Malnutrition Matters
Improving nutritional care: Good practice principles and implementation guide

Draft for testing and consultation

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BAPEN Quality group has been working with key partners to develop this draft quality improvement guide for improving nutritional care.

We are now consulting on the draft and are asking teams to test the guide and provide feedback; we need to know what is helpful and what is not.

We are aware that there are some key elements missing, for example a personal story from a patient, a ‘changing hearts and minds’ narrative from a frontline healthcare professional who is passionate about improving care, the viewpoint of a senior NHS leader, top tips from practice (e.g. how did you secure your CEO support)

Please test this guide in your organisations and return your comments and feedback to the BAPEN Office by 15th January 2013. We plan to launch this guide alongside the NHS Midlands and East integrated nutritional care pathway in February 2013

Dr Mike Stroud
Chair BAPEN Quality Group

On behalf of BAPEN’s Quality Improvement Committee
Introduction to BAPEN’s good practice principles and implementation guide

The delivery of excellent care in relation to providing patients with the right nutrition and fluids has never been so important, not only is it a fundamental right and element of providing harm free care, the recently launched NHS Mandate makes it explicit that ‘No one in hospital should have to worry about being unable to eat or drink’. These requirements are also supported by the Care Quality Commission’s Outcome 5 which seeks to ensure the nutritional needs of patients are met. This quality improvement change package has been developed to support NHS Trusts to deliver system wide change to implement the quality improvements required to meet these expectations.

BAPEN (British Association for Parenteral and Enteral Nutrition) has produced a number of reports on the causes, consequences and health economics of malnutrition as well as national surveys on the prevalence of malnutrition and the use of nutritional screening in hospitals, mental health units, care homes and sheltered housing. The charity has also contributed to national government and NHS strategies, such as the Nutrition Action Plan and the NHS core learning units on nutrition. We are well placed to provide Trusts with information on nutritional care and standards. Many of our members work within NHS Trusts, and understand only too well the pressures which Trusts are facing in the delivery of these standards and have successfully developed and delivered local solutions within our own organisations.

In our experience, the Trusts who are most successful at delivering good quality nutrition and hydration have two core elements:

- A clear vision for good nutrition and hydration from Board to Ward
- A commitment to focus on system change to embed quality improvements in nutrition and hydration making it seamless across the whole organisation and across boundaries, ensuring nutritional information follows the patient between all settings

Achieving this is no easy task and requires executive and clinical leadership, multidisciplinary team engagement, clear policies underpinned by education and proactive management. BAPEN can support commissioners and providers to implement successful solutions, through sharing the successes of our members, drawing on its reports, research, educational tools, conferences, regional representatives and collaborative work with the Department of Health.

This change package should be read in conjunction with BAPEN reports and resources. It provides a 4 step guide to implementing excellent nutritional care for patients across your organisation and will help you to identify any gaps.

Note: This Guide does not include detailed guidance on enteral and parenteral nutrition. BAPEN produces additional guidance for artificial nutritional support.
The underpinning principles of excellent nutrition and hydration care

The provision of excellent nutritional and hydration care revolves around five main tenets; Organisations must focus on all five to ensure that they deliver the basic level of nutritional care required to meet the Care Quality Commission standards. We believe that organisations who are failing to meet the standards set by the Care Quality Commission are doing so because they are failing to deliver in at least one of these areas:

1) Awareness must be raised: all frontline staff who provide care must understand the importance of nutrition and hydration to basic patient care and the consequences to patients if they are neglected
2) Malnutrition and hydration needs must be actively identified through screening and assessment
3) Malnourished or dehydrated individuals and those at risk must be on the right care pathways and receive the right support
4) Frontline staff in all care settings must receive appropriate training on the importance of good nutritional care and optimal hydration; and
5) Organisations must have management structures in place to ensure best practice.

The following nutrition and hydration driver diagram is based on the 5 tenets that underpin the principles of excellent nutritional care.

**BAPEN’s Nutrition and Hydration Driver Diagram**

**Aim**

To deliver excellent nutritional care and hydration to every patient on every ward on every day.

- **Awareness & Prevention**
  - Raise awareness of malnutrition
  - Work towards preventing malnutrition
- **Screening & Assessment**
  - Screening for malnutrition risk regularly
  - Assess ‘at risk’ patients
  - Nutritional assessments and care planning
- **Care pathways & Support**
  - Embed nutrition in all care pathways
  - Provide support to eat & drink
  - Monitor weight and dietary intake
- **Education and Training**
  - Training for frontline staff
  - Training for Executive Directors
- **Management Structures**
  - Nutrition steering committee
  - Nutrition Support team
  - Ward to Board measurement
  - Discharge Planning

It is important to include all areas of the driver diagram in your work. Omitting any one of the key drivers will limit your success.
4 steps to making improvements in your organisation

Step 1: Prepare to make change

Step 1 at a Glance
Understand the problem in your organisation
Form a powerful team:
Agree roles and responsibilities
Gain further stakeholder engagement
Go and see what’s actually happening across your Trust
Agree the scope of work
Set up regular project team meetings
Communicate

1) Understand the problem in your organisation

Before you begin to implement quality improvements in nutrition and hydration across your organisation it is important to understand what you already do well and what you could do better. There is always the temptation to rush to find solutions and make changes without really understanding where your challenges and organisational gaps are.

Many Trusts have worked hard to implement nutrition screening (e.g. using ‘MUST’) but much more work needs to be undertaken to ensure highly reliable systems are in place that deliver excellent nutritional care, namely nutritional assessments for at risk patients, individualised nutritional care plans, support for patients who need assistance with eating and drinking, reliable systems for monitoring, e.g. food and fluid record charts, re-screening and regular weights. Discharge planning is also important and patients’ nutritional needs should continue to be met as patients transfer between organisations and to their own home.

2) And create your local case for change

Malnutrition costs lives and money. Commissioners now have a duty to ensure they commission harm free care and will be focusing their attention on improvements in the delivery of such care in 2013-14. Nutrition and hydration are fundamental elements of harm free care. In addition to the impact on patient experience and outcome, malnutrition costs the UK economy an estimated £13 billion annually\(^1\) and affects an estimated 3 million individuals. Implementing NICE Guidance on Nutrition Support for Adults (CG32) is estimated to be one of the highest areas of savings to the NHS\(^2\) and we have the tools needed to screen and treat malnutrition in all care settings. Even a saving of 1% of the estimated spend could save £130million.

Treatment with oral nutritional supplements is associated with a reduction of overall hospital readmissions by 30\(^%\)\(^3\) and the use of ONS in the UK has been found to: save £849 per patient based on length of stay,\(^4\) reduce complications such as pressure ulcers by 19\(^%\),\(^5\) and decrease antibiotic use by 56\(^%\).\(^6\) Specifically community patients given ONS do better with evidence that they have improved functional outcomes\(^7\), increased quality of life\(^8\) and improved nutritional intake without suppressing normal food intake\(^9\).
Many organisations have made real improvements in nutritional screening. The next steps include making changes to systems to support nutritional care planning and implementation for every patient on every ward, providing sufficient support for eating and drinking where required.

Raising awareness and providing nutrition and hydration education for frontline clinical staff and executive directors is critical to success. Developing good management structures to deliver quality improvements in nutritional care at pace and scale is also important, especially to ensure there is an integrated nutritional care pathway that is seamless between settings. This implementation guide outlines the key steps that can be taken by Trusts to deliver quality improvements in nutritional care.

3 Form a powerful delivery team

*Executive leadership, a well respected ‘Nutrition’ Lead and your catering team are critical to your success*

Trusts providing excellent nutritional care and meeting standards are very likely to have at least one Board level Executive Director who is responsible for nutrition and hydration who ensures compliance to nutrition standards and reports progress to the board on a regular basis. This may be the Director of Nursing or Quality but equally could be the Medical Director or another Trust Board member. A nutrition and hydration dashboard is an effective way of reporting ward to board progress at board meetings.

We also recommend that the Trust’s nutrition lead becomes the BAPEN representative for the Trust, so that there is an executive lead who will be in receipt of the latest guidance, reports and notice of educational days as soon as they become available. Alternatively, you may wish to appoint a clinical lead as the Trust’s BAPEN representative.

The Executive Director should select a team of key individuals who will drive the quality improvement work across the Trust, creating a ‘Nutrition and Hydration Improvement Team’. A designated nutrition lead should be appointed to oversee and manage the changes required. They should have the knowledge, experience and leadership qualities to take the multidisciplinary teams along the improvement journey to successfully make large scale change happen at pace. The team leader may be a matron, Chair of the Nutrition Steering Committee, Nutrition Nurse Specialist, Dietetic Professional Lead or Catering Manager. He/she should have the following essential qualities:

- **Strong Leadership**
- **Understanding of Change Management and the impact of change at all levels within the Trust**
- **Ability to work with the Nutrition Team so that actions can be prioritised and implemented within an agreed timescale**
- **Ability to work effectively with teams in all Trust departments such as; facilities and catering as well as all health and care teams and to work with patients and users of the service**
- **Facilitate collection of meaningful data / interpret the data**
- **Understanding of the clinical care being delivered**
The team should include:

- Day-to-Day Team Leader to manage the programme of work
- Medical team member(s)
- Nursing team member(s)
- AHP representatives e.g. Dietitians/ Speech and Language Therapy/ Occupational therapy / team member(s)/ ward hostesses/ voluntary services involved in feeding patients
- Front-line professionals
- Catering representative
- Patients and/or user representative

4) Agree roles and responsibilities and the scope of work
The team should focus primarily on improvement work, but also on ensuring the quality and safety of the current delivery of nutrition and hydration care.

What makes a good team?
Your team should have representation and skills in four dimensions: day-to-day change management and leadership, clinical leadership, information management and data collection and catering expertise.

- **Day-to-day Change management and leadership**
The day-to-day team leader is the critical driving component of the project, ensuring that changes are tested and implemented and facilitating data collection.

- **Clinical leadership**
This person is the ambassador for nutrition and hydration and should have the authority to remove barriers that may affect the aims of the work. The clinical lead should expect to participate in spreading the changes across the whole organisation, be a member of the team and participate in meetings and activities and be able to cross traditional intra-departmental lines to improve infrastructure, communication and co-operation.

- **Information management and data collection**
This person should have a basic knowledge of the data that is available in your organisation (it may be helpful to involve your IT department) and how further data and information can be collected, recorded and analysed. Without this, it will be impossible to measure improvement.

- **Catering expertise**
This person should have knowledge in the provision of food services and solutions that are flexible to meet the varying needs of your patients during and out of meal times. This needs to
be supported with knowledge on how to support patients get the right support with eating and drinking.

The team should work through the materials in this guide alongside the BAPEN commissioning toolkit, ‘MUST’ resources and other BAPEN reports and participate actively in driving nutrition and hydration improvements across the organisation.

5) Gain further Stakeholder engagement

For example: Meet with your Chief Executive or secure the support of your Non-Executive Directors

Your Chief Executive has ultimate responsibility for your organisation’s compliance to the Care Quality Commission Standard for nutrition. The Trust lead for nutrition and hydration with members of the implementation team should schedule regular meetings (i.e. quarterly) with the Chief Executive to update him/her on successes to date as well as barriers the improvement team has faced.

The Chief Executive should also be invited to attend the nutrition and hydration team meetings at least twice a year and be asked to attend ‘senior leadership walk rounds’ focused on these aspects of care.

Patient governors and the voluntary organisations working in your organisation should also be engaged.

Work with your Nutrition and Hydration Steering Committee

A Trust wide nutrition and hydration steering committee is crucial to co-ordinating services. Sample terms of reference are available on the BAPEN website www.bapen.org.uk

| Work with your Nutrition Team

NICE Guidance (2006) for nutrition support in adults recommends all hospitals have a nutrition team primarily dealing with patients who need artificial nutrition support. Terms of reference of such teams are available on the BAPEN website www.bapen.org.uk

6) Set up regular project team meetings

Teams should meet on a regular basis to monitor progress. Meeting should include reviewing improvement work and tests of change and planning next steps. At each meeting data should be reviewed and results tracked over time.

7) Go and see what's actually happening across your Trust

We know that unacceptable variations exist not only between directorates but between wards within specialties and even between bays on the same ward. The only way to truly gain an in-depth understanding of the nutritional care delivered on your wards is to visit the wards and observe what is happening. Go and look at:
✓ the food and fluid record charts in use (are they standardised?) and look at how well they are completed.
✓ Are the nutritional screening tools being accurately completed?
✓ Are patients weighed regularly and at least weekly?
✓ Do patients have their nutritional care plan implemented?
✓ Are patients supported to eat and drink where required?
✓ Are patients who would benefit from oral nutritional supplements receiving them?
✓ Is the food and drink provided on the wards evaluated by patients?
✓ Is the food and drink provided meeting their needs?

Go and see what is happening in other organisations – consider doing an organisational raid (looking at the work others do and bringing it back to your organisation to adopt (with adaptation where required).

8) Communicate

Good communication is an essential element of improvement work. Circulate your aim, be really clear about what you are trying to accomplish and most importantly be welcoming to all colleagues who wish to get involved and support you with implementation.

Top Tips for Early Success

Convince people that change is necessary by sharing examples of the benefits to patients, staff and the organisation

Ensure you have strong clinical and executive leadership at a local level and support from key stakeholders

Success is dependent upon getting the right team members engaged
Step 2: Know where you are

**Step 2 at a Glance**

Understand your baseline: Collect the data

Agree the current state in relation to:
- Raising awareness (staff and patients)
- Identifying malnutrition (screening)
- Managing malnutrition: what options are available and what pathways are used?

Identify issues

Develop an agreed joint vision for good nutrition and hydration care

1) Understanding your baseline

It is important to understand your Trusts current position so that you can identify where you have the largest gaps in your organisation; there is little point in having every patient screened for malnutrition if you are not able to then deliver appropriate nutritional, and hydration care via care plans and nutritional care pathways.

**Good nutritional care requires:**

- Personalised nutritional care plan
- Food and fluid intake chart as appropriate
- Protected Mealtimes
- Red tray system
- Ongoing monitoring
- Discharge planning / care across boundaries

- All patients must be screened on admission
- Appropriate screening in outpatients
- Referral to Dietitian / specialist nutrition service as appropriate

- All frontline staff to receive education re: nutrition and hydration
- BAPEN nutrition screening module
- Harm free care hydration module

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Organisational Responsibilities and Structures

- Nutrition Steering Committee
- Nutrition Support Team
- At least one nutrition nurse
- Ward to Board Nutrition Dashboard

Screening and Assessment

- Personalised nutritional care

Education and Training for Frontline staff

- All frontline staff to receive education re: nutrition and hydration
- BAPEN nutrition screening module
- Harm free care hydration module

Nutritional Care Pathways

- Personalised nutritional care plan
- Food and fluid intake chart as appropriate
- Protected Mealtimes
- Red tray system
- Ongoing monitoring
- Discharge planning / care across boundaries
(a) Complete our Baseline Questionnaire (Appendix 1)
This will highlight your gaps at a glance. Your current gaps should be your priority focus areas for improvement.

(b) See if you would pass a CQC DANI inspection! Undertake a baseline audit using the CQC Observation Tool (Appendix 2)
This should be undertaken by several members of staff who are involved in frontline care: this will alert your staff to the topic areas on which the CQC are focusing. Ideally ask staff to undertake this audit on a ward on which they do not normally work as this will assist the sharing of learning and best practice.

(c) Compile a list of the data and audits that you collect/undertake in your organisation that relate to nutrition and hydration and review the audits asking the following questions:
- Are the data accurate?
- Are they meaningful?
- How do you use this information?
- Are they reported and discussed at Trust Board?
- Are you taking positive steps to improve weak areas within your Trust?

2) Agree the current state in relation to:
- Raising awareness (staff and patients)
- Identifying malnutrition (screening)
- Managing malnutrition: what options are available and what pathways are used, what support do we give patients to eat and drink?

3) Identify the issues
- Having completed the audits and visits to wards across the Trust review your findings and identify the current issues and problems facing the Trust. Try to understand the barriers to improving nutritional care.
- Map your findings against the driver diagram, undertake a gap analysis and prioritise which areas you will address first.

4) Create your vision and clarify your aims and objectives
Now you know where you are as a trust against the principles and 5 tenets of excellent nutritional care, agree the following:
- What is your vision of what excellent nutritional care looks like?
- What is the aim of your work?
- What are your objectives to help you get there?

Developing these will help team members and wider stakeholders reach a common understanding of what you are aiming to achieve. Engage others to develop the vision. Keep your aim concise and ensure that your objectives are measurable. Developing an implementation plan is important to success. Don’t forget to involve patients and service users in this development work.
5) Develop a measurement plan as part of your vision

Ensure that what you are measuring and reporting feeds into your improvement plan. These action points will help you

**Action 1:** Agree how you are going to measure compliance to the CQC standard and NICE Guidance if you wish to be an exemplar Trust

**Action 2:** Agree what processes of nutritional care you are interested in measuring (Appendix 3: Process measures)

**Action 3:** Agree the locations at which you are going to measure, remembering that the CQC may chose any ward at any time

**Action 4:** Agree the frequency of your measurement
   - The more often you measure the more often you can make improvement
   - We recommend taking small samples of patients frequently and assessing the quality of their nutritional care: start with one bay on one ward to design how to deliver excellent nutritional care

**Action 5:** Agree how and when you will review the data
   - We recommend that you share and review data at least monthly as a whole team but that ward based teams could review their data on a weekly basis.

**Action 6:** Agree who will collate the information to be submitted on a monthly basis to your Trust Board

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**Top Tips for Success**

**Measurement is critical to making nutritional improvements**

Investigate weight loss: consider undertaking root cause analysis for patients who lose more than 3Kg of weight whilst in your care

Ensure that you have a number of process measures as well as outcome measures
Step 3: Making Changes for Improvement

Step 3 at a Glance
Making / testing changes in relation to:

1) Raising awareness and prevention of malnutrition
2) Screening and Assessment
3) Care pathways and support with eating and drinking
4) Education and training
5) Management Structures

Following your vision and gap analysis you will have collated a range of ideas and changes needed to provide excellent nutritional care. Priorities these and implement the changes you think will make the biggest differences first. Keep it simple.

The baseline audit you have undertaken will have highlighted the key areas that your Trust needs to work on. As a team, discuss and prioritise these and develop a Trust action plan for delivery of the improvements required.

Your systems must be designed for high reliability. There are numerous approaches to Quality Improvement (e.g. Break Through Series Collaboratives, LEAN models). When implementing changes consider using any of the improvement methodologies but make sure that you know which one(s) you are using and it is worth highlighting key successes have been achieved using small scale testing such as the model for improvement and pdsa cycles. In essence, it doesn’t matter which approach you chose to use as long as you ensure that the systems are redesigned to embed your new processes. Further information is available on the IHI website (www.ihi.org) and the NHS III website (www.institute.nhs.uk).

The following information signposts you to resources that are available on the BAPEN website and other websites, for example, case studies on NHS Evidence. These will help you to implement improvements in the key areas of the driver diagram to ensure your success. A baseline audit process and documentation can be downloaded from the CQC website. This can be used to set up a Peer Review system across your organisation.

1) Awareness and prevention of malnutrition

Raising awareness is an essential first step:

- Do you have any visual information that can be displayed about the importance of nutrition for both patients and staff, if not can you create some or adapt them from other Trusts?
- Undertake a series of lunch time seminars for staff
- Promote nutrition through your intranet services
- Find examples of how other organisations are raising awareness (Check the information on the Malnutrition Taskforce website www.malnutritiontaskforce.org.uk)
2) Screening and Assessment

Implementing nutrition screening across the whole of your Trust: using BAPEN resources (downloadable from www.bapen.org.uk)

The BAPEN ‘MUST’ toolkit and calculator (an online resource providing instant and accurate calculation of a ‘MUST’ score) can also be accessed freely online www.bapen.org.uk/screening-for-malnutrition/must/introducing-must A ‘MUST’ app is also available and the BAPEN e-learning module is freely available to all NHS staff as part of the harm free care modules www.e-lfh.org.uk/projects/harm-free-care/ and other e-learning platforms

Monitor patients weight loss and nutritional intake

Monitoring patients’ weight loss is an important element of the clinical care that you deliver. Build weekly weights into your work routines; examples from Trusts include setting a day (e.g ‘Weight Wednesdays’) or using electronic patient records or visual data management systems to ensure all patients are weighed weekly. In order to do this successfully, calibrated scales are required along with a system to ensure that appropriate action is taken when weight loss is identified.

Developing systems for re-screening patients for malnutrition

It is important to ensure that your Trust has a system for re-screening patients who stay longer than seven days. There are a number of ways that this can be achieved; some Trusts have implemented ‘MUST’ Monday / Screening Sunday initiatives where repeat screens are undertaken where required on a set day across the entire Trust. Others have implemented a visual risk management ‘white board’ which include active risk management procedures such as details of rescreening dates.

BAPEN is aware of Trusts that are implementing electronic systems for both ‘MUST’ Screening and rescreening where automatic ‘prompts’ are created for the clinical staff delivering care. Whatever system you implement in your Trust, you must make sure that it is embedded within everyday practice so that you can demonstrate compliance to the CQC basic standard.
3) Nutritional care plans and support: organising food and nutritional support in your hospitals

How is food and nutritional support planned in your hospital? How could its organisation be improved? What ideas do your catering team, ward managers and patients have about improving the way they access food and drink and other nutritional support? Do you offer ‘real time’ menu ordering? Do you view the ward as a ‘restaurant’ in terms of food service?

Hospitals that deliver good nutritional care understand the key roles of each member of the multidisciplinary team and have good collaborative working between departments and wards, across clinical divisions. BAPEN has produced some guidance on ‘organising food and nutritional support in hospitals (OFNOSH)’ accessible from www.bapen.org.uk/ofnosh/index.html

4) Management Structures

It is important to have the right management structures in place including a nutrition steering committee and a fully functioning nutrition support team.

Developing a nutrition dashboard for ward to board reporting of nutritional improvements is also a key part of securing executive support. Focusing on discharge planning is also important, especially for patients who require ongoing nutritional support (including ONS) post discharge.

Aim to ensure that nutritional care is seamless which can only be achieved by working with the wider community to support integrated nutritional care. This includes local social services, health and well being boards, clinical commissioning groups, primary care and voluntary services. Setting up a health economy wide nutrition steering committee may be a good way to achieve this.

Top Tips for Success

**Implement some quick wins**

1) **Set up a nutrition steering committee** that includes your catering team and also spans health and social care to create and implement an integrated nutrition pathway of care

2) **Develop a nutrition ward to board dashboard** to gain the ongoing support of your Trust Board
Step 4: Measure, Monitor and Sustain

Step 4 at a Glance
Measure the improvement against baseline
Sustaining the improvements

Once you have completed the steps and have been working through your implementation plan, take time to reflect on your progress. The following Assessment scale can help you identify your progress as a team.

1) Assessment Scale for Success: At every team meeting, assess your progress

1. **Forming a plan** – A team has been formed and wards have been selected for the audits. An aim to improve nutritional care has been agreed by focusing on improvement in the areas identified in the driver diagram and work on baseline measures has begun. Some teams won’t get past this stage as they spend months meeting to try to agree the work plan.

2. **Activity but no changes** – The team is actively engaged in undertaking audits and the changes needed are well understood well, but *work* on changes to improve systems and practices has not begun.

3. **Modest Improvement** – Implementation of some of the changes to improve nutritional care has begun for the target wards. Initial cycles to test changes have been completed and implementation begun for some the next key drivers. There is some evidence of improvement in process measures related to the teams aim. For example, the percentage of patients who have been screened for malnutrition has increased to 70% but there is still much improvement required to develop reliable systems.

4. **Significant Progress**: Most components of the nutrition driver diagram have been implemented for the target population. There is evidence of real improvement in the areas measured. The nutrition steering committee and nutrition support team are set up and working well. The team is more than halfway towards accomplishing all the drivers in the driver diagram. Plans for spread to additional wards and/or other sites has begun.

5. **Outstanding Sustainable Results**: The team has successfully implemented all components of the driver diagram. All goals in the team’s aim have been accomplished. Outcome measures indicate breakthrough improvement and are at national benchmark levels. Work to spread the model to additional wards and/or other sites is well underway.
2) Sustaining the Improvements

a) Plan for scale up and spread

It is necessary to have a scale up and spread strategy in order to demonstrate and deliver compliance to the Standards; it is worth bearing in mind that the CQC in their early reviews reported both excellent and poor practice within one ward. Hence the challenge is to ensure that excellent practice is spread to and practiced by every nurse and health professional on every ward.

b) Embed improvements across existing structures to ensure sustainability

It is likely that you are already making improvements in nutritional and hydration care but if your experience is similar to that of the majority of organisations the real challenge is to embed the improvements within your existing systems so that they are sustainable.

b) Celebrate Success

When you are delivering outstanding results, take time to celebrate your success. Promote the work you have undertaken and the results you have achieved within your Trust. Apply for Trust Quality Awards and local/regional health care awards.

Also consider national awards: please submit an application to the BAPEN Best Practice Awards. We look forward to receiving your application (www.bapen.org.uk)
## Appendix 1: Base line Questionnaire

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<tr>
<th>Question</th>
<th>Yes</th>
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<tr>
<td>1  Has your Trust raised awareness of the importance of malnutrition to all frontline clinical staff and executive leaders?</td>
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<td>2  Has your Trust implemented screening for malnutrition?</td>
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<td></td>
<td>If yes, do you audit compliance to screening? How often?</td>
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<td></td>
<td>If yes, what percentage of patients are screened?</td>
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<tr>
<td>2  Do you undertake a nutritional assessment of patients who are malnourished or at risk of malnutrition? If yes, what form does the assessment take?</td>
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<td>3  Do you re-screen patients for malnutrition within the timescale recommended on the screening tool?</td>
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<tr>
<td></td>
<td>If yes, do you audit compliance to re-screening? How often?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, what percentage of patients is re-screened?</td>
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<td>4  Do patients who are malnourished or ‘at risk’ of malnutrition have a nutritional care plan?</td>
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<td></td>
<td>If yes, what percentage of the nutritional care plans is implemented?</td>
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<td>5  Do patients who are malnourished or ‘at risk’ of malnutrition have food and fluid charts completed?</td>
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<tr>
<td></td>
<td>If yes, what percentage is completed?</td>
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<td></td>
<td>Food record charts</td>
<td>%</td>
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<td></td>
<td>Fluid charts</td>
<td>%</td>
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<td></td>
<td>Are these charts audited regularly?</td>
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<tr>
<td>6  Does Your Trust have a Nutrition Support Team?</td>
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<td>7  Does Your Trust provide Nutrition training for ALL frontline staff?</td>
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<td></td>
<td>If yes, how?</td>
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<td>8  Does your Trust provide nutrition training for Executive level Directors (to enable them to understand what level of nutrition services should be provided within the Trust)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Does your Trust have a Nutrition Steering Committee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Does your Trust have a nutritional care pathway?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, is this embedded in every patient pathway (e.g. stroke, end of life care, dementia, oncology etc)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does your nutritional care pathway span acute and community?</td>
<td></td>
</tr>
<tr>
<td>11 Does your Trust have a process in place for ‘Ward to Board’ reporting of nutritional care?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Outcome 5: Meeting nutritional needs

Observation prompts and guidance: Outcome 5: The CQC guidance explains how their reviewers use observations to gather information during their visits, to help assess whether a provider is meeting the Outcome. The full document can be downloaded at:

http://www.cqc.org.uk/information-for-staff/observation-tools

Please read this guidance fully as it contains useful information that frontline staff should be aware of, including the opportunity nurses have to explain any deviation from what appears to be best practice.

Observation prompts: Meeting nutritional needs (MNN) Source Care Quality Commission Website

<table>
<thead>
<tr>
<th>MNN1</th>
<th>People being screened to identify the risk of malnutrition using formal screening tools. Look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Presence of screening tools (for example, MUST).</td>
</tr>
<tr>
<td></td>
<td>• Nutrition score recorded in the notes.</td>
</tr>
<tr>
<td></td>
<td>• Nutrition score recorded in the care/treatment plan.</td>
</tr>
<tr>
<td></td>
<td>• People being weighed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNN2</th>
<th>Coordination of nutrition care and treatment with other providers (with or across other services). Look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Handover/communication at transfer.</td>
</tr>
<tr>
<td></td>
<td>• Visits by other professionals (for example, dieticians, occupational therapists, speech therapists).</td>
</tr>
<tr>
<td></td>
<td>• Staff communicating all requirements related to the provision of culturally/ethically/physically sensitive food/ menus (for example, halal, vegetarian, gluten free).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNN3</th>
<th>People identified as ‘at risk’ or needing support are being monitored. Look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Signs/alerts showing that they require assistance/are at risk.</td>
</tr>
<tr>
<td></td>
<td>• Food intake charts being monitored, completed and reviewed by staff during/following mealtimes.</td>
</tr>
<tr>
<td></td>
<td>• Fluid intake charts being monitored, completed and reviewed by staff during/following mealtimes.</td>
</tr>
<tr>
<td></td>
<td>• Staff supporting and communicating with people in a sensitive manner that meets their needs and requirements.</td>
</tr>
<tr>
<td></td>
<td>• Weight being recorded weekly.</td>
</tr>
<tr>
<td></td>
<td>• Repeated screening.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNN4</th>
<th>Food preparation. Look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• People being enabled/allowed to prepare food for themselves.</td>
</tr>
<tr>
<td></td>
<td>• Staff washing their hands before and during food preparation.</td>
</tr>
<tr>
<td></td>
<td>• Prepared meals that include all major food groups (for example, starch, protein, fibre, fat/sugar).</td>
</tr>
<tr>
<td></td>
<td>• Staff having access to all equipment needed for the safe preparation of food (boards, knives, gloves, etc).</td>
</tr>
<tr>
<td></td>
<td>• Ensuring that foods are separated in accordance with individual cultural and ethical preferences (for example, halal food should not come into contact with non-halal food, food prepared for vegan diets should not come into contact with animal products).</td>
</tr>
<tr>
<td></td>
<td>• Temperature of food being checked.</td>
</tr>
<tr>
<td></td>
<td>• Staff who are preparing the food being aware of those requiring alerts.</td>
</tr>
<tr>
<td></td>
<td>• Sample the prepared food yourself.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNN5</th>
<th>The environment in which food and drink is served. Look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• People being allowed to eat where they want to, unless for safety reasons they require specific arrangements or positioning.</td>
</tr>
<tr>
<td></td>
<td>• Staff being friendly and actively encouraging people to eat and drink independently if appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Sufficient staff being around to provide support and assistance to those who need help to eat and drink.</td>
</tr>
<tr>
<td></td>
<td>• Any unnecessary interruptions during mealtimes.</td>
</tr>
</tbody>
</table>
- The environment being clean and tidy.
- People being invited and supported to wash their hands before a meal, where they wish to do so.
- A pleasant atmosphere, conducive to eating (for example, no unpleasant odours).
- Special equipment available for those who need it (for example, adapted crockery or cutlery).
- The food served meeting the person’s needs and requirements.
- Nobody having to wait unduly for their meal.
- Drinking water available.
- Drinking water being changed at regular intervals.
- People being offered a range of drinks (for example, juice, squash, tea, coffee).
- Volume capacity of cups or beakers on the record/poster/notices etc. for reference.
- People able to reach food and drink.
- People being helped or encouraged to drink between meals.
- Staff observing for signs of under or over-hydration – by touching or assessing skin.
- People who receive clinical nutrition being observed for dry lips – having their oral hygiene attended to.
- People having their human rights and their dignity respected.
- Staff enabling and supporting visitors and relatives to help people to eat and drink.

**MNN6** People are not interrupted during mealtimes – unless they wish to be or an emergency arises. Look for:

- Meals being served at the agreed time.
- Signs/posters displaying protected meal time is underway.
- Setting being closed to all unnecessary visitors.
- Staff asking people about their reasons for not eating or drinking during mealtimes.
- People being given enough time to eat.
- Cleaning not occurring during the meal service or when people are eating, unless there is a safety risk present.

**MNN7** Food delivery, handling and storage. Look for:

- Food handling policy on display.
- Food hygiene policy on display.
- Those handling food washing their hands.
- Policies and procedures being followed for the safe handling, storage and labelling of food (including vegetarian and halal food).

**MNN8** People are offered choice. Look for:

- People being given an informed choice, i.e. using a menu, lists, verbal descriptions, pictures, photographs.
- Staff being able to respond to a request for a replacement meal that is appropriate to the person’s individual needs.
- A range of replacement meals being offered that include the provision of culturally sensitive choices (for example, halal) and for reasons associated with special physical needs (for example, dysphagia).
- People not waiting too long for a meal of their choice.
- People preparing food for themselves.
- Relatives providing alternative meals.
- Staff checking whether people eat their food and recording this in the person’s care plan.
## Appendix 3 Process Measures for Nutrition

### ALL PATIENTS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Sample</th>
<th>Graph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Screening</td>
<td>Percentage of patients with documented evidence of nutritional screening</td>
<td>Active patient review of 10 consecutive patients on the caseload on a predetermined day</td>
<td>Proportion Run chart or P chart</td>
</tr>
<tr>
<td></td>
<td>Numerator = number of yes Denominator = 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Intake</td>
<td>Percentage of at risk patients with documented evidence of nutritional intake per protocol in last 24 hours</td>
<td>Active patient review of 10 consecutive ‘at risk’ patients on the caseload on a predetermined day</td>
<td>Proportion Run chart or P chart</td>
</tr>
<tr>
<td></td>
<td>Numerator = number of yes Denominator = 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid Intake</td>
<td>Percentage of at risk patients with documented evidence of fluid intake per protocol in last 24 hours</td>
<td>Active patient review of 10 consecutive ‘at risk’ patients on the caseload on a predetermined day</td>
<td>Proportion Run chart or P chart</td>
</tr>
<tr>
<td></td>
<td>Numerator = number of yes Denominator = 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid Output</td>
<td>Percentage of at risk patients with documented evidence of fluid output per protocol in last 24 hours</td>
<td>Active patient review of 10 consecutive ‘at risk’ patients on the caseload on a predetermined day</td>
<td>Proportion Run chart or P chart</td>
</tr>
<tr>
<td></td>
<td>Numerator = number of yes Denominator = 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Measures to be locally determined

Source: Harm Free Care Guide
Resource section

BAPEN

1) Organising Food and Nutritional Support in Hospitals: an interactive diagram to demonstrate how nutritional services might link within a hospital (http://www.bapen.org.uk/ofnsh/index.html)

2) Education and training: Interactive e-learning modules on nutritional screening using ‘MUST’ for hospitals and community

BAPEN e-Learning website
http://www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/e-learning-resources-on-nutritional-screening-for-hospitals-and-the-community

This website provides easily accessible nutrition learning materials to all professionals involved in providing care to patients. The first 3 modules (now available) are designed specifically to provide an adequate introduction to the subject for foundation year doctors and enable them to meet the requirements of the foundation programme in relation to nutritional care. Their content is however relevant to all health and care professionals.

1) The Harm Free Care e-learning modules contain a module on nutritional screening (developed by BAPEN) using ‘MUST’ and a module on hydration www.e-lfh.org.uk/projects/harm-free-care/

2) Designed for health and care staff working in hospitals the nutrition module explains the causes and consequences of malnutrition, the importance of nutritional screening and how to screen using ‘MUST’. It includes case studies and care plans appropriate for patients in hospital and an online assessment tool together with the ability to print off certificates of achievement. The hydration module outlines the importance of managing hydration and offers practical guidance on preventing dehydration

3) Nutrition screening modules are also available for community staff (a) primary care staff and (b) care home staff

Undertaking these modules will equip staff to play a key part in improving the nutritional care of their patients as well as ensure compliance with the Care Quality Commission regulation.

3) BAPEN Conference and Regional Study Days www.bapen.org.uk

BAPEN holds an annual conference ‘Malnutrition Matters’, open to all, which provides a leading edge update in clinical nutrition and meeting quality standards in nutritional care

BAPEN also has a regional network and the regional representatives hold regular study days which may be of significant interest to clinical frontline staff

Please send us your resources to add