



**Northern Ireland Practice and Education
Council for Nursing and Midwifery**

**A Review of Nurse Training, Education &
Development Opportunities within The HSC
Trust, Independent Care Home Providers &
Voluntary Sector in relation to Awareness of
the Nutritional Needs of Patients/Clients and
the Nurse's responsibilities in meeting
identified needs.**

Report



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1.0 Introduction

The Promoting Good Nutrition Strategy¹ was designed to build on the “Get your 10 a day²” and applies across all Health and Social Care settings in Northern Ireland. Promoting good nutrition is everyone’s business and the successful implementation of the Promoting Good Nutrition strategy will require access to a safe and effective range of evidenced based educational programmes and guidelines to support practitioners to improve their practice and to improve patient outcomes. Good nutritional practice must focus on the prevention, identification and management of malnutrition.

2.0 Background

The purpose of the Promoting Good Nutrition Strategy was to improve the nutritional care of adults in all health and social care settings. Subsequently guidance and resources to support nutritional care in practice were launched in November 2013. The regional implementation steering group responsible for the implementation of the strategy requested NIPEC to undertake a work programme to deliver on the following objective:

Establish a working group to review the training, education and development opportunities available for nursing staff including nursing assistants employed in the HSC Trusts, Independent Care Home Providers and Voluntary Sector in relation to awareness of the nutritional needs of patients/clients and their responsibilities in meeting identified needs.

- 2.1 To achieve the objective NIPEC established a Working Group with representation from Nursing (Education Leads), Independent Home Care Providers and Voluntary Sector, Department of Health Social Services and Public Safety DHSSPS, Public Health Agency (PHA), Royal College of Nursing (RCN), Education Providers including Open University (OU), Ulster University (UU), Queens University Belfast (QUB), Clinical Education Centre (CEC), NIPEC Council, Patient Client Council (PCC) and Regulation and Quality Improvement Authority (RQIA) Unison, Unite/ Community Practitioners and Health Visitors Association CPHVA. The working group was chaired by Elizabeth Graham, Assistant Director of Nursing, NHSCT (See Appendix 1 for membership of Working Group).

¹ DHSSPS (2001) Promoting Good Nutrition. A strategy for good nutritional care for adults in all care settings in NI 2011-16. Belfast: DHSSPSNI

3.0 Project Aim and Objectives

3.1 Aim

The aim of the project was to review the training, education and development opportunities available for nursing staff employed in the Health and Social Care Trusts, Independent Care Home Providers and Voluntary Sectors in relation to awareness of the nutritional needs of patients /clients and their responsibilities in meeting identified needs. To make recommendations to the Regional Implementation Steering Group regarding training, educational and development requirements to address any gaps identified.

It was agreed that this project would exclude patients /clients who have specific enteral and parenteral nutritional needs and patients/clients with specific dietary interventions e.g. coeliac

3.2 Objective

The objectives of the project were agreed as follows:

- Scope the training, education and development opportunities available for nursing staff to access in each of the HSC Trusts, and across the Independent Care Home Providers and Voluntary Sector in relation to:
 - awareness raising regarding the nutritional needs of patients/client
 - nursing responsibilities in meeting identified needs.
- Scope the policies in HSC Trusts and the Independent Care Home Providers and Voluntary Sector in relation to awareness of patient /client nutritional need and the responsibilities of nursing staff.
- Identify any gaps in education and training provision and policies in relation to the above and make recommendations to address identified gaps.
- Make recommendations for nursing education, training and development in relation to awareness of patients/clients nutritional needs.

4.0 Methodology

The project was delivered over two phases.

Phase 1 Information Scoping:

In order to capture a comprehensive understanding of the training, education and development opportunities available for nursing staff, across all sectors, regarding nutritional awareness, a range of scoping tools were developed by the working group which included the following:

Pre-Registration training, education and development scoping Tool
(Appendix 2)

Post-Registration training, education and development scoping Tool
(Appendix 3)

In-House education and training scoping tool including Qualification Credits Framework (QCF) (Appendix 4).

Nutrition Policy Scoping tool (Appendix 5).

A. Pre-Registration, Post-Registration, and In-House education

The Pre-Registration, Post-Registration and In-House education and training Scoping tools aimed to gather information about the range of training/education opportunities available for nursing staff within each of the organisations encompassing the following aspects

- Title and duration of training/education programme
- Aim and Learning Outcomes of the training/education programme
- Target Audience
- Accreditation arrangements
- Quality Assurance Arrangements
- Who delivered and mode of delivery of the training/education programme
- Is the training/ education mandatory?
- Is there a recognised nutritional resource within each organisation?

- Respondents were asked to benchmark the content of each of the programmes identified within their organisation against the 10 key characteristics from the PGN strategy 2011-2016. http://www.dhsspsni.gov.uk/index/index-good_nutrition.htm

B. Nutrition Policy Scoping Tool

The Nutrition Policy Scoping Tool aimed to gather information regarding:

- The policy title/name,
- Target audience
- Respondents were requested to bench mark the content of the policies identified against criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition Strategy 2011-2016

The above Scoping Tools were issued to organisations as follows in Table 1

Table 1

Scoping Tool	Organisation
Pre-Registration Education and Training Scoping Tool	<ul style="list-style-type: none"> • Ulster University • Queens University Belfast • Open University
Post-Registration Education and Training Scoping Tool	<ul style="list-style-type: none"> • Ulster University • Queens University Belfast • Clinical Education Centre • Royal College Nursing
In-House Education and Training Scoping Tool	<ul style="list-style-type: none"> • Five HSC Trusts, • Four Seasons Health Care • Independent Health Care Providers , • NI Hospice, • Foyle Hospice, • St. Johns Hospice, • Marie Curie • QCF (Qualification Credits Framework) • CEC
Nutrition Policy Scoping Tool	<ul style="list-style-type: none"> • Five HSC Trusts, • Four Seasons Health Care • Independent Care Homes • NI Hospice, • Foyle Hospice, • St. Johns Hospice, • Marie Curie

Phase 2 Information Analysis

An analysis was undertaken of the submitted responses to the scoping tools. These were themed as follows:

- Findings
- Areas of good practice
- Gaps in training education and development / policy
- Recommendations

5.0 Findings

Pre-Registration Nurse Education: - Nutritional education

5.1 The findings

The scoping tools were used by all three universities to provide an insight into the delivery of nutritional education within their degree programme provision.

The data returned indicated that modules were delivered to students from all fields of practice in year 1 with increasing focus on specific needs of relevant fields of practice in years 2 and 3. Each module was delivered by a lecturer, teacher or module leader whose background was in nursing practice. A variety of strategies were used in the learning and teaching methods including face to face teaching, web enhanced learning, small group skills teaching, experiential learning, e-learning, DVDs and podcasts as deemed suitable by the individual teams or institutions. All modules were delivered to nursing students only and were accredited and quality assured by the NMC.

Details of how the content of each module listed related to the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016 was provided and it was clear to see similarities in the provision offered by all three universities. All degree programmes covered screening and assessment of nutritional status and needs, including the use of relevant assessment tools. The Malnutrition Universal Screening Tool (MUST) was the tool generally used by education providers due to its utilisation across many practice learning areas. The documentation of assessment and subsequent care planning was integrated into the modules in a person centred context, dependent on individual needs. The implementation and evaluation of care to include onward referral to specialist services was also addressed in many modules.

Evidence based learning and research into the experience of meal times in hospitals and the community and the need for protected meal times were also indicated as being present in all modules particularly evidenced through practice learning portfolio development.

5.2 **Areas of good practice**

There were no modules uniquely dedicated to nutritional needs in any of the pre-registration programmes. While the NMC specifies standards that all nurse education providers must meet, the design and delivery of under-graduate curricula is the responsibility of each education provider. Each pre-registration degree programme will be designed according to the particular ethos and philosophy of the university and school within which it is offered.

A shared philosophy became apparent on examining the returned scoping tools. It was clear that nutritional care is a topic thread that is introduced to students in year 1 and subsequently built upon in years 2 and 3 of the programme. This means that students get the opportunity to undertake assessments of patient's nutritional status and develop an awareness of the needs of people for nutritional support in year 1 before progressing to years 2 and 3 of the programme where they will learn about nutritional needs and care in relation to specific problems, conditions and areas of risk.

Students are involved in decision making and care as part of the multi-professional team providing care to all patients requiring nutritional support. This strategy is commendable as it helps students to develop their understanding and practice as they progress through programmes of study and periods of practice learning where they can integrate their knowledge and experience over time prior to professional registration. It is also commendable that universities have in place a specific skills session focused on the experience of being assisted to eat. This skills based practical session helps students to gain an understanding and an appreciation of the needs of patients who require assistance.

Table 1 at Appendix 6 illustrates how the NMC standards for pre-registration nurse education programmes and the 10 key characteristics for good nutritional care can be mapped across provision in NMC approved and accredited programmes such as those offered by the three local universities.

5.3 Identified gaps

The results of the scoping tool revealed that there were several of the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016 that did not appear to be addressed in many of the pre-registration modules. These included guidance for patients on available food and beverage services, patient and public involvement in providing feedback, flexibility of such services, policies for food services and nutritional care. As these are key areas integral to the promotion of good nutrition, these areas will require address through practice learning.

Modules are generally delivered to large numbers of students who are progressing to practice learning in a wide variety of care environments. Students are advised of the need to follow up their theoretical learning through accessing support via mentors in practice and commence enquiry into the ways in which clinical settings promote good nutrition. Students are also advised to seek out the evidence base for inclusion in their practice portfolios and to consider local policies and procedures.

5.4 Recommendations

As all pre-registration programmes are structured around the NMC standards and are accredited and quality assessed by the NMC, it is apparent that if the standards are integrated throughout both theoretical and practice learning then students will complete their nurse education equipped with the skills to incorporate the 10 key characteristics required to promote good nutrition in their practice. It is necessary for those lecturers who are designing modules of study to regularly review content in the light of emerging regional nutritional strategies. This will ensure that nurse education remains responsive and adapted to local contexts within the overarching NMC standards for pre-registration nursing education.

As each degree programme must demonstrate a 50% blend of theoretical education, and 50% of practice learning experience. Students are prepared in class but require mentor support and opportunity in practice settings to be assessed and deemed competent to address and meet nutritional care needs. Practice based learning also affords students the opportunity to be involved in nutritional audits and policy development. Evidence that this approach is effective should be provided through the student portfolios that reflect learning and competence achievement as required by both the universities and the NMC.

6.0 Post-Registration:- Nutritional training, education and development

6.1 The findings

The scoping exercise identified that all of the post registration Education Providers deliver educational programmes regarding nutritional awareness. The findings suggest that across all settings the programmes are delivered by professionals from a nursing background. The duration of nutritional awareness programmes vary depending on the target audience and the content. Accreditation of programmes ranges from no accreditation to academic accreditation within the Higher Education Institutions settings. All the nutritional awareness programmes are subject to some level of quality assurance mechanisms which include for example the NIPEC Quality Assurance Framework and the NMC review bodies. Nutritional awareness programmes are delivered primarily face to face however; other methodologies are employed for example the use of DVDs, and e learning programmes.

A review of the findings suggest the content of the nutritional awareness programmes delivered and available for nursing staff is similar in many aspects with all of the programmes, including some of the 10 PGN Key Characteristics.

6.2 Areas of Good Practice

A number of nutritional awareness programmes were identified as meeting most of the 10 PGN Key Characteristics. There was one programme in particular that met all the PGN Key Characteristics. The programme content and delivery incorporated input from relevant allied health professionals; this was viewed by the review team as exemplary.

6.3 Identified Gaps

The majority of nutritional awareness programmes detailed in the scoping exercise did not include patient and public involvement or consideration of the patient's meal time experience as part of the programme content. Additionally only a small number of programmes included reference to existing nutritional policies and guidance available to support practice.

6.4 Recommendation

A suite of modular programmes underpinned by the PGN 10 Key Characteristics regarding nutritional care should be developed. A number of these should be identified as core for all registrants to underpin the delivery of effective nutritional care. Other modules should be available for selection by practitioners depending on their area of clinical practice and identified learning needs. The model for programme delivery should include allied health professionals and where appropriate be accessible via e learning.

7.0 In-House:- Nutritional training and education

7.1 The findings

- A. Within all settings in-house education and training in nutritional awareness, is available for nursing staff. The title and content of the training varied depending on the target audience. The duration of training varied from 20 minutes to four hours. From the information submitted it was apparent that short twenty minute training sessions relate to specific aspects of nutritional care; for example supporting patients with eating, drinking, swallowing difficulties and nutritional screening using MUST. None of the in-house training programmes were accredited and none were subject to formal quality assurance processes. A number, however, indicated that dieticians using their professional knowledge did quality assure the content of programmes and some of the programmes were mapped against the PGN 10 Key characteristics. The majority of in-house nutritional awareness programmes are delivered and led by dieticians with only a minority of programmes being led by nursing with input from the dietician. The majority of programmes are delivered face to face in a classroom setting.
- B. A number of organisations reported accessing and using the Qualification and Credits Framework (QCF) for their unregistered workforce, QCF provides units of competence relating to nutrition, these are based on national occupational standards and a content review suggests they reflect the PGN 10 Key Characteristics.

In some independent sector care homes, nutritional awareness with yearly updates is regarded as mandatory for nursing staff. Of the other respondents none indicated that nutritional awareness training identified was regarded as mandatory, however a number indicated that certain aspects of nutritional awareness training was viewed as “best practice”, for example MUST training.

7.2 Areas of Good Practice

From the information submitted it would suggest that the majority of organisations have access to a Nutritional Link Nurse or a Specialist Nutrition Advisory Group with a remit not only for patients' and clients' nutrition, but also to provide specialist knowledge and support, undertake audit and support practice development. In one Trust the development of a DVD for non – registrant staff is underway.

7.3 Identified gaps

It is evident that the aims and learning outcomes of in-house nutritional education and training varies across settings and the content of teaching programmes vary in relation to alignment to the PGN 10 key characteristics. Whilst it is acknowledged that in-house training by definition is designed to meet local need there is also a need to ensure it is underpinned by relevant local and regional (and local) nutritional strategies. In-house training and education currently is not subject to any formal quality assurance mechanisms. It is the view of the review team that there is an opportunity to apply the in-house quality assurance teaching activities Quality Assurance process self-assessment tool to quality assure nutritional in-house programmes. The Quality Assurance self-assessment tool is available on the NIPEC website at <http://www.nipec.hscni.net/Image/SitePDFS/Inhouse%20Teaching%20Activities%20Final%20QA%20Process%20Oct%202013.pdf>.

7.4 Recommendation:

Each organisation should have in place arrangements for a clear infrastructure such as nutritional link nurses or a specialist nutritional advisory group to provide support and education for clinical areas in relation to nutrition.

A core nutritional programme underpinned by the PGN 10 key characteristics should be agreed with, programme delivery to include nursing and allied health professionals. This will help support nurses embrace professional ownership and accountability for nutrition at a local level. The programme should have flexibility and be adaptable to meet the nutritional needs of patients and clients in all care settings.

Organisations are to ensure professional Nursing and Departmental inductions should include nutritional awareness. On-going continuous professional development opportunities relating to nutritional care for nursing assistants should be identified and include both in-house and accredited programmes.

It is recommended that refresher training in nutrition is mandatory and that where not already in place, nutritional awareness should be incorporated into all preceptorship programmes. This may be more easily achieved if a regional e learning package is developed and accessed through relevant Information technology.

8.0 Nutritional Policies

8.1 The Findings

Based on the responses from the scoping exercise it appeared that in the main Nutritional Policy development is primarily targeted toward in-patient settings. The findings also suggest that rather than one overarching nutritional policy, policies would appear in some situations to have been developed for aspects of nutritional care for example food hygiene, protected meal times and nutritional care and food safety. Some policies have been developed applying a multi-professional input. Others have uniquely addressed enteral, parental feeding and patient hydration. The multi-professional policies' content reflected the PGN 10 key characteristics including guidance relating to screening, the use of the Malnutrition Universal Screening Tool (MUST), care planning, the roles and responsibilities of the nurse, onward referral and patient involvement. Nurse training requirements was neither explicit in all policies nor consistent in staff training requirements.

8.2 Areas of Good Practice

One policy referenced and reflected the PGN 10 Key characteristics. This particular policy also set out nutritional awareness training and training requirements in relation to nutritional awareness for all employees involved in the delivery of food, fluid and nutrition in adult in-patient settings.

8.3 Identified gaps

There was no evidence of an overarching nutritional policy for nursing, underpinned by the 10 key characteristics as identified in the PGN strategy. In the absence of a regional nursing document the professional responsibility of the nurse in meeting the nutritional needs of patients in all care settings is not clear nor can the nurse be held to account within a governance and professional assurance context.

8.4 Recommendation

Organisations must ensure that local nutritional policies are underpinned by the 10 key characteristics as identified in the PGN strategy, and that the requisite mandatory nurse training and updates are highlighted. This must clearly define the professional responsibility of the registrant nurse in all aspects of person centred nutritional care across all care settings.

9.0 Key Recommendations

9.1 Pre-Registration

- Higher Approved Institutions who are designing modules of study relating to nutritional awareness should regularly review the content of programmes/modules to reflect emerging regional nutritional strategies and frameworks.
- Students should be facilitated through development of their practice portfolio to consolidate their theory and skills in all aspects of nutritional care supported by mentors in practice.

9.2 Post-Registration

- A suite of modular programmes underpinned by the PGN 10 Key Characteristics regarding nutritional care should be developed. A number of these should be identified as core for all registrants to underpin the delivery of effective nutritional care. Other modules should be available for selection by practitioners depending on their area of clinical practice and identified learning needs. The model for programme delivery should include allied health professionals and where appropriate be accessible via e learning.

9.3 In-House Training, Education and Development

- Each organisation should have in place arrangements for a clear infrastructure such as nutritional link nurses or a multi-professional nutritional advisory group to provide support and education, advice and audit for clinical areas in relation to nutrition.

- A core nutritional programme underpinned by the PGN 10 key characteristics should be agreed, and programme delivery should include nursing and relevant professions.
- Other programmes for the family of nursing could be developed to ensure flexibility to meet the nutritional needs of patients in all care settings.
- Departmental and professional induction should include nutritional awareness and refresher training should be regionally agreed for consistency.
- A range of education materials both classroom based and e-learning should be regionally reviewed and updated and made available to support the delivery of nutritional education and training flexible to the local need.
- The in-house the Quality Assurance self-assessment tool is available on the NIPEC website at <http://www.nipec.hscni.net/Image/SitePDFS/Inhouse%20Teaching%20Activities%20Final%20QA%20Process%20Oct%202013.pdf>. Is recommended to guide in-house teaching activities

9.4 **Nutritional Framework for Nursing**

- A regional nutritional framework for nursing will be developed to assist organisations in the local implementation of effective nutritional care. This framework must clearly define the professional responsibility of the nurse in all aspects of person-centred nutritional care in a range of care settings.
- Organisations must ensure that local nutrition policies are underpinned by the 10 key characteristics as identified in the PGN strategy, and that the requisite mandatory nurse training and updates are highlighted.

WORKING GROUP MEMBERSHIP

Stakeholder Organisation	Representative
5 HSC Trusts Nursing Learning and Development Leads	Elizabeth Graham, ADoN, Nursing, Education and Development NHSCT, (Chair), & representing the Education Leads
5 Health & Social Care Trusts	Sharon McRoberts, ADoN, Workforce and Education SEHSCT
5 Health & Social Care Trusts, HR Representative	Elaine Kelhelly, Belfast Trust
Royal College of Nursing	Linzi McIlroy, Senior Professional Officer
Independent Sector Four Seasons Healthcare	Joanne Strain, Head of Nursing, Care Standards and Quality Eileen Dunlop, Human Resources, Training and FM Manager
Independent Health Care Providers	Awaiting nomination
Clinical Education Centre (N&M & AHP)	Catriona Campbell, Senior Education Manager
DHSSPS Nursing & Midwifery	Caroline Lee, Nursing Officer
NIPEC	Frances Cannon, Senior Professional Officer (Project Lead) Cathy McCusker, Senior Professional Officer Paul Davidson, Council Member
Patient Client Council	Unable to nominate
RQIA	Sheelagh O'Connor, Infection & Prevention Hygiene Inspector

Stakeholder organisation	Representative
Unite /CPHVA	Unable to nominate
PHA	Mary McElroy, Patient, Safety, Quality, Patient Experience, Lead Nurse
Open University	Donna Gallagher, Senior Lecturer, Nursing
Queens University	Beverley McClean, Nurse Lecturer (Pre-Reg)
Ulster University	Pauline Black, Nurse Lecturer
NI Hospice	Clare McVeigh, Lecturer in Palliative Care
Foyle Hospice	Awaiting nomination
St Johns Hospice	Carmel Campbell, Nursing Director
Marie Curie Cancer Care	Miriam McKeown, Acting Hospice Manager
UNISON	Awaiting nomination
British Dietetic Association	Pauline Mullholland:- as expert reference as and when required



In order for your answers to be saved onto the form, it will be necessary for you to save the form to your desktop and then once completed re-attach the form to return email address at the end of the proforma:

Please note this project excludes patients /clients who have specific enteral and parenteral nutritional needs and patients/clients with specific dietary interventions e.g. coeliac

Pre & Post Registration Nursing

Please give details of any Awareness of Nutritional Needs training/education/development programmes that your organisation provides for nursing using the following template, completing one proforma for each programme/module

Name of organisation _____

Name of person completing proforma _____

Email contact _____

Pre-Registration

How does Awareness of Nutritional Needs feature in pre-registration nurse education programmes within your organisation (we anticipate you may need to complete one proforma per session / please complete section A & B)

Section A: About the Awareness of Nutritional Needs programme

Field of Practice (indicate field of practice) <ul style="list-style-type: none">• Mental Health• Adult,• LD,• Peads• Midwifery	
Title of programme/module dedicated to Nutrition	
Aim and Learning Outcomes	
Duration of programme/module	
Who does the programme/module apply to? (Year 1, Year 2, Year 3)	
NMC competency requirement Please specify:	
Mode of delivery <ul style="list-style-type: none">• Face to face• e learning• DVD• Other please specify	

Section B: Content of programme/module. You are requested to respond against each of the following criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016. <http://www.dhsspsni.gov.uk/index/index-good-nutrition.htm>

Please indicate if the programme/module includes the following areas:

CONTENT	Yes	No
Screening of Nutritional need		
Malnutrition Universal Screening Tool (MUST)		
Recording and review processes		
Person centred care planning to address assessed need		
Nursing role and responsibilities following assessment of patient nutritional need		
Onward referral to specialist services		
Guidance for patients on food and beverage services		
Patient and public involvement in providing feedback for food and beverage services		
Patient meal time experience		
Protected meal times		
Flexibility of services to meet person centred need		
Policy for food service and nutritional care		
Other content please specify below		

Please supply any additional comments you would like to make in relation to Awareness of Nutritional Needs in pre-registration education

Post-Registration

Please give details on post-registration Awareness of Nutritional Needs training/education/development activities that your organisation provides completing one proforma for each programme/module. (Please complete sections A & B)

Section A: About the Awareness of Nutritional Needs programme/module

Title	
Aim and Learning Outcomes	
Duration: specify in hours	
Target audience	
Level to which programme/module is accredited	
Is programme/module subject to Quality Assurance? If so by whom?	
Professional background of person delivering the module	
Mode of delivery <ul style="list-style-type: none">• face to face• e learning• DVD• Other please specify	

Section B: Content of programme/module. You are requested to respond against each of the following criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016. <http://www.dhsspsni.gov.uk/index/index-good-nutrition.htm>

Please indicate if the content includes the following areas:

CONTENT	Yes	No
Screening of Nutritional need		
Malnutrition Universal Screening Tool (MUST)		
Recording and review processes		
Person centred care planning to address assessed need		
Nursing role and responsibilities following assessment of patient nutritional need		
Onward referral to specialist services		
Guidance for patients on food and beverage services		
Patient and public involvement in providing feedback for food and beverage services		
Patient meal time experience		
Protected meal times		
Flexibility of services to meet person centred need		
Policy for food service and nutritional care		
Other content please specify below		

Please supply any additional comments you would like to make in relation to Post Registration Nutritional Awareness education.

Thank you for completing this proforma
Please return lorraine.andrews@nipec.hscni.net; by 31st October 2014.



In order for your answers to be saved onto the form, it will be necessary for you to save the form to your desktop and then once completed re-attach the form to return email address at the end of the proforma:

Please note this project excludes patients /clients who have specific enteral and parenteral nutritional needs and patients/clients with specific dietary interventions e.g. coeliac

Pre & Post Registration Nursing

Please give details of any Awareness of Nutritional Needs training /education/ development programmes that your organisation provides for nursing using the following template, completing one proforma for each programme/module

Name of organisation _____

Name of person completing proforma _____

Email contact _____

Pre-Registration

How does Awareness of Nutritional Needs feature in pre-registration nurse education programmes within your organisation (we anticipate you may need to complete one proforma per session / please complete section A & B)

Section A: About the Awareness of Nutritional Needs programme

Field of Practice (indicate field of practice) <ul style="list-style-type: none"> • Mental Health • Adult, • LD, • Peads • Midwifery 	
Title of programme/module dedicated to Nutrition	
Aim and Learning Outcomes	
Duration of programme/module	
Who does the programme/module apply to? (Year 1, Year 2, Year 3)	
NMC competency requirement Please specify:	
Mode of delivery <ul style="list-style-type: none"> • Face to face • e learning • DVD • Other please specify 	

Section B: Content of programme/module. You are requested to respond against each of the following criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016. <http://www.dhsspsni.gov.uk/index/index-good-nutrition.htm>

Please indicate if the programme/module includes the following areas:

CONTENT	Yes	No
Screening of Nutritional need		
Malnutrition Universal Screening Tool (MUST)		
Recording and review processes		
Person centred care planning to address assessed need		
Nursing role and responsibilities following assessment of patient nutritional need		
Onward referral to specialist services		
Guidance for patients on food and beverage services		
Patient and public involvement in providing feedback for food and beverage services		
Patient meal time experience		
Protected meal times		
Flexibility of services to meet person centred need		
Policy for food service and nutritional care		
Other content please specify below		

Please supply any additional comments you would like to make in relation to Awareness of Nutritional Needs in pre-registration education

Post-Registration

Please give details on post–registration Awareness of Nutritional Needs training/education/ development activities that your organisation provides completing one proforma for each programme/module. (Please complete sections A & B)

Section A: About the Awareness of Nutritional Needs programme/module

Title	
Aim and Learning Outcomes	
Duration: specify in hours	
Target audience	
Level to which programme/module is accredited	
Is programme/module subject to Quality Assurance? If so by whom?	
Professional background of person delivering the module	
Mode of delivery <ul style="list-style-type: none">• face to face• e learning• DVD• Other please specify	

Section B: Content of programme/module. You are requested to respond against each of the following criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016. <http://www.dhsspsni.gov.uk/index/index-good-nutrition.htm>

Please indicate if the content includes the following areas:

CONTENT	Yes	No
Screening of Nutritional need		
Malnutrition Universal Screening Tool (MUST)		
Recording and review processes		
Person centred care planning to address assessed need		
Nursing role and responsibilities following assessment of patient nutritional need		
Onward referral to specialist services		
Guidance for patients on food and beverage services		
Patient and public involvement in providing feedback for food and beverage services		
Patient meal time experience		
Protected meal times		
Flexibility of services to meet person centred need		
Policy for food service and nutritional care		
Other content please specify below		

Please supply any additional comments you would like to make in relation to Post Registration Nutritional Awareness education.

Thank you for completing this proforma
 Please return lorraine.andrews@nipec.hscni.net; by 31st October 2014.



In order for your answers to be saved onto the form, it will be necessary for you to save the form to your desktop and then once completed re attach the form to return email address:

In-House* Awareness of Nutritional Needs

Training /Education/ Development Activities Proforma

Name of organisation _____

Name of person completing proforma _____

Email contact _____

In-house* is defined as educational / training /development activities delivered within the organisation by your own staff.

Please note this project excludes patients /clients who have specific enteral and parenteral nutritional needs and patients/clients with specific dietary interventions e.g coeliac

Within your organisation is Awareness of Nutritional needs training/education /development activities provided in-house* for nursing staff (*nursing staff includes the family of nursing i.e. registered nurses and midwives and nursing assistants*)?

Yes No

If so can you please give details on Awareness of Nutritional Training / Education / Development activities that your organisation provides in-house* completing one proforma for each programme.

Complete Section A B & C for each programme delivered

Section A: About the Nutritional Awareness Programme

Title of programme	
Duration of programme Detail in hours	
Target audience	
Is programme accredited?	
Is programme subject to Quality Assurance? If so by whom?	
Professional background of programme lead	
Mode of delivery <ul style="list-style-type: none">• face to face• e learning• DVD• other	
Is the programme identified as Mandatory training?	
Do you have a recognised Nutritional Resource Lead/Role for Nursing? If so what is it?	
Please describe multiprofessional Nutrition groups/structures within your organisation responsible for taking forward the Promoting Good Nutrition Strategy 2011-2016	

Section B: Content of the Nutritional Awareness Programme

Aim:
Learning Outcomes:

Section C: Content of programme.

You are requested to respond against each of the following programme criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition 2011-2016.

http://www.dhsspsni.gov.uk/index/index-good_nutrition.htm

Please indicate if the programme includes the following areas:

CONTENT	Yes	No
Screening of Nutritional need		
Malnutrition Universal Screening Tool (MUST)		
Recording and review processes		
Person centred care planning to address assessed need		
Nursing role and responsibilities following assessment of patient nutritional need		
Onward referral to specialist services		
Guidance for patients on food and beverage services		
Patient and public involvement in providing feedback for food and beverage services		
Patient meal time experience		
Protected meal times		
Flexibility of services to meet person centred need		
Policy for food service and nutritional care		
Other content please specify below		

Please supply additional comments you would like to make in relation to Nutrition Awareness Training / Education /Development Activities.

Thank you for completing this proforma.

Please return to lorraine.andrews@nipec.hscni.net; by Friday 31st October 2014.



Proforma in relation to Nutrition Policy / Policies

Name of organisation:

Name of person completing proforma:

Email contact:

Please note this project excludes patients /clients who have specific enteral and parenteral nutritional needs and patients/clients with specific dietary interventions e.g. coeliac.

Does your organisation have a policy or policies relating to Nutrition?

Yes

If yes:

Please give name of policy or policies:	To whom does the policy apply?
1.	
2.	
3.	
4.	
5.	

Can you please attach a copy of your organisations Nutrition policy/policies?

Please complete the proforma on the next page for each policy within your organisation.

Proforma in relation to Nutrition Policy / Policies

Name of Policy:

For each policy you are requested to respond against each of the following criterion based on the 10 key characteristics highlighted in Promoting Good Nutrition Strategy 2011-2016 http://www.dhsspsni.gov.uk/index/index-good_nutrition.htm

CONTENT	Yes	No
Screening of Nutritional need		
Malnutrition Universal Screening Tool (MUST)		
Recording and review processes		
Person centred care planning to address assessed need		
Nursing role and responsibilities following assessment of patient nutritional need		
Onward referral to specialist services		
Guidance for patients on food and beverage services		
Patient and public involvement in providing feedback for food and beverage services		
Patient meal time experience		
Protected meal times		
Flexibility of services to meet person centred need		
Policy for food service and nutritional care		
Other content please specify below		
What mandatory training in Nutrition is required for Nursing staff (this includes the family of nursing i.e. Registrants and Nursing Assistants) Please comment below: Nutrition training is delivered within the Trust preceptorship programme which is mandatory for new registrants		
What refresher training in Nutrition is required For Nursing Staff Please comment below: Ward based training as required, delivered by the Nursing Development Lead		

Thank you for completing this proforma

Please return lorraine.andrews@nipec.hscni.net by 31st October 2014.

Table 1. Essential Skills Cluster Nutrition and Fluid Management (NMC 2010) and the 10 key characteristics for good nutritional care: mapping achievement across provision

Key Characteristics for Good Nutritional Care	NMC Essential Skills Cluster – Progression Point 1 (end of year 1)	NMC Essential Skills Cluster – Progression Point 2 (end of year 2)	NMC Essential Skills Cluster – Progression Point 3 (prior to entry to the register)
Everyone using Health and Social care services is screened to identify those who are malnourished or at risk of becoming malnourished		<p>27-2 Accurately monitors dietary and fluid intake and completes relevant documentation</p> <p>28-1 Takes and records accurate measurement of weight, height, length, body mass index and other measures of nutritional status</p> <p>28-2 Assesses baseline nutritional requirements for healthy people related to factors such as age and mobility</p> <p>29-1 Applies knowledge of fluid requirements needed for health and during illness and recovery so that appropriate</p>	<p>27-6 Uses knowledge of dietary, physical, social and psychological factors to inform practice being aware of those that can contribute to poor diet, cause or be caused by ill health</p> <p>28-5 Makes a comprehensive assessment of people's needs in relation to nutrition identifying, documenting and communicating level of risk</p> <p>29-6 Identifies signs of dehydration and acts to correct these</p>

		<p>fluids can be provided</p> <p>29-2 Accurately monitors and records fluid intake and output</p>	
<p>Everyone using care services has a personal care support plan and, where possible, has had personal input to identify their nutritional and fluid needs and how they are to be met</p>		<p>27-1 Under supervision helps people to choose healthy food and fluid in keeping with their personal preferences and cultural needs</p> <p>28-3 Contributes to formulating a care plan through assessment of dietary preferences, including local availability of foods and cooking facilities</p>	<p>27-9 Discusses in a non-judgemental way how diet can improve health and the risks associated with not eating appropriately</p> <p>28-6 Seeks specialist advice as required in order to formulate an appropriate care plan</p>
<p>The care provider must include specific guidance on food and beverage services and nutritional care in its service delivery and accountability arrangements</p>			<p>27-11 Provided support and advice to carers when the person they are caring for has specific dietary needs</p> <p>28-7 Provides information to people and their carers</p>

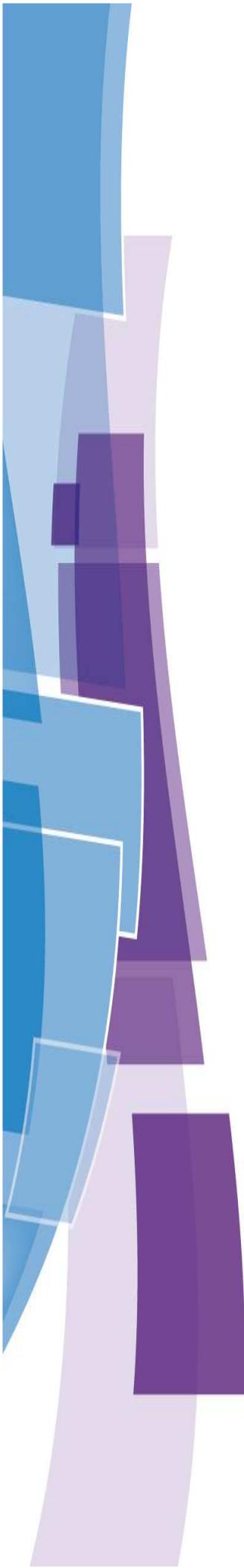
<p>People using care services are involved in the planning and monitoring arrangements for food service and beverage/drinks provision</p>		<p>27-3 Supports people who need to adhere to specific dietary and fluid regimens and informs them of the reasons</p>	<p>27-7 Supports people to make appropriate choices and changes to eating patterns, taking account of dietary preferences, religious and cultural requirements, treatment requirements and special diets needed for health reasons</p> <p>29-5 Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids</p> <p>30-8 Ensures that appropriate food and fluids are available as required</p>
<p>An environment conducive to people enjoying their meals and being able to safely consume their food and drinks is maintained (this</p>		<p>27-4 Maintains independence and dignity wherever possible and provides assistance as required</p> <p>30-3 Follows local</p>	<p>30-6 Ensures appropriate assistance and support is available to enable people to eat</p>

<p>can be known as 'protected mealtimes')</p>		<p>procedures in relation to mealtimes, for example, protected mealtimes and indicators of people who need additional support</p> <p>30-4 Ensures that people are ready for the meal, that is, in an appropriate location, position, offered opportunity to wash hands, offered appropriate assistance</p>	
<p>All staff/volunteers have the appropriate skills and competencies needed to ensure that the nutritional and fluid needs of people using care services are met. All staff/volunteers receive regular training on nutritional care and management</p>	<p>30-1 Reports to an appropriate person where there is a risk of meals being missed</p>	<p>27-5 Identifies people who are unable to or have difficulty in eating or drinking and reports this to others to ensure adequate nutrition and fluid intake is provided</p> <p>28-4 Reports to other members of the team when agreed plan is not achieved</p> <p>29-3 Recognises and reports reasons for poor fluid intake and</p>	<p>28-8 Monitors and records progress against the plan</p> <p>28-10 Acts autonomously to initiate appropriate action when malnutrition is identified or where a person's nutritional status worsens and reports this as an adverse event</p> <p>30-5 Challenges others who do not follow procedures</p> <p>30-7 Ensures</p>

		<p>output</p> <p>29-4 Reports to other members of the team when intake and output falls below requirements</p>	<p>provision is made for replacement meals for anyone who is unable to eat at the usual time, or unable to prepare their own meals</p>
<p>Facilities and services are designed to be flexible and centred on the needs of the people using them</p>		<p>31-2 Adheres to an agreed plan of care that provides for individual difference, for example, cultural considerations, psychosocial aspects and provided adequate nutrition and hydration when eating and swallowing is difficult</p>	<p><i>Students are prepared in class but require mentor support and opportunity in practice setting to observe and use facilities and services as part of their care giving prior to competence assessment</i></p>
<p>The care-giving organisation has a policy for food service and nutritional care, which is centred on the needs of people using the service. Performance in delivering that care effectively is managed in line with local governance and</p>			<p>28-9 Discusses progress and changes in condition with the person, carers and the multidisciplinary team</p> <p>31-6 Works within legal and ethical frameworks taking account of personal preference</p>

regulatory frameworks			<i>Students are prepared in class but require mentor support and opportunity in practice setting to be involved in audits and policy developments and to be assessed and deemed competent in this area</i>
Food service and nutritional care is provided safely	30-2 Follows food hygiene procedures in accordance with policy	31-1 Recognises, responds appropriately and reports when people have difficulty eating or swallowing	31-3 Takes action to ensure that, where there are problems with eating and swallowing, nutritional status is not compromised 31-4 Administers enteral feeds safely and maintains equipment in accordance with local policy 31-5 Safely maintains and uses naso-gastric, PEG and other feeding devices
Everyone working in the organisation values the contribution of people using the service and all			27-8 Refers to specialist members of the multidisciplinary team for additional and specialist

others in the successful delivery of nutritional care			<p>advice</p> <p>29-7 Works collaboratively with the person, their carers and the multidisciplinary team to ensure an adequate fluid intake and output</p>
<p><i>Please note as assessment of fluid status and risk of dehydration is covered in Essential Skills Cluster 29 above, Essential Skills Cluster 32 involving the administration of intravenous fluids when fluids cannot be taken independently has not been included in the table</i></p>			



For further Information, please contact

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This document can be downloaded from the NIPEC website
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