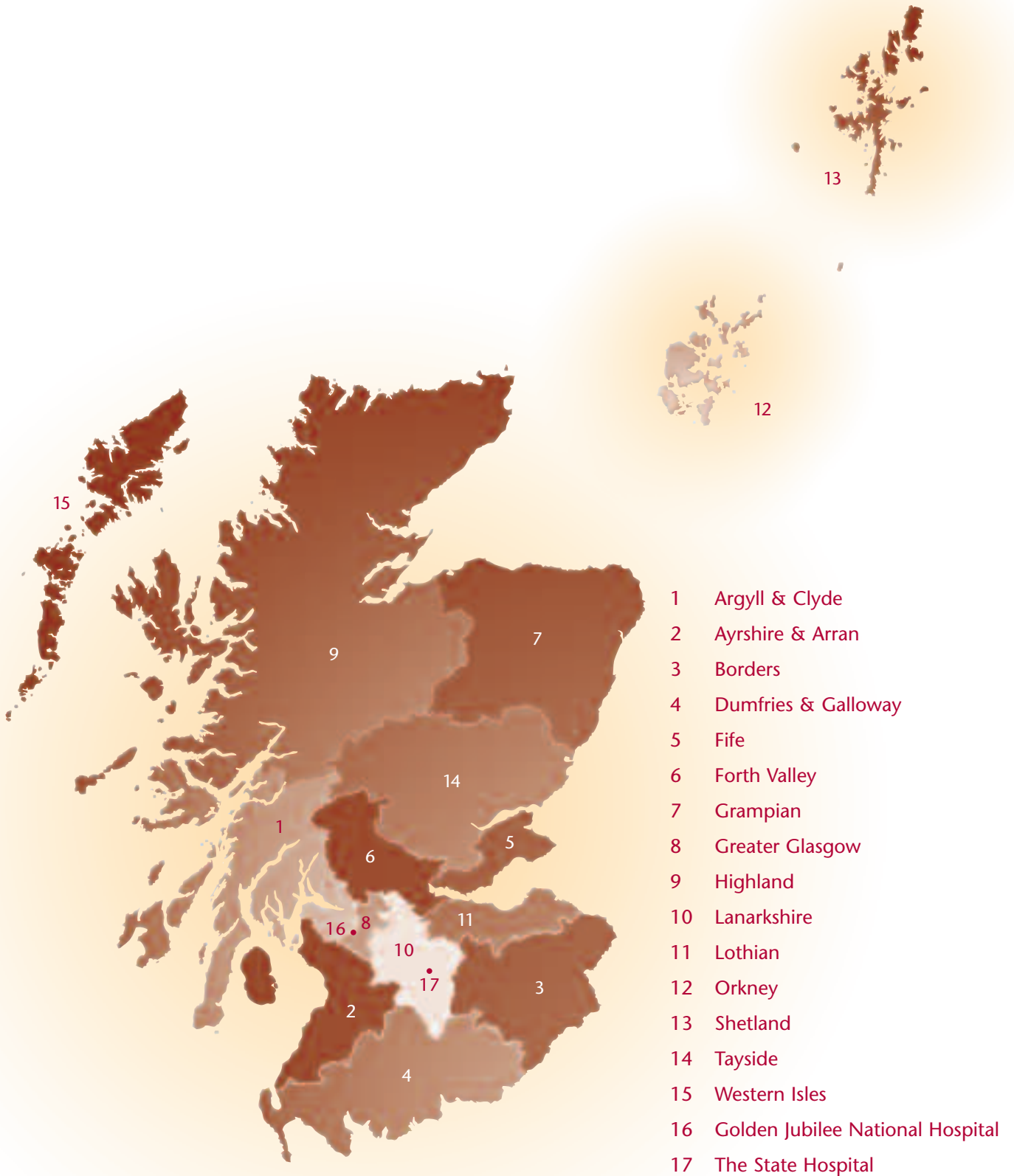


NHS Ayrshire & Arran

Local Report ~ *August 2006*

Food, Fluid and Nutritional Care in Hospitals

NHSScotland Regional Breakdown (as at the time of the peer review programme)



Local Report ~ *August 2006*

Food, Fluid and Nutritional Care in Hospitals

The effective delivery of food and fluid, and the provision of high quality nutritional care, are crucial for the wellbeing of patients in all hospitals. The NHS Quality Improvement Scotland (NHS QIS) Food, Fluid and Nutritional Care in Hospitals Project Group developed six standards which bring together the patient at all stages in the journey of care, with the processes of planning, preparing and delivering food and fluid. This report presents the findings from the peer review of performance against Standards 1, 2 and 6.

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1 Setting the Scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this Report

The *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* were published in September 2003. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Ayrshire & Arran**, against Standards 1, 2 and 6. This review visit took place on **10 August 2005**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the Standards were Developed

In December 2001, a Food, Fluid and Nutritional Care in Hospitals Project Group was established. Membership of the Group includes both healthcare professionals and members of the public, and is chaired by Ms Philippa Grant (NHS QIS Board Member until 31 December 2005).

The Food, Fluid and Nutritional Care in Hospitals Project Group oversees the quality assurance process of:

- developing standards
- reviewing performance against the standards throughout Scotland, using self-assessment and external peer review, and
- reporting the findings from the review.

¹References to Trusts reflect the NHSScotland organisational structure at the time of the pilot review visits. NHS Trusts were abolished on 1 April 2004 to be replaced with operating divisions of NHS Boards.

When developing the food, fluid and nutritional care in hospitals standards, a Scotland-wide consultation process was undertaken. The views of health service staff, patients, carers and the public were sought, and all the relevant evidence available at the time was taken into account. Draft standards were also piloted at two Trusts¹: Grampian University Hospitals NHS Trust and Tayside Primary Care NHS Trust.

1.2 How the Review Process Works

The 2005–2006 national programme of visits focuses on the NHS Boards' strategic approach to delivering nutritional care, assessment and care planning, and education and training required for staff to provide nutritional care; therefore, three of the six standards (1, 2 and 6) will be reviewed.

The review process has two key parts: local self-assessment followed by external peer review. First, each NHS Board assesses its own performance against the standards. An external peer review team then further assesses performance, both by considering the self-assessment data and visiting the NHS Board to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 10).

Self-Assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines and audit reports) required to allow a proper assessment to be made of performance against the standards.

Standard 2 addresses nutritional assessment, screening and care planning; in order to ensure compliance at this operational level, NHS QIS requested that each NHS Board undertake an audit of its performance against Standard 2 and submit the analysis report with the self-assessment. To support the findings of the NHS Board's audit analysis report, NHS QIS required completed audit forms from sample wards to be submitted with the report.

The NHS Board submits all the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

External Peer Review

An external peer review team visits and speaks with local stakeholders (eg staff, patients and carers) about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit. The visit concludes with the team providing feedback on its findings to the NHS Board.

Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached. The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHS Scotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

Performance Assessment Statements

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS Board is achieving each standard through development, implementation, monitoring and impact on patient care. These four key stages represent the continuous improvement cycle through which each NHS Board can ensure that all patients in hospitals receive a high quality of nutritional care. The review team works through each of the four key stages to arrive at an overall performance assessment statement, which indicates the NHS Board's level of achievement for each standard. The quality improvement tool also enables the review team to provide structured feedback on the NHS Board's delivery of the standards at each key stage, to inform local action plans for continuous improvement.

The overall performance assessment statements are underpinned by criteria that are mapped directly from each standard. The overall performance assessment statements for Standards 1, 2 and 6 are:

Standard 1 – Policy and Strategy

- A Board policy and strategic plan are not yet under development.
- A Board policy and strategic plan are being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.
- A Board policy and strategic plan are being implemented but monitoring by the nutritional care group has not yet commenced in all parts of the organisation.
- A Board policy and strategic plan are being implemented and monitored fully by the nutritional care group, and there is a cycle of continuous monitoring of implementation and impact on patient care reported to the Board.

Standard 2 – Assessment, Screening and Care Planning

- Processes and procedures for assessment, screening and care planning are not yet under development for any specialties and/or wards within the Board area.
- Processes and procedures for assessment, screening and care planning are being developed throughout the Board area but implementation has not yet commenced, or has commenced but not involving all parts of the organisation.
- Processes and procedures for assessment, screening and care planning are being implemented throughout the Board area but monitoring has not yet commenced involving all parts of the organisation.
- Processes and procedures for assessment, screening and care planning are being implemented and monitored fully, and there is a cycle of continuous monitoring of implementation and impact on patient care throughout the Board area.

Standard 6 – Education and Training for Staff

- A Board nutrition awareness, education and training programme is not yet under development.
- A Board nutrition awareness, education and training programme is being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.
- A Board nutrition awareness, education and training programme is being implemented but monitoring has not commenced involving all parts of the organisation.

-
- A Board nutrition awareness, education and training programme is being implemented and monitored fully, and continuous monitoring of implementation and impact on patient care is scheduled.

1.3 Reports

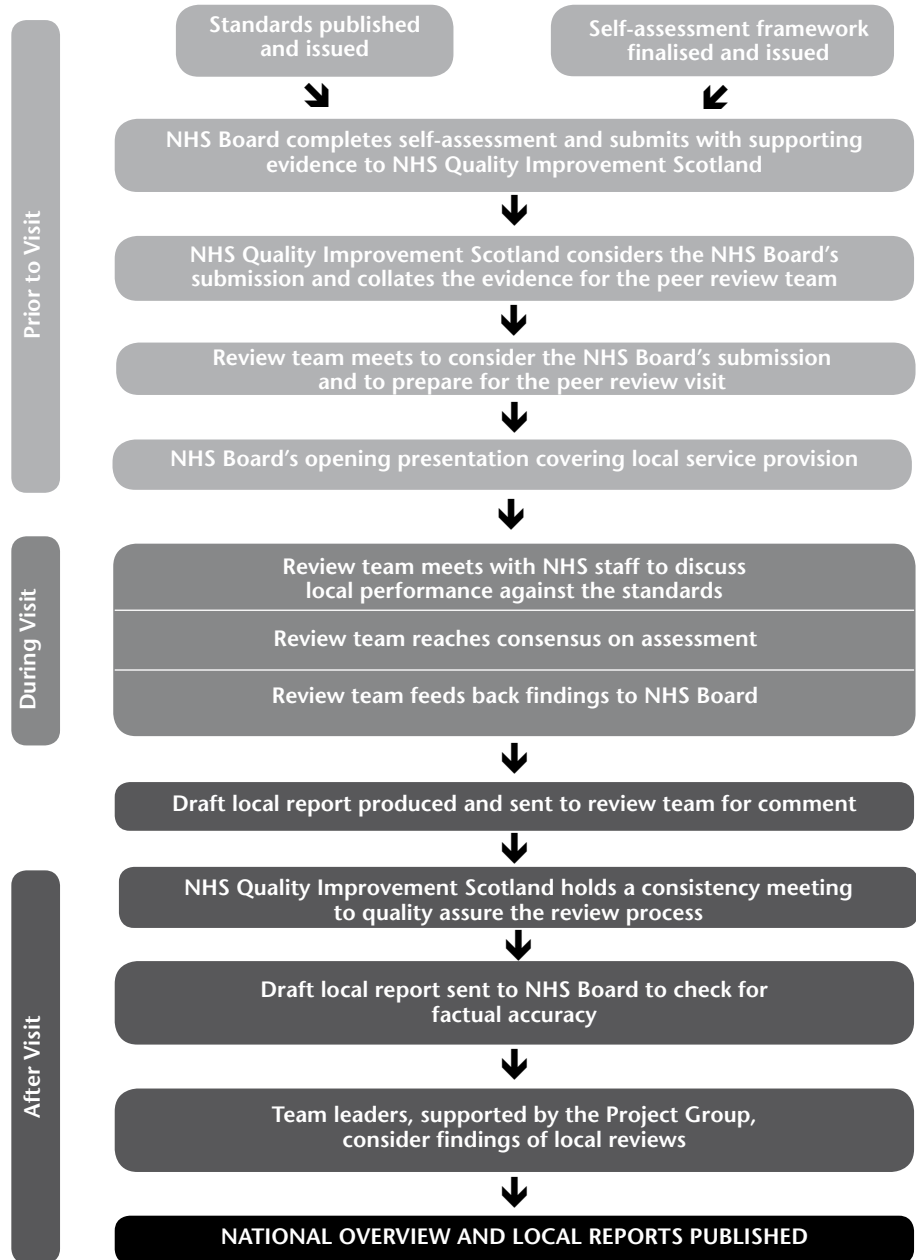
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been undertaken nationwide.

Once the food, fluid and nutritional care in hospitals national review cycle is completed, the team leaders, supported by the Project Group, reconvene to examine review findings and to compile a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

Please note – all reports published are available in print format and on the NHS QIS website.

The Review Process



2 Introduction to NHS Ayrshire & Arran

Ayrshire & Arran is situated in south-west Scotland and has a population of around 367,590. The majority of the population live in urban areas, of which Ayr and Kilmarnock are the largest in the region, although a significant proportion live in rural areas. The proportion of older people in the population is higher than the national average, as are levels of illness and deprivation.

Local NHS System and Services

Ayrshire & Arran NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Ayrshire & Arran.

The NHS Board is accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Ayrshire & Arran (www.nhsayrshireandarran.com).

Each NHS Board is responsible for implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* within its organisation. The standards require that there is a strategic approach to providing food, fluid and nutritional care throughout the NHS Board area.

Ayrshire & Arran NHS Board is currently moving towards working as a single organisation. The Board's three main structural components have evolved to become three health and healthcare divisions which reflect the patient pathway. The three health and healthcare streams include one department (the Public Health and Health Promotion Department) and two operating divisions (the Community Health Division and the General Hospitals Division). The General Hospitals Division provides acute care services, while primary care services are provided by the Community Health Division.

3 Outcome of Review

Standard 1: Policy and Strategy

Standard Statement

Each NHS Board has a policy, and a strategic and co-ordinated approach, to ensure that all patients in hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.

NHS Ayrshire & Arran

A Board policy and strategic plan are being developed but implementation has not yet commenced or has commenced but not involving all parts of the organisation.

Development

Ayrshire & Arran NHS Board has developed a draft Board policy for nutritional care in hospitals, and has plans to develop a nutritional strategy to deliver the policy.

The draft nutritional care policy, dated June 2005, has been developed by the nutritional steering group, and is currently awaiting approval by the clinical governance committee before it can be ratified. It outlines the commitment of the nutritional steering group to ensuring a strategic Board-wide approach to the effective delivery of food, fluid and nutritional care in hospitals. It is the intention of Ayrshire & Arran NHS Board to produce a nutritional strategy, which will include a detailed action plan indicating the range of activities to be undertaken to deliver the policy and comply with the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). The nutritional strategy will be based on the work of the nutritional steering group, as well as three other main strategic groups which report to the steering group. These strategic groups work in partnership with local councils in NHS Ayrshire & Arran to develop and improve nutrition-related services. The overarching group involved in the production of the action plan is the Ayrshire & Arran Diet Partnership. The review team commended the effective joint working employed by NHS Ayrshire & Arran to develop a pan-nutritional strategy, in order to actively improve nutrition-related services.

NHS Ayrshire & Arran has undertaken a population assessment of the Board area. At the time of the visit, no specific needs assessment had yet been carried out. It was reported, however, that the data are available and are currently being used to inform the nutritional strategy.

There is evidence that the draft nutritional care policy considers patient groups with particular needs including children, older people and those with learning disabilities. However, the review team encouraged further work to be undertaken in this area.

The review team was informed that the nutritional care policy will be risk assessed. Within the draft policy it is stated that the policy itself, and all subsequent activities related to it, should be assessed, monitored and registered. It was reported that the nutritional steering group will be responsible for taking this forward, using a risk management

framework. Following the identification of risks, these will be assessed and entered onto the NHS Ayrshire & Arran risk register as either corporate or operational risks. If risk controls are identified as being ineffective, action plans to mitigate risk will be developed and monitored by the steering group. The review team encouraged Ayrshire & Arran NHS Board to risk assess the nutritional strategy as part of the development process. Staff reported that, after it has been ratified, a financial framework will be developed to underpin its implementation. This will be included in the nutritional strategy as a 3-year costing plan, which will require to be approved by Ayrshire & Arran NHS Board.

As the draft nutritional care policy has not been ratified, it is not yet officially available to the public. However, on completion it will be submitted to NHS Ayrshire & Arran's communications department for publication. The review team was informed that the policy and strategic plan will be made available in formats easily understood by the public including Braille, large print, audio tape, and different languages.

Both operating divisions within NHS Ayrshire & Arran have an operational nutritional care group, which report into the nutritional steering group. Each nutritional care group is responsible for the effective local delivery of all aspects of nutritional care provided to patients. Prior to July 2005, these groups reported to Ayrshire & Arran NHS Board through divisional clinical governance structures. However, in a move towards working as a single organisation and since the establishment of the nutritional steering group in March 2005, the operational care groups now report directly to it. The steering group reports to Ayrshire & Arran NHS Board through the clinical governance committee, and is responsible for monitoring the development, implementation, monitoring and evaluation of nutritional care across NHS Ayrshire & Arran. Staff reported that they find the Board's accountability structure to be well managed and robust.

The nutritional steering group has a multidisciplinary membership with representatives from medicine, nursing, catering, dentistry and dietetics. The hospitals' chaplain currently acts as the interim lay representative for the group. However, the steering group expressed a concern that members of the public, with little or no knowledge of nutritional care, may find the environment overwhelming and active participation difficult. The review team was informed that the steering group hopes to address this by securing the services of a lay representative with a dietetic background, who has also been a service user. Staff explained that the premise of this is that a lay representative with professional knowledge of nutrition-related services will feel more comfortable in contributing to topic-specific discussion, while being able to provide a balanced perspective. While the review team acknowledged this, it noted that it may not reflect the philosophy behind lay representation, in ensuring that the knowledge and opinions of healthcare professionals is complemented and balanced by the needs and wishes of the general public.

Within the General Hospitals Division, there is a nutritional support team at Ayr Hospital; however, it does not include a specialist nutrition nurse, in line with the national standards criterion. When complex nutritional techniques are required, patients identified by staff may be referred to any member of the team to initiate access to the appropriate service, for example, to the dietetic department for intravenous and enteral tube feeding. Referral

is generally made electronically, although other methods of referral include verbal referral from the ward nurse, usually to the dietitian, or direct referral from the patient's clinician to the lead clinician of the nutritional support team. There is no formal clinical nutritional support team at Crosshouse Hospital, Kilmarnock. Staff reported that nutritional referrals are made to the dietitian. At Ayrshire Central Hospital, Irvine, and Biggart Hospital, Prestwick, all referrals for nutritional support are made to the dietetic departments. Both Ayr Hospital and Crosshouse Hospital are able to provide percutaneous endoscopic gastrostomy (PEG) feeding to patients. Those patients who require PEG feeding at Ayrshire Central Hospital and Biggart Hospital are referred to Crosshouse Hospital and Ayr Hospital respectively. Within the Community Hospitals Division, all referrals for PEG feeding are directed to Ayr Hospital or Crosshouse Hospital, depending on which is nearest. It was reported that community liaison nurses have been trained in artificial feeding by acute hospital staff, and are able to change feeding tubes. Patients who are unable to have tubes changed in the community are referred to the endoscopy department at their nearest acute hospital. The review team noted that arrangements for PEG feeding, both within hospital and the community, seem well established. However, the review team recognised that a challenge for NHS Ayrshire & Arran is to establish a clinical nutritional support team at Crosshouse Hospital to ensure equity of access to nutritional support services, for those patients with complex nutritional care needs.

Implementation

Ayrshire & Arran NHS Board requires to finalise the nutritional care policy, and to develop and ratify the nutritional strategy inclusive of a financial framework, before implementation can be rolled out across the organisation. While the review team observed the commitment and motivation of staff to prioritising food, fluid and nutritional care, it noted that, until recently, the absence of an executive lead within the nutritional care steering group may have impacted on the speed at which strategy development is being progressed. Staff on the visit reported that an executive lead for the group has now been appointed. In light of this, the review team encouraged the establishment of fixed timescales to drive forward implementation of the nutritional policy and strategic plan.

Monitoring

Ayrshire & Arran NHS Board requires to finalise and implement the nutritional care policy and strategy before a system of monitoring can be put in place. However, evidence provided to the review team shows that progress in the development of the policy and strategy is discussed at meetings of the operational nutritional care groups. At the time of the review visit, the nutritional steering group had not yet produced an annual report due to the group's relative infancy. However, the steering group's terms of reference states that the group will submit an annual report to the clinical governance committee in 2006, to officially report on progress made to develop and implement the nutritional care policy and strategy.

Impact on patient care

As Ayrshire & Arran NHS Board is in the process of developing and implementing the nutritional care policy and strategy, there is not yet a process in place to assess the impact of the policy and strategy on patient care. The review team encouraged that, following the development, implementation and monitoring of the nutritional care policy and strategy, Ayrshire & Arran NHS Board establishes a process for assessing their impact on patient care, which is evaluated, made available for wider application and includes a repeating audit cycle.

Standard 2: Assessment, Screening and Care Planning

Standard Statement

When a person is admitted to hospital, an assessment is carried out. Screening for risk of undernutrition is undertaken, both on admission and on an ongoing basis. A care plan is developed, implemented and evaluated.

NHS Ayrshire & Arran

Processes and procedures for assessment, screening and care planning are being developed throughout the Board area but implementation has not yet commenced, or has commenced but not involving all parts of the organisation.

Development

In order to assess that each NHS Board has assurance that all inpatients within its hospitals have assessment, screening and care planning carried out, NHS QIS requested that all NHS Boards undertake an audit of their compliance at this operational level. NHS QIS required that each NHS Board submit its audit analysis report with the self-assessment to evidence to the review team how processes and procedures for assessment, screening and care planning are being developed and implemented, and if there is a cycle of continuous monitoring of implementation and impact on patient care throughout the NHS Board area.

NHS Ayrshire & Arran submitted a retrospective audit analysis report to evidence how procedures for assessment, screening and care planning are being implemented. This was supplemented with a further prospective analysis report, providing a more in-depth source of reference on the current position of Ayrshire & Arran NHS Board in respect of the provision of food, fluid and nutritional care across the organisation.

The review team found evidence that procedures for nutritional assessment and screening for risk of undernutrition have been developed throughout NHS Ayrshire & Arran, and that procedures for care planning are under development. When the nutritional care policy and strategy have been developed, finalised and implemented, this should ensure that all inpatients have assessment, screening and care planning.

Implementation

The review team found evidence of a system to implement procedures for assessment, screening and care planning for some specialties or wards within NHS Ayrshire & Arran, although it concluded that there is not a strategic Board approach to this.

Staff reported that all inpatient wards within NHS Ayrshire & Arran have equipment to record the patient's height and weight. Scales are calibrated annually in the General Hospitals Division by an external company, whilst in the Community Health Division, due to the Division's wide geographical scope, it is the responsibility of the ward managers to ensure that scales are calibrated annually. Specialist equipment, such as modified cutlery, is available to help patients with eating and drinking, and the review team was informed that

dishes are washed on wards so that equipment does not go missing. The audit identified that the recording of nutritional information, including the patient's height and weight, food preferences/allergies, cultural, ethnic and religious requirements, social preferences, physical difficulties with eating and drinking, and the need for special equipment to help with eating and drinking, varies across NHS Ayrshire & Arran. However, the patient's height and weight are routinely recorded, in the vast majority of cases, within 1 day, which the review team commended.

The audit identified that validated screening tools for undernutrition have been implemented in most wards. Staff reported that the most commonly-used screening tools are the nutrition risk score, used in the General Hospitals Division, and the nutrition screening for older people tool, used in the Community Health Division. While the review team was informed that Ayrshire & Arran NHS Board intends to adopt the Malnutrition Universal Screening Tool (MUST) for appropriate patient groups, staff reported that the current screening tools are effective and fit for purpose. Notably, the nutrition screening tool for older people was developed especially for this patient group. The review team commended this screening tool, and noted the advice contained within it that screening is not foolproof, and the dietitian should be contacted if nursing staff are unsure of a patient's nutritional status. There is currently no validated screening tool for patients with learning disabilities. To compensate, staff are required to build a picture of the patient's nutritional status by discussing food preferences etc with the patient (and with the patient's carer, where appropriate) informally.

Where initial nutritional assessment is carried out, the process identifies the need for referral to specialist services. There are formal procedures for referral to physiotherapy, speech and language therapy, occupational therapy and dietetic services within both the General Hospitals Division and the Community Health Division, as well as formal guidelines for referral to dental services in the community. Staff reported good communication links with allied health professionals, and that referrals can also be made informally by telephone. Within the General Hospitals Division, specialist services aim to respond to referrals within 2 working days, whilst in the Community Health Division, referrals are prioritised using local guidelines and information given in referral documentation. To compensate for lack of agreed timescales, it was reported to the review team that all staff within the community work in partnership and, for example, arrange annual leave in consultation with one another so that specialist services are always available. However, staff reported that adequate provision of speech and language therapy services in the community can be challenging.

Although staff reported that the outcome of screening is recorded in medical notes, nutritional care plans to document the patient's nutritional needs following initial assessment and screening for risk of undernutrition are developed for patients in relatively few specialties and wards. However, the audit identified that, of the care plans that had been developed, the majority contained the outcome of the patient's initial assessment, screening, frequency dates of repeat screenings and action taken as a consequence of repeat screenings. It was reported that multidisciplinary care planning is not standard practice within NHS Ayrshire & Arran and care plans are only developed when the patient is identified as being at risk of undernutrition. While staff reported that nutritional

information on each patient is shared effectively between acute and primary care staff, the review team identified the systematic inclusion of assessment and screening outcomes in care planning documentation for all patients as a challenge for Ayrshire & Arran NHS Board.

An adult mental health services discharge document and a multidisciplinary discharge summary were presented to the review team as evidence of discharge plans. The adult mental health services document, however, does not contain any nutrition component, while the nutrition constituent of the multidisciplinary discharge summary is minimal. Staff acknowledged that discharge documentation requires to be refined to include specific information on the patient's nutritional status, special dietary requirements and the arrangements made for any follow up required on nutrition issues, and staff confirmed there are plans to address this. Discharge planning is, however, undertaken in consultation with the patient and, where appropriate, their carer. The review team was informed that a dietitian will participate in discharge planning meetings if the patient's nutritional needs have been identified as an area of concern.

The review team concluded that a challenge for Ayrshire & Arran NHS Board is to include a core nutrition data set in assessment, care planning and discharge documentation.

Monitoring

A system of monitoring is in place in some specialties and wards which provides assurance to Ayrshire & Arran NHS Board that procedures for assessment and screening are being followed on an ad hoc basis. Specialist nutritional care staff discuss the nutritional needs of patients with one another on a weekly basis, although there was no evidence that this includes regular reports to the nutrition steering group. As Ayrshire & Arran NHS Board has yet to implement procedures for care planning across the organisation, there is not yet a system of monitoring in place for this.

Impact on patient care

There is a process in place in some specialties or wards to assess the impact of assessment, screening and care planning procedures on patient care. The audit of performance against these procedures in all inpatient wards within NHS Ayrshire & Arran informed the development of an action plan to improve performance against Standard 2. Specific action plans to locally implement procedures will be developed by the nutritional steering group. The group will ensure that these action plans will help to provide the strategic direction needed to fully develop, implement, monitor and assess the impact of assessment, screening and care planning across NHS Ayrshire & Arran.

Standard 6: Education and Training for Staff

Standard Statement

Staff are given appropriate education and training about nutritional care, food and fluid.

NHS Ayrshire & Arran

A Board nutrition awareness, education and training programme is not yet under development.

Development

The review team found no evidence that a single Board nutrition awareness and education programme is in place, or under development. However, a training needs analysis of nutrition-related training needs was undertaken by the General Hospitals Division between May–June 2005, whilst in the Community Hospitals Division, a training plan has been developed. The training needs analysis report identified that the overall awareness of the national standards for food, fluid and nutritional care needs to be improved. It indicates that staff require more knowledge in providing food, fluid and nutritional care to those patient groups with particular needs. The importance of providing appropriate nutritional care to these patient groups is reflected in the draft nutritional care policy. The recommendations arising from the training needs analysis will be considered and included within Ayrshire & Arran NHS Board's nutritional strategy.

Line managers within NHS Ayrshire & Arran also identify training needs through each member of staff's performance development plan (PDP). As no training needs analysis has been undertaken within the Community Hospitals Division, the review team identified analysing the information obtained from staff PDPs to help inform the development of a Board nutrition awareness, education and training programme as a challenge for Ayrshire & Arran NHS Board.

Implementation

Staff in the Community Health Division, who are in contact with patients at any point in the food chain, are informed of local guidelines and protocols relating to food, fluid and nutritional care as part of the local induction process. In particular, the review team noted that induction for catering staff is comprehensive. All inpatient wards have protocols for ordering and delivering food and fluid, which detail meal and snack times, and procedures for ordering missed meals. Clinical guidelines and policy manuals are available at every clinical base within wards. In the General Hospitals Division, staff involved in the food chain are also informed of local nutrition-related protocols at induction. The protocols include the information required by the national standards criterion, and are located in every ward pantry. There are local induction programmes in place, including an induction programme for nursing staff in the General Hospitals Division, entitled 'Food for Thought'. Led by the catering department, it provides information on the correct completion of menu cards and how menu cards are used by the catering department.

Staff awareness of health and safety, and food hygiene, is raised through food hygiene training. Managers are responsible for ensuring that all staff, in contact with patients and their food and fluid, attend this training as part of their continuous professional development. It was reported that managers also discuss these issues with staff at team, ward and hotel services meetings. The review team noted, however, that there is no evidence of nutrition education and training for medical staff.

NHS Ayrshire & Arran offers Partners in Active Continuous Education (PACE) learning packs in nutritional care to nursing and nursing auxiliary staff working with older people. Staff reported willingness and enthusiasm to commence PACE training, but securing release from duty to complete it can be challenging. This was highlighted as especially problematic for staff working on Arran.

Portering staff in the General Hospitals Division undergo a local induction programme which raises awareness of food hygiene, moving and handling, and the importance of ensuring meals arrive at ward areas in a prompt manner and at the correct temperature.

In the General Hospitals Division, multidisciplinary staff who help to care for stroke patients have the opportunity to attend in-service evenings. Led by the stroke team, topics include modified diets for stroke patients and swallowing problems associated with stroke. Training is also delivered by the dietetic department on the use of screening tools for risk of undernutrition. Nursing staff are being trained in initial swallow screen assessment to improve patient care, which alleviates pressure on the speech and language therapy department. Training on the importance of nutritional screening is also provided annually by the dietetic department.

Monitoring

As Ayrshire & Arran NHS Board has yet to implement a Board programme of nutrition awareness, education and training, there is subsequently no system in place to monitor its delivery. However, an action plan has been developed following analysis of nutrition-related training needs within the General Hospitals Division. The evaluation of this action plan, together with staff PDPs, will help to inform the development and implementation of a Board-wide training programme for food, fluid and nutritional care. The review team was informed that the PDP will be linked to the NHS Knowledge and Skills Framework (KSF) in the future, so that nutrition-related training is included as a core competency for all staff in the food chain.

It was reported that NHS Ayrshire & Arran hopes to establish a single practice development unit in the future, to take responsibility for corporate induction programmes and to maintain training registers and databases. The review team encouraged development in this area to ensure that training in food, fluid and nutritional care is integrated and streamlined across the Board area.

Impact on patient care

A Board-wide nutrition awareness, education and training programme has yet to be developed, implemented and monitored. The review team, therefore, concluded that there are not yet processes in place to utilise the outcomes of monitoring to assess the impact of staff nutrition awareness, education and training on patient care.

Appendix 1 – Glossary of Abbreviations

Abbreviation

KSF	Knowledge and Skills Framework
MCN	managed clinical network
MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
PACE	Partners in Active Continuous Education
PDP	personal development plan
PEG	percutaneous endoscopic gastrostomy

Appendix 2 – Details of Review Visit

The review visit to NHS Ayrshire & Arran was conducted on 10 August 2005.

Review Team Members

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Ms Laura Blair

Project Officer

Mrs Anne Hanley

Team Manager

Mr Simon White (Observer)

Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, Ayrshire & Arran NHS Board, senior management, patient representatives, and staff involved in providing food, fluid and nutritional care to hospitals.

Appendix 3 – Timetable of Review Visits

Organisation Reviewed	Visit Date(s)
Golden Jubilee National Hospital	25 January 2006
NHS Argyll & Clyde	9 February 2006
NHS Ayrshire & Arran	10 August 2005
NHS Borders	16 November 2005
NHS Dumfries & Galloway	2 November 2005
NHS Fife	16 June 2005
NHS Forth Valley	29 June 2005
NHS Grampian	30 November 2005
NHS Greater Glasgow	28 July 2005
NHS Highland	20 October 2005
NHS Lanarkshire	14 July 2005
NHS Lothian	4 October 2005
NHS Tayside	15 December 2005
NHS Orkney	8 September 2005
NHS Shetland	23 August 2005
NHS Western Isles	22 September 2005
State Hospital	10 January 2006

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- in community languages.

NHS Quality Improvement Scotland

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