

Enhancing nutritional care



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The RCN launched *Nutrition Now* in 2007 to help raise standards of nutrition and hydration in hospitals and the community and raise awareness of the related issues.

Food and water are essential for life. When someone is unwell they need to eat the right food, in the right amounts, at the right time in order to get better. Despite this there are still serious concerns about nutrition in health and social care sectors:

- malnutrition affects more than 10 per cent of older people (British Association for Parenteral and Enteral Nutrition (BAPEN), 2006)
- between 30-40 per cent of people admitted to hospitals, care homes or mental health units are at risk of malnutrition (BAPEN, 2009)
- the UK Home Care Association estimates that up to 90,000 people who receive home care services could be at risk of malnutrition (Grove, 2008)
- malnutrition is estimated to cost the UK more than £13 billion a year (BAPEN, 2009)
- malnourished patients stay in hospital longer, are three times as likely to develop complications during surgery, and have a higher mortality rate (Age Concern, 2006; BBC, 2006).

Nutrition Now set out to help all members of the multi-disciplinary team better understand the importance of good nutritional care, their role in providing it and how they can improve the care provided in their own settings by collaborating with colleagues.

Campaign activity included a series of workshops, a national train the trainer programme and the development of resources which are now available free to download at www.rcn.org.uk/nutritionnow

The first year of the campaign also saw four focus sites work to review nutritional care in their organisations. Facilitated by an RCN learning and development adviser, multi-disciplinary teams at each site spent six months working on the project.

Summaries of the teams' achievements and learning were published in the first edition of this booklet, which has now been updated to include a further three focus site case studies completed in the second year of the campaign.

These new sites concentrated on exploring how nurses at ward level are able to influence their boards to improve patients' experiences of food and nutrition.



Implementing the ‘Malnutrition Universal Screening Tool’ (‘MUST’) in a mental health and learning disabilities setting

Berkshire Healthcare NHS Foundation Trust

Malnutrition is frequently unrecognised and untreated. The British Association of Parenteral and Enteral Nutrition (BAPEN, 2007) identified that the risk of malnutrition in mental health inpatient units is 14 per cent overall and 24 per cent for those over 65 years-old.

Unsurprisingly, effective management of malnutrition reduces the burden on health and care resources (BAPEN, 2003). Mental health and learning disabilities services have specific problems concerning nutrition – clients are more likely to be mobile, able to access (or avoid) food outside of service control and have difficulties in understanding healthy nutritional choices. Nutrition is therefore often compromised.

Nutritional screening is the only way that malnourished individuals can be diagnosed and appropriate action taken. The National Institute for Clinical Excellence (NICE) guidance on *Nutrition Support in Adults* highlights that a nutritional screening tool should be used routinely for



people admitted to hospitals and care homes. It should also be used for new patients attending GP surgeries, and for people aged 75 years and over who are undertaking routine annual health assessments.

At Berkshire Healthcare NHS Foundation Trust a multi-disciplinary group chose to implement the 'MUST' in two pilot ward areas, targeting older patients due to their increased risk. They identified that their patients were at risk of malnutrition for a variety of different reasons including:

- depression
- apathy
- withdrawal or disinterest in food
- low income
- physical problems with chewing and swallowing
- inability to feed themselves
- forgetting to eat
- side effects of medication or disease state
- substance abuse issues.

What they did:

- formed a group of multi-professional people who were interested in enhancing nutritional care
- agreed that nutritional screening was the priority
- established a screening policy for dissemination throughout the organisation
- chose a validated tool – one that was quick and easy to use
- adapted the educational materials for the tool for use in mental health and learning disabilities services
- identified resources needed including specific equipment
- developed a standard care approach with individualised action plans
- educated and trained staff
- implemented the tool

- audited practice
- commenced work on a joint malnutrition and obesity policy with centralised screening processes to cover the range of nutrition issues within services
- worked with individual service areas using the *Essence of Care Benchmark* to improve access, staff education and environment issues.

What was helpful?

- multi-disciplinary team – having people from different professional groups coming together to discuss, problem solve and agree next steps
- choosing two pilot residential areas (one ward and one home facility) where nutritional care was viewed as a priority
- having both professional mental health and learning disabilities skills in the group
- linking the work to the *Essence of Care Benchmarks*
- meeting regularly to maintain motivation, enthusiasm and impetus
- active support from the Royal College of Nursing lead
- active support from a nurse consultant and dietitian.

What difference has using the screening tool made?

- all staff are more aware and involved in the nutritional needs of the patients
- screening is done on the day of admission, however if the patient refuses to be weighed staff make every effort to weigh the patient as soon as possible
- the nutritional screening process has picked up on a population who would have been missed under simple BMI screening
- nutritional screening is discussed at weekly multi-disciplinary team meetings
- staff and clients are involved in their nutritional care and where necessary supplements are prescribed (having been initiated by nursing staff) and the action plan is discussed with the patient

- staff have become more interested in nutritional care which has led to the promotion of healthier eating, food choice and wellbeing
 - improvement in the presentation of food. Nurses discuss with catering contractors the patients' needs, for example smaller amounts for patients with a poor appetite and ensuring snacks are available between meals
 - staff monitoring of adequate fluid and food intake leads to early intervention of other treatment when the patient continuously refuses to eat and drink
- staff will refer the patient to a speech and language therapist if there is difficulty with swallowing or to the dietitian if a detailed, more specific assessment is required.

“The interesting issue is that the ‘MUST’ screening process seems to pick up nutritional needs better than the BMI measures”

Tina Howe, Dietitian

For more information about the work at Berkshire Healthcare NHS Foundation Trust please contact geoff.brennan@berkshire.nhs.uk or tina.howe@berkshire.nhs.uk or rcncampaigns@rcn.org.uk

Resources and references

‘MUST’ materials are available to download free in PDF format from the BAPEN website. Printed copies are also available to purchase from the BAPEN office. bapen@sovereignconference.co.uk. www.bapen.org.uk

CG32 NICE *Nutrition Support in Adults: Quick Reference Guide*
www.nice.org.uk

Council of Europe Resolution *10 key characteristics of good nutritional care* www.bda.uk.com

Royal College of Nursing *Nutrition Now Campaign*
www.rcn.org.uk/nutritionnow

BAPEN (2007) *Nutrition Screening Survey in the UK in 2007: Nutrition Screening Survey and Audit of Adults on Admission to Hospitals, Care Homes and Mental Health Units* www.bapen.org.uk

Stratton RJ, King CL, Stroud MA, Jackson AA, Elia M. 'Malnutrition Universal Screening Tool' ('MUST') predicts mortality and length of hospital stay in acutely ill elderly. *British Journal of Nutrition* 2006;95:325–30.

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Elia M. *Screening for malnutrition: a multidisciplinary responsibility. Development and use of the Malnutrition Universal Screening Tool ('MUST') for adults*. Redditch: BAPEN; 2003.

National Institute for Health and Clinical Excellence. *Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. Clinical Guideline 32. NICE; 2006.



Developing and implementing a nutrition intake monitoring tool in the community hospital setting

County Durham and Darlington PCT

Good nutrition, hydration and enjoyable mealtimes can dramatically improve the health and well-being of older people. Mealtimes, therefore, should be considered a priority in terms of importance and dedication of staff time.

Protected Mealtimes have been introduced in many hospitals: this means that non-emergency clinical activity stops, the ward is tidied and patients are made ready for their meals. It gives patients 'space' to eat and enjoy their meals. It also gives housekeepers, health care assistants and nurses time to give assistance to those who need help with mealtimes.

Protected Mealtimes is about:

- making sure that the patient is ready to eat
- making sure that the environment encourages eating
- providing assistance
- observation and monitoring
- making sure that patients are eating.

The NHS Standards for Better Health requires health care organisations to ensure that patients have a choice of food that is prepared safely and provides a balanced diet; and that 'individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day' (NHS, 2004).

The National Patient Safety Agency reported that up to 40 per cent of all hospital patients are undernourished. This percentage increases once patients have been in hospital for one week. This highlighted the need to be monitoring what people were eating and drinking.

County Durham and Darlington PCT worked in partnership with their local branch of Age Concern to gather older people's views of their

experiences of food in community hospitals. Their experiences provided seven key recommendations:

1. patients should be asked about their dietary requirements as part of the admission process in community hospitals. This could include obtaining knowledge about specific requirements such as diabetes (and whether it is well-managed or not), food likes or dislikes, any difficulties with dentures or the need for soft food. Asking about diet on admission should prevent older patients from struggling to eat meals that do not meet their individual needs.
2. staff in community hospitals (and other care environments) should sample the food and drinks being served to patients. They should report issues concerning taste or poor quality of produce to the appropriate catering providers.
3. older patients should be made aware that staff in community hospitals are taking an interest in their food and fluid intake.
4. community hospitals should ensure that all staff are pro-active about identifying patients who require help with eating, present a positive attitude towards assisting older patients with eating and not rely on the patient to ask for help each time.
5. staff should encourage older patients to feed back comments about the food and drinks provided in community hospitals using a mechanism that gives confidence to the patient and constructive information to the organisation.
6. make sure patients know they can pass snacks to the nursing staff for safe keeping in a fridge until required and encourage this practice to prevent potential food poisoning.
7. older patients should be aware of their weight (in stones or kilos depending on which measurement they are comfortable with), any weight changes and the implications for this. Although they may not remember the information, the information should be accessible to them.

These seven recommendations were used as a baseline to enhance nutritional care.

What they did:

- undertook some baseline observations to understand what happened at mealtimes
- developed an action plan – and a clear aim
- involved patients, informal carers and other service users
- identified other team members who needed to be involved
- discussed the proposals with all members of the ward team especially the health care assistants and housekeepers
- developed a monitoring tool
- used standard portion sizes and measuring (in percentage terms) to record the exact amount eaten at each meal
- made mealtimes a priority
- tested the tool out
- audited its benefit.



What worked well?

- involving staff of all levels in the proposals
- getting patients, informal carers and other service users ideas
- setting a timescale
- training all staff on the tool
- getting feedback from all staff groups
- getting patient feedback.

What difference has it made?

- patients feel that staff are involved and care whether they eat or drink
- nursing team has a real understanding of the individual requirements of their patients
- if someone is not eating well it is picked up early and action is taken
- nursing team very motivated to improve standards
- working together
- the tool provides written evidence of dietary intake at every meal
- deficits in nutritional intake are picked up early and rectified to improve general health status resulting in better patient outcomes.

“At first I didn’t like the idea of going to the dining room for my meals, and I couldn’t understand the need for monitoring what I ate, now I see the benefits”

One of the patients in the community hospital highlights the difference that the tool has made to patient experience.

For more information about the work at County Durham and Darlington PCT please contact vivienne.dove@cdpct.nhs.uk or rcncampaigns@rcn.org.uk

Resources and references

The NHS Standards for Better Health (2004)
www.dh.gov.uk

Hospital Caterers Association (2006) *Good Practice Guide Healthcare Food and Beverages Service Standards: A guide to ward level services*

Department of Health (2001) *Essence of Care – patient focused benchmarks for Clinical Governance* www.dh.gov.uk

10 Key Characteristics of Good Nutritional Care – Supporting a multi-disciplinary approach to nutritional care and valuing the contribution of all staff groups working in partnerships with patients and users
www.npsa.nhs.uk

National Patient Safety Agency *Protected Mealtimes review – findings report* www.npsa.nhs.uk

National Patient Safety Agency *Protected Mealtimes implementation toolkit* www.npsa.nhs.uk



Improving patient choice of food

County Durham and Darlington PCT

Patient choice is fundamentally important and there remains some evidence that patients in hospitals and care homes do not always receive the choice of food they would like.

If people in hospitals and care homes don't like the food available they won't eat it and it will be wasted. The estimated cost of food wastage to the NHS is £144 million each year in England. There are many reasons why people in hospitals and care homes don't eat food and these include:

- problems in ordering food, for instance, some people may need help in ordering due to language, disabilities or illiteracy.
- inefficient ordering systems.
- menu choice does not take into account cultural differences or special needs and is rarely guided by adequate patient surveys to determine preferences.



At County Durham and Darlington PCT, following feedback from patients' relatives and the nursing team it was agreed to review patient choice of meals in one of the community hospitals.

What they did:

- set up a multi-disciplinary group including a catering manager, modern matron, dietitian, health care assistants and staff nurses
- identified the problem as not being able to offer all patients an appropriate choice
- reviewed the system for ordering food and meals.

As a result the following actions were taken:

- a freezer was ordered and delivered – to allow frozen meals to be stored and patients to choose as required
- four week menu was agreed in advance
- freezer and ward stock agreed for added variety and flexibility
- regular telephone contact between the team was agreed to proactively manage issues
- addition of light snacks to the menu
- introduction of bi-monthly food focus groups to be able to continue existing and new work initiative.

What worked well?

- getting the right people together in a room to discuss the issue and working together as team to find the solution
- listening to the needs of the patients
- agreeing what could make the issue better.

What have been the benefits?

- people are able to have their preferred choice of food rather than what ever is available
- less food wastage
- patients have particularly welcomed the choice of snacks.

“As a Catering Manager it was very good experience to get together with other stakeholders and work out what problems were occurring, some of these problems were very basic, for example, replace baby carrots with sliced but because no links were in place a simple task like this was forgotten about.

My passion is to deliver an excellent service and I found that this group had the same passion and this has been demonstrated in the number of achievements that have been recognised in such a short length of time.”
Stuart Wray, Catering Manager

For more information about the work at County Durham and Darlington PCT Trust please contact stuart.wray@cddft.nhs.uk or rcncampaigns@rcn.org.uk

Resources and references

High food wastage and low nutritional intakes in hospital patients, *Clinical Nutrition*, Volume 19, Issue 6, Pages 445-449 A BARTON



Ensuring appropriate resources are available to provide safe quality nutritional care

West Hertfordshire Hospitals NHS Trust

Nutritional screening is historically poorly complied with by health care workers. The National Institute for Health and Clinical Excellence (NICE, 2006) estimated that only 30 per cent of patients were screened on admission to hospital prior to issuing its guidance *Nutritional Support for Adults*. In 2007 the National Patient Safety Agency undertook a project to try to understand why nutritional screening is not completed on admission to hospital.

The main barriers to compliance with nutritional screening within the first 24 hours of admission were identified as:

- lack of equipment – weighing scales and height measures
- lack of leadership
- lack of clarity relating to screening and assessment
- dependency of patients



- credibility and usability of available screening tools
- lack of education and training for medical and nursing staff
- nutritional screening not mandatory.

At West Hertfordshire NHS Trust a review of nutritional screening was undertaken. The review highlighted that although documentation regarding screening was completed the percentage of patients who were weighed within the first 24 hours of admission was low. Following further investigation the issue was further clarified.

What they did:

- established a multi-disciplinary group including a speech and language therapist, a pharmacist, a dietitian and a cross section of nurses including a health care assistant, a housekeeper and a nutritional support assistant
- undertook an audit on each of the seven pilot wards. The audit was undertaken by the ward sister and an external person to the ward.

The audit identified the following issues:

- not all scales were working properly
- not all clinical areas had appropriate scales
- not all staff prioritised weighing patients on admission for a variety of reasons such as dependency of patients
- not all assessments were accurately recorded.

The group then developed a project plan with the aim that all patients would be weighed within the first 24 hours of admission, the nutrition risk score completed and appropriate action taken.

As a result the following actions were taken:

- a project plan was established
- the patient safety risks of not weighing patients were identified
- the facilities department worked with the newly appointed manual handling advisor and took responsibility for ensuring that scales were 'fit for purpose'

- discussed the issues with all ward sisters and modern matrons
- developed a poster and bookmark for all staff to raise awareness of the importance of good nutritional care
- developed a teaching pack for dietitians to use in ward based teaching sessions on how to accurately assess, record and action patients nutritional risk score.

What worked well?

- getting the right people together in a room to discuss the issue and working together as team to find the solution
- learning from the clinical areas where the compliance in weighing patients in the first 24 hours was high and sharing their 'best practice' with other wards
- working with ward staff and being flexible
- involving as many people as possible.



What have been the benefits?

- working together in the team has led to many other initiatives related to food and nutrition being actioned; for example revitalisation of the Protected Mealtime Initiative trust wide and expansion of the Trust Nutritional Focus Group to include the project team
- the motivation for ensuring safe quality nutritional care has spread and the development of their nutrition slogan (below) on posters and bookmarks highlights their campaign.

“Stop, serve and observe – make food a priority”

Nutrition Now Project Team, West Hertfordshire Hospitals NHS Trust

For more information about the work at West Hertfordshire Hospitals NHS Trust please contact Tracy Moran, Deputy Director of Nursing
tracy.moran@whht.nhs.uk or rcncampaigns@rcn.org.uk

Developing key performance indicators for nutrition

West Suffolk NHS Trust

Providing safe, quality nutritional care is a fundamental responsibility of all health and social care organisations. Poor nutritional care can threaten the safety of patients and service users in hospitals, care homes and residential homes. The National Patient Safety Agency has identified these key risk areas:

- dehydration
- choking
- nil by mouth
- inappropriate diet
- artificial nutrition
- lack of assessment
- lack of assistance



- missed meals
- catering services.

The Trust wanted to review patient safety issues in relation to nutrition and identified the following aims for their project:

- review the quality and safety of practices relating to nutritional care
- support the organisation to define and deliver improvements
- develop leadership and influencing skills.

What they did:

- formed a group of multi-disciplinary professionals with an interest in enhancing nutritional care
- identified the barriers to providing safe quality nutritional care:
 - staffing levels
 - having enough time
 - food budgets
 - targets and other priorities
- identified the issues that they could influence on a day-to-day basis
- identified the issues that would need strategic support to influence
- implemented changes to practice at local level and developed key performance indicators in relation to nutritional care.

What was helpful?

To review quality and safety of practices relating to nutritional care the team utilised a variety of approaches and tools:

- observations of care at mealtimes were undertaken in all ward areas. This enabled the team to see and understand exactly what was happening rather than what they thought was happening
- cross-ward discussions enabled staff to share and challenge practices
- informal feedback and reporting

- safety climate assessment tool. The team found this particularly useful when thinking and deciding how to communicate change across the organisation
- the support of colleagues was invaluable, specifically having:
 - time to consider and discuss
 - involvement of different staff groups
 - ownership of ideas, plans and actions
- development of leadership and influencing skills at all levels, empowering staff to lead the changes.

What difference has this made?

In general terms the work of the group raised awareness of the importance of food and nutrition. Specifically staff are:

- far more focused on nutrition and nutritional issues
- viewing nutrition as a safety issue
- more committed to providing best care regarding nutrition
- aware that providing quality nutritional care is everyone's business

Other improvements have included:

- improved organisation of meal delivery – including the introduction of wipe boards for key tasks to be clearly identified
- changes to morning handover so that care staff are free to assist patients to get ready for breakfast. This helps the morning routine to progress more smoothly ensuring patients are ready on time for lunch. This is also much better for patient dignity
- environmental changes:
 - fold up chairs and tables were purchased to create a better environment for meal times
 - following observations on the ward, it was noted that the clinical waste bins often smelled unpleasant and could be off putting for people trying to eat. There are now fewer, more appropriately placed clinical waste bins. The outcome is reduced smells where patients are eating.

- staff are more aware of the dietary needs of patients with different cultural requirements
- more nutritional focus
- routine change led by senior staff nurses.

Development of key performance indicators

Key performance indicators (KPIs) are financial and non-financial measures or metrics used to help an organisation define and evaluate how successful it is in terms of progress towards organisational goals. They can monitor the effectiveness of nutritional care and help to ensure that the care and experience that patients receive is one of quality, which preserves dignity and respect.

The KPI developed focuses on:

- ensuring a nutrition risk score is completed within the first 24-48 hours of admission
- any unintentional weight loss is noted and actioned.

This work is ongoing within the organisation and has contributed to two key outcomes:



- raised nutrition as an issue at ward level
- raised nutrition as an issue at board level.

The future

Aspiring to the excellent delivery of food and nutrition demands ongoing commitment, support and challenge from all levels in the organisation. The development of KPIs means that this will be a priority for the Trust's board. It is important to maintain momentum and a high profile for this work and to continually review and refine the process with the aim of achieving nursing care assessments and interventions that are of a consistently high standard of reliability. The organisation plans to ensure that it continues to share best practice both internally and externally and makes certain that staff take time to re-visit and review this fundamental aspect of care.

For more information about the work please contact:

Simon Taylor, Senior Charge Nurse, Ward Manager for Ward F3
Department of Trauma & Orthopaedics
West Suffolk Hospital NHS Trust



Promoting breastfeeding

Stockport NHS Foundation Trust

It is well recognised that breastfeeding is vitally important for the health and wellbeing of children, and that breast milk contains all the nutrients and nourishment for normal growth and development for the first six months of life (World Health Organisation). There are two sets of benefits of breastfeeding for both the mother and the child:

- nutritional benefits
- psychological benefits.

While the nutritional benefits are of great importance, the psychological bonding which develops between the child and the mother is unparalleled and does not have any alternative.

It is well recognised that there are often very limited facilities available for mothers to breastfeed their children in comfort.

Stockport NHS Foundation Trust's vision for services and patient care includes:

- getting it right first time
- empowering teams to be effective
- developing action plans
- developing and implementing service improvements.

It was against this background that the team aimed to:

- raise awareness, across the organisation, of the importance of breastfeeding
- provide a comfortable environment where mothers using hospital services can breastfeed.

This initiative was spearheaded by Stockport's maternity service and led by its specialist breastfeeding midwife and consultant midwife.

What did they did:

- identified funding for this piece of work
- worked in collaboration with heads of nursing from across the organisation , Chief Executive, Head of Midwifery, and the paediatric lead
- gained support from the chief executive
- reviewed practice in other organisations e.g. shops which offer breastfeeding facilities, to identify best practice
- worked with colleagues throughout the organisation to identify the best location for a breastfeeding room within the hospital
- developed a leaflet ‘Stockport supports breastfeeding’ for all members of the Trust’s staff which explains the initiative, and outlines Stockport’s breastfeeding policy and its promise to support breastfeeding
- distributed the leaflet via pay slips to more than 4,000 staff



What was helpful?

- maternity services linking to the organisation as a whole meant that the impact of the initiative could be felt throughout the Trust. This recognised the fact that breastfeeding women could be accessing a whole range of services within the organisation
- having a group to develop this with the broader organisation
- being able to explore and plan how this would be raised across the organisation
- time to consider and discuss
- involvement of different staff groups
- ownership of ideas, plans and actions.

What difference has this made?

- an identified area within the women and children's unit for breastfeeding
- better facilities available, including comfortable seating area, clean area, leaflets and information of local breastfeeding support groups and lay groups.

For more information about this work please contact:

Sarah McKie, Breastfeeding Specialist Midwife
Stockport NHS Foundation Trust

Making nutritional training and development a priority

Walsall Hospitals NHS Trust

'A well trained and equipped workforce is key to ensuring that nutritional screening and other interventions are properly implemented and that vulnerable people receive appropriate nutritional care and the practical assistance they need at mealtimes' (Department of Health Nutrition Action Plan 2007). It is essential that staff working in hospitals can recognise the signs of malnutrition and poor hydration and know what to do if people exhibit them. Currently, there is no mandatory requirement for people who work in hospitals to undertake any training to ensure that patients get the right food at the right time. It is apparent that we need front-line staff and managers in all care settings, to have the knowledge and skills required to deliver good nutritional care.

At Walsall Hospitals NHS Trust the multi-disciplinary team aimed to review nutritional care across the trust, specifically they aimed to:

- review protected mealtimes across the trust
- review education and training requirements across the trust for frontline staff.

What they did:

- used existing benchmarking tools to review protected mealtimes across the organisation, including the essence of care benchmarks
- worked in collaboration with the ward sisters and other members of the multi-disciplinary teams
- used observations of care within their own clinical areas to get a deeper understanding of the barrier to providing the best nutritional care
- engaged with colleagues at all levels in the organisation to identify what changes were needed to make protected mealtimes a reality
- identified that lack of appropriate equipment such as special cutlery, plate guards and drinking cups prevented staff from providing safe quality care

- relaunched the protected mealtimes initiative
- linked the work in with other quality initiatives such as the productive ward to strengthen the impact and dissemination
- reviewed what education and training frontline staff needed to equip them to deliver safe quality nutritional care
- revised, updated and republished the protected mealtimes policy
- developed an in house DVD learning resource
- agreed at board level that nutritional clinical care will be part of the mandatory training.

What was helpful:

- working in a multi-disciplinary team was essential
- undertaking an in depth review to really see what was going on



- engaging with colleagues at all levels of the organisation to think about what would enable protected mealtimes to be successful. One of the key findings was the need to stagger mealtimes across the organisation, ensuring they could be properly protected and service delivery would not be impacted upon. This required working with each ward sister to identify the best time
- engaging with all the appropriate stakeholders for the relaunch of protected mealtimes including phlebotomy, imaging, medical staff, therapists, clinical nurse specialists and nursing staff
- the development of posters for all ward areas to promote protected mealtimes
- using a variety of forums to communicate the work that was being done, especially around protected mealtimes. This was to ensure that all staff were aware of the new policy and its implications for practice. Methods used included chief executive update, team and department meetings and the intranet
- time to consider and discuss
- involvement of different staff groups
- ownership of ideas, plans and actions.

What difference has this made?

The whole project has made a difference to the experience people have of food and hydration at Walsall. Specifically it is anticipated that:

- older people will have a better experience
- people's meals will not be interrupted unnecessarily and safe nutritional care will be provided
- adapted cutlery will be available when people need it
- people who are nil by mouth will remain 'nil by mouth'
- ward teams are passionate and motivated about ensuring safe, quality nutritional care is provided
- the Trust board is committed to ensuring that the appropriate training and resources are available so that people at Walsall Hospital always receive safe quality nutritional care.



Conclusion

The changing face of the health service in the twenty first century demands that all health and social care workers are equipped with the appropriate capabilities and that they work effectively within the broader health care team. The case studies from the focus sites participating in the RCN *Nutrition Now* campaign have clearly demonstrated that through getting people together at regular intervals over a six month period nutritional care can be enhanced. We would recommend that such a framework could be utilised as a good practice standard to ensure that nutritional care continues to be enhanced and that we all, as potential or current service users receive high quality nutritional care regardless of the clinical setting.

These focus sites have highlighted the importance of working together and the positive impact that multi-disciplinary working has on patient/client experience. From the focus sites five key enablers have emerged. These are:

- executive support from the organisation is essential to teams leading innovative changes to enhance service provision
- patient/client representation and feedback in the team is essential to ensure that changes made are patient focused
- the opportunity for mixed groups of health care professionals to come together and work together with the objective of implementing sustainable change differently is essential in enhancing effectiveness and improving nutritional care
- setting clear goals, identifying who is doing what, why and when is essential and having a clear plan of action is crucial
- knowing and understanding what is really happening and not what you think is happening
- having the right processes and frameworks in place to give feedback
- the importance of aligning projects with the strategic goals of the organisation
- reviewing the impact at regular intervals and adapting the plan to ensure staff and patients and users needs are being met is vital.





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