

Complex Nutritional Care

Standards

December 2015



Evidence

Healthcare Improvement Scotland is committed to equality and diversity. We have assessed these standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.

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Introduction

About Healthcare Improvement Scotland

We believe that every person in Scotland should receive the best healthcare possible every time they come into contact with their health service.

We have a key role in supporting healthcare providers to make sure that their services meet these expectations and continually improve the healthcare the people of Scotland receive.

We are a public body and have four principal functions:

- providing sound evidence for improved healthcare, through the Scottish Medicines Consortium, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network
- supporting the delivery of a safer health service and the reliable spread of best practice in quality improvement
- ensuring the effective participation of the public in the design and delivery of healthcare, principally through the Scottish Health Council, and
- scrutinising and quality assuring the provision of healthcare.

Our work programme supports the healthcare priorities of the Scottish Government, in particular those of NHSScotland's Healthcare Quality Strategy and the 2020 Vision.

For more information about our role, direction and priorities, please visit: www.healthcareimprovementscotland.org/drivingimprovement.aspx¹.

Background to the complex nutritional care standards

The *Food, Fluid and Nutritional Care Standards (2014)*² provide the overarching framework and principles for nutritional care and should be read in conjunction with these standards on complex nutritional care. The 2014 standards note the requirement for NHS boards to have a strategic group overseeing the implementation of the standards and provision of care (Standard 1). These complex nutritional care standards require this strategic group to also have responsibility for the provision of complex nutritional care and their annual, written report should now also include information on progress in this respect.

Nutritional care describes a co-ordinated approach to the delivery of food and fluid by different healthcare professionals based on the individual's needs and preferences and responds to changing nutritional requirements, for example, at end of life. It involves the regular monitoring and assessment of a person's nutritional status and referral to specialist care when appropriate.

The nutritional requirements of some people cannot be met by the usual oral route, even with extra help at mealtimes or by the prescription of simple oral nutritional supplements. Under these circumstances additional help is sometimes required, either by feeding by a tube into the gut, or through a line placed into a vein. Techniques that involve tubes or lines constitute 'complex nutritional care'.

Scope of the standards

The complex nutritional care standards do not cover hydration or techniques solely designed to deliver hydration, either by simple oral means or by peripheral intravenous cannulae.

The standards recognise that complex nutritional support may not be appropriate in all cases. Complex nutritional care can be offered to people reaching the end of their lives or undergoing palliative care but it is not always appropriate or desirable.

The complex nutritional care standards cover the following areas:

- Policy and strategy
- Assessment and plan of care
- Enteral tube feeding
- Parenteral nutrition
- Supporting patients, and
- Staff education and training.

Whilst setting out how complex nutritional care should be organised at an NHS board level, the standards should be reviewed pragmatically by service providers with implementation determined locally: not every criterion will apply to all settings or all service providers. The standards note the role of clinical nutritional support teams. These teams should either be provided by the NHS board, or accessed from another NHS board.

Format of the standards

This document specifies a minimum set of 'standards' for complex nutritional care. A standard is a statement of an expected level of service which demonstrates delivery of person-centred, safe and effective healthcare, and promotes understanding, comparison and improvement of that care. Standards can be used for national consistency and for local improvement.

All our standards follow the same format. Each standard includes:

- a statement of the level of performance to be achieved
- a rationale providing reasons why the standard is considered important, and
- a list of criteria describing the required structures, processes and outcomes.

The standards also identify what the standards mean for NHS boards and staff.

Within these standards, all criteria are considered 'essential' or required in order to demonstrate the standard has been achieved.

Examples of how NHS boards can demonstrate achievement can be found at the end of each standard.

Terminology

In the standards, the term 'clinical protocol' is used to cover any policy, standard operating procedure or protocol that lays out, in clearly defined steps, how a particular complex nutritional care process is delivered.

Wherever possible, we have incorporated generic terminology, which can be applied across all healthcare settings. The term 'representative' is used throughout the standards to refer to any person the patient wishes to be involved in their care. This includes, but is not limited to, parents, carers, family, welfare guardians or independent advocates.

Information for patients and members of the public

It should be noted that this document has been developed to support staff and NHS boards to ensure the highest standards of complex nutritional care services are achieved. Each standard details what patients, their representatives and the public can expect of healthcare services in Scotland following implementation.

Implementation

The complex nutritional care standards will be used as part of Healthcare Improvement Scotland's older people inspections from April 2016.

Summary of standards

- Standard 1:** Each NHS board's strategic hydration and nutritional care group, as defined in the *Food, Fluid and Nutritional Care Standards*², is responsible for ensuring that systems are in place, which ensure that patients who require complex nutritional care are safely and effectively managed.
- Standard 2:** Each NHS board ensures patients considered for complex nutritional care have a multidisciplinary assessment.
- Standard 3:** Each NHS board ensures the safe and effective delivery of enteral tube feeding.
- Standard 4:** Each NHS board ensures the safe and effective delivery of parenteral nutrition.
- Standard 5:** Each NHS board ensures patients are informed, involved and supported in all stages of their care.
- Standard 6:** Each NHS board ensures staff have the knowledge, skills and experience to deliver complex nutritional care safely and effectively.

Complex nutritional care standards

Standard 1: Policy and strategy

Standard statement

Each NHS board's strategic hydration and nutritional care group, as defined in the *Food, Fluid and Nutritional Care Standards*², is responsible for ensuring that systems are in place, which ensure that patients who require complex nutritional care are safely and effectively managed.

Rationale

A strategic, co-ordinated and multidisciplinary approach to delivering complex nutritional care ensures patients receive safe, effective and person-centred care². Establishing a hydration and nutritional care group, with oversight of both complex nutritional care and food, fluid and nutritional care will ensure that patients receive safe and effective care at home and in the community³. When an NHS board does not have a clinical nutritional support team, a clear and explicit arrangement must be in place with a clinical nutritional support team in another NHS board.

Complex nutritional care can improve disease outcomes, quality of life and nutritional status, including the growth and development of children.

Malnutrition has significant financial implications for healthcare³.

Criteria

- 1.1 The strategic hydration and nutritional care group is responsible for ensuring that safe and effective systems are in place to manage the requirements of all patients requiring complex nutritional care.
- 1.2 The group ensures written protocols and policies are in place that define how individuals with complex nutritional care requirements will be safely and effectively managed. These must, as a minimum, cover:
 - (a) the range of complex nutritional techniques and services available and how they can be accessed
 - (b) the role, responsibilities and membership of a clinical nutritional support team, where present
 - (c) the defined and agreed referral pathways for patients whose complex nutritional care requirements cannot be met within the NHS board, and
 - (d) how to access information and advice about complex nutritional care support.
- 1.3 Processes are in place to ensure that these protocols are:
 - (a) consistently and effectively implemented, and
 - (b) monitored and audited to ensure they remain up to date, relevant and fit for purpose.

- 1.4** The hydration and nutritional care group produces an annual, written report which details:
- (a) progress made
 - (b) action taken or required, and
 - (c) evidence of implementation of the NHS board's policy and strategic plan.
- 1.5** Information gathered from monitoring and reviewing complex nutritional care (including patient, patient representative and staff feedback) is used to improve services.

What does the standard mean for patients receiving complex nutritional care?

Patients (and/or their representatives):

- are assured that their complex nutritional care requirements will be met in a safe, effective and consistent way, and
- have confidence that their feedback will be used to improve services.

What does the standard mean for the NHS board?

- Each NHS board can demonstrate clear policies and pathways to ensure that the care and treatment delivered to patients are safe and appropriate.
- Complex nutritional care is included in clinical governance and annual reporting mechanisms.

What does the standard mean for staff?

Staff:

- can access a clinical nutritional support team and appropriate locally-agreed policies and pathways to support the safe and effective delivery of complex nutritional care for all patients who require it, and
- are clear what referral pathways to follow, for example, for patients presenting at out-of-hours services.

Examples of evidence of achievement *(NOTE: this list is not exhaustive.)*

- Minutes of nutrition and hydration groups.
- Copies of locally-agreed nutritional care and hydration policies and action plans.
- Annual, written report for nutrition and hydration.
- Locally-agreed guidelines, policies and patient pathways for complex nutritional care.
- Referral criteria for clinical nutritional support team.
- Patient, patient representative and staff feedback (anonymised) and how this is used to improve services.
- Locally-agreed audit and monitoring processes of policy and pathway implementation and review.

Standard 2: Assessment and plan of care

Standard statement

Each NHS board ensures patients considered for complex nutritional care have a multidisciplinary assessment.

Rationale

All methods of complex nutritional care have risks and benefits which need to be assessed and discussed with patients (and/or their representatives) if care is to be delivered safely and effectively. Complex nutritional care includes many different techniques and may be delivered in different environments.

Regular assessment ensures that patients receiving complex nutritional care have their requirements reviewed and updated as appropriate. This should be recorded in a documented plan which is an effective way to communicate these requirements to the patient (and/or their representative) and those involved in managing their care.

Criteria

- 2.1 All patients whose nutritional requirements cannot be achieved orally receive a multidisciplinary assessment.
- 2.2 Each assessment must cover:
 - (a) **person-centred information** – capacity to give informed consent; wishes of the patient (and/or their representative); ethical issues, including the risks and benefits of any proposed intervention; the patient's ability to meet their requirements without support; and the appropriateness of nutritional support in palliative or end of life care
 - (b) **clinical information** – the patient's current nutritional status requirements and indication for nutritional support; diagnosis of any underlying conditions and prognosis; need for referral to other professionals; expected duration of feeding; fitness to undergo any procedure; availability of the gastrointestinal tract; respiratory function; risk of re-feeding syndrome; and requirement for a swallow assessment, and
 - (c) **care setting** – where the feeding is to be carried out; and support available.
- 2.3 The outcome of the assessment and the proposed course of action (for example, no intervention, enteral tube feeding, or parenteral nutrition) is:
 - (a) documented in the patient's health record
 - (b) used to formulate a plan of care
 - (c) regularly reviewed, and
 - (d) communicated with the patient (and/or their representative).

- 2.4** It is clear who is responsible for each patient’s nutritional care irrespective of the setting in which care is delivered.
- 2.5** Where the decision-making process is difficult, or not clearly defined, a discussion is held with the patient (and/or their representative) to determine the most appropriate care and treatment. The discussion is documented in the patient’s health record.

What does the standard mean for patients receiving complex nutritional care?
<p>Patients (and/or their representatives) are:</p> <ul style="list-style-type: none"> • involved in decision-making relating to their nutritional care requirements • provided with the opportunity to discuss risks and benefits and give informed consent, and • involved in the assessment and planning of their care.
What does the standard mean for the NHS board?
<ul style="list-style-type: none"> • Each NHS board undertakes regular monitoring to provide assurance that multidisciplinary assessments and care planning involving patients (and/or their representatives) takes place and are accurately recorded.
What does the standard mean for staff?
<p>Staff:</p> <ul style="list-style-type: none"> • are aware of their responsibilities in carrying out multidisciplinary assessments and care planning to meet the needs of individual patients, which includes obtaining consent from patients (and/or their representatives), where appropriate • ensure that decision-making and a clear plan of care are accurately documented in the patient’s health record, and • ensure that the patient’s plan of care is regularly reviewed.
Examples of evidence of achievement <i>(NOTE: this list is not exhaustive.)</i>
<ul style="list-style-type: none"> • Documented multidisciplinary assessments to include information as stated in Criterion 2. • Individual documented assessments and instructions from dietetics and speech and language therapy. • Documented decision-making with patients (and/or their representatives). • Person-centred care plans for complex nutritional care. • Supporting locally-agreed documentation, for example patients at risk of re-feeding syndrome. • Locally-agreed audit and monitoring processes of assessments and care planning.

Standard 3: Enteral tube feeding

Standard statement

Each NHS board ensures the safe and effective delivery of enteral tube feeding.

Rationale

For patients who cannot meet their nutritional requirements orally, and where their gut is still functional, enteral tube feeding can provide effective support in both the short and long term. The delivery of enteral nutrition requires access to a range of facilities and skills to ensure safe, effective and person-centred care. Evidence shows that effective patient selection for enteral tube feeding reduces the risk of morbidity and mortality⁴.

All forms of enteral tube feeding have risks and benefits which must be assessed, balanced and discussed with the patient (and/or their representative).

Informed consent for enteral tube feeding must be obtained prior to any intervention. If a patient is unable to provide consent for enteral tube feeding, it must be demonstrated that the legal permission has been defined under the Adults with Incapacity (Scotland) Act (2000)⁵ or relevant mental health legislation⁶. For children, best practice guidelines should be implemented⁷.

Criteria

- 3.1** A locally-agreed enteral tube feeding protocol is in place, which:
 - (a) takes account of alerts⁸ and guidance from relevant national agencies⁹, and
 - (b) is reviewed in line with locally-agreed policy.
- 3.2** Informed consent must be obtained and documented prior to the planned insertion of a tube for enteral tube feeding.
- 3.3** The insertion of, and care for, enteral tube feeding must be undertaken:
 - (a) by staff with the knowledge, skills and experience to carry out the procedure safely, and
 - (b) following locally-agreed protocols.
- 3.4** Patients are regularly monitored and reviewed in line with locally-agreed protocols. This is recorded in a documented plan of care which is updated as required.
- 3.5** The feeding regimen follows established protocols or the advice of an appropriately trained dietitian.
- 3.6** Pharmacy advice is sought and informs the planned administration of medication via the enteral tube¹⁰.

- 3.7** There is a planned and co-ordinated approach to the discharge and/or transfer of patients receiving enteral tube feeding, which includes:
- (a) details of the current feeding regimen and agreements for monitoring, review and follow-up
 - (b) details of support available for patients (and/or their representatives) in ongoing enteral tube feeding care, including process for managing tube displacement
 - (c) training for staff involved in ongoing enteral tube feeding care
 - (d) communication and notification to the patient's GP and other services that will be involved in the care of the patient, and
 - (e) home delivery and/or alternative arrangements.

What does the standard mean for patients receiving complex nutritional care?

Patients (and/or their representatives):

- understand the risks and benefits of enteral feeding and have given consent to receive this, if able to do so, and
- are assured that complex nutritional care is delivered by staff with appropriate knowledge and skills.

What does the standard mean for the NHS board?

Each NHS board:

- has locally-agreed protocols in place which include the action to be taken on national safety alerts and notices, and
- can demonstrate that locally-agreed policies and protocols are fully implemented, and can evidence locally-agreed monitoring processes.

What does the standard mean for staff?

Staff:

- are aware of locally-agreed protocols for the safe management and provision of enteral feeds
- follow dietetic feed instructions and ensure patients receive their correct prescriptions, and
- are responsible for ensuring that there is a safe and co-ordinated approach to the transfer of patients who receive enteral feeds.

Examples of evidence of achievement *(NOTE: this list is not exhaustive.)*

- Copies of locally-agreed protocols for enteral feed provision, including changes to route of patient medication and process for the regular review of patients receiving enteral feeds.
- Copies of supporting documentation, for example, the process for checking placement of nasogastric tubes, dietetic feed or prescription chart, nursing documentation, appropriate enteral feed recording chart or fluid balance charts.
- Regular monitoring and audit processes to demonstrate that locally-agreed

policies and protocols are implemented at ward level and all relevant documentation is being completed.

- Copies of full and accurate documentation supporting dietetic nutrition instruction and prescription.
- Copies of transfer or discharge protocol for patients receiving enteral nutrition.

Standard 4: Parenteral nutrition

Standard statement

Each NHS board ensures the safe and effective delivery of parenteral nutrition.

Rationale

For patients who, due to intestinal failure, are unable to meet their nutritional requirements using their gastrointestinal tract, parenteral nutrition can provide effective support in both the short and long term⁴. Adherence to robust protocols for parenteral nutrition has been shown to reduce the risk of complications such as sepsis and organ dysfunction¹¹. The delivery of parenteral nutrition requires access to a range of facilities and skills to ensure safe, effective and person-centred care.

Evidence shows that the nutritional requirements of patients who need parenteral nutrition are delivered safely and effectively by a clinical nutritional support team or equivalent^{4, 12}. When an NHS board does not have a clinical nutritional support team, a clear and explicit arrangement must be in place with a clinical nutritional support team in another NHS board.

Informed consent for parenteral nutrition must be obtained prior to any intervention. If a patient is unable to provide consent for parenteral feeding, it must be demonstrated that the legal permission has been defined under the Adults with Incapacity (Scotland) Act (2000)⁵ or relevant mental health legislation⁶. For children, best practice guidelines should be implemented¹³.

Criteria

- 4.1** A locally-agreed parenteral nutrition protocol is in place, which:
- (a) takes account of alerts⁸ and guidance from relevant national agencies⁹, and
 - (b) is reviewed in line with locally-agreed policy.
- 4.2** The decision to proceed to parenteral nutrition must be taken in conjunction with the clinical nutritional support team and follow locally-agreed protocols.
- 4.3** Informed consent must be obtained prior to the insertion of a vascular access device for parenteral nutrition.
- 4.4** Patient care must be carried out in conjunction with a clinical nutritional support team which:
- (a) includes, as a minimum, representation from appropriately trained medical, nursing, pharmacy and dietetics staff, and
 - (b) meets at least weekly to discuss patients.
- 4.5** The selection of vascular access device must be informed by the:
- (a) patient's (and/or their representative's) preferences
 - (b) type of parenteral nutrition regimen

- (c) anticipated length of treatment, and
 - (d) patient's clinical condition.
- 4.6** The insertion of a vascular access device must:
- (a) be undertaken by staff with the relevant knowledge, skills and experience to carry out the procedure safely and effectively
 - (b) be in accordance with locally-agreed protocols
 - (c) recognise the type of parenteral nutrition regimen
 - (d) reflect anticipated length of treatment, and
 - (e) recognise the patient's clinical condition.
- 4.7** All parenteral nutrition bags must include vitamins and trace elements. All additions to parenteral nutrition bags must be made in a pharmacy aseptic unit.
- 4.8** If a patient receives parenteral nutrition for 28 consecutive days¹⁴, they must then have access to individually tailored bags where this is clinically necessary.
- 4.9** Patients receiving parenteral nutrition **in hospital**:
- (a) must be cared for by staff with the relevant knowledge, skills and experience to carry out their role, safely and effectively
 - (b) are regularly monitored in line with locally-agreed protocols, and
 - (c) have their care reviewed and/or discussed at least weekly with the clinical nutritional support team, and
 - (d) have a documented plan of care which is updated as required.
- 4.10** There is a planned and co-ordinated approach to the discharge and/or transfer of patients receiving parenteral nutrition, which includes:
- (a) details of current feeding regimen and agreements for monitoring, review and follow-up
 - (b) support for patients (and/or their representatives) in ongoing parenteral feeding care
 - (c) training for staff involved in the ongoing care of patients undergoing parenteral nutrition
 - (d) communication and notification to the patient's GP and other services that will be involved
 - (e) home delivery and/or alternative arrangements, and
 - (f) how to access information, advice and support.
- 4.11** Patients receiving parenteral nutrition **at home**:
- (a) have their feed and deliveries supplied by the Scottish National Home Parenteral Nutrition contract, and
 - (b) are regularly monitored and reviewed in line with locally-agreed protocols.

What does the standard mean for patients receiving complex nutritional care?
<p>Patients (and/or their representatives):</p> <ul style="list-style-type: none"> • understand the risks and benefits of parenteral feeding and have given consent to receive this, if able to do so • are assured that complex nutritional care is delivered by staff with appropriate knowledge and skills, and • are assured that their care is closely reviewed (at least weekly) by a clinical nutritional support team.
What does the standard mean for the NHS board?
<p>Each NHS board:</p> <ul style="list-style-type: none"> • has locally-agreed protocols in place, which includes action to be taken on national safety alerts and notices • has either a clinical nutritional support team or can access another NHS board's team, and • can demonstrate that locally-agreed policies and protocols are fully implemented and can evidence locally-agreed monitoring processes.
What does the standard mean for staff?
<p>Staff:</p> <ul style="list-style-type: none"> • are aware of locally-agreed protocols for the safe management and provision of parenteral feeds, for example, patient (and/or their representative) consent • can evidence that parenteral feed instructions are being followed • ensure that all relevant documentation is fully and accurately completed, and • are responsible for ensuring that there is a safe and co-ordinated approach to the transfer of patients who receive parenteral feeds.
Examples of evidence of achievement <i>(NOTE: this list is not exhaustive.)</i>
<ul style="list-style-type: none"> • Copies of locally-agreed protocols for the safe management of patients receiving parenteral nutrition. • Copies of supporting documentation such as nursing documentation and appropriate parenteral recording charts. • Monitoring and audit processes to demonstrate that locally-agreed policies and protocols are implemented and all relevant documentation is being completed.

Standard 5: Supporting patients

Standard statement

Each NHS board ensures patients are informed, involved and supported in all stages of their care.

Rationale

Patients (and/or their representatives) are involved in all stages of their care and have access to information in appropriate formats to support decision-making. Good communication between the patient (and/or their representative) and all those involved in managing their care is necessary to ensure that the complex nutritional care requirements of the patient are met¹⁵.

Person-centred education and communication, supported by evidence-based written information tailored to the patient's requirements, empowers the patient¹⁶ and leads to better outcomes. The patient (and/or their representative) should be supported, for example, through training, to enable them to self-manage their complex nutritional care.

Criteria

- 5.1** Patients (and/or their representatives) are provided with information in an accessible format which includes:
- (a) intended treatment and care, and
 - (b) names and contacts of relevant health and social care professionals.
- 5.2** If complex nutritional care is planned at home, or in a homely environment, patients (and/or their representatives) are supported to ensure they feel competent and confident in managing their complex nutritional care prior to discharge from hospital. This support is tailored to their requirements and includes:
- (a) the management and plan for review of tubes or lines and exit sites
 - (b) delivery systems, pump procedures and nutrition regimen
 - (c) recognition of risks
 - (d) troubleshooting common problems, and
 - (e) the hospital admission procedure, if required.

What does the standard mean for patients receiving complex nutritional care?

Patients (and/or their representatives):

- are informed about their complex nutritional care needs and have the opportunity to discuss any questions or concerns with appropriately trained staff, and
- have access to information about their condition and treatment and play an active role in their own self-management.

What does the standard mean for the NHS board?
<ul style="list-style-type: none"> • Each NHS board has processes in place to support a person-centred approach throughout the patient journey. This includes the promotion of self-management and access to relevant clinical staff and appropriate information.
What does the standard mean for staff?
<p>Staff:</p> <ul style="list-style-type: none"> • ensure that patients (and/or their representatives) are fully involved and informed throughout their episode of hospital care and on transfer or discharge, and • are aware of their responsibilities to ensure that all communication with patients (and/or their representatives) and colleagues is effective and documented, where appropriate.
Examples of evidence of achievement <i>(NOTE: this list is not exhaustive.)</i>
<ul style="list-style-type: none"> • Copies of patient information, for example, about their condition, the complex nutritional care and treatment they are receiving, and how they access specialist advice and support. • Examples of how patient feedback has informed information and communication resources and/or processes.

Standard 6: Staff education and training

Standard statement

Each NHS board ensures staff have the knowledge, skills and experience to deliver complex nutritional care safely and effectively.

Rationale

Patient outcomes (including reduction in complications and improved quality of life) are improved when staff have the essential knowledge, skills and experience to deliver complex nutritional care in a safe, effective and person-centred way¹⁷.

Members of the clinical nutritional support team are supported to undergo continuing professional development in the delivery and management of complex nutritional care.

Criteria

- 6.1. Each NHS board assesses the education and training requirements of staff relating to the delivery of complex nutritional care.
- 6.2. Staff have access to complex nutritional care training and education relevant to their role.
- 6.3. Staff responsible for managing patients with complex nutritional care requirements have access to appropriate supervision and mentoring.
- 6.4. Complex nutritional care training and education is monitored and evaluated, and best practice is shared. This information is used to plan for training and education.
- 6.5. Systems are in place to inform staff about issues that affect the management and care of patients with complex nutritional care requirements.

What does the standard mean for patients receiving complex nutritional care?

- Patients (and/or their representatives) are reassured that staff are knowledgeable, skilled and appropriately trained to deliver safe, effective and person-centred care.

What does the standard mean for the NHS board?

- There is an NHS board-wide approach to identify the education and training needs of staff involved in complex nutritional care, appropriate to their role and responsibilities.

What does the standard mean for staff?

Staff:

- educational and training needs are met in order to deliver safe, effective and person-centred complex nutritional care to patients, and
- are professionally accountable for their own competence, actions and care

delivered, and are aware who to contact for advice and support, as and when required.

Examples of evidence of achievement *(NOTE: this list is not exhaustive.)*

- Assessment of multidisciplinary education and training requirements, for example, training needs analysis.
- NHS board-wide education programme.
- Supervision and mentoring programmes for all disciplines.
- Issues or incidents resulting from complex nutritional care such as adverse events.

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Appendix 1 - Membership of the complex nutritional care standards project group

Name	Position	Organisation
Alastair McKinlay (Chair)	Consultant Gastroenterologist	NHS Grampian
Janet Baxter	Clinical Lead	NHS Tayside
Dorothy Barber	Nutrition Nurse Specialist	NHS Grampian
Graeme Doherty	Specialist Clinical Pharmacist	NHS Greater Glasgow and Clyde
Lesley Faulds	Nutrition Nurse Practitioner	NHS Ayrshire & Arran
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All standards project group members made a declaration of interest at the beginning stages of the project and further details of these are available on request from hcis@standardsandindicators@nhs.net.

Clinical and quality assurance

Clinical members of the project group are responsible for advising on the professional and clinical aspects of the project group's work. The chair was assigned lead responsibility for providing formal clinical assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group.

As a final quality assurance check, the standards document has been reviewed by the representatives of Healthcare Improvement Scotland. This is to ensure that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole has been minimised.



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.



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