Making a Difference

The evolution of the nutrition champion role in NHSScotland
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Introduction

High-quality nutrition is, and always has been, pivotal in supporting patients in hospital to recover from illness. It was therefore a source of great concern when reports at the beginning of the 2000s identified the need for improvement in the quality of hospital nutrition standards in Scotland.

Responses to these reports from government and service were rightly swift and decisive. NHS Quality Improvement Scotland (NHS QIS) developed a set of Food, Fluid and Nutritional Care in Hospitals standards to be applied throughout the country, and a national Improving Nutritional Care Programme was put in place, making evidence-based education and practice development resources and a national catering and nutritional specification freely available to all NHS staff. And in June 2008, the nutrition champion initiative was launched to specifically improve nutrition standards in Scotland’s hospitals.

There are now nutrition champions in all of Scotland’s territorial NHS boards and most of the special health boards. This stands as a tribute to the roles they perform.

As this publication shows, the champions, who are supported by an excellent development programme devised by NHS Education for Scotland and a very strong national network of their own creation, are proving indispensable to the provision of high-quality nutritional care in our hospitals. They are driving substantial improvements in patient care, such as the introduction of protected mealtimes, which are being identified through the process of assessing practice against the NHS QIS standards.

But the real evidence for improvement comes from patients themselves. Patients tell us they value the improvements that initiatives such as protected mealtimes have brought, particularly in relation to being offered hand wipes, fresh iced water and juice prior to their meals. We are also receiving informal feedback from patients that they are seeing improvements around food quality and choice in hospitals, which has also helped to promote better nutritional standards.

Jane Ewen, the nutrition champion for NHS Grampian, writes in this publication that she “genuinely feel(s) that the nutrition champion role is making a difference.” What Jane feels, patients see.

It is a tribute to the nutrition champions, working with their colleagues in dietetic, nursing and catering services, that these improvements have been achieved. And this has been reflected in the commitment made by the Scottish Government to fund the champions initiative for a further year. Nutrition champions are valued by the government, patients and professionals and have reinforced the central importance of nutrition in creating a healthy Scotland.

I now look forward to the nutrition champion role being embedded within NHS boards and to seeing the champions continuing to drive nutrition standards in hospitals. They are also playing a key role in realising the aspirations set out in the NHS Quality Strategy for Scotland and have strong links with other important national initiatives, such as the Patient Safety Programme, Better Together and Leading Better Care. Nutrition champions are genuinely making a difference.

Nina Fraser
Chair of the Integrated Programme for Improving Nutritional Care in NHSScotland Project Steering Group
Nurse Director, NHS Shetland
From there to here...

The nutrition champions initiative is part of a range of measures in place to promote nutritional care in NHSScotland. This article sets out some of the key milestones so far...

The Improving Nutritional Care Programme (INCP) was set up in October 2007 to support NHSScotland in meeting the NHS Quality Improvement Scotland (NHS QIS) Food, Fluid and Nutritional Care in Hospitals (FFNCH) standards.

Food, Fluid and Nutritional Care in Hospitals

The FFNCH standards, launched in September 2003, were developed due to a recognition that the effective delivery of food and fluid and the provision of high-quality nutritional care are crucial for the well-being of patients in all hospitals. They also reflected a general view held among the public at that time that food and nutritional care in hospitals needed to improve, a view that had been supported some three years previously in a report which showed that 21% of older people in Scotland’s long-term care establishments, including NHS and non-NHS sectors, were undernourished.

While the FFNCH standards acknowledge the growing problem of obesity in Scotland, their primary purpose is to avoid undernourishment of patients in hospital. They apply to all patients in every hospital, although it is recognised that some groups, such as the very young and very old, those with physical disabilities that inhibit eating and drinking, people with learning disabilities and/or mental illness and those with cultural or religious requirements, may be at particular risk.

They also reflect the fact that patients’ needs for nutritional care in hospital vary widely. While many, probably the majority, require not much more than the routine provision of regular meals from catering staff, others need complex nutritional regimes and depend entirely on professionals for the provision and delivery of their nutrition.

The standards take account of all these complex issues and factors in their composition, reflecting the differing nutritional needs of individuals as they move through their patient journeys.

The aim was to set standards that are “achievable but stretching”. In drafting the standards, NHS QIS drew on the experience of the members of the FFNCH Standards Project Group, a wide range of evidence around nutrition in hospitals and the views of patients and patient-support groups.

The project group identified six key areas in which desirable, achievable and measurable standards would be set:

- **Standard 1** - Policy and Strategy
- **Standard 2** - Assessment, Screening and Care Planning
- **Standard 3** - Planning and Delivery of Food and Fluid
- **Standard 4** - Provision of Food and Fluid to Patients
- **Standard 5** - Patient Information and Communication
- **Standard 6** - Education and Training for Staff

Each standard is defined through specific criteria. Most criteria are essential, in that it is expected that they will be met wherever a service is provided. Others are desirable and reflect levels of quality that service providers should strive to achieve.

Following a review of all NHS boards against standards 1,2 and 6, NHS QIS published a national overview report in August 2006 detailing recommendations for further improvements in the quality of nutritional care in NHSScotland. At the same time, Audit Scotland published *Catering for Patients: a Follow-up Report*, which highlighted that while substantial improvements had been made in catering services, there was a need to focus on ensuring patients received good nutritional care.
Integrated Programme for Improving Nutritional Care in NHSScotland

Recommendations from both these reports were to be taken forward by the Integrated Programme for Improving Nutritional Care in NHSScotland. The INCP ran from December 2007 to December 2009 under the direction of Eileen Moir, Penny Bond and Jeannette Morrison from NHS QIS and David Bedwell of Health Facilities Scotland (HFS), working in collaboration with NHS Education for Scotland (NES) and a wide range of stakeholders. The overall aim of the integrated programme was to improve and enhance the nutritional care of people in hospitals.

Each of the three collaborating organisations was accountable and responsible for the delivery of relevant objectives:

- **NES** had to promote staff knowledge, skills and capability through developing a capability framework and other educational initiatives
- **NHS QIS** was tasked with implementing a practice development programme building on the issues identified during the first NHS QIS review of NHS boards’ performance against the standards and the Audit Scotland report
- **HFS**, working with **NHS QIS**, was charged with implementing the National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland, a set of seven standards for nutrient and food provision launched by the government in June 2008 to support NHS boards in implementing the NHS QIS standards and ensuring healthy nutrition for patients
- and **HFS** had responsibility for ensuring optimum utilisation of resources to minimise wastage.

Nutrition champions

As part of this drive to improve nutritional standards in Scotland’s hospitals, the Scottish Government provided funding in July 2008 to enable each territorial NHS board to employ a nutrition champion. The aim was that the champions would:

- support their NHS board in the delivery of food, fluid and nutritional care
- influence a wide range of staff to implement and monitor the NHS board’s nutritional care policy
- drive forward change within their own organisation.

The nutrition champions were envisaged as having a key role in supporting NHS boards to improve nutritional care for patients, working closely with charge nurses and other staff. They would be supported by a specific development programme and a national network.

*Making a Difference* now reflects on the evolution of the champion role, starting with a look at the development mechanisms put in place to support the role.
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Developing a champion

The nutrition champions have driven their own development programme to ensure they have the skills and knowledge they need to perform their vital roles...

Ensuring good nutritional care for a ward of 20 or 30 people, each of whom has individual needs and preferences, is a challenging task. So imagine taking on the task of supporting nutritional care for an entire NHS board area, with thousands of hospitalised patients at any given time.

That was the scale of the challenge facing the nutrition champions, and it was clear that it was a challenge they would need support to meet.

Being a nutrition champion would call for a high level of knowledge and skills in nutritional care, for sure. But the champions would also need to be leaders, strategic thinkers capable of exerting a positive influence on nutritional care across a whole health board and beyond.

NES Educational Projects Manager Patricia Howie explains that this was recognised from the very inception of the champion initiative.

“It was likely that the applicants for the nutrition champion posts would have expertise in nutrition, but not necessarily in organisational development and change management," Patricia says.

“The core job description (see box) sets the nutrition champion as a strategic role. It describes the need for champions to support and influence staff, to support strategic-level groups and initiatives, and to coordinate and work collaboratively across boards. Ultimately, the champion’s role is about having the skills and knowledge to change attitudes and values across the organisation and embed nutritional care as a core part of services, so there was a clear development need here from the outset.”

Nutrition champions - job purpose
To support the NHS board in the delivery of the Food, Fluid and Nutrition (FFN) agenda by providing a coordinating role, supporting and developing the existing nutritional infrastructure, and ensuring a multidisciplinary approach to improving nutritional care.

Main duties and responsibilities
- To influence a wide range of staff to ensure delivery of the FFN agenda through assessment, good practice and monitoring of policy implementation, including the impact on patient care.
- To participate in, and support, NHS boards’ FFN care groups and associated subgroups.
- To promote the FFN agenda and ensure that its principle aims are embedded in practice.
- To fulfil a coordinating role and work collaboratively with colleagues in clinical governance, audit and risk departments to ensure compliance with standards.
- To produce regular reports on progress with the action plan.
- To support and enable staff to implement the standards at a local level.
- To assist in the delivery of educational programmes in relation to FFN across a range of clinical and non-clinical staff.
- To engage with NHS board nutritional leads and share good practice.
The nutrition champions’ development programme was consequently designed to support champions to implement change in nutritional care in their board area, maximising their effectiveness in addressing nutritional care practices around key areas such as **protected mealtimes for patients** (free from distractions and interruptions from staff and visitors) and use of the **Malnutrition Universal Screening Tool (MUST)** as an assessment mechanism. And a key element of the design of the development days was that the agenda was dictated not by NES, but by the nutrition champions themselves.

“**Particularly important to the champions was developing skills in positively influencing leaders within their organisations**,” Patricia says. “They could see the organisational development and change management elements inherent to the role and were seeking learning that would help them develop skills in those areas,” she says.

The programme, which was approved by NES’ education sub-committee for nutritional care, consequently focused on:

- influencing skills
- change management
- project management
- conflict management
- improvement methodology
- managing/chairing meetings
- report writing
- carrying out audit and evaluation.

“Particularly important to the champions was developing skills in positively influencing leaders within their organisations,” Patricia says. “They could see that nutritional care had to stay well-up the agenda of NHS boards, so couching it in language that NHS boards respond to, like ‘risk management approaches’, is an important part of the role.”

Not unexpectedly, learning around supporting boards to meet the requirements of the NHS QIS standards also featured prominently in the champions’ “wish list” for educational development.

“The champions clearly identified learning needs round this central commitment as well,” Patricia recalls. “It gave me the impetus to speak to individual NHS boards about developing local education programmes, with the champions leading on education initiatives that would support staff to ensure they comply with the NHS QIS standards, one of which deals specifically with staff education and training.

“This didn’t mean staff had to be taken out of wards and sat at a desk,” Patricia continues. “It was important that the champions, and subsequently the boards, recognised that ward-based learning is just as valid and valuable as formal classroom teaching. So if a champion is in a ward working with two or three staff and passing on her wisdom and knowledge, that is valid educational activity.”

A five-day development programme was initially designed, but this was increased to eight days at the request of the champions. Patricia engaged
the services of Liz O’Neill, an experienced facilitator whose professional interests seemed to overlap neatly with many of the kinds of issues the champions wanted to learn about, to oversee the fourth development event, a two-day workshop held in January 2009 which focused on the key organisational and change management issues identified by the champions.

This was an interactive workshop with opportunities for learning, sharing knowledge and individual and role development. It covered:

- **taking stock**: where the champions had been and were at that point, maximising their assets – what they brought, needed and wanted, and assessing organisational readiness for change
- **thinking positively**: what would success look like, and what needs to happen to make it a success?
- **making it happen**: sharing skills, tools and experience.

Essentially, the workshop sought to strengthen the champions’ confidence and influence as change agents, leaders and influencers, facilitators, communicators and problem-solvers, before moving on to make defined plans for future action.

“There was very little lecture-type delivery at this workshop,” Patricia says. “It was highly interactive, focusing very much on people’s experience and the real issues they face in their workplace. All the examples we used to stimulate discussion were practice-based and focused totally on nutrition.”

A direct spin-off from this kind of engagement with the champions, in which they have opportunities to speak about things that are actually happening in their workplaces, has been the development of the **nutrition champions’ national network**.

“The champions took the development days on and set up their own network, through which they share practice, ideas and problems,” Patricia says. “That has been a very positive outcome of the programme.”

Other development days have focused on issues such as project management, chairing and managing meetings, developing a business case, practical elements such as the MUST tool, synergy with the new senior charge nurse role framework and the future of the nutrition champions role.

Nutrition champion Linda Burgin from NHS Highland is in no doubt about the value of the programme to her development.

“The programme was great,” she says. “It’s good to look at things differently, and the development days encouraged us to do that – looking at different ways of working, developing our role and enhancing the care others give by making it meaningful and important to them.”

Linda identifies the networking opportunity offered by the development days as one of their biggest pluses.

“It’s not about chatting – although there is a bit of that!” she says. “It’s about spending time together and getting to know each other as a group, knowing what makes each of us tick. It means we now know each other very well – we can go to each other when a problem arises in our areas. The network will endure, I feel.”

Patricia Howie agrees that the programme has provided not only a genuine foundation for the champions from which to practise, but has also opened up wider networking opportunities.

“We conducted an evaluation of the programme after the final development day in February 2010, and the feedback was very positive,” she says. “There was much to value in the programme content, but the networking and opportunities to share good practice were particularly appreciated.”

NES is now looking to facilitate further update days for the champions as the role develops.
Who better to describe the experience of being a nutrition champion than the champions themselves? We talked to some champions and asked them to tell us what it is really like...

Chipping away

The combination of the national focus on nutrition in hospital and her own career-long interest in nutritional care meant the nutrition champion post in NHS Highland was in many ways Linda Burgin’s perfect slot.

“Seeing a nutrition champion reminds people that actually, nutritional care is very important,” she says. “There is so much going on in wards that you can forget about the fundamentals – and this is about fundamental care.”

Of all the nutrition champions, Linda, who has a nursing background, has the greatest geographic challenge. NHS Highland comprises the largest and most sparsely populated part of the UK, with a mountainous terrain, rugged coastline and populated islands. The area covers 33 028 km², which is around 41% of the land mass of Scotland, and serves a population of 310 000.

“Because of the geographical challenges, I can’t be everywhere,” Linda says. “So I have been tending to target senior charge nurses as the biggest potential movers and shakers. I attend all the locality food and nutrition groups and have an hour slot on the Leading Better Care development programme with senior charge nurses. So they know me and can come to me with their issues.”

So has Linda been able to make a tangible difference at ground level? She believes she has.

“One ward in particular comes to mind and is typical of how it has developed,” she says. “Staff in this ward were a bit sceptical about what I could offer initially, but it’s absolutely brilliant now. The charge nurse has changed her perceptions – indeed, she’s putting her heart and soul into it. MUST has been embedded in their practice, they use nutrition care plans that have been adapted for their area and they have worked with the dietitian and catering staff to develop a small-appetite menu and make protected time for education.

“There are other places like that where people’s perceptions and attitudes are changing – it’s just a case of chipping away.”

Driving up standards

Like Linda, a career-long interest in nutrition was the impetus for Claire Blackwood to go for the nutrition champion post in NHS Ayrshire & Arran.

“I’ve always been interested in nutrition and had actually started dietetic training before entering nursing,” Claire says. “I’ve had a variety of nursing jobs in hospital and community settings, but when I saw this role, I thought it was something I could really engage with. It’s given me a different perspective, looking more strategically and having an overarching view across the whole NHS board.”

That strategic outlook includes being a member of the very influential nutritional care group, chaired by the board’s executive nurse director. “There are key people round that table and on its subgroups,” she says. “Different pieces of work, such as the development of guidelines and protocols, come from them. I helped create our board-wide
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nutritional care strategic policy and, of course, there is a lot of work to be done to prepare for the NHS QIS peer-review visit.”

But Claire sees engaging with staff locally at ground-level as equally important. “I sit in the practice development team for the board, so it is important to engage with lots of different groups of staff,” she says. “We have roughly 100 inpatient wards, so I try to target key groups, like nurse director meetings and nurse manager meetings, AHP meetings and practice development activities. I also deliver MUST training on induction courses and nutritional care information at annual lecture days for nursing staff.”

While Claire enthusiastically advocates for the nutritional care guidelines and protocols she and her colleagues have developed for the benefit of patients, she fully recognises the conflicting pressures staff face at ward level.

“As nutrition champions, we have one area to promote,” she says. “Charge nurses and their staff have so many different pressures and competing agendas. So my job is about emphasising the key benefits for patients in, for example, protected mealtimes and supporting nurses to adopt practices that will actually help them achieve their objectives and improve the quality of care in their wards.”

She also recognises the importance of developing evidence to support the nutrition champion role.

“There has been a lot of focus on making sure we are compliant with the NHS QIS standards, but we also need to look at robust monitoring and collect evidence to show that, for instance, the MUST tool is effective and that planned interventions are working,” she says.

“It is a challenge, though,” she continues. “We have qualitative data around protected mealtimes that we’ve gathered from patient surveys, but it’s difficult to collect quantitative data to show that patients’ nutritional states have improved as a result – the challenge is in trying to gather that kind of information to illustrate that good nursing care and ward processes are working effectively to improve the nutritional care of our patients.”

So has the nutrition champion post lived up to Claire’s expectations?

“It is probably further-reaching than I had thought – the role encompasses much more than I had anticipated,” she says. “But it is very satisfying to see changes being made for the benefit of patients through staff training, or the introduction of a guideline. And having the nutrition champions’ network has been key. It reminds you that you’re not the only one trying to implement a new initiative locally – all your colleagues are doing exactly the same thing and working toward the same goals.

“There’s a huge amount of sharing of good practice through the network – you always find someone who’s further ahead than you are on a particular initiative who can support you, and someone who is a bit behind in something else that you can support. The network has been really effective nationally in driving up patient care standards.”

Juggling roles

Moving to a new senior charge nurse job in a unit for care of older people is a challenging enough experience, and not one that you would think could be combined easily with the equally challenging mantle of being a nutrition champion. But that is precisely what Laura Whittall from NHS Shetland has taken on.

“One of Laura’s first actions was to send all the departments in NHS Shetland an email asking how they could support managed mealtimes for patients. She discovered that some departments actually didn’t know when patients got their lunches, but were keen to support the idea.
“I’m able to focus on very operational issues, such as making choices on the kinds of gastrostomy tube being used. That’s the benefit - I don’t think I would be able to have that influence if I wasn’t the nutrition champion.”

“There have been a few hiccups since then, but I reckon it is now working very well,” she says. “The departments are enormously keen to support the idea of managed mealtimes, and wards are saying they have really noticed a difference since their introduction.”

Each ward has an identified nutrition link nurse that Laura works closely with. She also works with her fellow senior charge nurses and finds her peer status helpful in this regard.

“I know the pressures they are under, because I’m under them myself,” she says. “So I can level with them and say ‘this is the standard we have to meet, and here’s how we can do it’. They’re always very supportive.”

Laura has also been able to engage very positively with the catering company who are contracted to supply food to the health service. “They’ve been able to do some very innovative things,” she reports. “On a Friday morning, for instance, they go to the fish market and pick up fresh fish that is then served to patients at lunch. So the quality of food at the moment is really high.”

Juggling the senior charge nurse and nutrition champion roles is a bit of a challenge, but Laura believes it is worth the effort. “We are a small unit, so it’s manageable,” she says. “And it’s having an effect in making people think differently.

“Like the other nutrition champions, I take a strategic overview across the service,” she continues. “But because of the nature of services in the Shetlands, I’m also able to focus on very operational issues, such as making choices on the kinds of gastrostomy tube being used. That’s the benefit – I don’t think I would be able to have that influence if I wasn’t the nutrition champion.”

Lots of pluses
Joy Farquharson, nutrition champion in The State Hospital, comes from a different background to many of her champion colleagues.

“I’m a public health nutritionist and worked previously in health improvement and public health,” she says. “The champion post is therefore quite different for me.”

Her host institution – a high-secure forensic mental health hospital – also poses some particular challenges.

“It has been a big learning curve around understanding forensic mental health,” she says. “I had never worked in mental health before, so there was a lot to get my head round. The hospital provides high-secure care for around 140 patients. The average stay is seven years, but some patients have been here for over 40 years. So it’s a very different agenda from an acute hospital.”

The patients also pose nutritional challenges that are different from those faced in many other hospitals in Scotland.

“While nutrition problems in acute hospitals might focus on under-nutrition, our big problem is over-nutrition,” Joy says. “We have a high rate of obesity due to a number of factors, including inactivity, lack of motivation and medications, some of which predispose to weight gain.

“This means that some of the food, fluid and nutrition standards, such as snacks having to be 150 calories each, are not appropriate to us. We don’t want patients to increase their calorie intake – quite the opposite! We have therefore tried to concentrate on meal options and making sure they are as healthy and nutritious as they can be, then backing that up by educating patients to make healthier choices. We have also introduced various training programmes for staff around healthy eating, nutritional screening and the role of the dietitian.”

Her lack of clinical responsibility means she can focus on key tasks. “I don’t have the clinical pull that the other champions have, so I’ve been able to use my health improvement and project management experience to take this forward,” she says. “We tackle small things at a time – that approach has stood me in good stead.”

Joy, who is currently undertaking a Master’s degree in public health, recognises the value of the work undertaken at the hospital prior to her arrival.

“I was fortunate in that a new lead dietitian had
taken up post a year before I arrived and started the ball rolling,” she says. “In addition, the nutrition and weight management group had developed an action plan to take forward the food, fluid and nutrition agenda.”

Joy also benefited from the immediate support she received from the senior team within the organisation.

“The two co-chairs of the nutrition and weight management group are the lead dietician and the director of nursing,” she says. “I had these people on my side from the start, which was very helpful.”

Joy and her colleagues have now got a wide range of initiatives under way. All menus are nutritionally analysed and menu items are traffic-light coded, following an idea developed at the Royal Edinburgh Hospital. “We are one of the few boards in Scotland to have done that,” Joy says. “It makes it much easier for patients and staff to see the healthy choices and the less-healthy ones.”

Picture menus have been introduced, initially only for the ward for people with learning disabilities, but now being rolled out across the hospital. “Depending on their life experiences, some of our patients may have difficulty recognising the name of a meal such as shepherd’s pie,” Joy explains. “But they might be able to recognise a picture.”

A pilot project using MUST and a locally developed screening tool had been undertaken just prior to Joy’s arrival at the hospital. “The pilot demonstrated that MUST was not an appropriate tool for the patient group,” Joy says. “It failed to identify their risk of malnutrition because it does not classify risks in relation to obesity. NHS QIS agreed that MUST is not appropriate for the State Hospital and that we could develop our own assessment tool, and we are currently in the final stage of validating it.”

Joy’s overall experience as nutrition champion is that while there are particular challenges in promoting nutritional care in a forensic mental health setting, there are also big gains.

“Yes, there are frustrations, but there are lots of pluses too,” she says. “It’s all about tailoring what you can offer to the unique needs of the patients. And one of the biggest bonuses has been the chance to get involved in research and evaluation – that has been a fantastic experience, and we’re now preparing a paper on the validation of the screening tool for publication.”

Nutrition Champions at a Development Day

Build on successes

As the champions’ stories show, the nutrition champions initiative is a key part of the national drive to up the standards of nutrition in Scotland’s hospitals, encapsulated in the Improving Nutritional Care Programme. And, according to Penny Bond of NHS QIS, the champions have been central to the programme’s achievements.

“The nutrition champions’ energy and enthusiasm have helped to raise the profile of nutrition and to ensure real improvements in nutritional care at ward level,” Penny says. “It’s great that Scottish Government has funded the champions for a further year, and it’s now crucial that we build on successes to date, don’t lose momentum and continue to work with the champions to ensure that nutritional care becomes embedded in the quality agenda of boards across Scotland.”
NHS Grampian nutrition champion Jane Ewen walks us through a typical day as a champion...

08.00 I arrive at my office in Aberdeen Royal Infirmary (ARI). First thing to check is the emails and voicemail – usually plenty has been going on when I haven’t been here. There are generally queries from senior charge nurses and dietetic and catering teams and information about activity around, for instance, the patient experience programme, Releasing Time to Care and upcoming educational events, but the odd problem also comes flying in. I have a very supportive environment in NHS Grampian, and it’s reassuring every time I open the emails to know that there will be support there for me if I need it.

There is an email this morning about the involvement of medical students in protected mealtimes – definitely one to pursue. Also some new information from our feedback service on complaints and compliments – this is invaluable information that lets me identify problems and emerging trends in nutritional care which I can feed into our nutritional care strategy and use when working with teams to improve the patient experience. But there’s nothing that needs immediate action from me.

08.45 I attend the weekly nurse managers’ meeting in the hospital. This gives me an opportunity to engage with this key audience and inform them about developments in nutritional care. We have some discussion today about the use of ice machines in the organisation and the implications of proposed changes. And I update them on progress on protected mealtimes.

09.45 Time for a quick coffee – champions’ nutritional needs are important too!

10.00 I travel to a Public Involvement Group meeting at Cornhill Hospital. This is a nine-strong group of people from various parts of Grampian who are crucial and integral to everything we do. They are very supportive of the champion role and have commented publicly on the positive impact it has had, so it is always a pleasure to update them on what’s happening. I co-chair this meeting with our catering manager.

12.00 Back at ARI. We are still very much looking at the implementation of protected mealtimes in the hospital, so I take the opportunity to visit one of the wards and speak to the senior charge nurse. I had met her previously when I facilitated an education session she attended as part of her Leading Better Care programme and also when we had a meeting on the ward to discuss components of the nutritional care clinical quality indicator.

We undertake what we call an “observational audit”...
of the mealtime, which means she and I walk the floor together and note what is taking place. This is the kind of activity I’ve been involved in across a range of hospitals in Grampian, and it’s always very valuable.

We start the audit 15 minutes before the trolley arrives, using the National Patient Safety Agency protected mealtime audit framework, adapted for local use. We check the environment – are tables cleared, has the area been cleaned, are there inappropriate items like vomit bowls or urinals hanging around when they shouldn’t? – and whether patients have been offered hand wipes, made comfortable and been given a fresh drink that is within easy reach. Poor organisation usually means a poor mealtime experience for the patient.

When the trolley arrives, we look for an organised, courteous and attentive approach from staff to make sure patients can enjoy their food safely and easily and receive the individual assistance they need. We note whether fluid and food charts are being filled appropriately and also, crucially, who is arriving on the ward at this time, and is his or her visit essential?

Sometimes such interruptions are crucial – a patient who urgently needs medical attention or a test that has to be taken at that time – but often they are not. I recall one senior charge nurse being taken away from his mealtime duties by a member of staff from linen services who wanted to discuss a new cover for the linen trolley – definitely not an essential interruption in my view.

It is really positive to note that all nursing staff in this audit are involved in meal service and are not having their own meal break. They are very courteous, prompt when serving lunch to ensure it is at the right temperature and pay particular attention to individual needs. Most patients are prepared appropriately for their meal, although a couple are not for various reasons, and I discuss this with the senior charge nurse. I will do a full report later and feedback to the whole team.

13.15 Lunch! I go to a small staff room in the hospital and spend some time over sandwiches with colleagues from the Professional and Practice Development team.

13.45 Activity varies at this time of day. Today I pop down to the main kitchen in the hospital for a quick catch-up with staff about a food waste project we are running.

14.00 Time for the monthly Grampian Nutritional Care Steering Group meeting at Cornhill Hospital, chaired by our consultant gastroenterologist. This is a multidisciplinary group that covers the whole of Grampian. Its remit is to direct nutritional care within the health board and create board nutritional care policy.

Today, we look at progress the board is making in relation to the NHS QIS standards, discuss comments and complaints and decide where I need to progress anything on behalf of the board. I have a standing slot on the agenda and report on some work we’re doing in relation to patient dignity as part of our patient experience and patient safety agendas. This work has arisen as a result of observations I’ve made during the ward audits. I speak about some pilot nutritional care projects we’ve developed and report on current work on developing intra- and inter-hospital transfer documentation with a clear nutritional care element, including MUST. I also update the group on what happened at the last nutrition champion development day in Stirling and report on the recent national steering group meeting in Edinburgh I attended as deputy for the nutritional care lead.

15.30 I need to excuse myself from the group as I have a teaching commitment. Education is a big part of the role, and I facilitate and deliver educational events for various groups across Grampian. This includes senior charge nurses, allied health professionals, healthcare support workers, newly qualified staff and university students.

Today, I have been asked to facilitate a session with nursing students on placement in the ARI. It’s a joint tutorial with a dietetic colleague on nutritional care in surgical patients. We have agreed in advance that my colleague will set the ball rolling while I am at the steering group meeting, then I will join her to do my bit.

I love teaching, and we have a brand-new purpose-built suite of teaching facilities at the hospital which makes it even more enjoyable. One of my key education responsibilities is chairing the board’s nutrition education group, a multidisciplinary group
that has developed a core nutritional care study
day which is mandatory for board staff. Everyone
who attends develops an action plan back in their
clinical area and, working with their senior charge
nurse, initiates an improvement in nutritional care,
progress on which is fed back to me. I then visit
the clinical area a month or so later to assess
the impact on practice – in a sense, “closing the
loop” as part of a continuing quality improvement
approach. We run this study day on a monthly
basis.

But today, we have 14 students, all from Robert
Gordon University, who have an afternoon tutorial
each week during their placement. My focus in on
nutritional care in the broadest sense, using the
Core Nutrition Pathway developed by NHS QIS as
a backdrop to look at the needs of surgical patients.
The tutorial evaluates very well, and feedback
suggests further education sessions for this group
of students would be beneficial.

16:30 Just time to nip back to the office to check
if there are any urgent messages. There’s nothing
that can’t wait until tomorrow, but I’m reminded
about the email from this morning about the
involvement of medical students and protected
mealtimes – I make a note in the diary to pursue
this tomorrow.

On the way home, I reflect on how fortunate I am
to have this fantastic role, which enables me to
have a big influence on such an important part of
patient care and to interact with so many interesting
people. I realise, not for the first time, how much I
still have to learn, especially around the catering
aspects of the service. But I genuinely feel that the
nutrition champion role is making a difference, not
just in Grampian, but all over Scotland. And as a
nurse, making a difference is what I’m about.
Supporting high-quality nutritional care

Scotland has two support resources on nutritional care that are not just for the nutrition champions – they are for everyone...

Nutrition Practice Development Toolkit

This toolkit has been developed as a resource to support practitioners in the clinical environment to make improvements in nutritional care. It contains the Core Nutrition Pathway, seen below, which was developed to reflect the patient's journey and to allow staff to identify critical points or blockages to enable them to prioritise action for these areas.

The toolkit also includes a number of audit tools based on the NHS QIS standards that complement the nutrition clinical quality indicator (CQI), a copy of MUST, the education framework and information from the Scottish Government's Improvement Support Team on quality improvement methodologies and their Good Practice Toolkit.

The toolkit has been disseminated to every hospital and ward across NHS Scotland to support existing nutritional care resources.
This web-based resource aims to support all staff involved in nutritional care in hospitals and is specifically designed to signpost individuals to relevant nutritional care education, support, tools and resources.

The overall aim of the site, which went live in December 2008, is to increase knowledge and skills to support the delivery of the Core Nutrition Pathway.

The site is intended for any member of NHS staff who is involved in the nutritional care of patients, from admission to hospital through to discharge. It promotes individual engagement with the nutrition pathway through increasing awareness of the significance of nutrition across the entire patient journey.

In addition, the site hosts some discipline-specific resources and facilitates the nutrition champions’ network through sharing of good practice.