Food as Treatment: A Report by a Working Party of BAPEN* [British Association for Parenteral and Enteral Nutrition], Maidenhead: BAPEN
www.peng.org.uk/food-as-treat.html

Council of Europe Resolution (2003) *Food and Nutritional Care in Hospitals How to Prevent Under-Nutrition: Report and Recommendations of the Committee of Experts on Nutrition, Food Safety and Consumer Protection*, Strasbourg: Council Of Europe Publishing.

DoH (2003) *Essence of Care – Patient Focused Benchmarks for Clinical Governance - Benchmarks for Food and Nutrition*. SF Taylor & Co Ltd, Stockport

Edington J, Boorman J, et al. (2000); Prevalence of malnutrition on admission to four hospitals in England. *Clinical Nutrition* 19 (3): 191-195.

European Nutrition for Health Alliance (2005) *Malnutrition within an Ageing Population: A Call to Action*
bmj.com/cgi/content/full/314/7082/752

Kelly L, Tessier S, et al. (2000); Still Hungry in Hospital: Identifying Malnutrition in Acute Hospital Admissions. *Quarterly Journal of Medicine* 93 (2): 93-98.

McWhirter J, Pennington C. Patients (1997); Go Hungry in British Hospitals: Malnutrition is common, unrecognised, and untreatable in hospital patients [Letter]. *British Medical Journal* 314, (7082): 752.

RCN *Nutrition Now* Campaign: regular articles in *Nursing Standard* beginning with the campaign launch reported in the issue 18 April, 2007 volume 21 no.32, and subsequent weekly articles in the journal from 30 May, 2007 volume 21 no.38 to 17 October volume 22, no.6.

The 10 nursing care standards for provision of patient food in hospital



All patients admitted to hospital are screened for risk of malnutrition.



Following screening by nurses, patients who are identified as malnourished or at risk of malnutrition are referred for and receive a nutritional assessment appropriate to their level of need.



Patients who require nutritional intervention will have a nursing care plan devised, implemented, evaluated and renewed to reflect the patient's nutritional and physical care needs and which documents both the dietetic plan and the nursing care assessment.



Patients who require food and/or fluid intake to be monitored will have that activity carried out in a way that is informative, accurate and up-to-date.



Patients who require support with eating and drinking are clearly identified.



Patients who require support with eating and drinking receive assistance when it is required.



Patients will be served their food and allowed to eat their meals without disruption.



Patients receive their meals in a physical environment that is conducive to enjoying their food.



Patients are offered a replacement meal if they miss their meal for whatever reason and can access snacks at ward level.



The patient receives food presented in a way that is appealing and appetising.

FACT

Four out of 10
older people
admitted to
hospital have
malnutrition
on arrival.

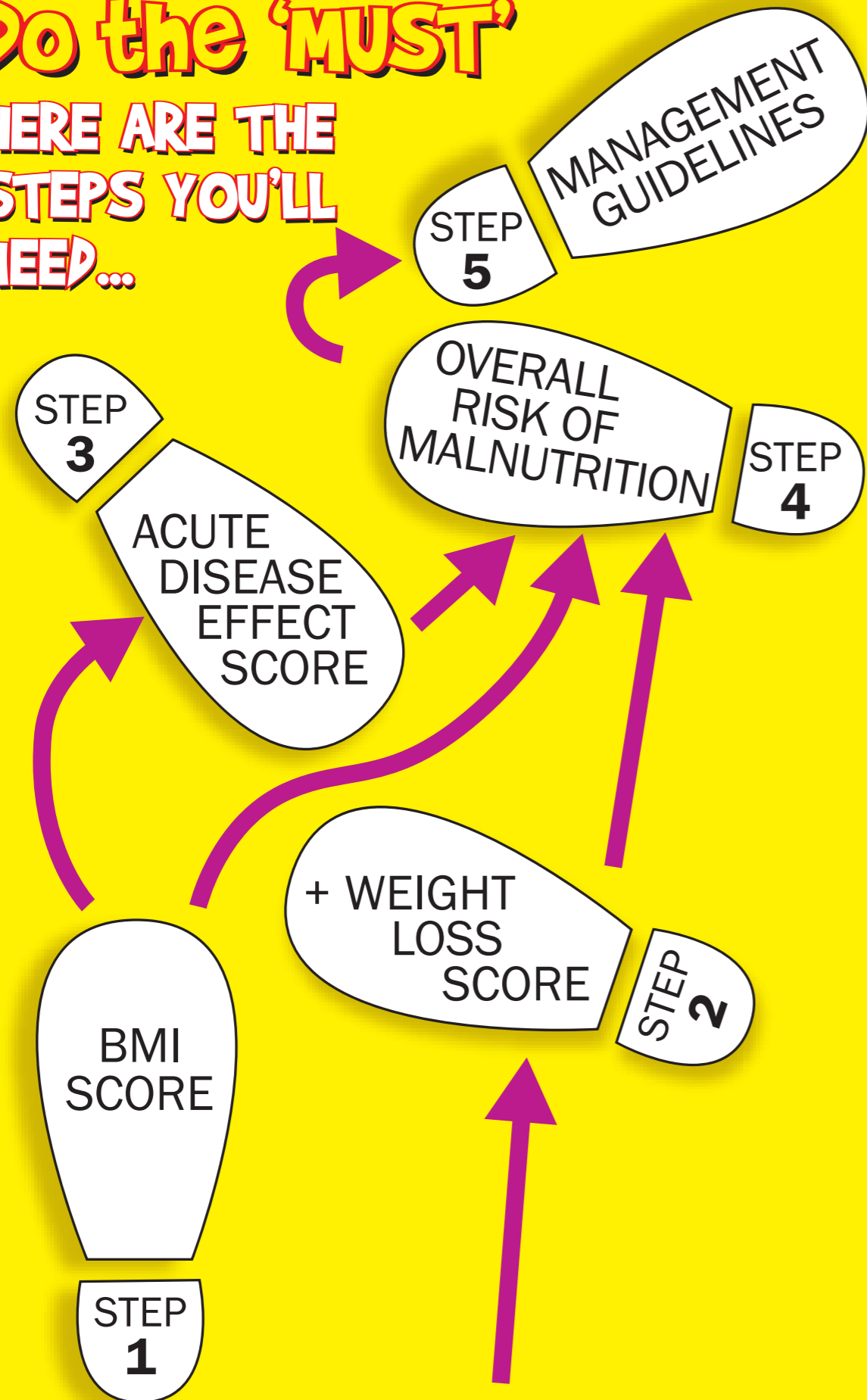
STANDARD



All patients
admitted to
hospital are
screened for
risk of
malnutrition

Do the 'MUST'

HERE ARE THE STEPS YOU'LL NEED...



All patients admitted to hospital are screened for risk of malnutrition

Rationale

Screening is a process of identifying patients who are already malnourished or who are at risk of becoming so. All patients, especially those who would be more vulnerable like older people, need to have their nutritional needs identified and met in order to advance their recovery and/or create optimum wellbeing, whatever their condition or level of dependence.

Criteria

Incorporated in an organisational policy for food and nutrition will be guidelines which clearly identify the process for nutritional screening for all patients on admission to hospital. These guidelines are implemented and monitored within the context that:

- All staff understand the fundamental importance of nutritional care and treatment of patients
- All staff are fully aware of the screening policy and understand their role and responsibilities within it
- A reliable and valid tool is used to screen patients on admission to hospital e.g. Malnutrition Universal Screening Tool (MUST) for adults
- All staff that screen patients are trained in the use of the specific tool used in the Trust.

How this standard can be demonstrated and monitored

- Documentation audit against all elements of the screening tool
- Audit of staff training records
- Benchmarking activity which includes action planning for improvement.

FACT

Patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50.

STANDARD



Following screening by nurses, patients who are identified as malnourished or at risk of malnutrition are referred for and receive a nutritional assessment appropriate to their level of need



Following screening by nurses, patients who are identified as malnourished or at risk of malnutrition are referred for and receive a nutritional assessment appropriate to their level of need

Rationale

Patients who are malnourished or are at high risk of becoming malnourished will require referral for an in-depth nutritional assessment. Assessment is a more detailed process than screening, in which a range of specific methods can be used to identify and quantify impairment of nutritional status. Assessment is undertaken by registered practitioners who have received the necessary education and training and have been registered as competent to undertake the level of assessment required e.g. dietitian.

Criteria

An organisational policy for food and nutrition will clearly identify the process for nutritional assessment for patients who are malnourished or at high risk of becoming malnourished patients in the hospital setting. The policy will be implemented and monitored within the context that:

- All staff understand the fundamental importance of nutrition in the care and treatment of their patients
- Patients are referred appropriately for dietetic assessment if required
- A reliable and valid tool is used for assessment
- The outcome of the assessment is available to the multidisciplinary team.

How this standard can be demonstrated and monitored

- Documentation audit
- Audit of dietetic referrals
- Benchmarking activity which includes action planning for improvement.

FACT

Six out of 10 older people are at risk of becoming malnourished.

STANDARD



Patients who require nutritional intervention will have a nursing care plan devised, implemented, evaluated and renewed to reflect the patient's nutritional and physical care needs and which documents both the dietetic plan and the nursing care assessment.



Patients who require nutritional intervention will have a nursing care plan devised, implemented, evaluated and renewed to reflect the patient's nutritional and physical care needs and which documents both the dietetic plan and the nursing care assessment

Rationale

Patients who require nutritional assessment and subsequent intervention must have a nursing care plan devised, implemented and evaluated to document and communicate the nutritional care and treatment that is required by the patient.

Criteria

An organisational policy for food and nutrition will clearly identify documentation to support the planning, provision and evaluation of nursing care provided to patients requiring nutritional intervention. These guidelines are implemented and monitored within the context that:

- All staff understand the fundamental importance of care planning
- A registered nurse plans and evaluates the nursing care plan
- The nursing care plan reflects the dietetic assessment and treatment plan
- The patient's clinical notes reflect the monitoring, decision-making and action/evaluation process with this aspect of nutritional care.

How this standard can be demonstrated and monitored

- Audit of nursing notes and/or care plan
- Benchmarking activity which includes action planning for improvement.

FACT

Patients who are malnourished stay in hospital for a longer time, require more medications, and are more likely to suffer from infections.

STANDARD



Patients who require food and/or fluid intake to be monitored will have that activity carried out in a way that is informative, accurate and up to date



Patients who require food and/or fluid intake to be monitored will have that activity carried out in a way that is informative, accurate and up to date

Rationale

The amount of food and fluid a patient consumes must be known as it is a vital indicator of effective care and treatment.

Criteria

An organisational policy for food and nutrition will clearly reflect need for recording and monitoring food and fluid intake. The policy will be implemented and monitored within the context that:

- All staff understand the fundamental importance of recording and monitoring food and fluid intake, and the requirement to take action when there is cause for concern
- Registered nurses take individual responsibility for ensuring that patient’s fluid and food intake is monitored and recorded where applicable
- The record is available to the multidisciplinary team
- There are clear indicators of when action should be taken, what action and by whom.

How this standard can be demonstrated and monitored

- Observational audit
- Documentation audit e.g. audit of fluid balance and food record charts
- Benchmarking activity which includes action planning for improvement.

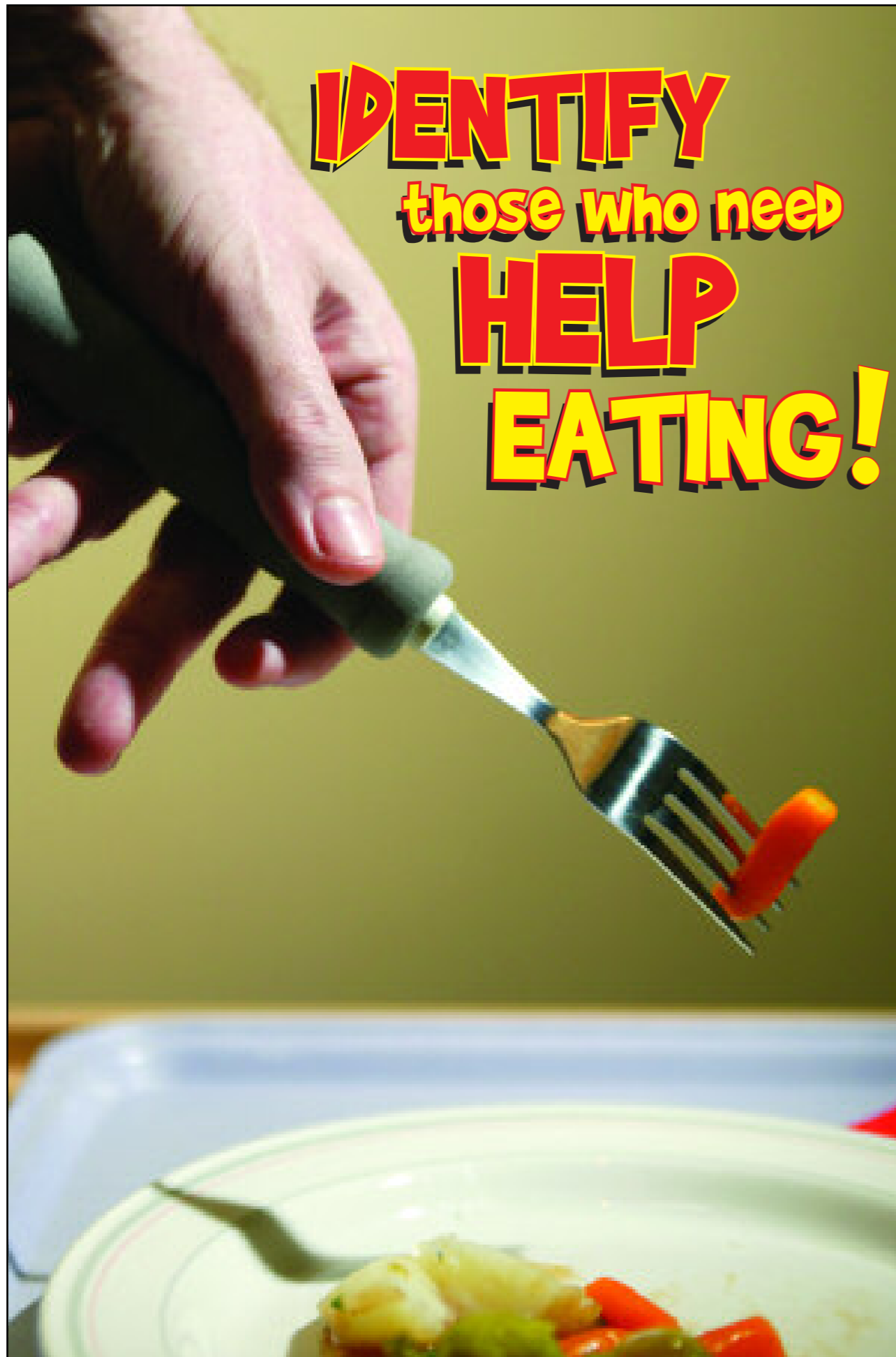
FACT

It is estimated that
30 - 50% of
hospital food
is wasted.

STANDARD



Patients who
require support with
eating and drinking
are clearly identified



Patients who require support with eating and drinking are clearly identified

Rationale

Many staff, some of whom may not be aware of an individual's needs, interact with patients before, during and after meal times. Therefore there is a requirement for a way in which patients that require assistance/support with eating and drinking are easily identified.

Criteria

Highlighted in the organisational policy for food and nutrition will be a Trust-wide approach to identifying patients that require support with eating and drinking. The policy will be implemented and monitored within the context that:

- The Trust adopts a clear system of identifying patients who require additional help with eating and drinking e.g. coloured napkin/coloured tray
- All staff are aware of the system in place to identify patients who require support
- Registered nurses take individual responsibility for ensuring patients who need help are identified
- People (including relatives) with appropriate training are available to assist patients with eating and drinking when required.

How this standard can be demonstrated and monitored

- Observational audits
- Documentation audits
- Benchmarking activity which includes action planning for improvement
- User satisfaction surveys
- Evaluation of stories from service users.

FACT

The toll of malnutrition on health and health care costs is estimated to exceed £7.3 billion per year (much more than obesity). Over half of this cost is expended on people aged 65 years and above.

STANDARD



All patients who require support with eating and drinking receive assistance when it is required



All patients who require support with eating and drinking receive assistance when it is required



Rationale

Patients may need assistance both prior to and when eating and drinking. This may involve hand hygiene, positioning of the person in preparation for mealtimes, oral hygiene or actual 'hands on' assistance, as well as specific equipment such as modified crockery, utensils etc.

Criteria

An organisational policy for food and nutrition will clearly address providing assistance to patients who require additional support with eating and drinking. The policy will be implemented and monitored within the context that:

- Registered nurses take individual responsibility for ensuring assistance/support for patients with eating and drinking is provided
- People are available to assist patients with eating and drinking when it is required
- People assisting patients with eating and drinking will have received training to do so
- Patients' dignity is never compromised
- Modified utensils and equipment, including furniture, are available and used appropriately
- Independence is promoted.

How this standard can be demonstrated and monitored

- Observational audits
- Benchmarking activity which includes action planning for improvement
- User satisfaction surveys
- Evaluation of stories from service users.

“Nothing shall be done on a ward whilst patients are having their meals”

Florence Nightingale in 1859

STANDARD



Patients will be served their food and allowed to eat their meals without disruption



Patients will be served their food and allowed to eat their meals without disruption

Rationale

Nurses can improve the nutritional care and status of patients by creating a protected environment that allows patients to eat their meals without disruption.

Criteria

Integral to an organisational policy for food and nutrition will be a protected mealtime policy for local implementation. This policy will be implemented and monitored within the context that:

- All staff are aware of and adhere to the protected mealtime policy
- Non-urgent activities such as cleaning, non-priority treatments, ward rounds, visiting etc. are designed to be operated around and outside of pre-set meal times
- Staff and visitors respect the patients' mealtimes as a time focused on the patient.

How this standard can be demonstrated and monitored

- Multi-professional observational audits
- Benchmarking activity which includes action planning for improvement
- User satisfaction surveys
- Evaluation of stories from service users
- Review and monitor lessons learned from complaints.

FACT

Of 500 patients admitted to an acute hospital in the UK, 40% were undernourished on admission and 75% by the time of discharge!

STANDARD



Patients receive their meals in a physical environment that is conducive to enjoying their food



Patients receive their meals in a physical environment that is conducive to enjoying their food

Rationale

The hospital ward environment, i.e. sights, sounds and smells, and preparedness to eat can have an impact on the individual’s desire and ability to eat and enjoy their food.

Criteria

Incorporated in an organisational policy for food and nutrition will be an emphasis on process to ensure the ward environment and preparedness of the patient is conducive to eating and drinking. The policy will be implemented and monitored within the context that:

- Consideration is given to tables, seating, utensils, adapted utensils and washing/hygiene facilities
- Steps are taken to ensure the ward environment is conducive to eating and drinking.

How this standard can be demonstrated and monitored

- Observational audits
- Benchmarking activity which includes action planning for improvement
- User satisfaction surveys
- Evaluation of stories from service users
- Review and monitor lessons learned from complaints.

“Thousands of patients are annually starved in the midst of plenty from want of attention to the ways which make it possible for them to take food”

Florence Nightingale in 1859

STANDARD



Patients are offered a replacement meal if they miss their meal for whatever reason and can access snacks at ward level



Patients are offered a replacement meal if they miss their meal for whatever reason and can access snacks at ward level

Rationale

Good nutrition is a cornerstone of effective care and treatment. Access to food and drinks should match the needs of patients and not be constrained by ward or service delivery routines.

Criteria

Incorporated in an organisational policy for food and nutrition will be protocols regarding the provision of food available outside set meal times. These protocols are implemented and monitored within the context that:

- Registered nurses take individual responsibility for ensuring that patients who miss a meal receive a replacement meal or alternative food and beverage
- Individual patients are given choice to meet personal preferences
- Food and beverage should be appropriate in respect of religious and cultural factors, age related and special needs
- Food and beverage is served at the correct temperature for patient preference and meets safety standards at all times
- All staff serving food will receive appropriate training to do so
- Suitable crockery and utensils are available at ward level
- Hot food and snacks are made available outside set mealtimes.

How this standard can be demonstrated and monitored

- Observational audits
- Audit of staff training records
- Benchmarking activity which includes action planning for improvement
- User satisfaction surveys
- Evaluation of stories from service users.

FACT

Only 18% of patients are satisfied with the overall quality of food served.

STANDARD



The patient receives food presented in a way that is appealing and appetising

**THIS IS NOT
JUST FOOD...**



**...this is the new standards in
HOSPITAL FOOD!**

The patient receives food presented in a way that is appealing and appetising.

Rationale

To meet their nutritional needs, patients should have food presented in a way that takes account of what appeals to them as an individual. Food should be tastefully presented and appealing to patients.

Criteria

Incorporated in an organisational policy for food and nutrition will be an emphasis on the importance of food presentation. The policy will be implemented and monitored within the context that:

- All food, regardless of who prepares it or serves it, should be presented to the patient in an appealing way
- Food and drink is served at the correct temperature for patient preference and meets safety standards at all times
- All staff preparing and serving food will receive appropriate training to do so.

How this standard can be demonstrated and monitored

- Observational audits
- Audit of staff training records
- Benchmarking activity which includes action planning for improvement
- User satisfaction surveys
- Evaluation of stories from service users
- Review and monitor lessons learned from complaints.

What Now?

Nurses have a real opportunity to improve the nutritional care and meal experience of patients. This document has been specifically designed so that the perforated pages can be used as posters in the ward area to help get the message across that nurses are serious about improving patient care and experience in the area of food and nutrition in hospital.

This document will be distributed widely and the Directors of Nursing in the Health & Social Care Trusts will be responsible for implementing the standards and monitoring nursing performance in this area. Progress of this will be kept under review by the Chief Nursing Officer.

Annex

Hospital Food

The top picture is an example of food patients receive in hospital. The picture below is the same food pureed and moulded and is presented in such a way as to resemble the pre-pureed meal.



Annex 1

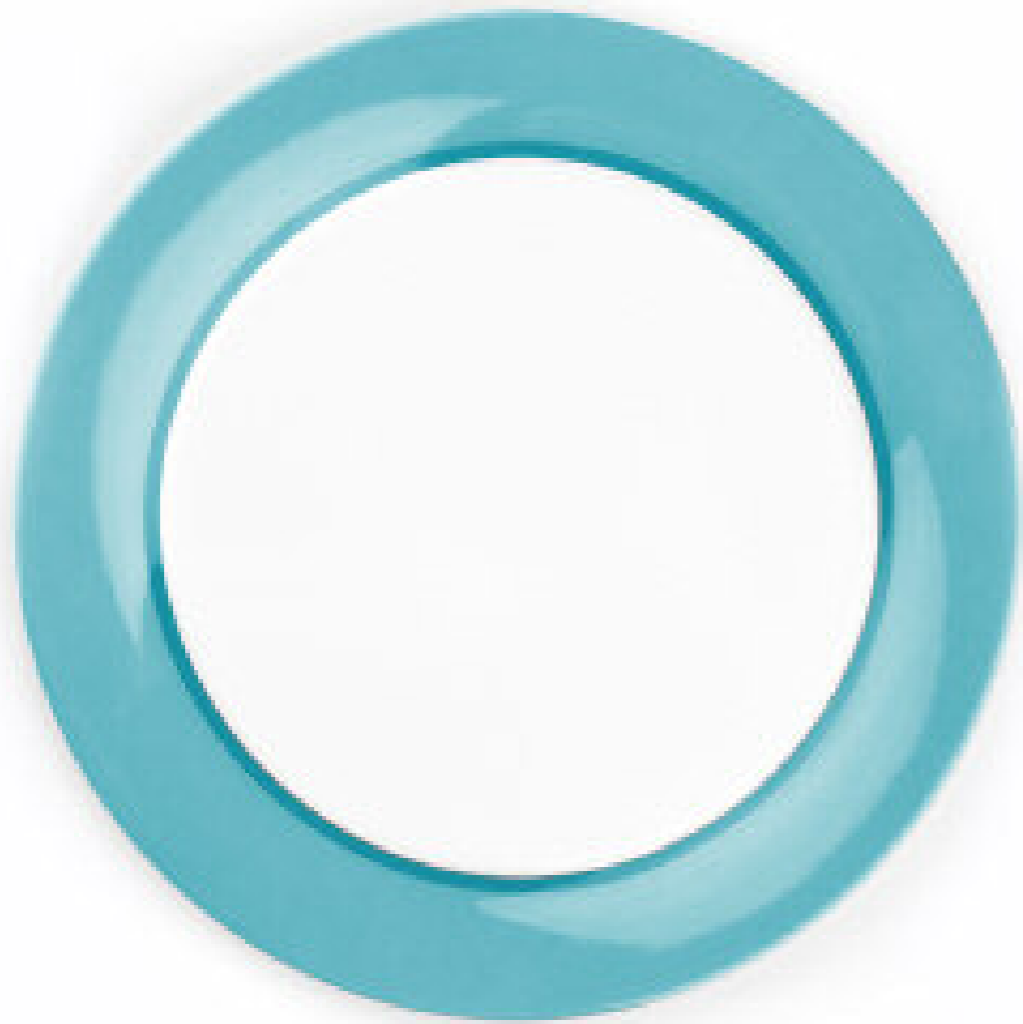
Participants at Food Standards Workshop Royal College of Nursing Northern Ireland 21 June 2007

NAME	ORGANISATION
Paddie Blaney	NIPEC
George Boal	South Eastern HSCT
June Cairns	South Eastern HSCT
Jacqueline Clarke	Southern HSCT
Pauline Croskery	South Eastern HSCT
Stella Cunningham	Southern HSSC
Teresa Cushley	Belfast HSCT
Karen Davidson	Belfast HSCT
Moira Davren	Royal College of Nursing
Joanne Deery	Northern HSCT
Rosie Farrell	Belfast HSCT
Anne Harris	Southern HSCT
Michelle Hunt	Belfast HSCT
Liz Konya	Northern HSCT
Carolyn Mason	Royal College of Nursing
Angela McErlane	Northern HSCT
Ashleagh Millar	Belfast HSCT
Allison Mowbray	South Eastern HSCT
Edith Neale	Northern HSCT
Adele Nichol	South Eastern HSCT
Suzanne O'Boyle	Belfast HSCT
Margaret O'Hagan	DHSSPS
Anne Marie Scally	South Eastern HSCT
Barbara Soye	Southern HSCT
Richard Walker	South Eastern HSCT
Fiona Watters	Belfast HSCT
Linda Wray	Belfast HSCT

Notes

Forbidden foods by religious group

Muslims:	Pork, non-halal meat and chicken, shellfish, alcohol
Hindu:	Beef, sometimes lamb and chicken, oily fish, sometimes white fish, eggs, alcohol
Sikh:	Beef, sometimes all meat and fish, alcohol
Buddhist:	Chicken, lamb, pork, beef, shellfish (sometimes all fish), alcohol
Rastafarian:	Animal products (except milk), foods that are not Ital (Ital food is organic, not tinned or processed), added salt, alcohol, tea, coffee
Jewish:	Pork, any meat that has not been koshered, fish without scales and fins, shellfish. Meat and milk products served at the same meal or cooked together.



Produced by: Department of Health,
Social Services & Public Safety
Castle Buildings, Stormont,
Belfast BT4 3SQ

Telephone: 028 9052 2593
Textphone: 028 9052 7668

www.dhsspsni.gov.uk

November 2007