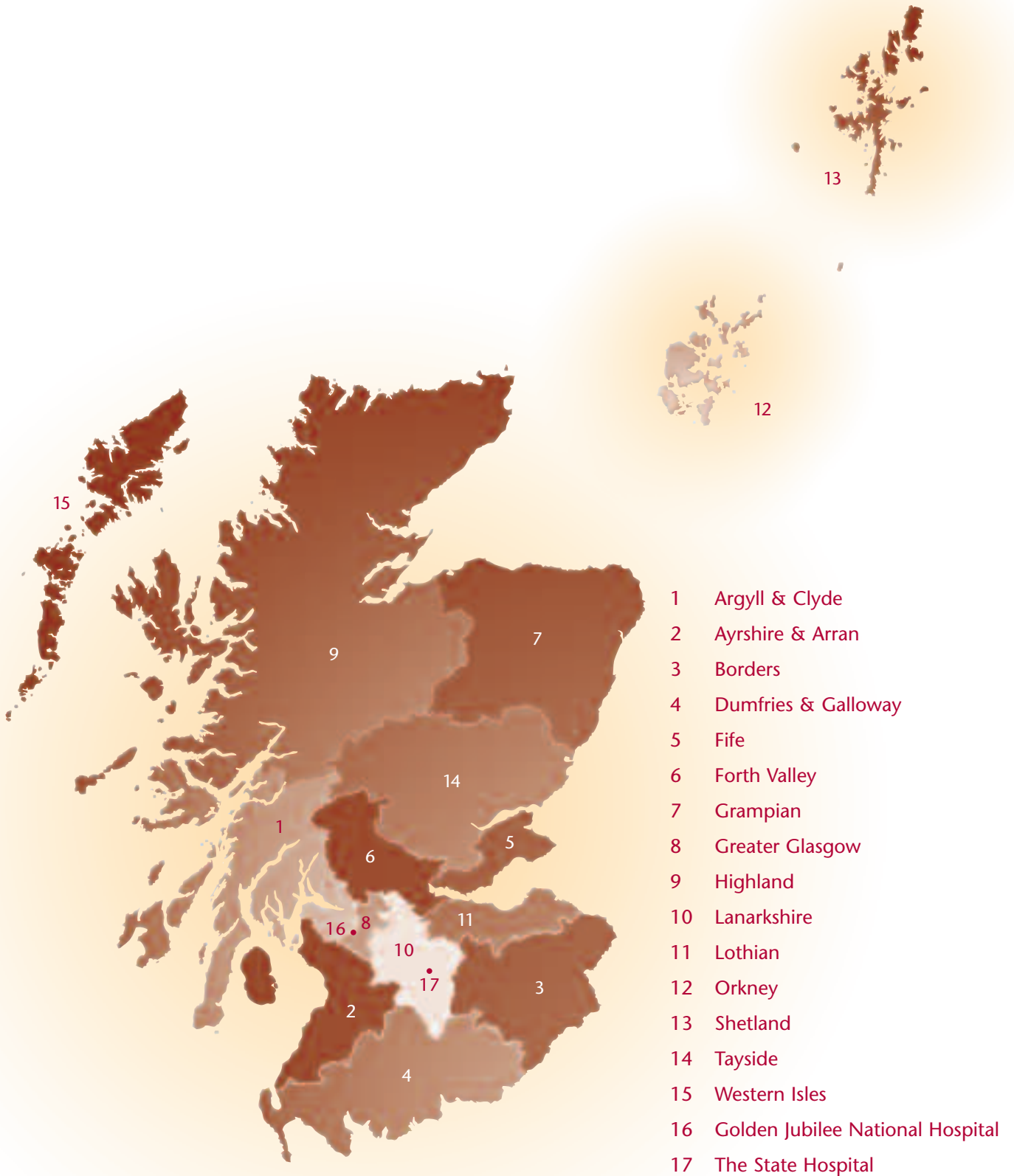


NHS Fife

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.

© NHS Quality Improvement Scotland 2006

ISBN 1-84404-355-X

First published August 2006

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

Information contained in this report has been supplied by NHS Boards/NHS organisations, or taken from current NHS Board/NHS organisation sources, unless otherwise stated, and is believed to be reliable on publication.

www.nhshealthquality.org

Contents

1	Setting the Scene	5
	1.1 How the Standards were Developed	6
	1.2 How the Review Process Works	6
	1.3 Reports	9
2	Introduction to NHS Fife	11
3	Outcome of Review	12
	Appendix 1 – Glossary of Abbreviations	20
	Appendix 2 – Details of Review Visit	21
	Appendix 3 – Timetable of Review Visits	22

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 Fife**, against Standards 1, 2, and 6. This review visit took place on **16 June 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

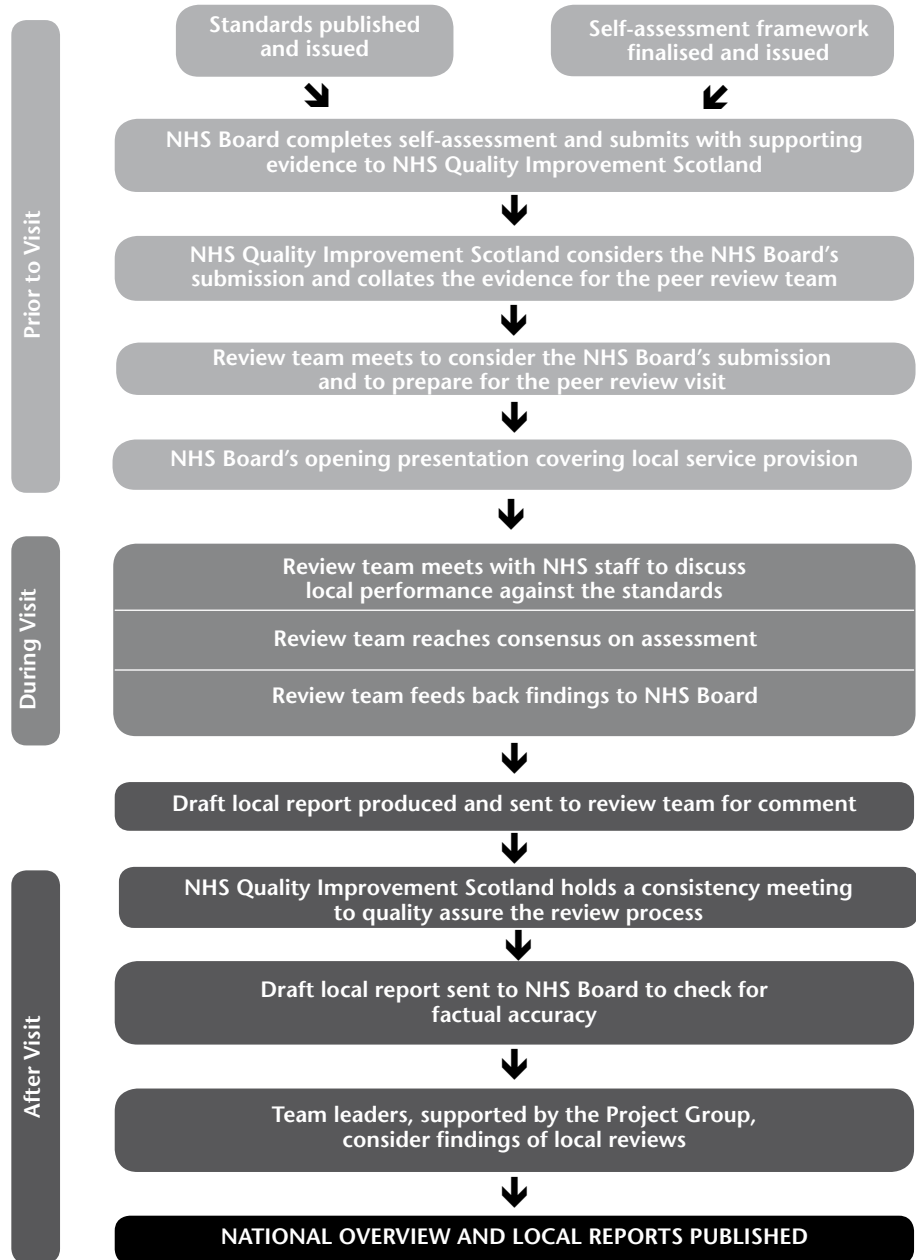
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Fife is a relatively small region situated in east-central Scotland and has a population of around 354,519. The majority of the population live in urban areas, of which Dunfermline, Glenrothes and Kirkcaldy are the largest in the region. The age structure of the population is similar to the national average, with levels of illness and deprivation generally near to or below the national average.

Local NHS System and Services

Fife 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 Fife.

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 Fife (www.show.scot.nhs.uk/fhb/index.htm).

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.

Fife NHS Board formally dissolved Trust structures to work as a single organisation in October 2003. The next stage of integration will include the establishment of three community health partnerships (CHP) and the transfer from two operating divisions to a single operating entity. The review team recognised that progress towards becoming a single organisation is still in its early stages; the acute and primary care divisions are going through a process of amalgamation, and the clinical governance arrangements are still embedding across the organisation.

At the time of the review visit, NHS Fife contained two NHS operating divisions: Fife Acute Hospitals Division (acute care services); and Fife Primary Care Division (primary care services).

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 Fife

A Board policy and strategic plan are not yet under development.

Development

Within NHS Fife, there are local nutritional care policies, a draft NHS Fife food, fluid and nutritional care in hospitals policy, and a draft food, fluid and nutritional care in hospitals operating procedure. The draft NHS Fife food, fluid and nutritional care in hospitals policy and operating procedure state the intention to implement the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards) within NHS Fife. The policy states that the NHS Fife Food, Fluid and Nutritional Care Strategic Group (nutritional care strategic group) will be responsible for formulating the procedures and guidelines, including risk management, education and training, and a financial framework, to ensure the implementation of the national standards. The draft policy and operating procedure are dated March 2005 with no set review date.

The draft NHS Fife food, fluid and nutritional care in hospitals policy has been developed by the nutritional care strategic group. Staff reported that before the policy can be submitted to Fife NHS Board, it first needs to be approved by the acute and primary care policy groups. Staff reported that the acute policy group has not yet approved the draft policy pending the inclusion of further detail. The review team noted that the standard requires that there is a Board nutritional care policy and a strategic and co-ordinated approach to providing food, fluid and nutritional care. The review team concluded that progressing the nutritional care policy through each division for ratification by the Board does not represent a strategic and co-ordinated approach to providing food, fluid and nutritional care. The review team identified establishing Board ownership of the nutritional care policy and providing strategic direction as a challenge for Fife NHS Board.

Fife NHS Board has commissioned a health population needs assessment which is currently in draft form. Staff reported a ward-level nutritional needs assessment to inform the nutritional care policy and strategic plan will also be commissioned.

The nutritional care strategic group has been established since March 2004. This group is responsible to Fife NHS Board for overseeing the development and implementation of the national standards and will be responsible for delivering the strategic plan for nutritional care. The review team noted that at the time of the visit, there was no evidence of a strategic plan for nutritional care. The reporting structure of the nutritional care strategic group is via the clinical governance committee and the health improvement group to Fife NHS Board. The nutritional care strategic group has a multidisciplinary membership

with senior management representatives from medicine, nursing, catering, dentistry and dietetics. Staff acknowledged that there is no lay representation on the nutritional care strategic group and reported that efforts are continuing to rectify this. The review team noted the importance of having lay representation on the nutritional care strategic group and identified this as a challenge for Fife NHS Board.

Within the acute division, there are two nutritional care groups: the acute operational divisional clinical support group, responsible for Standards 2 and 6; and the acute divisional operational nutritional care group, responsible for Standards 3, 4 and 5. In January 2005, two groups with the same remit were set up in the primary care division. The chair of each divisional nutritional care group sits on the nutritional care strategic group. Staff reported the intention to amalgamate the existing divisional nutritional care groups to create one clinical nutritional support group for both acute and primary care, and one nutritional care group for both acute and primary care, both reporting directly to the nutritional care strategic group. It is intended that this will facilitate joint working on nutrition priorities across NHS Fife.

There is an acute operating division clinical nutrition support team responsible for the clinical aspects of intravenous and enteral tube feeding. All patients within NHS Fife who require complex nutritional techniques have access to the clinical nutrition support team and there is a clear referral pathway. The core membership of the team includes a doctor, a dietitian, a specialist nutrition nurse, a pharmacist and a biochemist. All members of the clinical nutrition support team are part of the Scottish Managed Clinical Network (MCN) for Home Parenteral Nutrition. The review team commended NHS Fife for having a dynamic clinical nutrition support team and for the shared percutaneous endoscopic gastrostomy (PEG) protocols in place.

Implementation

Fife NHS Board needs to finalise the nutritional care policy and develop a strategic plan before implementation can be rolled out across the organisation. The review team found evidence that local nutritional care policies are being implemented in some parts of the organisation. The review team concluded, however, that Fife NHS Board does not have a strategic and co-ordinated approach to ensure that patients in hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.

Monitoring

Fife NHS Board needs to finalise and implement the nutritional care policy and strategic plan before a system of monitoring can be put in place. Fife NHS Board does not have a nutritional care policy and strategic plan in place. The nutritional care strategic group is monitoring the development of the nutritional care policy and strategic plan. The nutritional care strategic group produced a draft annual report to the clinical governance committee in April 2005. The report gives an overview of the nutritional care strategic group's membership and remit, the audit of Standard 2, the development of the nutritional care policy and strategic plan, and the reporting structure of the nutritional care groups.

The review team concluded, however, that Fife NHS Board does not yet have a strategic and co-ordinated approach to ensuring that a system is in place to monitor if patients in hospitals have food and fluid delivered effectively and receive a high quality of nutritional care.

Impact on patient care

As Fife NHS Board is in the process of developing and implementing the nutritional care policy and strategic plan, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care. Although there are local nutritional care policies in place in some parts of the organisation, the review team did not find evidence of monitoring the local policies' impact on patient care.

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 Fife

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.

The acute division clinical nutrition support group has redrafted the acute division integrated care pathway (ICP) to include the assessment criteria required by criterion 2.1. The ICP will also record dental referral, include a nutritional screening tool, a speech and language referral form, an oral hygiene assessment tool, an enteral feeding regimen, a nasogastric nursing core care plan, and a parenteral nursing core care plan. The draft ICP is currently out for consultation.

In discussion groups with the review team, ward staff showed an awareness of the importance of assessment, screening and care planning. The review team concluded, however, that there is a lack of co-ordination at Board level, resulting in a fragmented approach to developing procedures for nutritional assessment, screening and care planning. The review team identified that a challenge for Fife NHS Board is to encourage and support staff's enthusiasm for, and commitment to, nutritional care, by providing strategic direction to enable joined-up working. 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 review team found that there is evidence of a system to implement procedures for assessment, screening and care planning for some specialties or wards. There is not, however, a strategic approach to implementing procedures across NHS Fife.

Staff reported that nursing staff within the acute division use the same assessment documentation. The acute division is working towards using one unified assessment document for all disciplines. Once this is in place, the intention will be to roll out the unified assessment documentation to primary care.

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 aim to respond to referrals within 48 hours. The review team noted that allied health professional services are not available at weekends. The dietetic service has set up standard feeding regimens at ward level to enable nursing staff to initiate any special feeding requirements until a dietitian is available for assessment. Some nurses within NHS Fife are trained to carry out a swallow screen assessment (ie in the medical receiving unit and stroke unit in the acute hospitals) before referring the patient to the speech and language therapy service.

The review team identified the unified dietetic service, which operates throughout NHS Fife, as a particular strength. The dietetic service can follow the patient's journey of care throughout the acute and primary care division. Dietetic documentation for assessment, screening and care planning, follow the patient on transfer. This enables a co-ordinated approach to the provision of dietetic services.

The review team commended staff for a local initiative in place within ward 14, Queen Margaret Hospital, Dunfermline. If a patient is assessed as being at high nutritional risk, or requires assistance with eating and drinking, their food is served on a blue/grey tray. Ward staff will not remove the blue/grey tray before the nurse has completed a food chart, recording food consumption. A nutrition co-ordinator post has been created to oversee the nutritional needs of patients and to report information to the nursing staff, dietitian and ward manager. The nutrition co-ordinator assists in implementing the use of the blue/grey trays. Staff reported that a working group has been set up to consider rolling out this initiative to other wards.

The nutrition audit analysis report highlights that validated screening tools for undernutrition have not been implemented in all appropriate wards and specialties within NHS Fife. A significant percentage of wards within NHS Fife are either carrying out informal screening or are not screening patients for undernutrition. The nutrition audit analysis report recommends collating all screening tools in use throughout NHS Fife to review their validity and to agree the most appropriate screening tools to implement in both the acute and primary care divisions.

Staff reported the intention to pilot the Malnutrition Universal Screening Tool (MUST) in the near future, with a view to ascertaining if one screening tool could be implemented across NHS Fife.

The nutrition audit analysis highlights that most of the discharge plans in use do record information on special dietary requirements and a significant number record nutritional status information and follow-up arrangements. The review team particularly noted the nutrition care plan for dementia used by staff in the primary care mental health directorate, and the value of sharing this for the benefit of patients within the acute setting.

The nutrition audit analysis highlights that procedures for care planning have been implemented in some specialties or wards. Currently, however, a multidisciplinary care plan, which records the outcomes of nutritional assessment, screening, and repeat screenings, has not been implemented across NHS Fife. Results from nutritional assessment, screening and repeat screenings, are recorded in multiple documents, including: the nursing care plan; the nutritional care plan; the ICP; and in medical notes. The nutrition audit analysis recommends that this is addressed in order to raise the profile of the provision of food, fluid and nutritional care in hospitals. The review team concluded that a challenge for Fife NHS Board is to include a core nutrition data set in assessment, care planning and discharge documentation.

Monitoring

An audit of nutritional assessment in all inpatient wards within NHS Fife was undertaken in March 2005. The audit tool was developed and approved by the nutritional care strategic group and piloted in a sample of wards in February 2005. No amendments were made to the audit methodology following the pilot and an audit form with covering letter was sent out to all inpatient wards within acute and primary care hospitals in NHS Fife. The nurse in charge of each ward was asked to complete one audit form. The nutritional care strategic group produced an audit analysis report in May 2005. The review team noted the commitment from ward staff to complete the audit and their interest in being fully involved with the monitoring process. Staff reported that the audit analysis report had not yet been disseminated to all staff.

A recommendation from the nutrition audit analysis is to introduce regular audit and monitoring following the introduction of screening tools to all specialties and wards. The analysis report also highlights key areas within care planning which need to be addressed.

In discussion groups with staff, the review team was informed that the audit results and, therefore, the analysis, may not reflect current practice in some areas, for example response rate, percentage of wards recording weight and percentage of wards using verified screening tools. Staff acknowledged that a more detailed analysis of the audit results will need to be carried out. The final audit analysis will inform the nutritional care strategic group's development of the nutrition policy and strategic plan. However, the review team concluded that there is not a system of monitoring in place that provides assurance to Fife NHS Board that procedures for assessment, screening and care planning are being followed.

Impact on patient care

As Fife NHS Board has yet to implement processes and procedures for nutritional assessment, screening and care planning across the organisation, it can not 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 Fife

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.

Development

The review team noted that within NHS Fife, there are local programmes of nutrition awareness, education and training. A training needs assessment was carried out in April 2005 in all wards and staff groups within Fife acute hospitals. The analysis report highlights that, although a number of nutrition-related training topics have been delivered, ranging from nutrition study days to informal sessions at ward level, the training has not been part of a Board nutrition awareness, education and training programme. In order to assess training requirements, the analysis report recommends that a training needs assessment is carried out in all wards and staff groups within primary care. The full training needs analysis, from both acute and primary care, will then inform the development of an NHS Fife nutrition education strategy.

Staff at Queen Margaret Hospital are developing a ward poster to raise awareness of the procedures for ordering and delivering food, including meal and snack times, and ordering missed meals.

Implementation

The review team noted that local nutrition awareness, education and training programmes have been implemented. There are nutrition components within induction programmes for all staff. There is in-service nutrition training for catering staff and dietetic staff. Study days have been held for acute and primary care staff, including: nutrition and stroke; dysphagia management; and diet and diabetes. The nutrition and dietetic department runs various education programmes, including a learning unit for untrained ward staff in the acute division on nutrition for the elderly, and a learning unit for trained ward staff in the acute division on effective working in clinical nutrition. Staff reported that training sessions held by dietetic staff for catering assistants at the Victoria Hospital, Kirkcaldy, were well received and further sessions would be welcomed. A record of attendance is held for each of the local nutrition training programmes.

The NHS Fife catering department and infection control department provide food hygiene training courses. All catering staff receive elementary food hygiene training and further training commensurate with their duties. A food safety refresher course is held for all levels of catering staff and for staff that have successfully completed the elementary food hygiene certificate. Within primary care, elementary food hygiene training is mandatory for all staff who come into contact with patients and their food, including nursing staff,

hospital-based dietitians, and occupational therapy staff. Sessions are also held on food hygiene in the ward environment for nursing auxiliaries who have food handling duties. The training needs analysis highlights that food hygiene, health and safety, and food handling training are not successfully implemented within the acute division. Attendance rates to food hygiene and health and safety training are low and there is a lack of awareness of the training statutory requirements. The training needs analysis report recommends that a food hygiene and health and safety training programme is implemented throughout the year to ensure acute division staff have access to this training. The training needs analysis report also recommends that as large numbers of staff require nutrition training, full study days could be designed to allow more than one topic to be covered.

NHS Fife has Partners in Active Continuous Education (PACE) learning packs in nutritional care available to nursing staff at foundation and advanced levels. Staff reported a willingness and enthusiasm to complete the PACE nutrition learning packs; however, securing time to complete the learning packs can be challenging.

The nutrition nurse specialist works within the surgical directorate and is a member of the acute operating division clinical nutrition support team. The nutrition nurse specialist also works across NHS Fife, co-ordinating PEG and enteral feeding training.

Staff reported that the recent introduction of dietetic assistant posts have afforded dietitians the time to prioritise implementing nutrition training.

Monitoring

The review team noted that a system of monitoring is in place in some parts of the organisation, but does not include regular reports to the nutritional care strategic group. The acute clinical nutrition support group identified the need for a nutrition training needs assessment which was carried out within the acute division in November–December 2004. The training needs analysis report was produced in April 2005. The training needs analysis report highlights that medical staff were not included in the training needs assessment and allied health profession results were only obtained from dietetics and occupational therapy. The analysis report recommends that further training needs assessments are carried out for medical staff and all allied health professions. A pilot training needs assessment of eight primary care hospitals was carried out in March–April 2005. Staff reported the intention to carry out a training needs assessment of all primary care staff in July–August 2005.

Staff reported that the full training needs analysis will inform the development, implementation and monitoring of an NHS Fife prioritised nutrition training programme. A database will be set up to record training needs and monitor attendance.

Impact on patient care

A Board nutrition awareness, education and training programme has yet to be developed, implemented and monitored. The review team, therefore, concluded 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

CHP	community health partnership
ICP	integrated care pathway
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

Appendix 2 – Details of Review Visit

The review visit to NHS Fife was conducted on 16 June 2005.

Review Team Members

Dr Alastair McKinlay (Team Leader)

Consultant Gastroenterologist, NHS Grampian

Mr John Brown

Area Catering Manager, NHS Dumfries & Galloway

Ms Janet Cameron

Nutrition and Dietetic Manager, NHS Western Isles

Mr James Cassidy

Residential Services Manager, NHS Greater Glasgow

Mrs Isobel Miller

Lay Representative, Lothian

Mrs Ann Reid

Clinical Development Manager (Nursing), NHS Ayrshire & Arran

Mr Robert Stewart

Lay Representative, Ayrshire & Arran

NHS Quality Improvement Scotland Staff

Miss Karen Tarn

Senior Project Officer

Mrs Anna Wimberley

Project Officer

During the visit, members of the review team met with representatives from the nutritional care group, Fife NHS Board, senior management, 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

You can read and download this document from our website.
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

