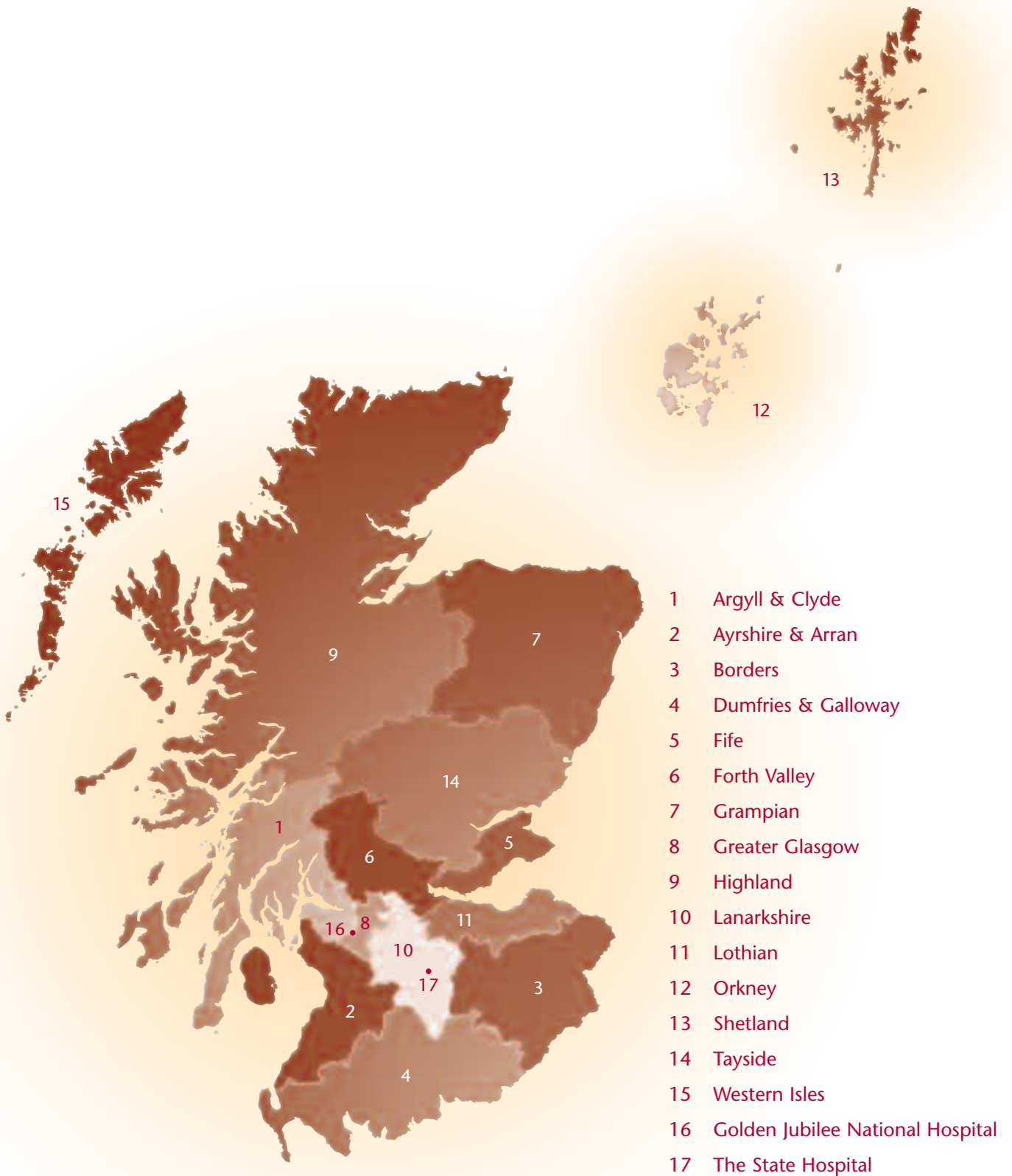


NHS Borders

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 Borders**, against Standards 1, 2 and 6. This review visit took place on **16 November 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 providing nutritional care, assessment, screening 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.

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- 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

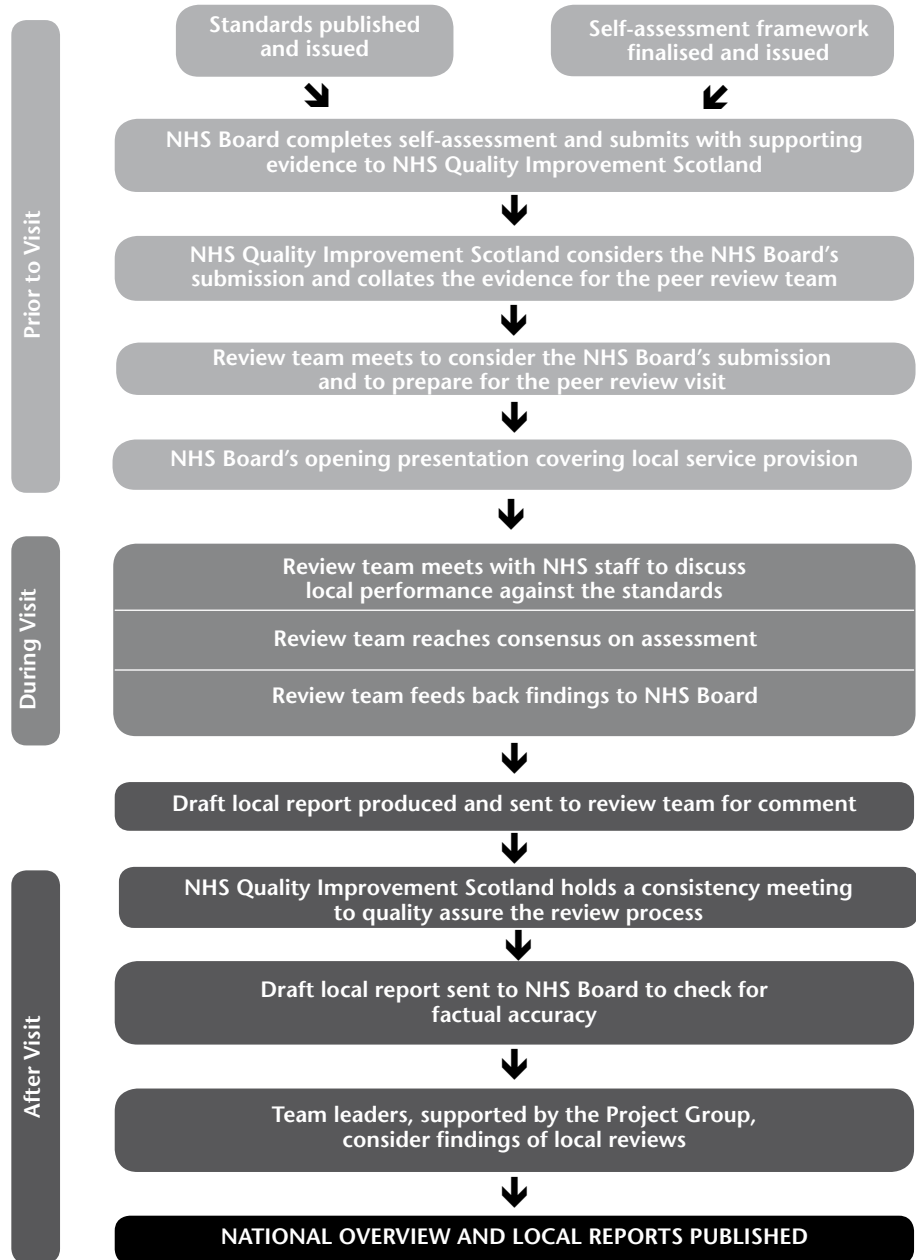
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

The Borders is situated in south-east Scotland and has a population of around 109,270. The majority of the population live in rural areas, and the largest towns are in Galashiels and Hawick. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

Local NHS System and Services

Borders 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 the Borders.

The NHS Board has responsibility for the operation of clinical services, and the employment of those delivering these services. NHS Borders delivers hospital and primary care/community health services. Mental health services are both hospital and community based.

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 Borders (www.show.scot.nhs.uk/bhb).

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.

NHS Borders is now in its third year of being a single unified organisation. The Board area encompasses a wide geographical spread and works closely and co-operatively with partner organisations. As NHS Borders is the smallest mainland NHS Board, dual roles on the various committees are sometimes necessary.

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 Borders

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

Within NHS Borders there is a draft food, nutrition and health policy, which is out for public consultation. The draft policy states that its aims are to improve the health of staff and patients, and the food provision for, and nutritional status of, patients in hospital. The policy includes some key action points, such as the establishment of the nutritional care steering group. There is a draft nutritional care strategy, dated February 2004, which outlines specific nutritional care initiatives, such as the production of enteral feeding care guidelines and the phased implementation of the Malnutrition Universal Screening Tool (MUST), with identified leads for taking this work forward. There is an action plan for 2004–2005 which highlights overall objectives with designated leads and timescales; the first action point listed is the need to update the nutritional care policy to include the strategic plan by August 2005. The review team noted that Borders NHS Board needs to finalise the draft nutritional care policy, and translate this into a strategic plan, which is risk assessed and has an associated financial framework.

Prior to the draft food, nutrition and health policy, NHS Borders had a food and health policy which was developed in 1997. This policy was subsequently revised in 2002 and 2005 to reflect the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards).

There is a food, fluid and health policy steering group (the nutritional care steering group), which is responsible to Borders NHS Board for developing the food, nutrition and health policy and strategy. The nutritional care steering group approves and monitors action plans produced by the operational nutritional care groups which report into it. These groups are the clinical nutrition group, catering forum and patient nutritional care group. Membership of the nutritional care steering group is multidisciplinary and includes senior management representation from nursing, catering and dietetics, as well as lay representation. The director of public health is also a member of the group. The review team was informed that there is not a general clinician or a dentist on the nutritional care steering group and encouraged that this is addressed to comply with the standard. It was acknowledged that clinical commitments can be a competing priority on clinicians' time to attend meetings.

The review team noted that the wide public consultation process being undertaken for the draft policy includes a number of community groups and networks in order to involve the general public. In addition, posters have been displayed in public places, for

example in libraries and post offices. NHS Borders works with representatives from the local Involving People Network on a number of projects and has used a wide range of community contacts to inform and involve the general public in the consultation. A representative from the Involving People Network is also a member of the nutritional care steering group.

Although much work has gone into involving the public in the consultation process, the review team was unable to identify that the draft policy is patient focused and follows the patient journey of care.

The draft policy is based on a health population needs assessment, which considers local ethnic, religious and cultural patterns. In addition, staff reported that the development process has included all patient groups and the specific needs of patients with learning disabilities, children and elderly people. An equality and diversity rapid impact assessment has been applied to the draft policy.

Staff reported that risk assessment was embedded in all levels of the organisation. However, the review team was unable to find evidence to demonstrate formal documented risk assessment of the draft policy.

As the draft policy has not been finalised, there has been no opportunity to discuss this policy annually at Borders NHS Board meetings, to evaluate progress and produce a plan for further action. However, the review team noted that the nutritional care steering group has considerable support for the development and implementation of the nutritional care policy from Borders NHS Board. The nutritional care steering group is chaired by the director of nursing, and the dietetic project officer, who facilitates the group, reported that she has access to the Board as required. The Board has previously supported proposals from the nutritional care steering group to improve nutritional services for patients; in 2004 funding was provided for the introduction of a bedtime snack for all inpatients at Borders General Hospital, Melrose.

The review team acknowledged that while the draft policy is available in other formats, including larger font size, audio cassette and other languages on request, the draft policy is not in a format which would be easily understood by the general public.

There is an NHS Borders clinical nutrition support team, which consists of a consultant gastroenterologist, clinical nurse specialist in gastroenterology, dietitian, pharmacist and speech and language therapist. There is no specialist nutrition nurse within NHS Borders, although a considerable part of the role of the clinical nurse specialist in gastroenterology includes nutrition. All patients requiring complex nutritional techniques in NHS Borders can be referred to the clinical nutrition support team by GPs, consultants, speech and language therapists, dietitians and district nurses. Each patient is discussed at a weekly team meeting. Currently, the clinical nutrition support team is not responsible for intravenous feeding; if this is required, the consultant in charge of the patient's care makes a referral to the pharmacy department.

Patients requiring a percutaneous endoscopic gastrostomy (PEG) are cared for at Borders General Hospital, while patients requiring a radiologically placed gastrostomy are referred to the Western General Hospital, Edinburgh. NHS Borders reported that they currently do

not have patients requiring total parenteral nutrition (TPN) at home and that no members of the clinical nutrition support team are members of the Scottish Managed Clinical Network (MCN) for Home Parenteral Nutrition. However, they do have contact with the MCN and follow its current guidelines.

Implementation

As the draft nutritional care policy and strategy are not yet fully developed, implementation of the policy and strategy has not yet commenced. The review team noted, however, that work has begun to implement certain nutritional care initiatives within NHS Borders, such as establishing the clinical nutrition support team, and securing funding to roll out the required training in order to implement MUST. The review team encouraged that the progress made in improving nutritional care is supported by the development and implementation of the nutritional care policy and strategic plan. The review team met with enthusiastic and committed staff at all levels within NHS Borders, who are supportive of the various changes and initiatives surrounding nutrition. However, the review team noted that although senior staff are aware of the content of the draft policy, operational staff are less aware.

Monitoring

As Borders NHS Board has yet to fully develop and implement the draft nutritional care policy and strategy, a system for monitoring the implementation of the policy and strategy is not yet in place. The review team noted, however, that nutritional care had been monitored by NHS Borders in 2002 and as part of their preparation for this peer review visit. The operational nutritional care groups provide progress reports to the nutritional care steering group. Examples of progress made include reviewing the provision of choices and therapeutic coding on patient menus, introduction of a bedtime snack at Borders General Hospital, and exploring support for protected mealtimes.

Impact on patient care

As Borders NHS Board has yet to fully develop and implement the draft 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 noted, however, that NHS Borders has previously collated patient feedback on the quality of catering. The review team encouraged Borders NHS Board to ensure that the draft nutritional care policy is patient focused and that a process is established for assessing the policy and strategy's 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 Borders

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 organisation.

The review team found evidence that processes and procedures for assessment, screening and care planning are starting to be developed throughout the Board area. Work is taking place to develop and agree standardised documentation. When the food, nutrition and health policy and strategic plan have been developed and implemented, this should ensure that all inpatients have assessment, screening and care planning.

Implementation

The review team found evidence that processes and procedures for assessment, screening and care planning have been developed for some specialties and ward areas. However, the nutrition audit carried out prior to the review visit indicated that practice varies between wards and sites. Not all patients have their height and weight, eating and drinking likes/dislikes, food allergies and the need for a therapeutic diet, cultural, ethnic and religious requirements, physical difficulties with eating and drinking, and the need for equipment to help with eating and drinking, recorded within 1 day of admission to hospital.

A pilot of MUST was undertaken, using two Grade F nurses to train other colleagues. Staff reported that MUST will be implemented across the organisation in order to standardise screening for all patients and facilitate the transfer of patient information between hospitals.

Staff are aware of the procedure for referring patients to the dietetic service. The dietetic department has a clear standard for waiting times, with urgent inpatient cases being seen on the same day at Borders General Hospital, and within 2 days at the community hospitals.

The review team identified strong multidisciplinary team working, which facilitates effective transfer of patients between primary and secondary care. The review team noted that the patient's initial assessment, nutritional status/dietary requirements and actions taken as a result of repeat screening are not consistently recorded in the care planning documentation used within NHS Borders. The review team concluded that a challenge for Borders NHS Board is to include a core nutrition data set in assessment, care planning and discharge documentation.

Monitoring

Processes for nutritional assessment, screening and care planning are not fully implemented throughout NHS Borders; therefore, a system of monitoring is not yet in place that provides assurance to Borders NHS Board that these procedures are being followed. The recent nutrition audit was undertaken by the nutrition assessment group, a short-life working group, set up by the nutritional steering group. The audit included a casenote audit, patient interviews and staff questionnaires. An action plan has been developed from the audit results and a number of recommendations are being taken forward, including standardising nutrition assessment and care planning documentation and implementing MUST across the organisation.

Impact on patient care

The review team noted that as NHS Borders has not fully implemented processes for nutritional assessment, screening and care planning, it has been unable to put a system of monitoring in place. Therefore, there is no process to utilise the outcomes of monitoring procedures to assess the impact on patient care.

Standard 6: Education and Training for Staff

Standard Statement

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

NHS Borders

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, education and training programme is in place or under development. Ad hoc training on a number of nutrition topics currently exists for some groups of staff. There is not, however, a Board nutrition awareness, education and training programme.

An organisation-wide training needs assessment was carried out during 2003 to assist the Board in prioritising training requirements. This exercise, however, was not specifically looking at training needs in relation to nutrition. Staff training needs are identified through line managers, who then forward this information to the training and personal development department.

Implementation

The review team found evidence of ad hoc nutrition education and training within NHS Borders.

Staff reported that nutrition is not included within the Board induction programme. However, ward staff are made aware of the local processes for ordering and delivering food and fluid, the procedures for ordering missed meals, and of meal times, as part of their ward orientation.

Mandatory food hygiene training, at a level commensurate with duties, is given to all staff who handle food as part of their work. NHS Borders offers Partners in Active Continuous Education (PACE) learning packs in nutrition to healthcare assistants throughout the organisation. There is also the opportunity for qualified nurses and healthcare professionals to take part in the fundamental nutritional care of hospitalised patients course, which is organised by Queen Margaret University College, Edinburgh, via distance learning.

The speech and language service offers training on swallow screening for appropriate staff. In addition, staff also have the opportunity to attend 1-day healthy and advanced healthy eating courses.

Training has also been provided for nursing, catering and dietetic staff in preparation for changes to menus and the menu coding system, and in preparation for the introduction of bedtime snacks and dysphagia menus.

Staff reported that training and study days are widely promoted and advertised in the staff newsletter.

In addition to the above initiatives, the review team noted that specific funding has been secured to roll out MUST to all parts of the organisation. A number of staff in units have been trained in the use of MUST and training is still ongoing.

The review team highlighted a need for a more co-ordinated and structured approach to training by the Board in order to ensure that all staff have the opportunity to access appropriate nutrition education and training.

Monitoring

At the time of the visit, there was no Board programme of nutrition awareness, education and training. Therefore, a system of monitoring is not in place.

Attendance at training is monitored by the training and development department. However, a training needs analysis, specific to nutrition, has not been carried out.

Impact on patient care

A Board nutrition awareness, education and training programme has yet to be developed, implemented and monitored. Therefore, the review team noted that there is not yet a process to utilise the outcomes of monitoring to assess the impact of staff nutrition education and training on patient care.

Appendix 1 – Glossary of Abbreviations

Abbreviation

MCN	managed clinical network
MUST	Malnutrition Universal Screening Tool
NHS QIS	NHS Quality Improvement Scotland
PACE	Partners in Active Continuous Education
PEG	percutaneous endoscopic gastrostomy
TPN	total parenteral nutrition

Appendix 2 – Details of Review Visit

The review visit to NHS Borders was conducted on 16 November 2005.

Review Team Members

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NHS Quality Improvement Scotland Personnel

Ms Laura Blair

Project Officer

Mrs Anne Hanley

Team Manager

Ms Tracy Walker

Project Officer

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

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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