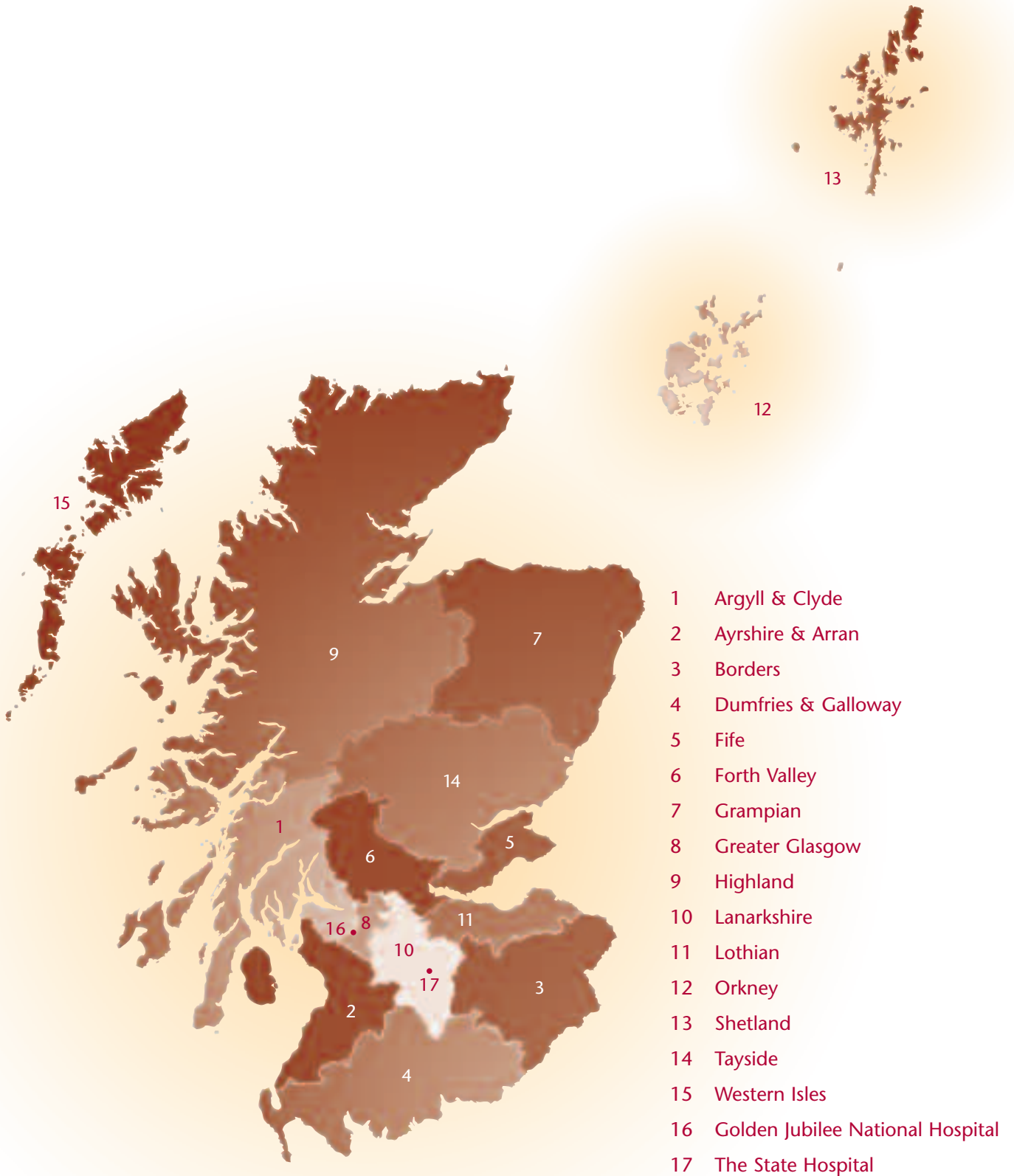


NHS Forth Valley

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 Forth Valley**, against Standards 1, 2 and 6. This review visit took place on **29 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 robust 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 undertakes an audit of its performance against Standard 2 and submits 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 review 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 review 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 NHSScotland, 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

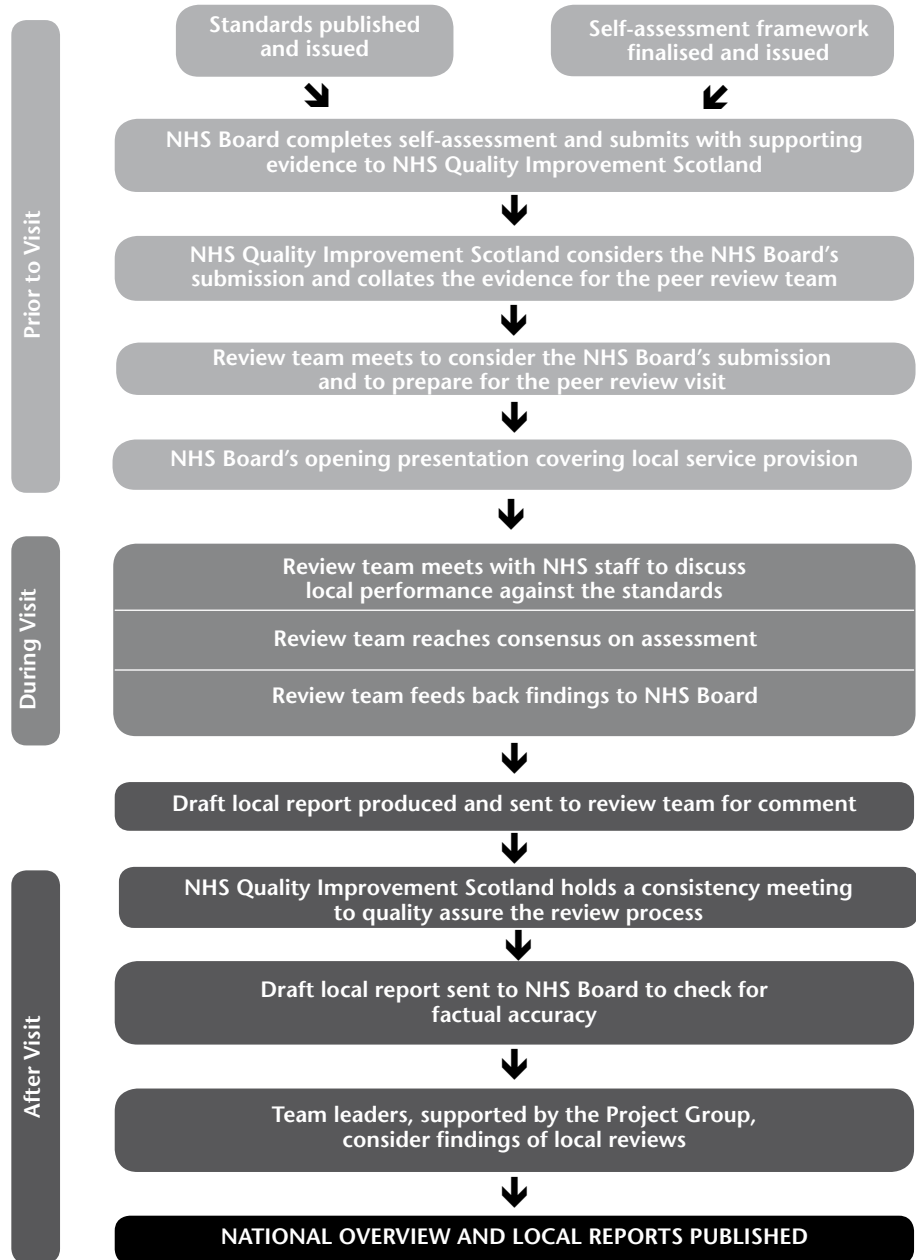
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

Forth Valley is situated in central Scotland and has a population of around 281,764. While Forth Valley comprises both urban and rural areas, the majority of the population live in urban areas, of which Falkirk and Stirling are the largest. The age structure of the population is similar to the national average, whereas levels of illness and deprivation are relatively low.

Local NHS System and Services

Forth Valley 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 Forth Valley.

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 Forth Valley (www.show.scot.nhs.uk/nhsfv/index.html).

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.

Forth Valley NHS Board has faced challenges in providing a service across a diverse geographic region, ranging from Crianlarich to Falkirk. To address this, the Board created an integrated healthcare strategy in 2002, and is currently undergoing a reconfiguration of acute services. NHS Forth Valley is moving towards working as a single organisation and has started to rationalise its approach, with the aim of rolling this out across the Board area. Reviewers were informed that roll-out would be completed once the community health partnerships (CHPs) are established.

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

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

Forth Valley NHS Board has a food and health policy and a draft policy on nutritional care in hospitals. There is evidence of an overarching action plan to assist the development of a Forth Valley NHS Board strategic plan for the provision of food, fluid and nutritional care in hospitals.

The food and health policy is contained within the NHS Forth Valley induction pack, which is given to every new member of staff within the organisation. This policy helps to raise awareness among staff of the importance of food, fluid and nutritional care for patients' health and quality of life.

The draft nutritional care policy states that a strategic and co-ordinated approach will be taken to ensure that food, fluid and nutritional care are delivered effectively in hospitals, through implementation of the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). It was developed by the NHS Forth Valley Food, Fluid and Nutritional Care Steering Group (nutritional care steering group), and has been approved by the clinical governance committees in both the acute and primary care operating divisions. Staff reported, however, that it is the aspiration of Forth Valley NHS Board to create an integrated approach to providing nutritional care across NHS Forth Valley, and it aims to work through a single Board clinical governance committee in the future. The review team noted that this would facilitate a more co-ordinated approach to ensuring the effective provision of food, fluid and nutritional care across the organisation. The review team identified establishing Board ownership of the nutritional care policy, and providing strategic direction, as a challenge for Forth Valley NHS Board.

The draft nutritional care policy states that the nutritional care steering group will be responsible for formulating procedures and guidelines, including needs assessment, risk management, education and training and a financial framework to ensure the implementation of the national standards. At the time of the visit, the policy was not yet based upon a comprehensive health population needs assessment, and had not been risk assessed. However, the review team noted that initial work had been undertaken on the health population needs assessment by utilising a point prevalence study.

The nutritional care steering group has developed an overarching action plan as one of its first steps in developing a detailed strategic plan to be approved by Forth Valley NHS Board, following ratification of the nutritional care policy. Four operational subgroups have been established, each with a remit to develop specific plans for those areas identified in the overarching action plan. The specific plan for Standard 1 will include guidelines on risk assessment of the policy and strategic plan, and will take into account a health population needs assessment. A point prevalence study as a basis for needs assessment has been undertaken, although the review team noted that it does not consider children as an inpatient group, or identify the healthcare needs of the local population. It therefore encouraged further progress in this area. It was reported that a financial framework will be agreed to underpin the implementation of the strategic plan.

The nutritional care steering group was established in July 2003 to take responsibility for the national standards. It reports to Forth Valley NHS Board through the acute and primary divisions' clinical governance committees. The steering group has a multidisciplinary membership, with representatives from nursing, catering and dietetics. The review team noted, however, that it does not contain medical representation. It was reported that all hospital services within NHS Forth Valley are being reorganised as part of the preparation for the opening of a new hospital in Larbert in 2009, and that medical staff are, at present, heavily involved in the transfer of services to the new hospital. However, staff acknowledged the inclusion of medical representation as an ongoing challenge for the nutritional care steering group, after hospital services are reorganised. It was confirmed that the head of community dental services is to join the steering group, and that it hoped to secure medical involvement as soon as the transfer of hospital services has been finalised. Staff reported active lay membership on the steering group, which helps to ensure a patient-focused approach to monitoring the development of the draft nutritional care policy and strategic plan. In addition, the review team was informed that key members of the steering group work with, or manage, patients on a daily basis, and have an awareness of issues regarding nutritional intake and service requirements.

As the draft nutritional care policy has not been formally approved by Forth Valley NHS Board, it is not yet officially available to the public. However, the review team was informed that it is the intention of the nutritional care steering group to publish the policy and strategic plan on the public section of NHS Forth Valley's website once they are finalised. Staff are currently working with members of NHS Forth Valley's patient panel to establish further ways to make the documents accessible to the public.

To help inform the content of the strategic plan, the nutritional care steering group has taken into account the work undertaken at Bo'ness Community Hospital to demonstrate best nursing practice in nutrition for older people. Following interviews with members of staff, mealtime observations and the analysis of a formal nutrition audit within the hospital, individual meal menu cards have been designed and printed in large print format in order that residents can make individual meal choices. A form has been designed to record individual preferences in relation to food, drink, choice and nature of dining environment. The importance of meal presentation to encourage patients' nutritional intake is recognised by all staff, and patients have access to a range of foods outwith

standard mealtimes. Staff reported that that these initiatives are believed to have improved patients' nutritional care. The review team highlighted the work undertaken to improve the provision of food, fluid and nutritional care at Bo'ness Community Hospital as an area of good practice, and encouraged its recommendations to be rolled out across NHS Forth Valley.

Within the acute division, there is a long-established clinical nutritional support team at Stirling Royal Infirmary, responsible for the clinical aspects of intravenous and enteral tube feeding in the hospital. The team visits the surgical wards daily, Monday–Friday, to monitor the care of existing patients requiring parenteral nutrition, and to identify new patients in need of this service. Patients identified by ward staff outwith these ward rounds may be referred to a member of the nutritional support team by telephone. The review team noted that a letter had been circulated to relevant consultants and nursing staff to inform them of this referral procedure.

Following review, all patients have specific care plans developed by the nutritional support team. Core membership includes a senior specialist dietitian, senior pharmacist and consultant surgeon. The consultant biochemist advises as appropriate and, although there is no dedicated nursing staff on the nutritional support team, specific nurses work closely with the team and are regularly involved in the administration of parenteral nutrition.

There is no formal clinical nutritional support team at Falkirk & District Royal Infirmary. However, staff reported active liaison nutritional support. The dietitian can be contacted for advice, Monday–Friday, and multidisciplinary groups within the hospital meet twice a year to review parenteral feeding guidelines, and to plan training for junior house officers who are involved in providing parenteral nutrition on a daily basis. The review team was informed that, pending the opening of the new hospital in Larbert and reorganisation of services across NHS Forth Valley, the long-term vision is to create an integrated, complementary approach to the provision of food, fluid and nutritional care throughout NHS Forth Valley.

All members of the clinical nutrition team at Stirling Royal Infirmary, and multidisciplinary staff at Falkirk & District Royal Infirmary, are linked to the Scottish Managed Clinical Network (MCN) for Home Parenteral Nutrition, and involve it appropriately.

Implementation

Forth Valley NHS Board needs to build upon, and formally approve, the draft policy on nutritional care in hospitals to develop a Board policy that complies with the national standards. It needs to build upon the overarching action plan to develop a detailed strategic plan that will deliver the policy, before implementation can be rolled out across the organisation. Staff reported that the draft nutritional care policy is presently undergoing equality and diversity impact assessment, which seeks to assess the impact of policies on patient groups with specific needs.

The review team identified that a challenge for Forth Valley NHS Board is to provide a strategic and co-ordinated approach to ensure that all patients have food delivered effectively and receive a high quality of nutritional care. The nutritional care steering group

will be responsible to the Board for ensuring that all aspects of the policy and strategic plan are co-ordinated, implemented and evaluated within a patient and public involvement culture.

Monitoring

Although NHS Forth Valley does not currently have a nutritional care policy and strategic plan in place that comply with the national standards criteria, evidence provided to the review team shows that these are being developed by the nutritional care steering group, and its associated subgroups. Action required to progress the policy and strategic plan is discussed at meetings of the clinical governance committees, which report directly to Forth Valley NHS Board. The review team was informed that the nutritional care steering group's first annual report will be produced following the NHS QIS performance assessment review, to allow inclusion of the progress of the steering group and its associated subgroups in developing the policy and plan.

While the review team commended Forth Valley NHS Board for monitoring the development of the draft nutritional care policy and strategic plan via the clinical governance committees, it encouraged the ratification of the policy and plan by Forth Valley NHS Board and subsequent monitoring to evaluate progress made.

Impact on patient care

As Forth Valley NHS Board is in the process of developing and implementing a nutritional care policy and strategic plan that comply with the national standards criteria, there is not yet a process in place to assess their impact on patient care. The review team encouraged that, following the development, implementation and monitoring of the policy and strategic plan, Forth Valley NHS Board establishes a process for assessing the 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 Forth Valley

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.

An operational subgroup of the nutritional steering group has been established to facilitate the implementation of Standard 2 across NHS Forth Valley and inform the development of an integrated strategic plan. 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

There is evidence of a system to implement procedures for assessment, screening and care planning in some specialties or wards within NHS Forth Valley, although the review team concluded that there is no strategic Board approach to this.

A range of documentation is used across NHS Forth Valley to record the patient's initial nutritional assessment. An NHS Forth Valley audit of nutritional assessment, undertaken in all inpatient wards in April 2005, indicates that the patient's height and weight, food preferences and 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 identified and recorded in most, but not all, cases. The review team noted that nutritional assessments are not all recorded within 1 day.

The nutrition audit report highlights that four screening tools for risk of undernutrition have been implemented in appropriate wards and specialties. Staff reported that all tools are validated and are appropriate for their patient groups; however, staff reported the intention to adopt the Malnutrition Universal Screening Tool (MUST) across NHS Forth

Valley, to ensure a consistent approach to screening for risk of undernutrition. The review team was informed that repeat screenings take place in accordance with clinical need across the organisation. The outcomes of screening are recorded in medical notes, and in various documentation that is kept in a shared place which all multidisciplinary staff are aware of.

The assessment process in place identifies the need for referral to specialist services. Staff reported that, in the acute division, patients are referred within 24 hours by telephone; in the primary care division, there are no agreed timescales. There is no allied health professional service at weekends, although staff reported that telephone advice from specialist services may be arranged for cases determined as urgent. However, the review team was informed that patients who require specialist services are given nutrition supplements until they can be seen by the dietitian. The review team commended the ward pack in use at Falkirk & District Royal Infirmary, which guides nursing staff in appropriate referral to the dietetic service. Staff reported that similar packs are available at Stirling Royal Infirmary and within the primary care division.

Following the NHS QIS performance assessment review of NHS Forth Valley's stroke services, staff reported that more nursing staff have been trained in swallow screen assessment.

There is various documentation to record patients' care plans within NHS Forth Valley. This includes core care plans, which record the patient's current needs, following the initial assessment and screening for risk of undernutrition. The plans detail the intervention required, and associated frequency rates, in order to meet the patient's individual needs. Care plans are contained within multidisciplinary casenotes and in a shared folder in the surgical ward at Stirling Royal Infirmary. There are also various discharge planning documents in use within NHS Forth Valley. Staff acknowledged that this documentation requires to be refined to include specific information on the patient's nutritional status, special dietary requirements and the arrangements made for any follow-up required on nutrition issues. The review team concluded that a challenge for Forth Valley NHS Board is to include a core nutrition data set in assessment, care planning and discharge documentation.

As part of the patient's discharge plan, the review team noted that a 'going home' food pack may be provided for the patient if needed, containing basic provisions for the patient's first day at home. The review team commended this as an area of good practice within NHS Forth Valley.

The review team noted that a project funded by NHS Forth Valley Managed Clinical Network (MCN) for stroke services is under way to develop a systematic approach to nutritional care for all stroke inpatients. It is anticipated that the results of this project will help to facilitate a strategic approach to implementing procedures for nutritional assessment, screening and care planning throughout the Board area.

Monitoring

As there are not yet agreed procedures throughout NHS Forth Valley for assessment, screening and care planning, a system of monitoring is not in place that provides assurance to Forth Valley NHS Board that these procedures are being followed. However, the NHS Forth Valley nutrition audit, undertaken in April 2005, highlighted the key areas within assessment, screening and care planning which need to be addressed, including a formal means of assessing patients' nutritional status. As the results of the audit have just been released to staff, the audit has not yet informed an action plan to improve Forth Valley NHS Board's performance against Standard 2. Staff reported that the audit data requires a more detailed analysis and cross-checking before an action plan is completed. The review team was informed, however, that a report is being compiled on how NHS Forth Valley procedures for assessment, screening and care planning can be developed. The review team noted the commitment of ward staff to complete the audit. Staff reported the intention to re-audit in 18 months.

Impact on patient care

As there is not yet a system of monitoring in place to inform Forth Valley NHS Board that the procedures for assessment, screening and care planning are being followed within NHS Forth Valley, there are not yet processes in place to utilise the outcomes of monitoring assessment, screening and care planning 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 Forth Valley

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

Within NHS Forth Valley, there are local programmes of nutrition awareness, education and training. There is evidence that a single Board nutrition awareness and education programme is under development.

A subgroup of the nutritional care steering group is progressing an action plan for the development and implementation of training across NHS Forth Valley. To facilitate this, a basic training needs assessment was undertaken across NHS Forth Valley, which provided the opportunity to consolidate and revisit previous activity in identifying training requirements for nutritional care. It took into account the training needs of managers and training facilitators, as well as frontline staff, in order to ensure that all appropriate staff have access to the skills and support required to both implement, and sustain, the national standards in the range of settings identified. The needs assessment identified a range of training and support requirements for staff in contact with patients at any point in the food chain, including menu systems and food ordering, meal and snack times, and procedures for ordering missed meals.

Implementation

There are food hygiene and safety policies within the acute and primary care operating divisions, which require that all staff engaged in food handling are trained in food hygiene matters commensurate with their duties. The policies state that catering managers, clinical ward managers and heads of departments identify staff who require this training, and stipulate that training is monitored and revisited regularly.

While general induction programmes take place monthly in the acute division, the review team noted that there is no nutrition component. It was reported that food hygiene, and other nutrition-related topics, will be included in future inductions following the implementation of the Board policy on nutritional care. However, staff acknowledged the difficulty of delivering training to staff within NHS Forth Valley over a comparatively large geographical area, and suggested this could be managed through flexible training, such as distance learning. In the primary care operating division, there is specific food hygiene training for catering and dietetic staff.

An NHS Forth Valley induction pack, containing the Board's food and health policy, is given to every new member of staff. This helps to raise awareness among staff of the importance of food, fluid and nutritional care for patients' health and quality of life. The medical directorate induction pack, which is issued to new staff in the acute division, aims to assist staff in general ward management. There are nutrition components within various sections of the pack, covering issues such as meal time procedures, the ordering of intravenous fluids, and food requirements for discharge.

A ward pack is given to nursing staff at Falkirk & District Royal Infirmary, which provides guidance on how to refer patients to the dietetic service, as well as background information and solutions to common nutrition problems.

NHS Forth Valley offers Partners in Active Continuous Education (PACE) learning packs in nutritional care to nursing staff working with a range of adults in ward areas. Support is readily available from the dietetic group leader.

Study days were held on the management of dysphagia in April 2005. Staff also reported the successful training of more nursing staff in swallow screen assessment, following the NHS QIS performance assessment review of the Board's stroke services.

Monitoring

As there is currently no Board programme of nutrition awareness, education and training, there is subsequently no system in place to monitor its delivery. The review team noted that the nutritional care steering group needs to receive regular reports on any local training that takes place, in order to provide assurance to Forth Valley NHS Board that this is being delivered. Staff reported that, following the training needs assessment, an action plan will be developed to facilitate nutrition training for all staff. The nutritional care steering group will then monitor the training of each appropriate member of staff, with further, individual requirements being recorded in NHS Forth Valley's appraisal documentation. Staff reported that, in the future, this information will be part of the NHS Knowledge and Skills Framework for each post and monitored as part of individual reviews.

Impact on patient care

The review team found no evidence that a system of monitoring is in place to assure Forth Valley NHS Board that local nutrition awareness, training and education procedures are being delivered. Therefore, there are not yet processes in place to utilise the outcomes of monitoring to assess the impact 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 |

Appendix 2 – Details of Review Visit

The review visit to NHS Forth Valley was conducted on 29 June 2005.

Review Team Members

Mr David Foreman (Team Leader)

Director of Operational Services, NHS Dumfries & Galloway

Ms Louise Benson

Dietetics Manager, NHS Ayrshire & Arran

Mr Martin Henry

Facilities Manager, The State Hospital

Ms Myra Keenan

Head of Quality in Hotel Services, NHS Lothian

Mr Ron Marsh

Lay Representative, Lothian

Ms Maureen O'Neill

Lay Representative, Greater Glasgow

NHS Quality Improvement Scotland Staff

Ms Laura Blair

Project Officer

Miss Karen Tarn

Senior Project Officer

Ms Penny Bond (Observer)

Professional Practice Development Officer

During the visit, members of the review team met with representatives from the nutritional care group, Forth Valley NHS Board, patient representatives, and 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 |

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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

