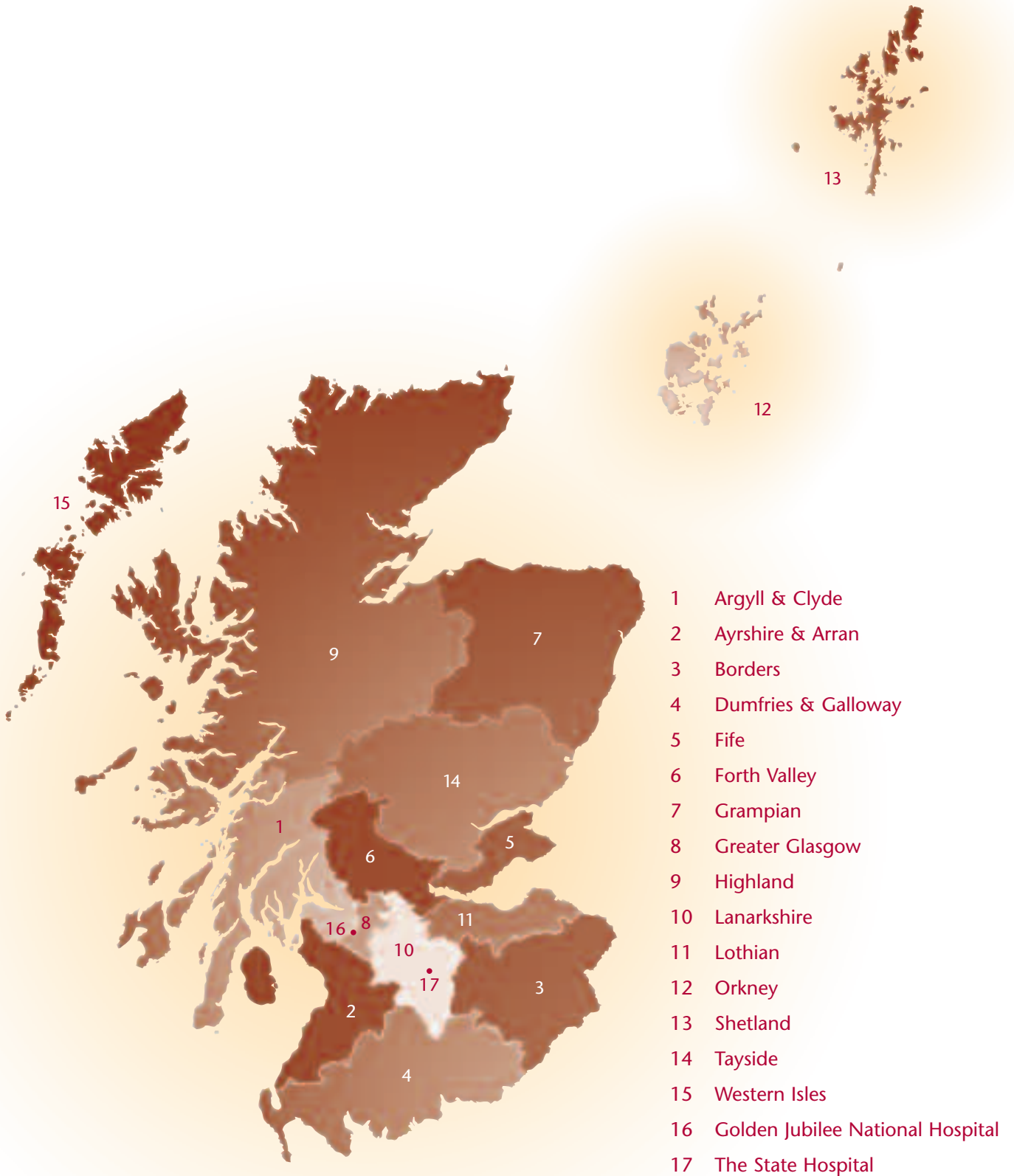


NHS Grampian

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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**ISBN 1-84404-357-6**

First published August 2006

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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 Grampian**, against Standards 1, 2 and 6. This review visit took place on **30 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.

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<sup>1</sup>References 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 Trusts<sup>1</sup>: 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.

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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 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.

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

### **1.3 Reports**

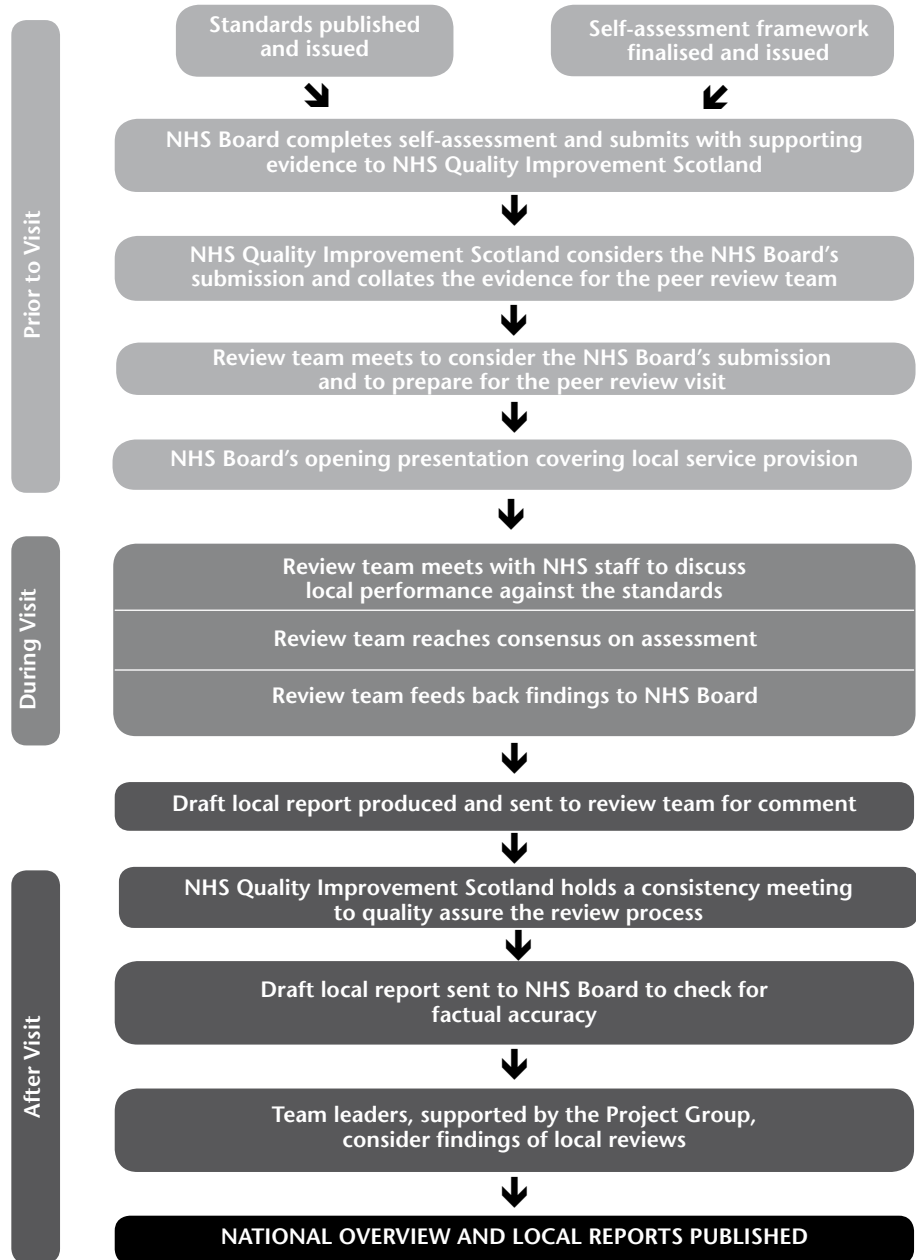
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report is published only after all the visits for the standards have been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

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

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

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

## The Review Process



## 2 Introduction to NHS Grampian

Grampian is situated in north-east Scotland and has an estimated population of around 524,000. About 40% of the local population live in Aberdeen, which is the largest urban area in the region, although a significant proportion live in rural areas. The proportion of older people in the population is slightly lower than the national average. Levels of illness and deprivation are also below the national average.

### Local NHS System and Services

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 Grampian ([www.nhsgrampian.org](http://www.nhsgrampian.org)).

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.

Grampian NHS Board formally dissolved Trust structures to work as a single organisation in April 2004. NHS Grampian is now a single operating entity comprising acute services, corporate services and three community health partnerships (CHPs): Moray Community Health and Social Care Partnership; Aberdeenshire CHP; and Aberdeen City CHP.

## 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 Grampian

**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*

NHS Grampian has a food, fluid and nutritional care in hospitals policy and a food, fluid and nutritional care in hospitals strategy, which were approved by Grampian NHS Board in October 2005. The policy outlines background information on nutritional care for inpatients, recognises the importance of nutritional care in hospitals, and states the intention to promote the development of good nutritional care in hospitals by implementing the NHS Quality Improvement Scotland (NHS QIS) *Clinical Standards for Food, Fluid and Nutritional Care in Hospitals* (the national standards). The policy states that NHS Grampian must have a strategic and co-ordinated approach to ensure that all inpatients receive a high quality of nutritional care. The policy's set review date is February 2006. The strategic plan sets out five key objectives: to recognise people at risk of undernutrition when they are admitted to hospital by implementing the use of the Malnutrition Universal Screening Tool (MUST) across NHS Grampian; to ensure that patients receive high quality food, through a revision of menu planning and introducing protected mealtimes; to ensure all malnourished patients are recognised and that there is appropriate referral and an equitable access to the dietetic service; to improve communication about nutrition with patients; and to provide nutrition training for staff. The strategy does not indicate who is responsible for taking the lead in achieving each objective or outline timescales for completion. The strategic plan does, however, have an associated action plan which is a working document, detailing the action required to meet each criterion of the national standards, the staff group responsible for achieving each action point, and a target date for completion. The review team noted that the action plan presented on the day of the visit was not up to date; as such, it was unclear to the review team the progress made in implementing the strategy across the organisation. The review team identified embedding the nutritional care policy and strategic plan across the organisation as a challenge for Grampian NHS Board.

There is not a financial plan to underpin the implementation of the nutritional care strategy. Staff reported that this will be developed by March 2006. The review team identified developing a financial framework for the implementation of the nutritional care strategy as a challenge for Grampian NHS Board.

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The nutritional care policy is based on a health population needs assessment which was updated in July 2004. The key objectives of the assessment were to: provide information on the Grampian population to the nutritional care group; provide a profile for the NHS Grampian inpatient population; provide an overview of the food and health improvement strategy in NHS Grampian; and to propose structures for the development of an integrated nutritional care policy. The review team noted that the health population needs assessment does not provide demographics of the inpatient population of each NHS Grampian hospital, for example, age, religious and cultural patterns, medical specialties, average length of stay, etc.

The NHS Grampian Food, Fluid and Nutritional Care Strategy Group (the nutritional care group) was established in April 2004. The nutritional care group has a multidisciplinary membership with senior management representatives from medicine, nursing, catering, dentistry and dietetics, as well as lay representation. The nutritional care group has developed the nutritional care policy and strategic plan and is responsible to Grampian NHS Board for implementing the national standards within NHS Grampian and monitoring compliance. The reporting structure of the nutritional care group to Grampian NHS Board is via the NHS Grampian operational management team and the NHS Grampian clinical governance strategic committee. The review team commended the nutritional care group for its committed and enthusiastic approach to improving nutritional care.

NHS Grampian established local nutritional care groups within community hospitals in 2001, and at Dr Gray's Hospital, Elgin, in 2002, to implement the Clinical Resource and Audit Group's recommendations for the nutrition of elderly people in long-term care settings. The local nutritional care groups began progressing work on the national standards when they were published in 2003. The local nutritional care group structure is being redesigned. The Moray Nutrition Planning and Implementation Group was established in November 2004 and the paediatric nutritional care group had held its first meeting by the time of the peer review visit. A further eight local nutritional care groups are in the process of being established. The remit of the local nutritional care groups will include taking local responsibility for implementing the nutritional care policy and strategy, developing and implementing local protocols for the provision of food and fluid to patients, assisting in the delivery of nutrition training and education, monitoring performance against the national standards at a local level, and reporting to the nutritional care group on activities and progress towards achieving implementation of the strategic plan. Given the importance of the local nutritional care groups' remit, the review team encouraged that they are established as soon as possible.

Members of the nutritional care group held an awareness-raising session on the nutritional care policy with the community forum, an established public consultation group, in November 2005. Members of the community forum have been invited to form a patient and public nutritional care subgroup which will support the provision of nutritional care in hospitals.

The nutritional care policy and strategy, and the nutritional care group's reports to Grampian NHS Board, are available to the public in a variety of formats through the corporate communications department. The nutritional care group is developing a nutrition website through which the public will be able to access this documentation.

There is a clinical nutritional support team, based at Aberdeen Royal Infirmary, which is responsible for intravenous feeding and enteral tube feeding in Aberdeen Royal Infirmary and Woodend Hospital, Aberdeen. Patients at Dr Gray's Hospital, and the community hospitals within NHS Grampian, can be referred to the clinical nutritional support team as required. Telephone advice on intravenous feeding is available 24 hours a day, every day of the year. There has been a clinical nutritional support team based at Aberdeen Royal Infirmary since 1980. It was reported that formal ward rounds take place twice weekly and a doctor is on call 24 hours a day, 7 days a week. The core membership of the clinical nutritional support team includes a consultant gastroenterologist, dietitians, a specialist nutrition nurse and a pharmacist. All clinicians within the nutritional support team are members of the Scottish Managed Clinical Network (MCN) for Home Parenteral Nutrition.

There is a nutrition team based at Dr Gray's Hospital which is chaired by a senior dietitian and meets on a monthly basis. Membership of this team includes medical staff, nursing staff, dietetic staff, specialist nursing staff including a nurse endoscopist, and a pharmacist. A protocol for intravenous feeding has recently been developed and implemented at Dr Gray's Hospital.

The nutritional care group has recommended to Grampian NHS Board that a second specialist nutrition nurse is appointed; currently, there is only one specialist nutrition nurse, based at Aberdeen Royal Infirmary, who cares for all patients with intravenous feeding and gastrostomies within NHS Grampian. Staff reported that the specialist nutrition nurse is overstretched and is not always able to attend to all patients, particularly those in the Moray area. There is also no cover available for annual leave or sickness absence.

A working group has been set up at Dr Gray's Hospital involving members of the nutrition team, the community dietetic service and the homeward nurse, to consider forming a local percutaneous endoscopic gastrostomy (PEG) team. It is intended that the local PEG team would provide central assessment and monitoring for all patients with PEG feeding requirements within Moray. There is an enteral nutrition support team which cares for patients with gastrostomy feeding and long-term nasogastric tube feeding. The team provides support to patients with gastrostomies discharged from Aberdeen Royal Infirmary and Woodend Hospital to be followed up on a regular basis, providing maintenance of feeding tubes and continued nutritional assessment in the community. The team membership includes a consultant gastroenterologist, a specialist nutrition nurse, nursing staff, a community dietitian and a homeward nurse. Staff reported that work is in progress to provide similar support for patients in Moray.

The Grampian Integrated Nutrition Service supports the effective prescribing of nutritional supplements in primary and secondary care and works to improve support to

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patients who require oral nutritional supplements on discharge from hospital. The service provides specialist assessment, support and monitoring of patients' nutritional needs, and promotes best practice in nutritional support within the community in NHS Grampian.

#### *Implementation*

As the nutritional care policy and strategic plan were approved by Grampian NHS Board in October 2005, implementation across the organisation is in its very early stages. The review team noted that the strategy does not have associated timescales for implementation, and the associated action plan presented to the review team is out of date. Prior to the development of an NHS Grampian nutritional care policy, local nutritional care policies had been implemented in certain hospitals and areas.

#### *Monitoring*

As the nutritional care policy and strategy were approved in October 2005 and implementation is in its very early stages, a system of monitoring is not yet in place to provide Board assurance that the policy is being followed and the strategic plan is being implemented.

When the local nutritional care groups are established, part of their remit will be to monitor performance against the national standards at a local level, and to report to the nutritional care group on the progress made towards achieving implementation of the strategic plan.

The nutritional care group submitted an interim report to Grampian NHS Board in September 2004 and an annual report in October 2005. The annual report provides information on the national standards, provides a summary of the nutritional care group's meetings, and gives an account of NHS Grampian's progress towards meeting each of the national standards and recommendations for further action. The nutritional care group recommends within the annual report that a project manager is appointed to oversee and co-ordinate the implementation of the nutritional care policy and strategic plan.

#### *Impact on patient care*

There is not yet a system in place to provide Board assurance that the policy is being followed and the strategic plan is being delivered; therefore, there is not yet a process in place to assess the impact of the policy and strategic plan on patient care. The review team encouraged that following the implementation and monitoring of the policy and strategic plan, Grampian 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 Grampian

**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 review team noted the progress that has been made in developing a strategic approach to screening for undernutrition across the organisation and encouraged the development of a similar approach to nutrition assessment and care planning. When the nutritional care policy and strategy have been implemented throughout the organisation, 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 and wards.

The nutrition audit results indicate that, as part of the patient's initial nutrition assessment, weight is consistently recorded, whilst eating and drinking likes/dislikes, food allergies and the need for a therapeutic diet, physical difficulties with eating and drinking, and the need for equipment to help with eating and drinking, are identified for the majority of patients. The nutrition audit results indicate that a patient's cultural, ethnic and religious requirements are not consistently identified and recorded. The review team noted that the nutrition audit was undertaken in December 2004. Staff from Aberdeen Royal Infirmary and Woodend Hospital reported that the patient admission documentation has since been revised; when this is implemented it should ensure that all aspects of a patient's initial nutrition assessment are identified and recorded within 1 day of admission. Staff from Dr Gray's Hospital also reported that the nursing admission documentation has recently been revised to include the required nutrition assessment criteria.

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The nutrition audit was designed to provide information on the number of weighing scales and height and measuring devices (stadiometers) that are in place, as well as the frequency of calibration checks that are carried out. The audit results indicate that the provision of calibrated weighing scales and stadiometers is insufficient to allow NHS Grampian to be fully compliant with Standard 2. As a result of the findings from the audit, an investment will be made to provide each ward/area within NHS Grampian with the equipment needed to carry out each patient's initial nutritional assessment. The estates department has developed a database of the equipment available and the frequency of calibration checks.

The nutrition audit results indicate that the majority of patients within the community hospitals and at Dr Gray's Hospital are screened for risk of undernutrition, using a validated screening tool. Patients are not routinely screened for risk of undernutrition at Aberdeen Royal Infirmary and within some wards at Woodend Hospital. The review team noted that since the nutrition audit was carried out in December 2004, progress has been made in implementing a validated screening tool across NHS Grampian. The nutritional care group recommended to Grampian NHS Board that MUST is implemented across the organisation. Staff reported that implementing one validated screening tool will standardise screening for all patients, facilitate the transfer of patient information between hospitals, and simplify nutrition screening for staff. The community hospitals had been using a variety of different validated screening tools and were given an extended timescale to implement MUST; however, staff reported that most of the community hospitals have now implemented MUST ahead of schedule. A subgroup of the nutritional care group has been established to take forward the implementation of MUST in all appropriate wards within NHS Grampian. Staff reported that MUST is incorporated into the patient admission documentation which will be implemented across NHS Grampian.

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. At Dr Gray's Hospital, dietetic assistants are in place to provide support to ward staff. 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. Staff reported that all nurses at Dr Gray's Hospital are trained to carry out a swallow screen test before referring the patient to the speech and language therapy service as required.

There is a nutrition link nurse system in place within the community hospitals, at Dr Gray's Hospital and at Royal Cornhill Hospital, Aberdeen. Each hospital ward within NHS Grampian has link catering staff.

Staff reported 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 Grampian. Results from nutritional assessment, screening and repeat screenings are recorded in multiple documents, including: the nursing care plan; the nutritional care plan; the integrated care pathway; and inpatient notes. Staff reported that

MUST incorporates a scoring system which allows individual care plans to be developed. Staff reported that as MUST is implemented across the organisation, the dietetic service will work with each hospital ward to refine the care plans to reflect the practice in each clinical area.

The nutrition audit results indicate that some patients that are identified as being at risk of undernutrition have a nutritional care discharge plan, which records special dietary requirements and any follow-up arrangements required regarding nutritional issues. The nutritional care group recommends within the annual report that basic nutritional information is incorporated within discharge documentation to ensure that a patient's nutritional status is relayed effectively to GPs and primary care services. The review team encouraged that a core nutrition data set is included in assessment, care planning and discharge documentation.

#### *Monitoring*

As Grampian NHS Board has yet to implement processes and procedures for nutritional assessment, screening and care planning across the organisation, it cannot yet put a system of monitoring in place. A nutrition audit was carried out in December 2004 to monitor compliance against Standard 2. The nurse in charge of each ward was asked to complete an audit form. An audit analysis report was produced in August 2005. The audit analysis report was distributed to the nutritional care group and nurse managers. Staff reported that local action plans can be developed and implemented when the local results are disseminated.

#### *Impact on patient care*

As Grampian NHS Board has yet to implement processes and procedures for nutritional assessment, screening and care planning across the organisation, 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 Grampian

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

#### *Development*

The review team noted that although there are local nutritional care, food and fluid training programmes in place, a Board nutrition awareness, education and training programme is not under development. A training needs analysis has not been conducted. The main means by which training needs are assessed in NHS Grampian are by ward/departmental managers who identify staff's nutrition training needs. However, a multidisciplinary scoping exercise for the provision of nutritional care is under way.

The introduction of screening for risk of undernutrition using MUST was identified as a high priority by the nutritional care group, and it was noted that its introduction across NHS Grampian represented a major undertaking with regard to nutritional care education. The nutritional care group suggests in its annual report that a rolling programme of education is developed and implemented for MUST training, as well as utilising the existing nutrition link nurse network in place within the community hospitals and the Royal Cornhill Hospital. Staff reported that MUST training is ongoing within the community hospitals, at the Royal Cornhill Hospital and at Dr Gray's Hospital. A number of awareness-raising sessions for nursing staff have been held at Aberdeen Royal Infirmary and Woodend Hospital and further MUST training will be carried out in 2006.

#### *Implementation*

The review team noted that while there are a number of local nutrition awareness, education and training programmes in place, there was no evidence of a strategic or planned approach to nutritional care education and training in NHS Grampian. A range of local education and training programmes have been implemented. These include programmes for dietitians and catering staff, as well as for nursing and medical professions. Training opportunities around nutritional care such as nutrition awareness, malnutrition in hospitals and specific dietary needs of client groups have been established. All staff handling food receive basic food safety training and education about their role in the food chain within the hospital system.

There are food hygiene and safety policies within NHS Grampian, which require that all staff involved 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.

Training sessions in nutritional screening have been provided for nursing staff on the wards in Aberdeen Royal Infirmary, Woodend Hospital and the Royal Cornhill Hospital. A MUST interactive CD-ROM has been developed and will be made available to all staff in the near future. In addition, NHS Grampian has Partners in Active Continuous Education (PACE) learning packs in nutritional care available to nursing staff at foundation and advanced levels. While staff reported a willingness and enthusiasm to complete the PACE nutrition learning packs, securing time to complete the learning packs can be challenging.

Local hazard analysis critical control point (HACCP) guidance notes have been drafted by the NHS Grampian catering department. HACCP is a method of ensuring food safety by identifying critical steps in food preparation and delivery, and implementing tailored control and monitoring procedures to address major risks in these processes. The guidance notes have been designed for both ward and departmental staff so that they can compile their own local HACCP plan to address food safety issues.

NHS Grampian has incorporated nutritional care into its academic and professional training programmes for clinical staff. When Grampian NHS Board dissolved Trust structures to work as a single organisation in 2003, nutritional care was omitted from the clinical induction programme. Staff reported that this is now being addressed to ensure that a nutritional care component is included in the staff induction programme.

A nutrition in health and disease module will be delivered as part of an elementary system lecture course for medical undergraduates, and nutritional care education and training will also be delivered to medical specialists involved in nutrition as part of their postgraduate education.

#### *Monitoring*

As Grampian 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. Currently, nutrition training needs are highlighted through staff personal development plans. A training needs analysis has not been conducted. However, a multidisciplinary scoping exercise for the provision of nutritional care is under way.

#### *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

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<b>HACCP</b>	hazard analysis critical control point
<b>MCN</b>	managed clinical network
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>PACE</b>	Partners in Active Continuous Education
<b>PEG</b>	percutaneous endoscopic gastrostomy

## Appendix 2 – Details of Review Visit

The review visit to NHS Grampian was conducted on 30 November 2005.

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### NHS Quality Improvement Scotland Staff

**Mrs Anne Hanley**

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Project Officer

**Mrs Anna Wimberley**

Project Officer

**Ms Abby McCall (Observer)**

Project Administrator

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

## Appendix 3 – Timetable of Review Visits

<b>Organisation Reviewed</b>	<b>Visit Date(s)</b>
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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