

Board of Directors

Item 3.7

Subject: The Quality of Nutritional Care, adopting the BAPEN Nutritional Care Tool
Date of meeting: 26TH January 2016
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Presented by: Sue Pemberton Director of Nursing and Quality

BAF Ref	Impact on BAF Risk Rating
1,2	None

1. Introduction

Purpose of the paper:

- To outline the insight and evidence gathered to support the use of the BAPEN Nutritional Care Tool in Liverpool Heart and Chest Hospital
- To ask the Board to approve the use of the BAPEN Nutritional Care Tool across the organisation
- To ask the Board to endorse the proposed next steps

2. Key issues and recommendations

Regulation: The intention of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 is to "make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment". To meet this regulation, providers "must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so". In practice, this means that Individuals "must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or enteral/parenteral nutrition" (Source – CQC website).

Current state: Measuring nutritional care is complex and fraught with difficulty and until now there has not been a nationally available measurement tool to support organisations to monitor the quality of nutritional care organisations provide.

However, there has been widespread concern amongst nutrition experts nationally that the current audits of nutritional care are little more than a 'tick box' exercise, with little emphasis on the accuracy of screening, the quality of the nutritional care plan, the measurement of nutritional care actually delivered or directly relevant nutritional outcomes and patient experience.

The Nutritional Steering Group (NUT Group) chair has set up a task and finish group to look at the tool and to see how we can implement across the trust and also to identify the time required to undertake the survey.

3. Assurance Evidence for Trust Boards

Trust Boards are required to be assured that the quality of nutritional care in their organisation meets the required standard (i.e. all patients' nutritional needs are assessed and met, unless clinically contraindicated).

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The Trust is committed to ensuring compliance to the NICE Guidance for Nutrition in adults (CG32) and the NICE Quality Standards.

4. What the evidence tells us

There is increasing evidence that providing good nutritional care reduces length of stay, reduces harm and reduces mortality (NICE guidance, 2006; BAPEN 2012).

It is clear that good nutritional care improves patient experience and impacts positively on patient outcomes and quality of life.

1. There are significant financial benefits and opportunity cost savings for organisations who deliver good nutritional care. These are evidence in the Department of Health Food Standards Panel Report (which makes it a requirement for Trusts to have a food and drink strategy), NICE Cost Saving calculations and the Health Economic Report (BAPEN 2015)
2. The evidence has led NHS England to convene a National Nutrition and Hydration Strategy Development Group to produce a guidance document for commissioning good nutritional care.
3. The Care Quality Commission are retaining a focus on the delivery of good nutritional care as a core element of their routine inspections and the Trust will be required to demonstrate evidence of compliance to

standards.

How robust is the current level of assurance regarding the delivery of good nutritional care?

Measuring nutritional care is complex and fraught with difficulty which is why Liverpool Heart and Chest Hospital has had to rely heavily on auditing of nutritional screening alone. The new Nutritional Care Tool, developed by BAPEN with support from its Core Groups; the National Nurses Nutrition group, the Parenteral and Enteral Nutrition Group of the British Dietetic Association and the patient group, PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy) provides a much needed, local improvement assessment tool which easily permits measurement of the quality of nutritional care.

Proposal to adopt the new BAPEN Nutritional Care Tool

The benefits of using the BAPEN Nutritional Care Tool:

- the Tool is free to all NHS and social care organisations
- completion takes approximately 15 minutes per individual
- the data is instantly available to frontline teams to deliver improvements
- as a point of care measurement tool, improvements in nutritional care can be delivered whilst the patient is still in care rather than the organisation having an over-reliance on retrospective audits
- the tool dashboard provides ward-to-board reporting of nutritional care to enable clinicians and senior leaders to identify areas of best practice and opportunities for shared learning
- the inclusion of patient experience questions provides the opportunity for Trusts to demonstrate how they are responsive to patients' needs
- data collected are stored on a secure N3 server; no patient identifiable information is requested

The new BAPEN Nutritional Care Tool will enable the organisation to measure:

- how much weight patients are losing (or gaining) during their stay
- how accurately nutritional screening is completed
- the level of support given to patients who require assistance to eat and drink
- where the variation exists; identify the wards in our Trust delivering good nutritional care and the ones requiring support to deliver improvements
- the barriers to the provision of accurate screening

The BAPEN Nutritional Care Tool is completely voluntary so it is up to the Trust how frequently it is used and the scale of use. To gain the maximum benefit it is recommended that the Tool is used throughout the whole

organisation on a monthly basis; ideally capturing data for all patients on the ward being audited. However, this does have a resource implication in terms of staff time and it is recommended that a team is coordinated to undertake the data collection (this could include Dietitians, Dietetic Assistants, dietetic, nursing and medical students and Foundation Doctors who are required to undertake an audit as part of their training as well as matrons and nurses).

BAPEN is recommending that organisations select one of the following levels of testing:

- **Level 1 National Nutritional Care Weeks** - Commit to participating in four national 'nutritional care' data collection weeks
- **Level 2 Monthly data collection on a selection of wards** – commit to identifying a number of wards in the Trust and collecting data once a month on these wards; this will provide improvement data over time and will deliver more robust assurance than quarterly data collection.
- **Level 3 Monthly data collection on all wards** – this is the gold standard and will provide robust assurance of the nutritional screening, nutritional care and patient experience. The dashboard will incorporate all wards and will demonstrate ward to board reporting across the Trust.

5. Recommendations

The Board of Directors to:

- Approve the adoption of the new BAPEN Nutritional Care Measurement Tool
- Agree to the Trust Carrying out Level 1 and participating in the four national nutritional care data collection weeks initially and then review
- Approve the proposal that the tool becomes an integrated part of our routine clinical audits across the whole organisation
- Approve the adoption of reporting using the nutritional care dashboard (automated within the tool) to support the nutrition steering group to provide more robust assurance of the quality of nutritional care provided