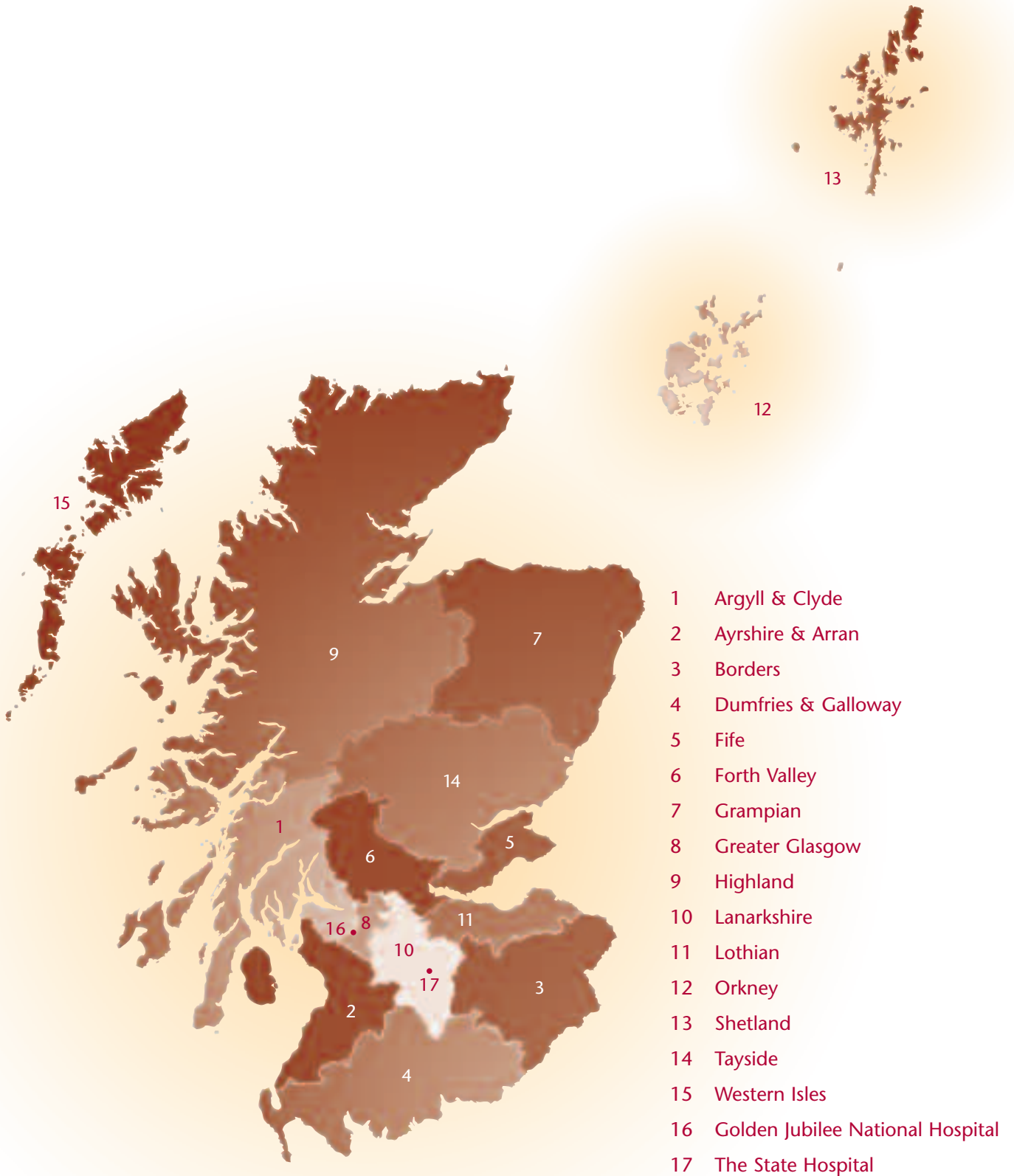


NHS Dumfries & Galloway

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 Dumfries & Galloway**, against Standards 1, 2 and 6. This review visit took place on **2 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.

- 
- 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

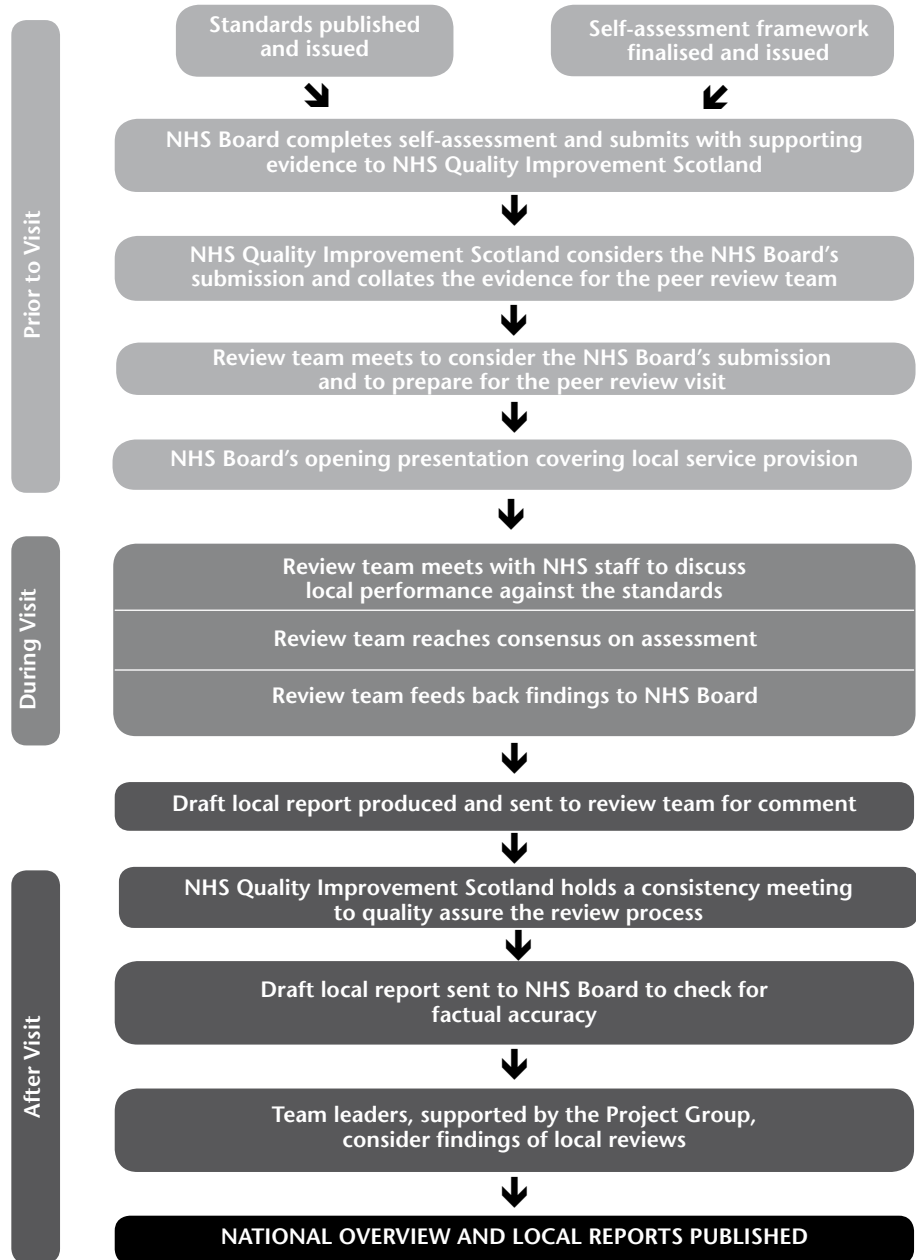
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Dumfries & Galloway is situated in south-west Scotland and has a population of around 147,930. The majority of the population live in towns and villages, of which Dumfries is 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, whereas levels of illness and deprivation are relatively low.

Local NHS System and Services

Dumfries & Galloway 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 Dumfries & Galloway.

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 Dumfries & Galloway (www.show.scot.nhs.uk/dghb).

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 Dumfries & Galloway was the first mainland direct healthcare provider in NHS Scotland to integrate its services and become a single organisation. The NHS Board has responsibility for the operation of clinical services and the employment of those delivering these services. NHS Dumfries & Galloway delivers hospital, primary care and community health services. Mental health services are both hospital and community based.

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 Dumfries & Galloway

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 Dumfries & Galloway, there is a draft policy on food, fluid and nutritional care in hospitals and a draft strategic action plan. The draft policy provides background information on nutritional care, information on the NHS QIS *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards) and states the intention to implement the national standards to achieve best practice in nutritional care. The strategic action plan provides an assessment of NHS Dumfries & Galloway's current position against each national standard statement, a position statement against each standard criterion, and details the action required with a target date to achieve compliance. The assessment of the current position against Standard 1 highlights that NHS Dumfries & Galloway has effective nutritional care services, however, the nutritional care policy is not yet adopted throughout NHS Dumfries & Galloway and the strategic action plan is at an early stage of implementation. Staff reported that the draft nutritional care policy and strategic action plan have been approved by the corporate management team and will be considered by the healthcare governance committee in November 2005. A financial plan to underpin the nutritional care policy and strategic plan is in the early stages of development, with a target date of December 2005. The review team concluded that the challenges for Dumfries & Galloway NHS Board are to finalise the draft nutritional care policy and strategic plan, to undertake a risk-assessment and provide an associated financial framework.

The draft nutritional care policy and strategic plan have been developed in liaison with the NHS Dumfries & Galloway Health Improvement Team and the Diversity Group in order to consider local ethnic, religious and cultural patterns, and to recognise the need for equity of access. The review team noted the recent redesign of menus for ethnic minority groups and identified the halal menu, printed in six languages, and the work that has been undertaken to recognise the needs of the local Chinese community, as areas of good practice. The draft nutritional care policy and strategic plan are not, however, based on a health population needs assessment. The strategic action plan identifies that an appropriate health population needs assessment will be carried out by December 2005.

The NHS Dumfries & Galloway Food, Fluid and Nutritional Care Group (the nutritional care group) was established in 2003. The nutritional care group is responsible to Dumfries & Galloway NHS Board for overseeing the development and implementation of the national standards and for delivering the strategic action plan for nutritional

care. The reporting structure of the nutritional care group to Dumfries & Galloway NHS Board is via both the corporate management team and healthcare governance committee. The nutritional care group has a multidisciplinary membership with senior management representatives from medicine, nursing, catering, and dietetics, as well as lay representation. Staff reported that dental advice is available to the nutritional care group as required; however, membership does not routinely include a dental representative. Staff highlighted that membership of the nutritional care group does not adequately represent staff whose primary interest is in enteral or parenteral feeding. The nutritional care group has begun a process of consultation with clinical staff to seek extended membership with particular reference to enteral and parenteral nutrition.

There are no formal clinical nutritional support teams within NHS Dumfries & Galloway. When complex nutritional techniques are required, the consultant in charge of the patient's care initiates referral to the appropriate service. There are guidelines for enteral feeding in place within NHS Dumfries & Galloway, with a review date of January 2006. The dietetic service has recently revised the process for parenteral feeding to ensure appropriate assessment and liaison between the dietetic service, the pharmacy service and medical staff. The nutritional care group has submitted a consultation paper to the corporate management team to consider the feasibility of establishing a clinical nutritional support team. A 2-month consultation period will now commence. The review team encouraged Dumfries & Galloway NHS Board to agree and implement a clinical nutritional support team in line with the national standards.

Implementation

At the time of the visit, the nutritional care policy had not been formally approved by Dumfries & Galloway NHS Board or implemented across NHS Dumfries & Galloway. The draft nutritional care policy states that the national standards will be implemented within NHS Dumfries & Galloway through the strategic action plan, which will be published openly by Dumfries & Galloway NHS Board and reviewed at regular intervals. The nutritional care group is working with the patient information officer to ensure the public will be able to access the nutritional care policy and strategic plan when they are published in December 2005. Mechanisms for accessibility include raising awareness through local voluntary groups, publishing the documents on the NHS Dumfries & Galloway internet site, and making the nutritional care policy and strategic plan available locally, for example in GP practices, in hospital general information areas and local libraries.

Monitoring

As Dumfries & Galloway NHS Board has yet to finalise and implement the nutritional care policy and strategic plan, it cannot yet put a system of monitoring in place. The review team noted, however, that nutritional care has been monitored within NHS Dumfries & Galloway. An audit of nutritional care in community hospitals was undertaken in 2000, resulting in a number of initiatives to improve the provision of nutritional care including: a training programme for nursing and catering staff from community hospitals; production of a newsletter for all community hospitals and care homes highlighting

nutrition issues; placement of nutrition notice boards in each community hospital; and establishment of nutrition link nurses for each community hospital. In 2002, a further audit was undertaken, and a questionnaire was issued to all nutrition link nurses and community hospital managers to gain feedback on the initiatives put in place. Results from the questionnaire indicated an increased awareness and interest in nutrition amongst all levels of staff, and improved communication between the dietetic service and community hospital staff. Although the establishment of nutrition link nurses was well received, the dietetic service was unable to maintain the level of input required as the project was delivered through non-recurrent funding.

In 2004, the director of nursing and allied health professionals and the head of clinical governance commissioned a scoping exercise to ascertain compliance of nursing practice against the six national standards. The scoping exercise involved all inpatient hospitals in NHS Dumfries & Galloway, through postal questionnaires and a series of interviews with staff. The analysis report outlines recommendations for improving nutritional care with associated action plans. Five main areas of follow-up work were identified. The first major piece of work was to issue a six point improvement plan to each ward to monitor progress against: increasing the knowledge and skills of staff; accuracy of weight recording; the ability to assess body mass index; improving the social aspect of mealtimes; undertaking a patient's nutritional assessment within 1 day of admission; and promoting the concept of protected mealtimes. The further four areas of follow-up work were: further analysis of nutritional assessment, including revising the use of validated screening tools; further analysis of the protected mealtime initiative and the possibility of introducing an award scheme; further analysis of areas that reported limited staffing resources and the competing demands which may occur in ward areas during mealtimes; and resolving immediate challenges, such as replenishing equipment needed to assist patients with eating and drinking, and addressing attendance levels at mandatory training. The findings of the scoping exercise have informed the development of the nutritional care strategic action plan.

The nutritional care group submitted an annual report to Dumfries & Galloway NHS Board in June 2005. The report details background information on the national standards, the role and remit of the nutritional care group, work undertaken in the period April 2004–March 2005, and points of action for the coming year. Work undertaken includes: an assessment of catering for children's services, establishing trial alternative main meal and snack menus, and an alternative method of delivery; a review of patient menus, resulting in a 2-week menu cycle with consideration of menu presentation and ongoing nutrition analysis; the catering department applying to the Scottish Healthy Choices Award Scheme and receiving a commendation; regular audits of catering practice with areas for improvement being discussed and progressed by the nutritional care group; the continuation of protected meal times in community hospitals and the introduction of protected meal times at Dumfries & Galloway Royal Infirmary; and the introduction of a new meals transport system which has been designed to ensure that meals are delivered at the correct temperature.

The nutritional care group plans to undertake a study of pathways of care and an assessment of groups with particular needs in spring 2006. The nutritional care group intends to establish the typical nutritional needs of patients on key pathways of care (eg diabetes, fractured neck of femur and intensive care unit) and undertake an audit to ascertain if patients' identified nutritional requirements are being met.

Impact on patient care

As Dumfries & Galloway NHS Board has yet to finalise the nutritional care policy and strategic plan, there is not yet a process in place to assess the impact of the policy and strategic action plan on patient care. The review team noted, however, the system NHS Dumfries & Galloway has in place to collect patient feedback on the provision of food and fluid, which can inform the development and implementation of the nutritional care policy and the strategic action plan. In particular, menu structure and content has been informed through a patient consultation process. The review team encouraged that following the development, implementation and monitoring of the policy and strategic plan, Dumfries & Galloway NHS Board establishes a process for assessing 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 Dumfries & Galloway

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.

In discussion groups with the review team, ward staff showed an awareness of the importance of assessment, screening and care planning. The review identified that a challenge for Dumfries & Galloway NHS Board is to encourage and support staff's commitment to nutritional care through providing strategic direction and maintaining momentum. When the nutritional care policy and strategic plan have been developed and implemented, this should ensure that all inpatients have assessment, screening and care planning.

Implementation

The strategic action plan highlights that a 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 are not consistently recorded within NHS Dumfries & Galloway. The review team noted that assessments are not all recorded within 1 day. Ward action plans are being progressed to improve the provision and recording of a patient's initial nutritional assessment. Within the community hospitals, a single shared assessment is used which facilitates the consistent recording of a patient's initial nutritional assessment and discharge requirements. Staff reported that the single shared assessment has recently been piloted within Dumfries & Galloway Royal Infirmary. As a result of the pilot, the part of the single shared assessment which records a patient's initial nutritional assessment has been implemented throughout the hospital, the rest of the documentation, which includes care planning and discharge planning, will be implemented in an electronic format in the

near future. The review team encouraged that a core nutrition data set is included in all nutritional assessment, care planning and discharge documentation.

The scoping exercise undertaken in 2004 identified a lack of occupational therapy equipment needed to help patients with eating and drinking. To address this issue, funding was secured to replace the equipment and a tracer system put in place to monitor usage and maintain stock.

Within NHS Dumfries & Galloway, most patients are screened for risk of undernutrition as part of the initial nutritional assessment; however, this does not consistently happen within 1 day of admission and the screening tools in use are not all validated. The strategic action plan highlights that there is variable practice in undertaking repeat screenings. A screening group will be established to agree implementation of validated screening tools, appropriate to the patient population, across the organisation and to ensure that the patient's initial nutritional assessment meets the national standards. The validated screening tools adopted will include criteria for repeat screenings. An evidence-based paper is planned to be submitted to the healthcare governance committee for agreement on which validated tools to implement across NHS Dumfries & Galloway by December 2005.

Staff reported that, where nutritional assessment is carried out, the process identifies the need for referral to specialist services. The dietetic service and speech and language therapy service work across NHS Dumfries & Galloway; staff reported that this helps to provide a co-ordinated and consistent approach to patient care. Within NHS Dumfries & Galloway, there are procedures in place for referral to the dietetic service, speech and language therapy service, occupational therapy service and the community dentistry service. The dietetic service aims to see patients within 2 working days of referral. Allied health professional services are not available at weekends. The strategic action plan highlights that access to specialist services is variable across NHS Dumfries & Galloway and that action is required to clarify, confirm and communicate referral procedures, with a target date of January 2006.

The strategic action plan highlights that the inclusion of nutrition information in care planning, such as outcomes of initial assessment and screening, dates for repeat screenings and action taken, is variable. Where a discharge plan is followed, information on the patient's nutritional status, any special dietary requirements, and any follow-up arrangements for nutritional requirements, is not consistently recorded. Some nutrition information is included on the transfer form, which is filled in by ward staff for the community nurse or practice nurse. There is an NHS Dumfries & Galloway discharge policy, which is being revised in line with the single shared assessment. Staff reported the intention to review the single shared assessment documentation to ensure that it includes the relevant nutrition information and to progress an implementation plan.

Monitoring

As procedures for nutritional assessment, screening and care planning are not fully developed and implemented throughout NHS Dumfries & Galloway, a system of monitoring is not yet in place which provides Board assurance that these procedures are being followed. The review team noted, however, that monitoring of current practice to inform the development and implementation of nutritional assessment, screening and care planning has been undertaken. A study of nutritional assessment documentation used in Dumfries & Galloway Royal Infirmary was undertaken in 2002. The audit of nutritional care in community hospitals, undertaken in 2000 and 2002, and the scoping exercise carried out to assess the compliance of nursing practice within NHS Dumfries & Galloway against the national standards, undertaken in 2004, included criteria for assessing if processes and procedures for assessment, screening and care planning are being developed and implemented. A follow-up audit was carried out in 2005, specifically addressing Standard 2 criteria, for all inpatient wards within NHS Dumfries & Galloway. The review team noted the dedicated support provided for assessing current practice in nutritional assessment, screening and care planning. The scoping exercise undertaken in 2004 highlighted inconsistency in the calibration of weighing scales. To address this, an audit was undertaken in order to streamline the system for servicing and calibration. The outcome of all monitoring has informed the development and progression of the nutritional care strategic action plan.

Impact on patient care

The review team noted that as Dumfries & Galloway NHS Board has yet to implement processes and procedures for nutritional assessment, screening and care planning across NHS Dumfries & Galloway, it cannot yet 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 Dumfries & Galloway

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

Development

The review team noted that there are local programmes of nutrition awareness, education and training in place within NHS Dumfries & Galloway. The strategic action plan details the current position against Standard 6 and the action required to develop a Board nutrition awareness, education and training programme.

The strategic action plan states that a nutrition education and training group will be established with the initial remit to ensure that: nutrition training needs assessments are undertaken and acted upon; appropriate monitoring documentation is developed; appropriate training packs and good practice guides for staff are developed and implemented; a nutrition training audit and monitoring process is established; and the reintroduction of Partners in Active Continuous Education (PACE) nutrition learning packs for nursing staff is considered.

Implementation

The review team found evidence that local programmes of nutrition awareness, education and training are being implemented within NHS Dumfries & Galloway.

Staff reported that nursing staff throughout NHS Dumfries & Galloway are made aware of the local processes for ordering and delivering food and fluid, the procedures for ordering missed meals, and of meal and snack times, as part of their ward orientation. There is also a catering good practice guide for ward staff which includes standards for catering services, background information on meeting the patient's nutritional needs, information on special diets, food hygiene information, and processes for ordering and delivering food, missed meals, and meals and snack times. The catering good practice guide was initially designed for use within Dumfries & Galloway Royal Infirmary; however, every hospital within NHS Dumfries & Galloway has either adopted the guide for local use or is in the process of doing so.

The strategic action plan highlights that although food hygiene training has been made available to all relevant staff within NHS Dumfries & Galloway, attendance levels need to be addressed. Food hygiene is, however, also included within the mandatory infection control training programme attended by nursing staff. Staff reported the intention to include food hygiene in induction training. All catering staff and domestic staff receive food hygiene training commensurate with their duties. A training programme for

cleanliness champions has been introduced, which includes elements of health and safety, and food hygiene; staff reported a high uptake of this training which can be undertaken through attending sessions or through e-learning.

Community hospitals' staff have developed a training programme on nutritional support with Queen Margaret University College, Edinburgh. The School of Health Studies at Bell College, Dumfries, offers nutrition study days, open to all appropriate staff within NHS Dumfries & Galloway. Recent topics have included the impact of malnutrition on patients, understanding the national standards, reviewing screening tools for undernutrition, and implementing nutrition screening tools in clinical practice.

The speech and language therapy service offers training on swallow screening to all appropriate staff. Operational services hold monthly 1-day training sessions which include nutrition topics. The dietetic service works across NHS Dumfries & Galloway to offer nutrition training to meet the local needs of staff groups. Training sessions include: nutritional training for dietetic assistants; training on the provision of therapeutic diets for community hospitals' catering and nursing staff; and training on nutrition and wound healing for nursing staff across the organisation. In discussion groups with the review team, staff reported that there is a need for more structured nutrition training programmes that are accessible to all relevant staff.


The strategic action plan highlights that training in screening for undernutrition has not been received by all appropriate staff. This will be addressed in conjunction with the implementation of validated screening tools across NHS Dumfries & Galloway.

The PACE nutrition learning packs were available to all nursing staff until 2002; this initiative was stopped due to dietetic service resource issues. The reintroduction of the PACE nutrition learning packs will be considered by the training group when it is established.

Monitoring

As Dumfries & Galloway NHS Board has yet to implement a Board programme of nutrition awareness, education and training, it cannot yet put a system of monitoring in place.

The follow-up audit of nutritional care in community hospitals undertaken in 2002 indicated an increased awareness and interest in nutrition amongst all levels of staff. The scoping exercise undertaken in 2004 assessed the level of nutrition training undertaken by nursing staff. A training needs analysis of all catering staff within NHS Dumfries & Galloway was undertaken in 2005. All monitoring of nutrition awareness and training has informed the strategic action plan, from which a Board nutrition awareness, education and training programme will be developed. When the training group is established it will develop an audit and training process for nutrition training. The review team identified undertaking a nutrition training needs assessment for all staff, and ensuring dedicated time for staff to attend provided training, as challenges for Dumfries & Galloway NHS Board.



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

Appendix 2 – Details of Review Visit

The review visit to NHS Dumfries & Galloway was conducted on 2 November 2005.

Review Team Members

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Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, Dumfries & Galloway 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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